FORM B10 (Official Form 10) (4/0	FO	RM	B10	Official Form	10)	(4/01)	١
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United States Bankruptcy Court	DISTRICT OFDELAWARE_	PROOF OF CLAIM
Name of Debtor	Case Number	
Fleming Cos., Inc.	03-10945	
NOTE This form should not be used to make a claim for an administrative		
of the case A request" for payment of an administrative expense may be		
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of	
money or property)	claim relating to your claim Attach	
Rosemarıe Scheıdt	copy of statement giving particulars	
Name and address where notices should be sent	Check box if you have never	
Peter A. Stanford	received any notices from the	
Stanford Law Offices, S.C.	bankruptcy court in this case Check box if the address differs	
225 E. Fairmount Ave.	from the address on the envelope	
тМариомалиние, WI 53217 (414) 276-8269	sent to you by the court.	Tyra Shi on va yon Coung Hay Ohyy
		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor	Check here ☐ replaces	
	if this claim a previously	filed claim, dated
	□ amends	
1 Basis for Claim	☐ Retiree benefits as defined i	n 11 U S C § 1114(a)
☐ Goods sold	☐ Wages, salaries, and comp	
☐ Services performed	Your SS #	
☐ Money loaned		
🔯 Personal injury/wrongful death	Unpaid compensation for	services performed
□ Taxes □ Other	from	to
	(date)	(date)
2 Date debt was incurred 11/08/02	3 If court judgment, date ob	tained
4 Total Amount of Claim at Time Case Filed	\$	
If all or part of your claim is secured or entitled to priority, al		
		um Attach itemized statement
If all or part of your claim is secured or entitled to priority, al Check this box if claim includes interest or other charges in add		
If all or part of your claim is secured or entitled to priority, al ☐ Check this box if claim includes interest or other charges in add of all interest or additional charges 5 Secured Claim	6 Unsecured Priority Clair **Check this box if you have an unse	n ecured priority claim
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I m RX DRIVE-THRU I m here to serve you with our 7 Service Basics'

930

10 9211 05309 035

RFN# 0550-9559-2112-0211-16:0

Px 029725S TOT-L

CASH 100 00 CHANGE 70 51



1441 CAPITOL DR PEWAUKEE, WI



ROSEMARIE SCHEIDT

133 RIVERSIDE DR PEWAUKEE, WI 53072 12/03/60

\$17 19 11/06/02 PROMISED TIME WED 1 46PM 11/06/02

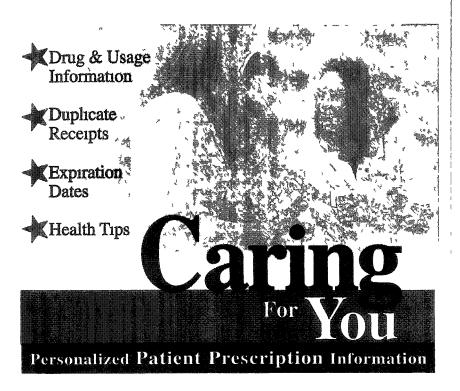
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NEW

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* WELCOME *

Welcome to the pharmacy that takes better care of your prescriptions





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Inside this edition of your Newsletter

- More Information About IBS'
- Tips On Good Health

0294908 0101 1 0001719 8

ROSEMARIE SCHEIDT

MEDICATION HYDROCODONE/APAP 10MG/500MG TABS

QUANTITY

DIRECTIONS TAKE ONE TABLET BY MOUTH FVEPY 4 TO 6 HOURS AS NEEDED

Wallahoog Your Personal Prescription Information

BLUE

Side 1 WATS(

INGREDIENT NAME

HYDROCODONE (hye droe KO done) and ACETAMINOPHEN (a

COMMON USES

This medicine is an analgesic combination used to relieve pain

HOW TO USE THIS MEDICINE

Follow the directions for using this medicine provided by your de your stomach STORE THIS MEDICINE at room temperature in a DOSE OF THIS MEDICINE and you are taking it regularly take it the missed dose and go back o your regular dosing schedule. D

IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to codeine Tylenol with Codeine Vicodin) contact your doctor or pharmaci includes a severe rash hives preathing difficulties or dizzine is medicine or if a certain medicine contains codeine, hydrocodonc YOU EXPERIENCE difficulty breathing tightness of chest sw llin your doctor immediately. Do not take any more doses of this men RECOMMENDED DOSE or take this medicine for longer than preor taking this medicine for longer than prescribed may be habit f medicine will add to the effect of alcohol and other depressent THAT COULD BE DANGEROUS until you know how you reac to alcohol may lessen your ability to drive or to perform other pote ACETAMINOPHEN Do not take additional acetaminophen for pel pharmacist if you have questions about which medicines contain on a daily basis do not take this medicine without first discu sili increase your risk for liver damage BEFORE YOU BEGIN TAKING with your doctor or pharmacist FOR WOMEN IF YOU PLAN ON of using this medicine during pregnancy IT IS UNKNOWN IF TH BE BREAST FEEDING while you are using this medicine check v

POSSIBLE SIDE EFFECTS

SIDE EFFECTS that may go away during treatment include dizza vomiting If they continue or are bothersome check with your deexperience rash or itching If you notice other effects not listed in

You can now use the internet to request refills

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We take better care of your prescriptions using satellite-linked stores so we are always close to vou

We treat every customer as a welcome guest just as we have for more than 100 years

**

ORTHOPAEDIC ASSOCIATES OF WA 1111 Delafield Street, Suite 120 • Wauk Phone (262) 544-5311 • Fax (262) 54	esha, Wisconsin 53188	Nº 46463 Z+1V
Y'A'JKESHA SPORTS MEDICINE & P 1111 Delafield Street, Suite 15 • Wauke Phone (262) 521-9762 • Fax (262) 52	sha, Wisconsin 53188 21-1091	DATE 11-21-02
FOR SOIR PRY	Deposit	DOLLARS\$ 50
Amount of Account \$ Amount Paid \$ Balance Due \$ Cash □ Check □ MO□	THANK YOUI By	ACCT # 147766

NATIONAL EMS BILLING, INC For PEWAUKEE FIRE DEPT PO BOX 72140 CEDARBURG, WI 53012 (800)829-5703

SCHEIDT, ROSEMARIE PATIENT NAME

HUMANA

38976525800

1137

PATIENT NUMBER 02-056253 INSD C

CALL NUMBER DATE OF CALL

11/05/2002

INSURANCE

TIME OF CALL

CALLER

1230 CAPITAL DRIVE

FROM

WAUKESHA MEMORIAL HOSPITAL

TO

133 RIVERSIDE DRIVE

ROSEMARIE SCHEIDT

REASON(S)

PEWAUKEE, WI 53072

FOR **TRANSPORT**

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
BLS EMER BASE MILEAGE	1 0 10 0	350 00 8 00	350 00 80 00
TOTAL CHARGES THIS CALL			430 00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE		AMOU	
we rep resent the above creditor in the collection of y				~	: validity of ek Q:O will be a
to be valid If we are so notified in writing we will	obtaın verificati	on of the debt and a c	ppy of	such verif	cation will
maıled to you Upon your written request within the t	urty (30) day peri	od we will provide you	with th	ne name ar	nd address of
original creditor if different from the current credit	or The collection	n of this debt will h	pwever	proceed 1	in the absend
immediate full payment of this debt to our office					
TOTAL PAYMENTS THIS CALL			\$	0	00
<u> </u>	PLEASE PAY T	HIS AMOUNT ->	\$	430	00

PLEASE MAKE CHECKS PAYABLE TO DEPARTMENT BELOW:

DETACH ALONG PERFORATION ABOVE AND RETURN STUB WITH YOUR PAYMENT

PATIENT NAME SCHEIDT CALL NUMBER 02-056253

430 00 AMOUNT DUE \$___ AMOUNT \$

PATIENT NUMBER 1137

BILLING DATE

ENCLOSED_

** This account is 60 DAYS PAST DUE! Your payment must be sent ** IMMEDIATELY If there are problems or questions, please call

** our office so we can help get this matter resolved Thank You

* *

PEWAUKEE FIRE DEPT

CERTIFICATION OF RECORDS

I DO HEREBY CERTIFY that the attached copy of the medical and/or billing record(s) of
Emergency Medical associates, health care provider, relative to
the treatment rendered to Rosemane Scheidt
patient, on/from $11-b-02$ to $11-(b-0)$, consisting of
pages, has been compared with the original medical and/or billing record(s) on file
herein and is an accurate, legible, and complete duplicate of said medical and/or billing
record(s) pursuant to Section 908 03 (6m)(a) Wisconsin Statutes
I DO HEREBY CERTIFY that these records/bills are under my control and jurisdiction and
have been maintained in the course of regularly conducted activity pursuant to section
908 03 (6) Wisconsin Statutes
IN WITNESS WHEREOF, I have set my hand on this day of
May , 20 03
O
Manay a July Signature
Signature

05/12/03

PATIENT FINANCIAL HISTORY BY DT SERVICE EMERGENCY MEDICAL ASSOCIATES

Page 1

Accounts 335813 335813 All Dates

Acct Date Dep # Name	Dr#	Procedure		Ref Dt	Diag	Units	Amount
				. 		========	
335813 SCHEIDT ROSEMARIE			Previous Balance				0 00
11/06/02 0 SCHEIDT ROSEMARIE	7	99283	EMERGENCY MODERATE C		845 00	1 00	184 00
02/07/03 Adjustment (13) Auto601			COLLECTION W/O	02/07/03			-184 00
TOTALS FOR ACCOUNT 335813 PAYMENTS		0 00 ADJU	STS 184 00 CF	HARGES	184 00	1 00	0 00
REFUNDS		0 00					
-							
		0 00	184 00		184 00		0 00

WAUKESHA MEMORIAL HOSPITAL P O BOX 1601 WAUKESHA, WI 53187-1601

WAUKESHA, WI 53187-1601 Statement on 05/08/03 at 16 33

Guarantor SCHEIDT ROSEMARIE 133 RIVERSIDE DR PEWAUKEE, WI 53072-0000

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Patient SCHEIDT ROSEMARIE Visit # 50752400005

PAGE 1

Date	Svc Code	Description	Units	Deb1ts	Credits
11/06/02	4809003	ED-LEVEL III	1	410 00	1
11/06/02	4809200	ED PROCEDURE LEVEL II	3	3 00	ĺ
11/06/02	4836163	EQUALIZER WALKER LOW	1 j	213.00	i i
11/06/02	6005290	ANKLE LT MIN 3 VIEWS	1	182 00	i i
11/06/02	6441371	MORPHINE SULF INJ 10M	1 j	32 25	i i
11/14/02	91012000	HUMANA ALLOWANCE	-1 j		586 25-

More to Display - Press Return to Continue or * to Quit

1117,25

WAUKESHA MEMORIAL HOSPITAL P 0 BOX 1601 WAUKESHA, WI 53187-1601 Statement on 05/08/03 at 16 33

PAGE 2

Guarantor SCHEIDT ROSEMARIE 133 RIVERSIDE DR PEWAUKEE, WI 53072-0000

Patient: SCHEIDT ROSEMARIE Visit # 50752400005

1	Date	1	Svc Code	1	Description		Units	Debits]	Credits
11	/18/02	ı	91012000	1	HUMANA ALLOWANCE	ı	1 [586 25	1	ı
j 11	/18/02	i	91016000	i	EMP HEALTH ALLOW	i	-1 j		İ	126 04-
12	/03/02	Ĺ	90412000	ı	HUMANA ALLOW	ĺ	1	126.04	1	1
01	/29/03	Ì	30104100	ı	BAD DEBT OFFSET	ŀ	1	840.25	1	1
01	/29/03	İ	30107100	Ĺ	BAD DEBT WRITE OFF	İ	-1		Ĺ	840 25-

More to Display - Press Return to Continue or * to Quit

WAUKESHA MEMORIAL HOSPITAL P O BOX 1601 WAUKESHA, WI 53187-1601 Statement on 05/08/03 at 16 33

PAGE :

Guarantor SCHEIDT ROSEMARIE 133 RIVERSIDE DR PEWAUKEE, WI 53072-0000

Patient SCHEIDT ROSEMARIE Visit #: 50752400005

| Date | Svc Code | Description | Units | Debits | Credits |

* - Not posted | Balance | 840 25 |

>End of Display - Press RETURN to Continue

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WAUKESHA MEMORIAL HOSPITAL P O BOX 1601 WAUKESHA, WI 53187-1601 Statement on 05/08/03 at 16 30

Guarantor SCHEIDT ROSEMARIE 133 RIVERSIDE DR PEWAUKEE, WI 53072-0000

Patient SCHEIDT ROSEMARIE Visit # 50752400006

PAGE 1

Date	Svc Code	Description	Units	Debits	Credits
01/08/03 01/15/03 01/30/03 03/26/03	6014513 91016000 90412000 30104100	VENOUS US LEFT LEG EMP HEALTH ALLOW HUMANA ALLOW BAD DEBT OFFSET	1 1 -1 1 1 1	337 00 50 55 337 00	50 55-

WAUKESHA MEMORIAL HOSPITAL P 0 BOX 1601 WAUKESHA, WI 53187-1601 Statement on 05/08/03 at 16.30

Guarantor SCHEIDT ROSEMARIE 133 RIVERSIDE DR PEWAUKEE, WI 53072-0000

Patient SCHEIDT ROSEMARIE Visit # 50752400006

PAGE

2

 	Date	Svc	Code	Description	Units	Debits		Credits	
			******					•	
*	- Not p	osted				Balance	1	337 00	ŀ

>End of Display - Press RETURN to Continue

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CERTIFICATION OF MEDICAL BILLS

The undersigned Billing Custodian of RAO
hereby certifies that the enclosed/attached (total) pages are photocopies of the
original medical bills for treatment rendered between 11-6-02 (Date) through
1-8-03 (Date) of our patient Rosemanie Scheidt This
certification is made pursuant to sec. 908 03, Wis Stats
Dated this 2 day of July 2003
Kim Breska
Billing Clerk

RADIOLOGY WAUKESHA SC PO BOX 13008

WAUWATOSA WI 53213

10 DOX 13000

TELEPHONE (262) 641-9411

FEDERAL TAX ID # 391101572

ROSEMARIE SCHEIDT 133 RIVERSIDE DR PEWAUKEE WI 53072

STATEMENT DATE 06/26/03
ACCOUNT # RAD 126848

PATIENT ROSEMARIE SCHEIDT

DATE OF SERVICE	CPT-4 CODE ICD-9 CODE	TRANSACTION DE	ESCRIPTION	AMOUNT
01/08/03	93971- 729 5	EXTREMITY STU	DY	93 00
02/10/03	, 55 5			00 OVERAGE TE ORMATION
05/15/03			OLIVER ADJ CO-COLLECTION	93 00-
11/06/02	73610-LT 824 2	X-RAY EXAM OF ROBERT BOEX	ANKLE	36 00
11/14/02	73610- V54 8	X-RAY EXAM OF ERIC FISHER	ANKLE	36 00

PREVIOUS ACCOUNT BALANCE	TODAY'S CHARGES	TODAY'S PAYMENTS	TODAY'S ADJUST	ACCOUNT	OUTSTANDING INSURANCE BALANCE	OUTSTANDING PATIENT BALANCE
72 00	00	00	00	72 00	72 00	00

3781

1111 DELAFIELD ST #301 WAUKESHA WI 53188

11730AM

STATEMENT

B5392\$ TH03 02 1892 R

ADDRESS SERVICE REQUESTED

W Shy

REMIT TO

ROSEMARIE SCHEIDT 133 RIVERSIDE DR PEWAUKEE, WI 53072-3762 MMC MRI LLC 1111 DELAFIELD ST #301 WAUKESHA, WI 53188-3407

1925 01

PLEASE RETURN THIS PORTION WITH PAYMENT Statement Date Your Account Number Page No New Balance Office Phone Number SHOW AMOUNT 1925 00 (262) 542-9173 04/02/03 11730AM 01 PAID HERE

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

PROVIDER **PATIENT NAME BALANCE EXPLANATION OF ACTIVITY** DATE AND CRED NAME

022103 MMC MRI LLC CPT 73718 LOWER EXTREMITY OTHER THAN ROSEMARIE S 1925 00

Statement PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE 11730AM 04/02/03 Date NEW BALANCE CURRENT 30-60 DAYS 60-90 DAYS > 90 DAYS TOTAL PAY THIS AMOUNT 1925 01 1925 00 1925 00

SEND INQUIRIES / PAYMENTS TO

MMC MRI LLC 1111 DELAFIELD ST #301 **WAUKESHA WI 53188**

(262) 542-9173
YOUR BALANCE IS DUE UPON RECEIPT THANK YOU

MORELAND FAMILY MEDICINE ASSOCIATES, S C

717 W Moreland Blvd Waukesha, WI 53188 (262) 542-9100

JAMES E DALL MD TARA L DALL MD ELIZABETH DAVIES MD LEIFE ESBENSEN MD STEVEN A GILES MD MARK D GROSSKLAUS MD ROBERT E SCHELLINGER MD GWENDOLYN A TANEL MD THOMAS G WITTMANN MD

		ATEMENT		
Place Of Service	TRELAND FAMIL: MEDICI	.¹√E	F	Page No 1
				Return This Portion With Your Payment
FOSEMAPIE 103 / IVFA FEWALKEE	SIDE DE IVE			Billing Date Amount Due
				Discharge Date
што SC:'ElDT	40SCMFF1E	Chart No	J5110	Amount Enclosed \$

PLACE PROCEDURE CODE **CHARGES CREDITS** BALANCE DESCRIPTION DATE 173.90

Any Payments Or Charges After The Above Billing Date Will Appear On Your Next Statement

2/15/05

PALALICE FORWARD

TLSTEMT DEYS FO DOLP TSTAL AO DAYS 175.00 ... 173.00 0.30 C.CO 173.00 ...

> For your convenience we now accept Mastercard and Visa Feel free to call our office to make a payment



MASTERCARD



PLACE OF SERV CODE

- Office
- Patient's Home
- Inpatient Hospital
- Outpatient Hospital Emergency Room Hospital
- 24 31
- Ambulatory Surgical Center Skilled Nursing Facility
- 32 Nursing Facility 81
 - Independent Laboratory Other Unlisted Facility

1.

Chart Number

Phone

Place Of Service

Referring Physician

11111111



Richard H Bolt, M D, John T Bolger, M D, Steve T Merkow, D, Timothy K Schultz, M D, Michael E Tjarksen, M D, Rick F Papandrea, William A Davies, M D, Hongsheng Zhu, M D, Ph D, Daniel P Holub, M D

1111 Delafield Street, Suite 120 Waukesha, Wisconsin 53188 (262) 544 5311 • FAX (262) 544-6820

CERTIFICATION OF MEDICAL BILLS

RE Rolmarie Scheidt
I, Syn Regel , the undersigned Patient Billing Custodian of Orthopaedic Associates of Waukesha, S.C., do hereby
certify that the enclosed/attached pages are photocopies of the original medical bills of
our patient, Semarie Scheidt, between the dates
of $\frac{1/31/02}{and} = \frac{5/13/03}{and}$
This certification is made pursuant to Sec 908 03, Wis Stat
Dated at Waukesha, Wisconsin this 31d day of July, 2003
Jun R Seefeldt
Patient Billing Custodian

Orthopaedic Associates of Waukesha, S C

Statement of Account

ORTHO ASSC/WAULESHA SFORTS 1111 DELAFIELD #120

From 1x/21/02 To 07/03/03

WAUFESHA WI 57188

Balance Due \$ 1273.00

Fage

Account 147766

Statement Date 07/07/03

Business Fhone 162-544-0161 Fegistration Fhone 262-544-5711 Federal ID No. 79-1101566

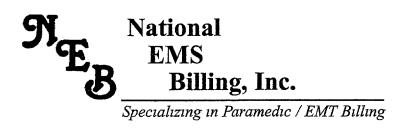
- - Fatient Name - -

BC 22 ROSEMARIE SCHEIDT ROSEMARIE SCHEIDT FC 137 RIVERSIDE DR NC IO FEWAUFEE WI 57072

- - Misc Remarks - -

Date	Fatient	Code	FL	Mods	Description	Units	Doctor	Amount
11/21/02	ROSEMARIE	99.74	11		CONSULTATION OFFICE OR OUTFATIE D 845.00		NOH, dM UH	200,00
11/11/07	ROSEMARIC	99974		F	INSURANCE FORM FIL 1 11F 12/06 200.			
	ROSFMARJE	1			CREDIT CARD FAYMEN	l Z	NOH, GM UH	100.00-
	ROSEMARIE	i			CREDIT CARD FAYMEN	1		50 00-
	ROSEMARIE	99984			STATEMENT HELD \$ 50.00-			
	ROSEMARTE	97001	11		FT INITIAL EVAL D 845.00	Ŗ	YDESk [,JO	120.00
	ROSEMARTE	99974		F	INSURANCE FORM FIL 1 1/F 12/17 120.			
12/05/02	ROSEMARIE	97140	11		MANUAL THERAFY TEC EACH 15 MINUTES D" 845.00	; F	YDESkI,JO	58.00
12/05/02	FOSEMARIE	99974		F	INSURANCE FORM FIL 1 11F 17/17 58.			
12/18/02	KOSEMAR J E	97140	11		MANUAL THERAFY TEC EACH 15 MINUTES D < 845.00	F.	YDES+I.JO	58.00
15/18/05	ROSEMARIF	99974		F	INSURANCE FORM FIL 1 11F 01/10 58.			
12/70/02	KOSFWVK 1E	99980			FREVIOUS STATEMENT * TIB.OO			
01/07/07	FOSFMAR (E	97110	11		THERAPEUTIC EXERCI 15 MINS D. 845 00	2 R	YDESkI.JO	170 00
01/07/07	ROSFMARIE	99974		F	INSURANCE FORM FIL 1 11F 01/14 170.			
01/08/03	ROSEMARIE	99217	11		FST.FT.OFFICE/OTHE OUTFT.VISIT D 845.00		HU MD,HON	65.00
01/08/07	ROSEMAFIE	L1906	11	LT	ANFLE PRACE -LACF- (#TO4) (ORTHO.& SFORTS MED DIST.) D 845.00 LT. SIDE	Zi	HU MD.HON	74.00

_MARÃE SCHFIDT Account Number: 147766 (Continue) Fatient Code FL Moda Description Units Doctor Amount 01/08/01 ROSEMARIE 99974 INSURANCE FORM FIL 1 11P 01/14 99. 01/15/07 ROSEMARIE 97110 11 THERAPEUTIC EXERCI 2 RYDESkI,JO 170.00 15 MINS. Dx 845.00 01/15/0" ROSEMARIE 99974 F INSURANCE FORM FIL 1 11F 01/17 1TO. THERAFEUTIC EXERCI 2 RYDESKI, JO 01/17/01 ROSEMARIE 97110 11 130.00 15 MINS. D. 845.00 01/17/01 ROSEMAFIE 99974 F INSURANCE FORM FIL 1 11F 01/21 1TO. OL/CI/OT ROSFMARIF 97110 11 THERAPEUTIC EXERCI 2 RYDESkI,JO 130.00 15 MINS. Dv 845.00 01/21/01 ROSEMARIE 99974 F INSURANCE FORM FIL 1 11F 01/27 130. 01/27/07 ROSEMARJE 99980 FREVIOUS STATEMENT \$ 1005.00 RYDESKI,JO OT/10/UT ROSEMARIE 97110 11 THERAFEUTIC EXERC! 65.00 15 MINS. Dv 845.00 OC/10/OC ROSEMARIE 99974 F INSURANCE FORM FIL 1 11F 01/17 65. OT/19/OT ROSEMARIE 99:11 11 ZHU MD.HON 65 00 EST.FT.OFFICE/OTHE OUTFT.VISIT D/ 845.00 US/19/03 ROSEMARJE 73670 11 LT FOOT, COMFLETE, MI ZHU MD, HON 108.00 MUM OF I VIEWS Dy 845 00 LT. STDE 02/19/03 ROSEMARIE 99974 F INSURANCE FORM FIL 1 11F 02/26 17T OC/C4/OT ROSFMARIE 99980 FREVIOUS STATEMENT \$ 1070.00 01/14/01 ROSEMARIE 99980 FREVIOUS STATEMENT \$ 1247.00 04/01/07 ROSFMARIE 99980 FREVIOUS STATEMENT 1241.00 05/11/07 ROSEMARIE 99217 11 EST.FT .OFFICE/OTH ZHU MD.HON 90.00 OUTFT.VISIT D. 845.00 782 0 05/11/07 RUSEMARJE 99974 F INSURANCE FORM FIL 1 11F 05/I1 90. FELVIOUS STATEMENT 1277.00 06/11/0" ROSEMARIE 99080 11 SFECIAL RFFORTS ZHU MD.HON 75.00 /ZRFT ATY STANFORD 06/16/01 RUSEMARIE 11 MED/LEGAL FAYMENT ZHU MD,HON 75.00-ATNY STANFORD 06/27/07 ROSEMARIE 99980 FREVIOUS STATFMENT \$ 1773.00



CERTIFICATION OF AUTHENTICITY OF DUPLICATE RECORDS and/or BILLINGS

Ι,	Mary Ann Su	11k	custo	dian of the medical	
records and/or	r billings for		e Department Medical Provider)	, do hereby	
certify that the	attached photo	•	,	or billings relative to	
Rosemarie (Patier	Sche1dt nt Name)	, fo	r the period begini	ning 11/05/02	
and ending	11/05/02	, have bee	n compared with the	he originals on file and	Į.
are complete a	nd legible and a	ccurate duplic	ates of the original	l records and/or billing	S
on file consisti	ng of	4 nur	iber of pages		
Dated this _	20th	_day of	Mary	An Jule	_ B

Authorized Agent

Pewaukee Fire Department W239 N2242 Pewaukee Road Waukesha, WI 53188 Responding Unit # Station Responding Provider #60-00286 **1 1 2** 2 □ 3 □ 4 È day crew ÐVillage □City **Incident Address Location** 1230 Caste County **Destination Address / Facility Name** WAUKESHI MONE Home/Residence Recreational/Sport Response To Scene **Location Type** Hospital Residential Inst. □ Airport RESPONSE Non-Emergent, No Lights or Siren Industrial Restaurant/Bar П Clinic Emergent, Lights and Siren Mine/Quarry Water **Educational Institute** Initial Emergent, Downgrade to No Lights and Siren _Nursing Home Unspecified Initial Non-Emergent, Upgrade to Lights and Siren Public Building Other Highway/Road **Public Outdoors** Pt. Detected Call Received En Route At Patient Leaving Scene At Destination Leaving Destination 1040 1031 1011 ID# Hours EMT # 3 < 16 62 EMT # (A) Response

Mutual Aid `S Response To Scene ☐ Standby Type Scheduled Interfacility Transfer ☐ Unscheduled Interfacility Transfer Intercept Patient Name (First / M I / Last) DEMOGRAPHICS Patient Address Patient Age Social Security # ☐ Male **∖**Q-Female Patient Race

White ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black ☐ American Indian/Alaska Native ☐ Other □ Unknown Signs/Symptoms ☐ Abdominal Pain Paralysis __ _ **Chest Pain** Fever/Hyperthermia .□ . Unresp /Uncónscio **Back Pain** Choking п Headache **Palpitations** Vaginal Bleeding Bleeding Diarrhea Hypertension Pregnancy/Childbirth Vomiting Bloody Stool Dizziness Hypothermia Seizures/Convulsions Weakness **Breathing Difficulty** Ear Pain Nausea Syncope Unknown Cardioresp Arrest Eye Paın Numbness Trauma Other HISTORY Allergies Personal Physician r kdy **Patients** Dose Dose **Current Medications** Dose Pre-Existing Medical Condition Cardiac Other ☐ Hepatitis Medical ☐ Psychiatric ☐ Chronic Resp Failure ☐ CVA/TIA Diabetes **Asthma** Substance Abuse Tracheostomy Cancer. Chronic Renal Failure

Headaches ☐ Other Mental Status / Behavior **Body Temp** PERRL **Mormal** □ Usually Confused ☐ Intermittent Consciousness Temp I portos Reactive Acute Confused ☐ Incoherent □ Combative Nonreactive ☐ Oral □ Rectal □ Unconscious Constricted □ Axıllarv Ear Respiratory **Pulse** R Dilated **Breath Sounds** Time B/P LOC R Blind Rate Quality R Cataracts R Clear **ASSESSMENT** Glaucoma Wet 97 % Sp02 Normal Decreased Alert > **⊡** Reg ☐Room air ☐02 R Wheeze Verbal L 3 Shallow Irr P Pain U Unresp **Absent** Absent 5 Assisted Skin Normal Alert_ Verbal Temp Moisture Color Labored ☐ Reg Shallow `□>~Normal □ CNormai **□**⊘ Normal irr Paın 4 Absent Dry ð Cold Cyanotic U Unresp 5 Assisted Cool Moist Pale/ashen Warm Diaph Cherry Normai Alert Labored Flushed Reg Verbai Capillary Refill 3 Shallow irr Pain Jaundice 4 Absent **□** Normal U Unresp 5 Assisted Delayed

Yellow PFD

Pink Billing

Top Hospital

V202-056853

-			11
EXAMINATION	Head / Face Neck		□ N/A
PHYSICAL E	Chest / Axilia Back / Flank Abdomen Pelvis / Hip L Arm U L J R Arm U L J L Leg U L / J R Leg U L / J		
TRAUMATIC INJURY	Motor Vehicle Crash P=Patient Location in Vehicle X=Location of Damage to Vehicle	Type	, Q N/A
TRAUM	Cause of Injury ChildBattering Suspect Drowning Drug Ingestion Electrocution (Non Ligit Electrocution (Non Ligit Excessive Cold Excessive Heat Chemical Exposure	☐ Firearm Self Inflicted ☐ Motor Vehicle (Traffic) ☐ Stabbing ☐ Firearm Accidental ☐ Pedestrian Traffic ☐ Stings (plant/Animal)	□ N/A
NTS	Provider Impression Abd Pain/Problems Airway Obstruction Allergic Reaction Attered LOC Behavioral/Psych Cardiac Arrest Cardiac Arrest Cardiac Arrest Cardiac Arrest Chest Pain Discomfort Diabetic Symptoms Electrocution Gl Bleed Headache Hypertension Chief Complaint/Mechanism of Injury Comments Resolvand Leaders Comments	Hypothermia	□ N/A
COMME	While exit & the be iding to Britain the Prince of Africa of Africa of Africa of Africa of Africa of Africa of Africa of Africa of Africa of the William of Cratains William of Cratains Will CORProvider Bystander First Responder University	Cervical Immob OT Den day Hend WickAI External Defib Glucose Admin I V Cath/Fluids Shate Fluce Feed Le OB Care/Delivery Oral Airway OB Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Ob Care/Delivery Oral Airway Traction Splint of Extremity Traction Splint Traction Splint	7.28
MISCELLANEOUS	Incident Disposition Treated/Transported by EMS Destination Type Home/Residence Police/Jail Medical Office/Clinic Skilled Nursing Facility Hospital Morgue Other E.R. Physician N/A Destination Determination EMT Choice Law Enforce Choice Managed Care Online Med Direction Patient/Physician Choice	*Facility Where Patient was Transported	ights ghts Assist.
N K	Unchanged DOA DOS D M	Goggles T Phone T EKG Tolometry	70f

STATE OF WISCONSAN Adm Code HFS 110 04(3)(b)

DEPARTMENT OF HEALTH & FAMILY SERVICES

Division of Public Health

Airway Placement Prehospital Outcome ☐ Routcome ☐ Admitted to Hospital Hospital Outcome Carry Place ☐ Discharged ☐ Transferred ☐ Discharged ☐ Discharged ☐ Discharged AMA ☐ Diga ☐ Unknown ☐ Died ☐ Unknown ☐ NA ×N□ Route 0 DoLovnites Patient Care Record / Alarm No Dose Cule Ke 0000 Medications Obvious Fran Stran Eu No of Attempts (Joules for Defib) Success M Į, AMBULANCE RUN REPORT (Page 3) Skills / Extended Comments
Completion of this form meets the requirements of administrative rule HFS 110 04(3)(b)
Client information in this document is confidential under Wis Stat 146 82(1)
Service Name and ID No
Responding Unit EMT My Wha. SIGNATURE Medical Control Physician SIGNATURE AND NUMBER 782001 Procedure ALS Provider Arrival Tal Received or the Cardiac Rhythm § □ Interpretation 0766 Airway Placement verified by EMT

Clauscultation Clause Office

Usualization Clause CO2 ONA SP02 cerrita Resp Quality too d Kereniner Rate Pulse Quality Patient Last Name / First / MI ナンとう P Rate ☐ Yes ☐ No Explain ☐ Nasal ☐ None ☐ Pharyageal ☐ Other ☐ Lachea ☐ N/A Additional Comments SWR 111. 14 Blood Pressure Notes SIGNATURE AND NUMBER EMT 70% EMT Airway complications
☐ Dental
☐ Esophagus DPH 7300 (Rev 01/01) **Differential Diagnosis** Date Incident Reported 6/eed1,19 Equipment Failure Time **4D>4ZOHD** のオーコーの



CERTIFICATION STATEMENT

THIS IS TO CERTIFY THE ATTACHED COPIES OF MEDICAL INFORMATION ARE EXACT COPIES MADE BY ME FROM THE ORIGINAL MEDICAL RECORD ON THE FOLLOWING PATIENT:

NAME OF PATIENT ROSEM QUE Scheidt
DATE OF BIRTH 12360
OR
SOCIAL SECURITY NUMBER
ENCLOSED RECORDS COVER THE TIME PERIOD OF
("All records" or "all records to present" is not a compliant response pursuant to Wiccomain Statutes)
CERTIFIED BY Shellow Paine
SIGNATURE OF REPRESENTATIVE A USA POLICE
(SIGNATURE)
DATE COPIES MADE AND CEPTIFICATION SIGNED $\langle \gamma \rangle \times \langle 0, \gamma \rangle$

JAS-99/REV03

_,* __ SPOOL-2551 PHCI PRODUCTION HOSPITAL SYSTEM 01/10/03 14 53 · · · 524 OOO PPPP DDDD PAGE 001 (QAVRS) OOPPDD WAUKESHA MEMORIAL HOSPITAL O O PPPP D D 0 O P OOO P DDDD SCHEIDT ROSEMARIE F 42 OUTP
0507524 00006 ADM 01/08/03 RACE 1 OUTPAT./ER/CLINIC REPORTS
ZHU HONGSHENG MD 2151 MS D DATA SHEET & TEST RESULTS DEBORAH HECHT RELIGION.OTH SOC SEC NO-389765258 F/C-12 PATIENT ADDRESS:133 RIVERSIDE DR, PEWAUKEE, 53072 PHONE, 262-691-2736 BIRTHDATE, 12/03/60 EMPLOYER GE MED SYSTEMS PHONE: 262-548-4736 GUARANTOR SCHEIDT ROSEMARIE PHONE 262-691-2736 REL'SHIP:SELF ADDRESS 133 RIVERSIDE DR, PEWAUKEE, 53072 PRIMARY INS.HUMANA-GE MED SUBSCR NM:SCHEIDT ROSEMARIE R:1 ID#-38976525800 GROUP.GE MED SYSTEMS GROUP # B1842002A9 SECOND INS SUBSCR NM R. GROUP #: ID#. GROUP: MEDICARE QUESTIONS CONTACT.WILBER GARY PHONE: 6912736 REL'SHIP FR ADDRESS 133 RIVERSIDE DR, PEWAUKEE REGISTRATION DATE 01/08/03 TIME 10.50 CHIEF COMPLAINT LEFT LEG US R/O DVT PREV ADMITS ER 033198 (REFERRING MD) WITTMANN T G MD HISTORY & PHYSICAL. DIAGNOSIS TREATMENTS AND ORDERS. RN PHYSICIAN: ZHU HONGSHENG MD

SCHEIDT ROSEMARIE 050752400006 FACE SHEET 1.000

_ * _ SPOOL-2553 PHCI PRODUCTION HOSPITAL SYSTEM 01/10/03 14 53 PAGE 001 . 524 (QAVRS) OOO PPPP DDDD OOPPDD O O PPPP D D
O O P D D
OOO P DDDD WAUKESHA MEMORIAL HOSPITAL SCHEIDT ROSEMARIE F 42 OUTP

0507524 00006 ADM 01/08/03

ZHU HONGSHENG MD 2151

DATA SHEET & TEST RESULTS MEDICAL ORDERS: ENTERED BY TOSHNER LAURA 10.51 01/08/03 --COMPUTER CODE SIGNATURE--54.00 CONSULTATION REPORT 53.00 OPERATIVE REPORT 52.00 HISTORY & PHYSICAL

TOSHNER LAURA ENTERED FOR: ZHU HONGSHENG MD
10 50 01/08/03 --WRITTEN ODDED ON OUT OF THE PROPERTY OF THE PROPE ENTERED BY TOSHNER LAURA 51 00 ULTRASOUND 93971 VENOUS DUPLEX-LEFT LOWER EXT, US, INDICATION

OTHER--PAIN, SCHEDULE: TODAY, (01/08/03)

_ * _ SPOOL-2554 PHCI PRODUCTION HOSPITAL SYSTEM
01/10/03 14 53 PAGE 001
(OAVRS) OOO PPPP DDDD 524 O OP PDD O O PPPP D D
O O P D D
OOO P DDDD WAUKESHA MEMORIAL HOSPITAL F 42 OUTP

OUTPAT./ER/CLINIC REPORTS

TO SHOW THE PROPERTY OF SCHEIDT ROSEMARIE 0507524 00006 ADM:01/08/03 DATA SHEET & TEST RESULTS ZHU HONGSHENG MD 2151

MED DX LEFT LEG US R/O DVT

SPOOL-2555 PHCI PRODUCTION HOSPITAL SYSTEM
01/10/03 14 53 PAGE 001
(OAVPS) 524

OOO PPPP DDDD (QAVRS) WAUKESHA MEMORIAL HOSPITAL

O O P P D D
O O PPPP D D
O O P DDDD

__ * __

ZHU HONGSHENG MD 2151

OTHER PATIENT DATA 0507524 SCHEIDT ROSEMARIE USA SCHEIDT ROSEMARIE

OSDK OSDK

** END OF SECTION **

SCHEIDT ROSEMARIE 050752400006

PHCI PRODUCTION HOSPITAL SYSTEM SPOOL-2552 PAGE 001 01/10/03 14 53 524

(QAVRS) WAUKESHA MEMORIAL HOSPITAL

OOO PPPP DDDD OP PDD O PPPP D D 0 0 O P D D 000 P DDDD

F 42 OUTP SCHEIDT ROSEMARIE

0507524 00006 ADM 01/08/03 ZHU HONGSHENG MD 2151

OUTPAT./ER/CLINIC REPORTS DATA SHEET & TEST RESULTS

********* RADIOLOGY TEST RESULTS *********

REPORTED 03/06/01 14 19 .. 93971 VENOUS DUPLEX-LEFT LOWER EXT,US

DATE OF EXAM: 01/08/2003

TYPE OF EXAM: 93971 VENOUS DUPLEX-LEFT

VIEW

INDICATION - PAIN

VENOUS ULTRASOUND

THE DEEP VENOUS SYSTEM OF THE LEFT LOWER EXTREMITY WAS EVALUATED FROM THE INGUINAL LIGAMENT TO THE ANKLE THERE IS NO EVIDENCE FOR DEEP VENOUS THROMBOSIS THERE IS NORMAL AUGMENTATION AND COAPTATION. THERE IS NORMAL DOPPLER SIGNAL INTENSITY AS WELL AS NORMAL COLOR MAPPING. VISUALIZED CALF VEINS ARE UNREMARKABLE. THERE IS NO BAKER'S CYST OR KNEE JOINT **EFFUSION**

IMPRESSION:

NEGATIVE LEFT LOWER EXTREMITY VENOUS ULTRASOUND.

ENTERED BY MJV T 01/08/2003 2 15 P D 01/08/2003

CC: RADIOLOGIST: HART RANDI W MD



GENERAL CONSENT AND CONDITIONS OF ADMISSION AND/OR TREATMENT

Date of Admission	/	_/
Time		a.m. / p.m

1 51 2 21	700 7110
Consent to Hospital Admission and Medical Treatment. I, (or	treatment for physical and/or emotional illness, developmental disabilities, treatment of alcohol or drug abuse, progress notes, therapeutic summaries and, if applicable, information related to Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV) I understand that this consent to disclose confidential information may be revoked by me at any time except to the extent that the Hospital, its employees and/or agents may have already acted in reliance on it, and that, except for such revocation it will remain in full force and effect for one (1) year from the date of my signature 6
is not limited to, physicians working the emergency department, radiologists, pathologists anesthesiologists and any physicians called in as consultants. The Hospital does not control the actions or decisions of the physicians. I understand that the Hospital is not hable for any actions or omission of, or the instructions given by, such independent contractors who treat me while I am in the Hospital. 4. Responsibility for Follow-Up Care. 1 understand that I may be released from the Hospital before all of my medical problems are known. I also understand that it is my responsibility to follow instructions about and make arrangements for follow-up care. 5. Release of Medical Records. I understand that I may review and have copies of my medical record made.	deductible charges I acknowledge that my Hospital care is incurred in the interest of my family so that my marital property may be used to pay all financial obligations I am assuming 8 Medicare and Medicaid Payments. I certify that the information given by me in applying for
at my own expense and that this review shall take place in the Health Information Management Department during regular business hours. I also understand that I may authorize other persons to review and have copies of my medical record made by signing a dated statement which identifies the person, the purpose of the disclosure, the type of information to be disclosed and the time period during	9 HMO/PPD Patients. I have contacted the proper party or parties to obtain authorization for care or treatment to be rendered Yes
I hereby authorize the Hospital to release information related to services provided at or by the Hospital to other healthcare providers or entities for continued patient care and to my insurers other payors or other persons as necessary for billing and related purposes. This information may include my identity medical and psychological evaluations.	10 Private Room. I request a private room and agree to pay, at the time of my discharge, the additional private room rate Yes No N/A
THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ THIS FORM, COMPETENT TO EXECUTE IT OR AUTHORIZED TO EXECUTE IT ON THE P Dated this day of , 20 O S Signature Patient If the patient is a thinor or unable to consent, complete and sign the following Patient	ATTENT'S DPHALE attack Witness
Signature Person Signing On Behalf Of Patient Witness	Relationship to Patient
	Addition of the second

WAUKESHA MEMORIAL HOSPITAL

WAUKESHA WI 53188 GENERAL CONSENT AND ADMISSION/TREATMENT AGREEMENT

12.298

#11507524

SPOOL-2296 PHCI PRO "TION HOSPITAL SYSTEM 11/08/02 **1**4.53 PAGE 001 OOO PPPP DDDD O OP P D D 524 (QAVRS) WAUKESHA MEMORIAL HOSPITAL O O PPPP D D 0 O P D D 000 P SCHEIDT ROSEMARIE F 41 EMER 0507524 00005 ADM.11/06/02 RACE.1 OUTPAT./ER/CLINIC REPORTS DATA SHEET & TEST RESULTS LUETZOW THOMAS MD 0727 MS·D RELIGION · OTH KATHLEEN REHFELDT SOC SEC NO:389765258 F/C:12 PATIENT ADDRESS:133 RIVERSIDE DR, PEWAUKEE, 53072 PHONE 262-691-2736 BIRTHDATE:12/03/60 EMPLOYER: GE MED SYSTEMS PHONE: 414-548-4736 GUARANTOR: SCHEIDT ROSEMARIE PHONE 262-691-2736 REL'SHIP-SELF ADDRESS:133 RIVERSIDE DR, PEWAUKEE, 53072 PRIMARY INS:HUMANA-HMO/POS SUBSCR NM SCHEIDT ROSEMARIE R 1 ID# 38976525800 GROUP GE MED SYSTEMS GROUP #:B1842002A9 SECOND INS: SUBSCR NM· R: ID# · GROUP GROUP #: MEDICARE OUESTIONS: CONTACT: WILBER GARY PHONE: 6912736 REL'SHIP-FR ADDRESS.133 RIVERSIDE DR, PEWAUKEE REGISTRATION DATE.11/06/02 TIME 10 24 CHIEF COMPLAINT: POSSIBLE FRACTURE ACCIDENT DATE:11/06/02 TIME 09.30 PREV ADMITS: ER: 033198 (REFERRING MD) WITTMANN T G MD HISTORY & PHYSICAL: **DIAGNOSIS** TREATMENTS AND ORDERS. RN PHYSICIAN: LUETZOW THOMAS MD

SCHEIDT ROSEMARIE 050752400005 FACE SHEET 1 000

MEMORIAL HOSPITAL		_							
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Department Of Emergency Services

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Please call Nurse-on-Line at (262) 544-2745 T	-
your needs for routine medical care	The reason that help you take a cooler to report
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Patient Signature / Local phone number.	etal t
DISCHARGE INSTRUCTIONS GIVEN:	May return to ☐ Work ☐ School ☐ Gwm on
☐ Abd Pain ☐ Conjunctivitis ☐ Flu ☐ Sprain/Contusion ☐ Allergic reaction ☐ Constipation ☐ Fracture ☐ Letands	☐ Now ☐ Only after re-evaluation by a physician ☐ No restrictions
☐ Animal bite ☐ Croup ☐ N/V/Diamhea ☐ Threatened Miscarriage	☐ Restrictions as noted ☐ for days ☐ until checked by a physician
☐ Asthma/COPD ☐ Ear Infections ☐ Head Injury ☐ UTI ☐ Back Pam ☐ Eye FB/Abr ☐ Neck Pain ☐ Wound Care	☐ Activity as tolerated ☐ No twisting or bending ☐ Limited use of injured part ☐ Sitting work only
□ Cellulitis □ Fever □ Pain Control □ Vertigo □ Chest Pain □ Kidney Stones □ Sore Throat / Cold □ Bronchitis/Pneumonia	☐ Complete rest of injured part ☐ Do not drive ☐lbs lifting limit ☐ Keep wound clean & dry
Other	☐ Sutures out in days
WAUKESHA MEMORIAL HOSPITAL Waukesha, Wi 53188	SCHEIDT ROSEMARIE 12/03/60 41 F
Emergency Department Record	SCHEIDT ROSEMARIE 12/03/60 41 F LUETZON /WITTMANN/ ENER

ED-2 (6/02)

WHITE COPY - Medical Records

YELLOW COPY - PMD

: 11/06/02 10:24 0507524 00005

53072 NHO

133 RIVERSIDE DR PEMOUKEE

₩I 262-691-2736

CTION HOSPITAL SYSTEM PAGE 001 EMERGENCY REPORT

524

PATIENT NAME.SCHEIDT ROSEMARIE TELEPHONE: 691-2736 ADM: 11/06/02 BIRTHDATE 12/03/60 AGE. 41 PHYSICIAN. LUETZOW 0727AS MD DICTATED BY. LUETZOW THOMAS J MD

HOSP. NO .0507524 00005 ROOM: EMERG/OP REO'N NO..D310-1332

DATE OF EMERGENCY DEPARTMENT VISIT: 11/06/02

HISTORY OF PRESENT ILLNESS: THIS IS A 41-YEAR-OLD FEMALE WHO MISSED A STEP AND HAD AN ACUTE SPRAIN TO HER LEFT ANKLE, PROBABLY AN INVERSION INJURY, THAT OCCURRED THIS MORNING. DENIED ANY OTHER INJURY. SHE HAS NO CHRONIC HEALTH PROBLEMS.

MEDICATIONS SHE TAKES NO DAILY MEDICATIONS. SHE DOES OCCASIONALLY TAKE MORNING ZANTAC.

PHYSICAL EXAMINATION: GENERAL: AN AWAKE, ALERT, PLEASANT AND COOPERATIVE LADY WHO INITIALLY DENIED THE NEED FOR PAIN MEDICATION VITAL SIGNS INITIAL BLOOD PRESSURE WAS ELEVATED AT 176/108, PULSE 98, RESPIRATORY RATE 16, TEMPERATURE 98 1

I SAW HER IMMEDIATELY UPON ARRIVAL (I BELIEVE ROOM SEVEN) HAS SOFT TISSUE SWELLING AND TENDERNESS TO THE LATERAL MALLEOLUS AND ALSO TENDERNESS TO THE INNER OSSEOUS LIGAMENT AND SOME TO THE MEDIAL MALLEOLUS HEEL AND ACHILLES ARE NORMAL. THE LEG AND KNEE/HIP AND THIGH ARE NORMAL. METATARSALS AND TOES ARE NORMAL NEUROVASCULAR EXAM IS INTACT. X-RAY FAILS TO REVEAL ANY APPARENT FRACTURE OR DISLOCATION. UPON REEXAMINATION, HER PAIN IS MARKEDLY INCREASED. SHE IS GIVEN 10 MG OF MORPHINE IM AND HAS HAD SIGNIFICANT DECREASE IN PAIN THEREAFTER SHE IS PLACED IN AN EQUALIZER BOOT, IS GIVEN AN OPTION FOR CRUTCHES, GIVEN A WORK SLIP, A PRESCRIPTION FOR LORTAB, SPRAIN INSTRUCTIONS AND FOLLOWUP WITH HER ATTENDING PHYSICIAN, DR WITTMANN, NEXT WEEK

ASSESSMENT SEVERE LEFT ANKLE SPRAIN

THOMAS J. LUETZOW, MD/NLB D.11/06/2002 T.11/06/2002 SIGNED THOMAS J. LUETZOW, MD 11/07/2002 15.20

CC

__*_ SPOOL-2299 PHCI PRO. JTION HOSPITAL SYSTEM 11/08/02 14:53 OOO PPPP DDDD PAGE 001 OOPPDD 524 (QAVRS) O O PPPP D D
O O P D D WAUKESHA MEMORIAL HOSPITAL OOO P DDDD SCHEIDT ROSEMARIE F 41 EMER 0507524 00005 ADM:11/06/02 OUTPAT./ER/CLINIC REPORTS DATA SHEET & TEST RESULTS LUETZOW THOMAS MD 0727 MEDICAL ORDERS-ENTERED BY: CAYA CHRISTOPHER ETT ENTERED FOR LUETZOW THOMAS MD 10:27 11/06/02 --WRITTEN ORDER ON CHART--50.00 X-RAY 73610 ANKLE LT MIN OF 3 VIEWS, INDICATION: PAIN, SCHEDULE: STAT, LOCATION IN ER, (11/06/02 10 27)

ENTERED BY: INFC 10:25 11/06/02 -- COMPUTER CODE SIGNATURE--49.00 CONSULTATION REPORT 48.00 EMERGENCY REPORT

47.00 EMERGENCY REPORT

* SPOOL-2300 PHCI PRO JTION HOSPITAL SYSTEM 11/08/02 14.53 PAGE 001 OOO PPPP DDDD 524 (QAVRS) OOPPDD WAUKESHA MEMORIAL HOSPITAL O O PPPP D D 0 O P D D OOO P DDDD SCHEIDT ROSEMARIE F 41 EMER 0507524 00005 ADM 11/06/02 OUTPAT./ER/CLINIC REPORTS LUETZOW THOMAS MD 0727 DATA SHEET & TEST RESULTS ________

OTHER ENTRIES

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SCHEIDT ROSEMARIE

* SPOOL-2301 PHCI PRC JTION HOSPITAL SYSTEM 11/08/02 14:53 OOO PPPP DDDD PAGE 001 O O P P D D O O PPPP D D O O P D D (QAVRS) 524 WAUKESHA MEMORIAL HOSPITAL OOO P DDDD SCHEIDT ROSEMARIE F 41 EMER 0507524 00005 ADM 11/06/02 OUTPAT./ER/CLINIC REPORTS LUETZOW THOMAS MD 0727 DATA SHEET & TEST RESULTS

MED DX. POSSIBLE FRACTURE

SPOOL-2302 PHCI PRC 11/08/02 14:53 524

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> (QAVRS) WAUKESHA MEMORIAL HOSPITAL

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LUETZOW THOMAS MD 0727 OUTPAT./ER/CLINIC REPORTS DATA SHEET & TEST RESULTS

OTHER PATIENT DATA: 0507524 SCHEIDT ROSEMARIE USA SCHEIDT ROSEMARIE

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** END OF SECTION **

SCHEIDT ROSEMARIE

050752400005

PATIENT RECORD 5.500

SPOOL-2298 11/08/02 14 53 - 524

PHCI PRO. JTION HOSPITAL SYSTEM PAGE 001

(QAVRS)

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WAUKESHA MEMORIAL HOSPITAL

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SCHEIDT ROSEMARIE

F 41 EMER

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______ OUTPAT./ER/CLINIC REPORTS DATA SHEET & TEST RESULTS

RADIOLOGY TEST RESULTS

REPORTED 09/17/01 14 31 . . 73610 ANKLE LT MIN OF 3 VIEWS

DATE OF EXAM. 11/06/2002

TYPE OF EXAM. 73610 ANKLE LT MIN OF 3

VIEW.

INDICATIONS: TRAUMA

AP, LATERAL AND OBLIQUE VIEWS DEMONSTRATES SMALL OSSIFICATIONS ADJACENT TO THE LATERAL MALLEOLAR TIP. ONE OF THESE HAS THE APPEARANCE OF OLD TRAUMA WITH THE OTHER POSSIBLY REFLECTING AN ACUTE SMALL AVULSION FRACTURE NO OTHER ACUTE FRACTURE OR DISLOCATION IS SEEN SOFT TISSUE SWELLING IS NOTED LATERALLY. NO DEGENERATIVE JOINT DISEASE, OSSEOUS DESTRUCTIVE PROCESS OR OTHER ABNORMALITY IS SEEN

IMPRESSION

THERE ARE SMALL OLDER AND ACUTE AVULSION FRACTURE FRAGMENTS NOTED ADJACENT TO THE LATERAL MALLEOLAR TIP. THERE IS ASSOCIATED SOFT TISSUE SWELLING NO OTHER ACUTE PROCESS IS

ENTERED BY: LSA T 11/06/2002 2:18 P D 11/06/2002

CC: RADIOLOGIST BOEX ROBERT M MD



PRELIMINARY RADIOLOGY RESULTS

PATIENT Schledt, ROS	e ham Fla	ноsр no <u>50-75 - 24</u>
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DR LUETZOW	~	TELEPHONE
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[] Results called by Technologist (fi	ile form ın office)	
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WAUKESHA MEMORIAL HOSP Waukesha, WI 53188 Preliminary Radiology Resul	SCHEIDT POS	

LUETZON /WITTMANN/

11/06/02 10:24

7.00 PENAUKEE

133 RIVERSIDE DR 53072 NHO

EMER

NI 262-691-2736

0507524 00005

R 5 (2/02)



GENERAL CONSENT AND CONDITIONS OF ADMISSION AND/OR TREATMENT

Date of Admission	 	/
Time	 8.0	/po

and/or	Name of Attending Physician(s)
Consent to Hospital Admission and Medical Treatment. I (or	treatment for physical and/or emotional illness, developmental disabilities, treatment of alcohol or drug abuse, progress notes, therapeutic summaries and, if applicable, information related to Acquired liminumodeficiency Syndrome (AIDS) or infection with Human liminumodeficiency Virus (HIV) I understand that this consent to disclose confidential information may be revoked by me at any time except to the extent that the Hospital, its employees and/or agents, may have already acted in reliance on it, and that, except for such revocation it will remain in full force and effect for one (1) year from the date of my agnature 6 Personal Valuables I understand that the Hospital maintains a safe for storage of patient valuables such as money, jewelry, glasses, dentures, documents, furs, or other articles of value I understand and agree that the Hospital does not assume liability for any loss or damage to valuables not deposited in the safe 7 Assignment of Insurance Benefits/Financial Agreement. In the event I am entitled to hospital benefits arising out of any type of insurance policy, I hereby assign said benefits to the Hospital for application to my Hospital bill I understand that the Hospital may note recept of any such payment and that such payment will discharge the insurance company of obligations under the policy to the extent of such payment, and that I will be responsible for charges not covered by this assignment, and that I will be responsible for charges not covered by this assignment, and that I will be responsible for charges not covered by this assignment, and for copayments and deductable charges I acknowledge that my Hospital care is incurred in the interest of my family so that my marital property may be used to pay all financial obligations I am assuming 8 Medicare and Medicard payment is correct I authorize any holder of medical or other information given by me in applying for Medicare Patient, I acknowledge that I have received a copy of the "important Message from Medicare/CHAMPUS" regardin
Signature	
Person Signing On Behalf Of Patient	Relationship to Patient
Witness	

WAUKESHA MEMORIAL HOSPITAL

WAUKESHA WI 53188
GENERAL CONSENT AND ADMISSION/TREATMENT AGREEMENT

AD 14 (3/02)

SCHEIDT ROSEMARIE LUETZOW /WITTMANN/ 11/06/02 10:24 133 RIVERSIDE DR

12/03/60 41 F ENER 0507524 00005 53072 WHO

WI 262-691-2736

PFWAHKFF

White Copy Patient Chart Yellow Copy Patient



MORELAND FAMILY MEDICINE ASSOCIATES S (

717 W Moreland Boulevard Waukesha WI 53188 (262) 542-9100 FAX. (262) 542-7366

Certification of Medical Records

Patient Name: \$155MATIS SchELOT
I, AY MURRAY, custodian of patient accounts
at Moreland Family Medicine Associates, S.C., Waukesha, WI, hereby
certify that the documents annexed hereto, and consisting of 28
pages, constitute an accurate, legible and complete duplicate of
medical records regarding ROSEMATIS Sch 2101
for the dates of services from $5-13-97$ to $11-19-05$.
Dated this four Ernith day of January, 2002.
Law Murray.

NAME Scheidt Rosemarie DOB 12-03-60 TEL(h) 591-3736(w) 2521-6829-Nonsmoker CHRONIC PROBLEMS Entered Resolved Smoker Eth axlul minimal action months wing mild mital insufficialis Wild trienspre, holy de clefre Past History C-Sections ×2 Tubal Gentron Family History F Consultants M 1 Bro - hart a as dill - conder cathoge 8. No problem 0505-MGF UMI 50'S **Dates of Occurrences** RECURRING ACUTE PROBLEMS Date Date Date Date **MEDICATIONS** Started Stopped **MEDICATIONS** Started Stopped 7, 146+50x 1:11 Date **ALLERGY SYMPTOM** Date **ALLERGY SYMPTOM** 5197 N KNN H 四月,一

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Myseneru Scheidt. Rosenarie MR# 03-52-30

- S Rosemarie is here today for a second opinion. She is a friend of Gray Wilbur. She reports that up until this point she had been in good health About two months ago she started the Fenfluramine-Phenterimine weight loss program through the Aurora clinic and Dr. Krismer - She states on her most recent exam she was noted as having a heart murmur which she had never been told she had before - It had not been heard prior to her starting the medication per patient. Otherwise she states she has been in good health, no medical problems - Previous C-sections x 2 and a tubal ligation. She did not have any problems with her pregnancies She is not on any medications. No known allergies. Parents are both age 57, alive and well Her brother did have a history of a heart murmur as a child Apparently he underwent a cardiac catheterization around the age of 8 but he has not had any subsequent problems. She does not smoke. She does have an occasional glass of wine Drinks caffeine Plays tennis She really has not noticed any chest pain or palpitations. She notes a little bit of SOB with activity but states this has always been ε problem for ner not just recently.
- 0 In no acute distress BP Left erm 142/86, right arm 140/90 HEEMI ELea Greesly intact AND Without JVD 10 HTF Fo lympheceropathy or thyromegaly LUMCS Clear. C"FD12C E"AM Regular rate and shuthe. normal 51 and 57, occasional ectopic. She does have a disstolic number 24/-. No thrills or heaves ABDORRY Soft and nontender Pulses are full-throughout all four extremities deronstrates sinus rhythm
- ħ her onset heart murmur while on the weight loss program, specifically Fenfluramine-Phenterimine diet.
- p At this point she has already D/C the medication and was advised to remain off the medication We will obtain an echocardiogram tomorrow. Regarding activity, I told her to avoid playing tennis or any other aerobic-type activity until results of echocardiogram are received

TGW/ab

5-19-97 Scheidt, Rosemarie 03-52-30

- 8 Rosemarie's echocardiogram results are back. Per her request, the results were given to her boyfriend as she is out of town, unreachable and very anxious for the findings. It did note minimal aortic insufficiency, mild mitral insufficiency. No prolapse or stenosis. No aortic stenosis. Fild tricuspid insufficiency with normal pulmonary pressures
- P Have advised she continue off the weight loss medication—Follow up here in again in three months for re-evaluation but follow up sooner should she develop any other symptoms

TGW/mk

9/9/97 SCHEIDT, ROSEMARIE MR; 03-52-30

Rosemarie is here today for evaluation of three-day history of dull, achy chest pressure across he radiating me into the name of a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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

Rosemarie is here today for evaluation of three-day history of dull, achy chest pressure across her cnest, radiating up into the neck. She states that her arm feels numb and tingling. Just not feeling well Some achiness across, states that her chest wall pain is reproducible with pressing her chest, but at other times it feels like a dull, achy pressure. She reports that the pressure is persistent throughout the day No fever or chills No recent upper respiratory infections. Otherwise has been doing well Had been seen in May for newly diagnosed heart murmur At that time was on the Fen-Phen program She discontinued the medications immediately and has not resumed Echocardiogram demonstrated minimal acrtic insufficiency, mild mitral insufficiency and mild tricuspid insufficiency. Denies any shortness of breath Some lightheadedness. No family history of heart disease. One brother had a heart murmur as a child, cardiac catheterization at age 8, no problems currently The patient is a nonsmoker States she has been under some stress at home with her 17-year-old, but doesn't feel it's any more than usual

- 1 0 Vital signs as noted HEENT TH's are normal Pharynx is clear NECK Supple No JVD or bruits LUNCS Clear CARDIAC Regular rate and rhythm Normal S1 and S2 with S3 Unable to appraciate a Soft, nontender I am able to reproduce some chest wall tenderness with 43D0 4EA palgation over the left anterior chest mall. No skin lesions are seen. CATREMITMES Chast x-ray appears negative EAG demonstrates sinus rhythm with some PAC's
  - Crest pain, rule ou underlying heart disease. Possible chest wall strain À Recrat usage of Pen-Phen
  - 3 mgs 'יביי scheduled Sed rate. Od towar f - partient will try a heating pad and Advil for relief of her anterior chest wall T ging, is seeded no e severe the is to go to the emergency room Orner713e further recommendations pending above results

TGW/1m

9/16/97 Scheidt, Rosemarie MR# 03-52-30

Roserarie & lab studies are noted sed rate was normal, white count TNL, chest x-ray normal. Stress test vas discussed mith Dr. Stoiber. He states he thought stress testing technetium portion were Wil. The putient did have an elevated BP, she will FO here for further BP readings. We may need to constitute antihypertensive therapy Of note, she still has not yet scheduled her echocardiogram. I have encouraged her to follow through with this. She states that the chest pain ste had been especiencing has a sail, וויקר מרסו bad been ויקר thad

Rosemarie's echocardiogram demonstrates moderate mitral regurgitation. It is felt that the mitral regurge may be more pronounced than his echocardiogram of 5/97. In talking to Dr. Sae an, apparently they have new software and he was not sure if maybe it was just some variation in the technique as well as the software. For that reason, I have advised the patient to FU with me in three months per cardiology recommendations. If murmur remains stable at that time, we will repeat echocardiogram three months from then or six months from now. However, should she develop symptoms prior to that time, she is to come in sooner. I offered cardiology evaluation but she declines this. She will notify me if anything changes

TGW/ab

10/28/97 It calls reports pass concussion, had 5 sutures placed in Oldast noe- pt reports meladroisseness, HA, ptnutice x 20/4 su an - advisea dear leguids x 24, Syr or advice call y ex D brasheelly pub. Willmann (ma)

10-30-97 W+ 205/2 C/O HA, Vertigo V Head Injury, hopen from, 5 stitches
(1. @ BP 154/92 P 60 T 98.8

Scelarle (0) Scelarle (0) Wart Today

10/30/97 Scheidt, Rosemary MR# 03-53-20

- Rosemary is here today for evaluation of a head injury. She sustained this on 10/27/97. She was at a restaurant in Pewaukee when she slipped on a mat which apparently was sitting on a wet floor. She hit the back of her head, left side on the door frame. She thinks she may have been unconscious for about 20-30 seconds. Her boyfriend confirms this. She was seen at the Aurora Walk-In Clinic. Five stitches were placed. She was given head injury precautions. She did have emesis x 2 that night. Since then she has still been having some left temporal type pain. She states at times she feels "foggy". She also has an occasional sharp shooting pain from the back of her head, left side to the left eye. Denies any blurred vision or double vision. She has gone to work
- Alert and oriented x 3 The sutures in the back of her head are intact. No evidence of any step-off fracture. Minimal tenderness. NECK ROM is limited secondary to pain on the left side of the neck. Cranial nerves II-XII are intact. Cerebellar function is intact. Neurological exam is without focal deficits.
- A Head injury with laceration Post-concussion syndrome
- P We will obtain a CT scan of the head to rule out pathology otherwise patient is to continue menitoring for head injury precautions. She is advised that these symptoms may persist for several more days or even weels. She will FU with me next week for suture removal

TGW/ab 10/10/97 Scheidt, Rosemarie MR# 03-52-30

Posemarie's nead CT scan was negative per verbal report from hospital Patient will be rotified and vill FU here next week as planned

TGW/ab

# 11/4/97 Duture removal BP 122/34 P 60

11/04/97 Scheidt, Rosemarie MR 03-52-30

- Rosemarie is here toda; for head re-evaluation. States that she continues to have the heidaches daily, but not as intense. Typically resolved with Ibuprofen OTC. Still with some low back and neck soreness, but overall has improved. No complaints of double or blurred vision.
- Head wound is healing nicely Five sutures removed without difficulty, no blood is noted Evaluation of her neck does demonstrate some tenderness over the paracervical muscles and para lumbar muscles Neck ROM and back ROM is limited secondary to pain, but improved DTRs are 2+/4 symmetric throughout Cerebellar function is intact
- A 1) Head injury with laceration, healing well, sutures removed today
  - 2) Neck and low back muscle strain
- P The patient is advised these symptoms should continue to resolve over the next several weeks to months She will inlication with me if it does not continue to improve or sooner p r n

TGW/pb ~

133 River	8 (2) <u>e</u>		12-3-60 35230 691-2736 38976525801 Thomas 8 WIECE	CC FEVEN, Strethwat, aches,  VITALS BP 13940 P T 982 WT  ALLERGIES NKOA  37 40 Mcd5-0  Lever See See See See See See See See See S
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3/31/98 At schrauld for echo & bedone 4/1/88, A Sacion to interpret 124 De Wiltnam (hu)

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Wx 228# Age 38 BP 142190 D 74 "heavy lg cuff " Wheavy

1230 pm

6-7-99 Scheidt. Rosemarie KR-03-52-30

- Rosemarie is here today for evaluation of some palpitations heaviness in her crest. She has been experiencing them for the past three months. States that in March she started walking is vailing 3 blocks and when climbing up the stairs she notices increase in 80B and a heaviness in her left enterior crest. At night time occasionally she notices some palpitations. She has been concerred because of her past usage of the Phen-Fen and changes she had had on her exam. She is pre-menopausal. She does not sooke Occasional alcohol twice weekly. There is a history of heart disease in a maternal grandfather who died in his 50s from an k1. She has had workup in the past. Please refer to those reports.
- NECK Supple LUNCS Clear CARDIAC Regular rate and rhythm hornel S1 and C2 I am able to decrease some chest wall tenderness in the left lover sternal border. She states this seems a milar to done on the pain she is having but however that pain extends up into the rholicer area is a graph tenderness. EXTREMITIES Without edema ECG demonstrates sinus rhythm No coute charges.
- Prspnea on exertion and left sided chest pain Past history of Pren-Fem usage
- P Will schedule for a stress technetium, echocardiogram Should synctoms become more severe, she is to indion-up here or to the ER

TGT/dn 3

6/30/99 Scheidt Rosemarie MR# 03-52-30 (DT 7-1)

Fosematie's stress technetium was noted, she did have some reproduction of her arm pain and heaviness with peak exercise with resolution into the recovery phase. There was a also a large zone of diminished activity of both rest and stress felt to be secondary to breast artifact. However, with her symptoms and with the abnormalities, I did discuss it with Dr. Saeian who recommended further cardiology evaluation. This was discussed with the patient who concurs. She will setup an appointment then call for arriopriate

TGW/ab 3

MINIAGO 100 Pt calls & charl pain on H., heart bealing fast this A.M. (tri. new Soppost now, some S.O.B. a dissiness. Consult & Dr Gardner (to on call) to go to E.R. to be child out. ARIR.N.

13/8

3/31/98 Scheidt, Rosemarie 03-52-30

Rosemarie called me prior to office hours with complaints of chost pain since the night prior, some tingling in her left arm and shortness of breath. She was referred to the emergency room. Please refer to ER report. The cardiac workup there was benign. They will have her follow-up here. Patient should have a repeat echocardiogram, possible event recorder as well.

TGV/pav 1 -

4-7-98 ER 7/11 101 219# Age 37

BP 154/194 P SP Repeat Carge capt 138/94

04/05/98 Scheidt, Rosemarie MR 03-52-30

- Rosemarie is nere today for follow-up from the recent visit to the ER. She was seen there on 3/31/98 At that time, she presented with palpitations during the night time, some shortness of breath, tingling in her left arm. Workup was negative and she was advised to follow-up here. Since then, she's had 3 other episodes waking her up at night where she will experience some "racing heart beat" for about 2-5 minutes. It is usually self-limited. Most recent episode she had it occur one hour after the first episode. Denies taking caffeine at night. No tobacco or street drug usage. Occasional glass of wine Usually occurs at night time while she is sleeping. She had an Echocardiogram on 1/1/98 which did not demonstrate any change from the Echocardiogram of 9/22/97. The patient previously had been weight reduction program including, Fen-Phen.
- O Repeat BP, large cui. 138/94 NECK Supple, no thyroid nodules LUMGS Clear CARDIAC Regular rate and rhythm normal S1 and S2 EXTREMITIES Without edema
- A 1 Palpitations
  - 2 Elegated blood pressure
- P To and review studies done through the ER Stress test from last year was reviewed. She did have ryperteasive response whill obtain T-4, TSH, 30 day event recorder. Consider antihypertensive therapy benefit from Beta Blocker in no contraindication further recommendations bending above.

TG7/pb

5/08/98 Scheidt, Rosem_ric MR\$ 03-32-30

Rosemarie repolts that one did not have any palpitations for approximately 23 days on the monitor and so she took it off one yeak early. Monitor is removed. FU prin

5/30/98 Called lunt recorder texuets to st 98 states the States and to further particulations. States the fact had no further per to withness to all administrations.

#### 12/08/99 Sheidt Rosemary KR 03-52-30

- P Ankle injury
- S Slipped on ice on her deck this morning and injured her right ankle. No prior history of problems with the ankle
- O BP 140/100 Pulse 84 There is marked swelling and some slight discoloration over the lateral aspect of the right ankle No instability, x-ray shows no evidence of fracture or dislocation
- A Sprain, right ankle
- P Elevate ice and weight bearing as tolerated with crutches Follow-up with Dr Wittmann in then extremities 7-10 days if not resolving Ibuprofen as needed for pain and swelling

1/13/00 Jalizura, not juves, spretherat, var- St xlick BP 110/84 PP2 TP8-7

01/13/00 Scheidt Rosemary KR 03-52-30

- Rosemary is here because for the past week, she s been having fever up to 102 degrees achy tired non productive cough the first few days. The past few days she's been having a lot of sinus pressure and drainage. She has missed work intermittently over the past week.
- O She s afebrile Tender over frontal and maxillary sinuses TMs are normal Pharynx is clear Minimal post pharyngeal drainage NECK Supple LUNGS Clear. CARDIAC Regular rate and rhythm. 2/6 systolic marmur EXTREMITIES Without edema
- A Suspect initial problem was viral infection possibly the influenza but now she appears to have a secondary sinusitis. Will treat with Cefzil 250 mg b i d. Symptomatic relief given a work excuse through 1/16/00

TGW/pb 2

1-18-00 Office call - grandson D for conjunctionaliss
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	SINUSES -	Nontender Tender	ruitient	Non-rui	
	THROAT -	Normal Erythema	Exudate	Posterior Drainage	
	NECK -	No Adenopathy Adenopat			
	LUNGS -	Clear to Auscultation Abn			
	CV -	Regular rate and rhythm without m	urmur		
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~ 10 fml"	91/11/39 9	Schendt Rosenarie MR\$ 03-52-30			

S

Rowerarie is here today for avaluation of some PMS symptoms. She states that she has been monitoring this for about the past 1-1/2 years. She notes that about two weeks prior to her menses she has been having episodes of severe depression, mood swings, tearfulness, anxiety and panic attacks almost in which she has to leave work. She states that it lasts only three to rour days and then goes away. However, she is concerned because the last few months it has been more persistent, again occurring at the same time but lasting through the time of her menses. She has never had problems with PMS prior to this, or at least she was not aware of any. She is a gravida 2, para 2, 0-0-2. LMP was 03/17/00. Cycles are usually 23 to 33 days with five days of rlow. Yo past treatment for depression. No ramily history of PMS. She is secually active with one partner. She has had a tubal ligation. She reports that she has never had a manmogram, and her last pap smear was greater than ten years ago. She had two prior C-sections. She notes that she does occasionally get some discomfort in the right lower relvis premenstrually occurring approximately every three to four months.

DON'T

Dif

She is very tearful when discusing all this HEENT Grossly intact NECK Supple LUNGS Clear CARDIAC Regular rate and rhythm, no murmur heard today ABDOMEN Sort and nonterder PELVIC To external lesions are seen. Vaginal vault is intact. Cervix is nontender. Uterus is anteflexed, normal size. No palpable admexal masses though exam is limited because of patient's weight. Fectal confirms EXTREMITIES. Formal

- A 1 Symptoms suggestive of severe PMS
  - 2 GYP eyam
  - 3 Right adnexal pain
- P The patient had a Pap smear today. We will schedule for a mammogram, we will also schedule her for a pelvic ultrasound. The patient would like to obtain a CBC, CMP and TSH. We will call her to schedule this or have her do this, and then I will see her in follow-up in three conths. I d d start her on Zoloft 50 mg p o o day. We discussed cycling this with her menses versus taking it continuously and ske desires the later.

TGK/ab ~

19/0-17, his-mert-mides-notified Zolaft 50m ; get per

4/27/EG SCHEIDT, ROSEFARY FRF 63-52-30

Rosemary apparently had an episode this morning of cold sweats, chest pressure, naused, lasting about an hour. She was sent to the emergency room for further evaluation

TGW/Jm Z

7-11-00 redu

Wf 22571

of 170/104

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#### 7/11/09 SCHEIDT, ROSEMARIE MR# 03-52-30

- Š Rosenarie is here today for re-evaluation of her PMS — States that the Zoloft had been working great for FMS symptoms The last two months she states she has been feeling well, not having problems waking up in the morning to go to work. The past month she did notice a little more problems with anxiety right before her cycle She is wondering whether she could go up to 100 mg during that time. Did note that her blood pressure today was elevated. She has had it checked she thought once or twice since she had been on the medication. It had been high. When seen in the emergency room it initially was high, 164/92, but exentually came down to 134/87. She denies any increase in caffeine consumption today. States that she may have had a little more salt in her diet. No family history of hypertension. No chest pain or shortness of breath
- 0 Repeat BP 168/98 HEENT Intact NECK Supple LUNGS Clear CARDIAC Regular rate and rhythm without murmur EXTREMITIES Without edema
- A 1)
  - 2) Hypertension, possibly related to the Zoloft
- Will have her stop in over the next week for two to three more BP readings If remains high will d/c the Zoloft If blood pressure comes down then in fact it may be the Zoloft and may need to try another medication. If it remains elevated she is advised that she needs to have further workup for her hypertension. She is hopeful that it is not the Zoloft because she has had such good results with it

TGW/Jm ~

08/01/00 Scheidt, Rosemaria MR# Ø3-52-3Ø

> Fax sas received from Dept of Jork Force Development on Rosemanie Apparently the patient is currently unemployed. A call was placed to her to determine what had happened as this had not been brought to my attention them she has in the office. Apparently she was off work around 5/13/39 because of symptoms related to her ods and depression. She was eventually fired after not return to work. Form for the Becar-mental Work Force Development was completed after patient case in to sign release or injuriation

1/24/02 Flu 11/0/02 ER Dankle sprain 37 160/100

1

#### 11/14/02 SCHEIDT, ROSEMARIE MR# 03-52-30

- Rosemarie is here today for follow-up of an ankle injury she sustained on 11/6/02. She states at that time she was exiting from Rainbow Foods in Pewaukee. As she was leaving apparently she caught a carpet and mat and fell. She heard something snap at that time, was able to crawl to the customer service counter and have a manager call an ambulance. She was seen at Waukesha Memorial emergency room where x-ray was obtained. This was read as being negative by the ER doctor and she was placed in a short equalizer boot. Final x-ray interpretation, however, notes a small older and acute avulsion fracture fragments adjacent to the lateral malleolar tip. The patient has been in the boot, notes continued pain in that area as well as across the top of the ankle. Tries to wear the boot as much as possible during the day, but does take it off occasionally. She walks with a crutch, noting that putting full weight on there is uncomfortable. Denies any numbness or tingling. Stated that she thought she had injured her right ankle in the past. Isn't aware of an ankle injury to the left. Has been taking Lortabs apparently, at the emergency room was given Morphine and this made her very nauseated.
- O She is here today with the equalizer boot. After removal of this she still has some swelling noted over the lateral malleolus with tenderness to palpation. No tenderness medially. No bruising is noted except for some noted laterally. Normal plantar and dorsiflexion. Calf is unremarkable. Knee exam is unremarkable. Repeat x-ray was obtained, again demonstrating what appears to be older fragment fractures at the tip of the lateral malleolus.
- A Left ankle sprain, possible acute fragment fracture, avulsion fractures
- P Will have radiologist compare this film with the one of approximately one week ago. In the meantime will keep her in the equalizer boot for another two to three weeks. Follow up with me at that time. Await radiological interpretation

Given a refill of her Lortabs 10/500 one q i d p r n #40 no refills

TGW/jm

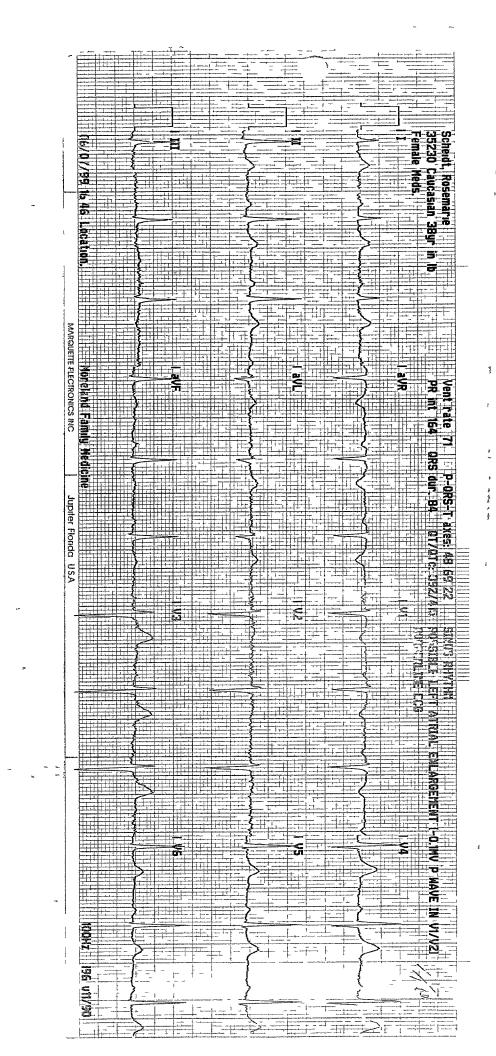
11/19/02 Scheidt, Rosemary MR# 03-52-30

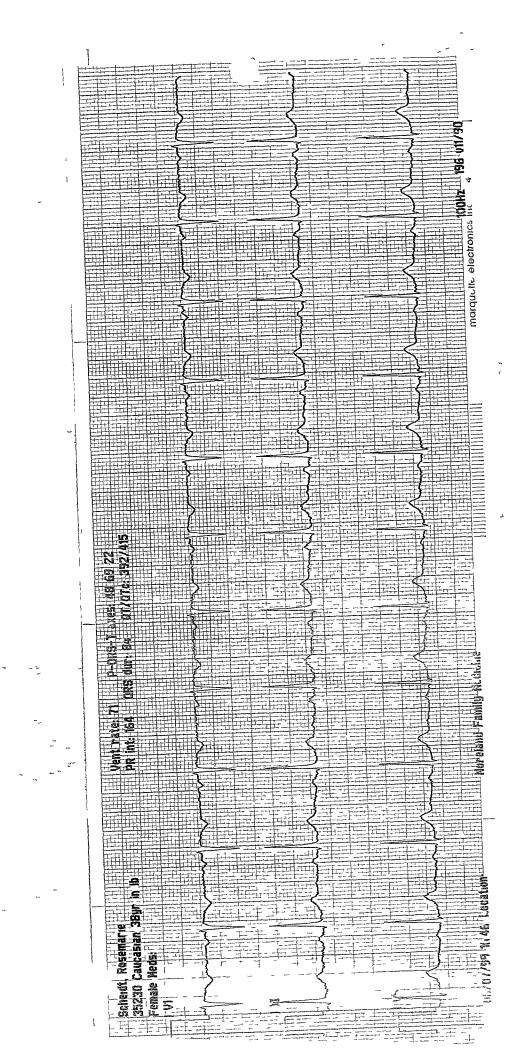
Rosemary's x-ray came back demonstrating a questionable old injury versus acute avulsion fracture 
As patient continues to be symptomatic, we will have her follow-up with orthopedic specialist 
She is given several names and will call for an appointment

TGW/ab ~

11/25/62-pt. did not show For appt -

73





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# Morela Pamily Medicine Associa , S.C. 717 W. Moreland Boulevard Waukesha, Wi 53188

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FERGLES OF EDITS 351 591 5705 MERRIA 2597:50.5920 318-500-4407	Medical Record No:
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Laborator	resise y
Thyroid Tests	Glucose Testing
TSH /.34 0.47-5.01ulU/ml	FastingNon fasting
Free T40.71-1.85 ng/di	Glucosa76-115 mg/dl
	Hgb(A1C)4.1-5.7 %
PSA Test	
	Misc. Testing
PSAO.O-4.O ng/dI	Uric Acid2.9-7.3 mg/dl male 2.0-6.1 mg/dl famale
OB Glucose Testing	ESRO-15 mm/hr adult male
1 Hour Glucose Tolerance Test (Serum) - (Normal ≤ 140 mg/dl)	0-20 mm/nr adult famala 0-10 mm/nr children
Result:	Mone Spet
3 Hour Glucose Tolerance Test (Serum) - Results :	Bacteriology Testing
Fasting (≥ 105 mg/di):	*Throat - Strep Selective 24 Hour
1 Hour (≥ 190 mg/dl) :	Result:
2 Hour (≤ 165 mg/dl) :	11COUIL • anamountum
3 Hour (≼ 145 mg/dl) :	*Rapid Strep - Result:
*Normal Values are in Parenthesis	-

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NA 1E OI THETTEC 64 CLE ID CATE	. SCHEIDT. NGGE/9715 : 33239 : 34127 04/11/00 14127	CCHEIDT ROSEMARIE 12/03/60 133 RIVERSIDE DRIVE 35230 PEWAUKEE WI 53072 262 691 2736 HUMANA 38976525800 B1842002A94 04/11/00 WITTMANN MD	£
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LAST PAGE

SCHEIDT ROSEMARIE 050752400004 * GUTPAT, _ COT-TOR! RESULTS

3

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SCHEIDT ROSEMARIE
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CONTINUED

050752400004 * DUIPAT, LICERATORY RESULTS 4

SCHEIDT POSEMARIE

Waukesha > 414 542 7366

Data & Control Equipment FAXBOX

35230

Radiology Waukesha, S C

Results Report

CLINIC MORELAND FAMILY MEDICINE ASSOC

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PATIENT SCHEIDT, ROSEMARIE
MEDICAL REC NUMBER 90

ORDER DR WITTMANN ORDER NO 90001

DOB ORD FOR \12/03/1960 36Y

09/09/1997

INDICATIONS

**EXAMINATION:** 

CHEST PA & LATERAL

DATE EXAM ORDERED FOR 09/09/1997

FULL RESULT: THE HEART, GREAT VESSELS, PULMONARY VASCULATURE AND MEDIASTINUM ARE NORMAL THE LUNGS ARE CLEAR THERE ARE NO OSSEOUS ABNORMALITIES

IMPRESSION

NORMAL PA AND LATERAL CHEST

DICTATED BY R DAVID HELLING, M D LA, 09/10/1997

Results Report

CLINIC MORELAND FAMILY MEDICINE ASSOC

SCHEIDT, ROSEMARIE PATIENT

MEDICAL REC NUMBER 96010290

ORDER DR GARDNER ORDER NO 90001

ACCESS#

ORD FOR

700209

DOB

12/03/1960 39Y

12/08/1999

TRAUMA INDICATIONS

EXAMINATION

RIGHT ANKLE

DATE EXAM ORDERED FOR 12/08/1999

DOB: 12/03/1960 39Y

INDICATIONS: PAIN AFTER INJURY

FULL RESULT:

FOUR VIEWS OF THE RIGHT ANKLE SHOW NORMAL BONY ALIGNMENT A FRACTURE IS NOT SEEN LATERAL MALLEOLAR SOFT TISSUE SWELLING IS EVIDENT ANKLE MORTISE IS SYMMETRIC NO DESTRUCTIVE LESIONS ARE SEEN

IMPRESSION

LATERAL SOFT TISSUE SWELLING NEGATIVE FOR FRACTURE

DICTATED BY PLAN FAMILY HEALTH, M D LA, 12/09/1999





Results Report

35230

CLINIC MORELAND FAMILY MEDICINE ASSOC

PATIENT SCHEIDT, ROSEMARIE

MEDICAL REC NUMBER 96010290

ORDER DR WITTMANN

ORDER NO 90001

ACCESS# 1211743

DOB 12/03/1960 41Y

ORD FOR 11/14/2002

INDICATIONS F/U FX, FRAGMENT EVULSION FX LT MALLEOLUS

EXAMINATION LEFT ANKLE

DATE EXAM ORDERED FOR 11/14/2002

DOB: 12/03/1960 41Y

LEFT ANKLE, THREE VIEWS

INDICATIONS. FOLLOW-UP LATERAL MALLEOLAR AVULSION

COMPARISON 11/6/02 STUDIES FROM WAUKESHA MEMORIAL HOSPITAL

FULL RESULT.

THERE HAS BEEN INTERVAL REDUCTION IN LATERAL SOFT TISSUE SWELLING THE SMALL OSSIFICATIONS PROJECTING DISTAL TO THE TIP OF THE LATERAL MALLEOLUS REMAIN UNCHANGED NO NEW ABNORMALITIES ARE DEMONSTRATED

IMPRESSION

DECREASED LATERAL SOFT TISSUE SWELLING NO OTHER INTERVAL CHANGE IDENTIFIED CONTINUED FINDINGS OF SMALL AVULSIONS FROM THE TIP OF THE LATERAL MALLEOLUS

DICTATED BY ERIC FISHER, M D KJS, 11/14/2002

Results Report

*35*230

Scheidt

CLINIC MORELAND FAMILY MEDICINE ASSOC

PATIENT

(SCHMIDT, ROSEMARIE

MEDICAL REC NUMBER

96080512

ORDER DR WITTMANN

ORDER NO 90001

ACCESS#

1213443

DOB

12/03/1960 41Y

ORD FOR

11/18/2002

INDICATIONS

DR WITTMANN WANTS MORE SPECIFIC INFORMATION-SEE NOTE

**EXAMINATION.** 

**ADDENDUM** 

DATE EXAM ORDERED FOR 11/18/2002

12/03/1960 41Y

ADDENDUM LEFT ANKLE

#### FULL RESULT:

ADDENDUM A WELL-CORTICATED OSSICLES INFERIOR TO THE TIP OF THE LATERAL MALLEOLUS HAVE THE APPEARANCE OF OLD INJURY, BUT THE POSSIBILITY OF REINJURY AT THIS LOCATION OR AN OBLIQUELY ORIENTED ACUTE AVULSION FRACTURE CANNOT BE ENTIRELY EXCLUDED IF MORE DEFINITIVE ASSESSMENT IS NECESSARY, MRI OF THE ANKLE SHOULD BE AGAIN, THE APPEARANCE OF THE OSSICLES SUGGEST THAT THEY ARE FROM AN OLD INJURY

might

DICTATED BY MARK C HOLLISTER, M D KJS, 11/18/2002

Results Report

35230

CLINIC MORELAND FAMILY MEDICINE ASSOC

PATIENT Scheidt, ROSEMARIE MEDICAL REC NUMBER 96080512

ORDER DR WITTMANN

ORDER NO 90001

ACCESS#

1213443

*******

DOB

12/03/1960 41Y

ORD FOR 11/18/2002

********

ADDENDUM/CORRECTED REPORT

ADDENDUM DATE: 29-NOV-02

INDICATIONS

DR WITTMANN WANTS MORE SPECIFIC INFORMATION-SEE NOTE

**EXAMINATION:** 

**ADDENDUM** 

**Corrected patient name per clinic**

DATE EXAM ORDERED FOR 11/18/2002

DOB:

12/03/1960 41Y

ADDENDUM LEFT ANKLE

#### FULL RESULT:

A WELL-CORTICATED OSSICLES INFERIOR TO THE TIP OF THE ADDENDUM LATERAL MALLEOLUS HAVE THE APPEARANCE OF OLD INJURY, BUT THE POSSIBILITY OF REINJURY AT THIS LOCATION OR AN OBLIQUELY ORIENTED ACUTE AVULSION FRACTURE CANNOT BE ENTIRELY EXCLUDED IF MORE DEFINITIVE ASSESSMENT IS NECESSARY, MRI OF THE ANKLE SHOULD BE AGAIN, THE APPEARANCE OF THE OSSICLES SUGGEST THAT THEY ARE FROM AN OLD INJURY

DICTATED BY MARK C HOLLISTER, M D JKS, 11/29/2002

Results Report

35230

CLINIC. MORELAND FAMILY MEDICINE ASSOC

PATIENT Scheidt, ROSEMARIE

MEDICAL REC NUMBER

ORDER DR WITTMANN ORDER NO 90001

96080512

DOB ORD FOR

ACCESS#

1213443

12/03/1960 41Y 11/18/2002

********

ADDENDUM/CORRECTED REPORT ********

ADDENDUM DATE. 2-DEC-02

******* ADDENDUM/CORRECTED REPORT

****

ADDENDUM DATE 2-DEC-02

INDICATIONS DR WITTMANN WANTS MORE SPECIFIC INFORMATION-SEE NOTE

EXAMINATION:

**ADDENDUM** 

**Corrected patient name per clinic**

DATE EXAM ORDERED FOR 11/18/2002

DOB: 12/03/1960 41Y

ADDENDUM LEFT ANKLE

#### FULL RESULT.

WELL-CORTICATED OSSICLES INFERIOR TO THE TIP OF THE LATERAL MALLEOLUS HAVE THE APPEARANCE OF OLD INJURY, BUT THE POSSIBILITY OF REINJURY AT THIS LOCATION OR AN OBLIQUELY ORIENTED ACUTE AVULSION FRACTURE CANNOT BE ENTIRELY EXCLUDED IF MORE DEFINITIVE ASSESSMENT IS NECESSARY, MRI OF THE ANKLE SHOULD BE PURSUED AGAIN, THE APPEARANCE OF THE OSSICLES SUGGEST THAT THEY ARE FROM AN OLD INJURY

CORRECTED BY AL - 12/2/02 (SECOND CORRECTION)

Jeferred to ortho

DICTATED BY MARK C HOLLISTER, M D LA, 12/02/2002

# **SMART CORPORATION**

# **CERTIFICATION OF RECORDS**

RE PATIENT NAME			
I, <u>CATHRYN MOON</u> , Copy Representative of Medical Records,			
Do hereby certify that the attached photographic copy of the records of			
WAUKESHA SPORTS MEDICINE & PHYSICAL THERAPY			
covering the period of			
1116102 to 3/17/03 have been			
compared with the original file and is an accurate duplicate of the medical records.			
Number of Pages 12 Includes 2 pgs Billing			
Date: 317103 Cathur CONTON			



# Follow up & Dr Zho e 10 AM

(262) 521-9762 (262) 521-WSMC

1111 Delatield Street • Suite 15 • Waukesha WI 53188

& Physical Therapy Center			Date 2/10/	63
To Doctor Dr Zho			• ,	
Regarding Rosemerie Scheet		Problem	Sovere Ant	6 Spran(1)
Dob 12/03/60	•	1 toolein -		
	STATUS RE	PORT -		
Initial Treatment	_		ment	
<b>X</b>		Number Missed	-	
Treatment Received Rom Here	out Sharch	Ankle She	ythering	
Number of Treatments Received	une Regram	1		
GOALS	ı	Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager Manager	RESULTS	
Increase ROM		WNL	Some	No
	,		Progress	Progress
		( ) ~	<b>(</b> )	( )
Increased Strength		( )	ک	( )
Improve Function		( )	( )	( )
Improve Posture		( )	( )	( )
Increase General Fitness		( )	( )	( )
Decrease Pain		( )	( ) ~	<b>(</b> )
Decrease Edema/Swelling	ı	( )	( )	( )
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which his not improved over pass	+ Immela	Pentinces + h	x enasta Fl	× 17
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Suggester She follower whiteyou	- Thank	for O	Therapist	
PHY	SICIAN RECOM	MENDATIONS		
I have received the above information and	d recommend that	my patient		
Be discharged from rehabi	Intation		Patient Nam	e
Continue Rehabilitation fo	r weeks a	nt a frequency of _	times per we	ek
However I would like the following revis	sions			
None - to be continued und				
Yes - changes	·		T. I 4	-
Physician Signature			2/19/00/	
Physician Signature			Date.	

EB 05 2003

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J PIESE and Ble T BAND!

Terc filly. D. Dh.

1111 Delateid Street - S Waukdaha, Wi 5318 262-521-6762 - 262-521 Rosevege sineral

# JAN 17 2003

It reports of pain since last visit she reports 2 'layers" of pain- a dall ache in the arkel and sharp pain around arble

1111 Delatieki Street • Sulte 15 Waukesha WI 53166 262 521-9762 • 262-621-WSMC

Beke - 9 min

stant Gastrac ( 3x30 (L)

Soleus (S) Sxdu(L)

LEG Press 20# x10 (pain)

Prop Board & towels 98 x / min Sitting BAPS L, F/B, LAT X20 CRYOCUH X10'

Pt had pain & BAPS cw, ccw, Like Press & soleus (5) but could

perform exercises & good from Cont to progness strength

and god? shesses to I show the

JAN 21 2003 - Beth the week Coss Sharp pain

Chief you despathe and ankle interfered eyelend of - Remar study and ankle lapolarkle medularkle of - Stoc APRon- He He shorter Estay Bike 10 min Ambimilling Alan rosiste Tam 2410c Pi

Prop Board & trulls P/B x 1 min

TGgn Squats List Lus Block 3x10 sitting toe raises i over pressure on knus 300

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JAN 23 2003 - Pert out con know'T Short concel A JAN 24 2003 BATIGHT CANC- HER CAR IS AT THE CARAGE NO TRANSPORTATION. ALD

Patient Name Wosemanie Scheiot DEC 0 J 2002 1111 Delaheid Street * Suita 15 Waukesha WI 53188 Feets mich Beden Stends = while thes is Contitle to be the 262 521 9762 • 262 521 WSMC less tenders e for : An the -10 DF 50 Z sm */Samon, sulf peaks taken Swapp to 1 DF 4 Stenz School Sherela posta for Down 43 * HED It omblate \$10F Pa Zeht gat's Bort pol out Brog Show T Mcs Obunto DEC 0, 2002 PATIENT CANE-TEIPED & HURT HER ANKLE ACO DEC 12 2002 PATIENT LEFT A MESSAGE TO CANC HER APPT ACO 121802 SHE IS FUL ACO DEC 16 2002 PATIENT LANC V3/UNI CEI Towel Creatis DEC 1 0 2002 Bare Boot prelim - forst? anich luting. - gog to Yksu"

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(262) 521-9762 (262) 521-WSMC

1111 Delafield Street • Suite 15 • Waukesha, WI 53188

& Physical Therapy Center	·			Date Ol O	1 03
To Doctor OR Zho					
Regarding Resemble Schedt DUB 12/63/60		P	roblem !	(I) An We Sour	use spann
4	STATUS R	EPORT	•		
Initial Treatment 12 03 02	ı	Comple	ted Treat	tment DI OT o	<b>)</b>
Number of Treatments Received 4		Number	Missed	3	
Treatment Received Rom Shengsher	2.7				
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GOALS				RESULTS	
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Increase General Fitness		(	)	( )	( )
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ARamnow Noemal Shanth improving.  Ant & yo pain Swelling - ego metal	Also cla	cattpam	incre	ed comple palpa	han
·			Den 16	desto.	
			)(	Therapist	
PHYSICIA	N RECO	MMENDAT	TIONS	=======================================	
I have received the above information and reco					
— → Be discharged from rehabilitation	n_			Patient Name	
Be discharged from rehabilitation  Continue Rehabilitation for 2	y weeks	at a frequen	ncy of _	3 times per wee	:k
nowever, I would like the following revisions	1		••	-	
None - to be continued under the	erapist disc	cretion			
Yes - changes	_			/ 1 / 2	
Work,	<del> </del>			4/05	
Physician Signature/	•		-	Date '	

### Waukesha Sports Medicine & Physical Therapy Center 1111 Delafield Street * Suite 15 * Waukesha, WI 53188 (262) 521-9762 Fax (262) 521-1091

Patient Name	Rosemarie Scheidt	Date of H	Birth	12/03/60
Physician	Dr Hongsheng Zhu	Patient N		
Diagnosis	Severe left ankle sprain			
PHYSICAL	THERAPY INITIAL EVALUA	<u>rion</u>		
carpeting Sh weightbear th and she was in	This is a 41 year-old female who is recalls hearing a snap as she fell rough the left lower extremity. She seed a walking boot. She was fol seen by him two weeks ago. The part of the seen by him two weeks ago.	She recalls immediate sw was taken to the emerge lowed by her family physi	velling ar ency roo cian and	nd was unable to m, x-rays were taken then referred to Dr
attempting to constant pain, ankle to the fo	E The patient states she is attempt perform some range of motion expends at times severe, and at times expended and up to the lower leg. She can ghost the lower extremity. There is not severe the content of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the	rcises, but has difficulty viences shooting pain from omplains of throbbing at r	with thus n the ant ught Sh	She complains of error aspect of the
swelling about Active range of dorsiflexion la anterolateral a	The patient presents ambulating the foot and ankle. There is very of motion is limited to 40° of planticks 15° to neutral. Attempts at paspect of the ankle and is not increated palpation about the dorsum of egions.	mild ecchymosis over the ar flexion, 10° of inversion issive range of motion included appreciably over activated appreciably over activated in the control of the control of the control over activated appreciably over activated in the control over activated appreciably over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over activated in the control over ac	lateral r n, and 5° reases pa ve range	netatarsal heads of eversion Active in over the of motion She is
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	ASSESSMENT: SUMMARY OF FINDINGS					
	GOALS					
	TREATMENT PLAN		**************************************			-
	FREQUENCY/DURATION					

# WAUKESHA SPORTS MEDICINE

# & PHYSICAL THERAPY CENTER 1111 Delafield Street, Suite 15 Waukesha, WI 53188 262 521-9762

PATIENT JOSEMACIE SC	, , , , ,	J2-2 G3
PATIENT OSCINGGIR JC	NEIGE	DATE: 12-3 02
1. What is your primary problem? Left.  2. Do you have any secondary problem?  3. How did your problem begin?		/3 pm. N
When did your problem begin?	If no, is it because of you	
10. Please mark on the line below where you ra	te your pain today:	American en en en en en en en en en en en en en
no pain		unbearable pain
18 Do you have any medical implants? YES_	nis current problem?  /orse? NO	///=numbness

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Siyle & Stock Dealer BAPS A/ Cay (C x20 CINC-BBONZ-POGISIS IMFIBOR Statis Soo special mention to Califor JAN 1 & 2003 Quit ent RIS & 1-15-03 JA. IAN 15 2003 S. Pt reports she is getting slowly better to less pain she reports to swelling at the end of the day it its Test ? Coo Buks high the comp O. Ankle Arom c RAT-BAND 3×10 ANKLE DOES, - FLYOR 5# 3X10 EASTERC/SOLOUS (S) 3x30 1 solos sherchefue PWB CALFraises 3x10 Prop Bones dx1 (pair = s/safter 1 min) SLS B-- progressed to Look Left & REGAT Pt tolerate most exercises i mostly tatique, weakness limiting her cont to progress strength



(262) 521-9762

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## **SMART CORPORATION**

## **CERTIFICATION OF RECORDS**

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*CONFIDENTIAL* UNDER PENALTY OF LAW, THIS INFORMATION IS NOT TO BE RELEASED AGAIN, OTHER PARTIES WISHING TO OBTAIN COPIES OF THESE RECORDS SHOULD BE REFERRED TO ORTHOPAEDIC ASSOCIATES 1111 DELAFIELD STREET, WAUKESHA, WI 53188 **Certified Copy** 

### ACCOUNT # 00147766 NAME SCHEIDT,ROSEMARIE

SS# 389765257 DOB 12/03/60

#### DATE OF SERVICE 02/19/03

HP1 Mrs Scheidt is here today for follow up of her left ankle severe sprain. The patient has been doing physical therapy at Waukesha Sports Medicine Clinic. She still complains of persistent pain at her medial ankle. She also complains of a new discomfort at her forefoot over her second and third metatarsal heads. She also complains of hight pain occasionally at her lateral ankle. Her pain worsens with walking on uneven surfaces. She also complains of some discoloration over her left forefoot. She has been complaining of difficulty with bending her toes. She stated that she is approximately 10-12% better in terms of her strength and mobility in her left ankle from physical therapy. However her pain has not improved since the last visit. She also describes a more night pain as a deep pain and throbbing pain at her left ankle. She also complains of charley horses at her left great too and second toe at night.

On physical exam, the patient's left lower legirevealed no swelling or tenderness to palpation. Her left ankle revealed no swelling. She has tenderness over her posteromedial ankle. She has no tenderness along her Achilles tendon. She has tenderness over her lateral ankle at the anterior talofibular ligament. She still has tenderness along her peroneal tendons. She has no subluxation or dislocation of her peroneal tendons with circumduction test. She has a negative anterior drawer test. She has tenderness to palpation at her second, third and fourth metatarsals. She has no hammertoe deformities. She has no bunion deformity. She has no obvious swelling or discoloration at her left forefoot. Left ankle range of motion dorsiflexion 10 degrees, plantar flexion 70 degrees, inversion 35 degrees, eversion 25 degrees. She has intact sensation to touch at deep peroneal, superficial peroneal and tibial nerve distribution.

X-RAYS TAKEN AT MY DIRECTION Radiographs including 3 views of her left foot revealed no stress fractures or significant arthritis at her forefoot

IMPRESSION Left ankle sprain and left forefoot pain

PLAN Radiographs findings regarding her left foot were reviewed with her She was informed that she has no obvious fractures Because the patient has persistent pain at her left ankle and lack of progress from physical therapy, I would like to obtain a MRI study to evaluate her left ankle for a possible ligamentous injury. In the meantime we will discontinue her physical therapy. She will start doing exercises on her own. The patient is not wearing her ankle brace today. I will encourage her to use that for support. All her questions were answered.

ZHU MD, HONGSHENG /ded t 02/20/03

cc Dr Thomas Wittmann

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# ORTHOPAEDIC ASSOCIATES OF WAUKESHA, S.C.

### PLEASE CHECK WITH YOUR INSURANCE CARRIER. PRE-AUTHORIZATION MAY BE NECESSARY.

If pre-authorization is necessary please call the physician's secretary at 262-544-5311 with your insurance information and date of test

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ACCOUNT # 00147766 NAME SCHEIDT, ROSEMARIE SS# 389765257 DOB 12/03/60

#### DATE OF SERVICE 01/08/03

MPI Mrs Scheidt is here today for follow-up of her left ankle pain from ankle sprain. She is 2 months from her initial injury. She fell at Rainbow Grocery Store in Pewaukee. She has been doing physical therapy for her left ankle including ROM, heel cord stretching, and lateral ligament strengthening exercises for 5 sessions per patient. She also has been using her boot walker initially. She is currently not using her boot walker. She has been walking with her regular shoe. She still complains of persistent pain at her left medial ankle. She also complains of some discomfort over her lateral ankle. She also has been complaining of increasing pain at her left leg mid calf muscles for 2 weeks. Her pain has become more constant over the last 3 days. She has no complaints of any recent swelling at her left lower leg.

On physical exam, patient's left lower leg reveals no obvious swelling compared with her right leg. She does have tenderness over her mid calf muscles circumferentially. Left ankle exam reveals mild swelling over her medial ankle. She has tenderness to palpation over her medial ankle at the distal aspect of the medial malleolus. She has mild tenderness over her anterior talofibular ligament. She has a negative anterior drawer test. Left ankle ROM, dorsiflexion 15 degrees, plantar flexion 60 degrees. She has intact sensation to touch at deep peroneal, superficial peroneal and tibial nerve distribution.

IMPRESSION Left ankle sprain for 2 months In addition, she has new lower leg calf pain

PLAN The patient was explained that I am concerned about her lower leg calf pain. I would like to send her for Doppler ultrasound at Waukesha Memorial Hospital to rule out deep vein thrombosis. Patient had this test done emergently at the hospital. The hospital informed me about her results. She has no deep vein thrombosis per Doppler Ultrasound today. Patient was also informed about her results by the hospital. In terms of her left ankle pain, I will continue her with physical therapy. In addition, lace up ankle brace was also fitted for her today. She also informed me that she has a lawyer at this time. Her lawyer will send me a letter to ask some pertinent information regarding her injury. I informed her that I would be happy to answer all of the questions. She will come back and see me in approximately 4-6 weeks for clinical recheck.

ZHU MD, HONGSHENG /bjm t 01/10/03

cc Dr Thomas Wittmann

SS# 389765257 DOB 12/03/60

## **CONSULTATION**

CONSULT REQUESTED BY WITTMANN MD,T G
CONSULTING PHYSICIAN ZHU MD.HONGSHENG

DATE OF SERVICE 11/21/02

CHIEF COMPLAINT Left ankle pain

HISTORY Mrs Scheidt is a 41-year-old woman, who presented with a 2 week history of left ankle pain and swelling Patient fell at a Rainbow grocery store in Pewaukee on 11/6/02 She tripped over an uneven carpet. She does not remember how her foot twisted. She developed pain over her left ankle. She was initially seen at the Waukesha Memorial Hospital emergency room. X-rays of her left ankle revealed no acute fractures. Patient was then sent to her primary care physician, Dr. Wittmann. She was evaluated by Dr. Wittmann on 11/14/02, with x-rays. She has been complaining of persistent pain and swelling at her left ankle. She has been using an equalizer boot for ambulation. She does not recall any prior injuries to her left ankle.

PAST MEDICAL HISTORY Reveals no history of diabetes, hypertension or heart disease MEDICATIONS Includes Lortab prn She is allergic to Morphine SOCIAL HISTORY/FAMILY HISTORY/REVIEW OF SYSTEMS Detailed in personal history form and were reviewed

PHYSICAL EXAM Ht 5'9" Wt 190 Temp 98 4

On physical exam, patient is alert and oriented with proper affect. She is a very pleasant white female, well nourished and adequate to her age. Left foot and ankle exam revealed moderate swelling over her left ankle. She has tenderness over her anterior talofibular ligament. She has negative anterior drawer test. She has minimal tenderness at her medial ankle or posterior ankle. She has minimal tenderness along her anterior ankle. She has 2+ dorsalis pedis and posterior tibial artery pulses. She has intact sensation to touch at deep peroneal, superficial peroneal and tibial nerve distribution. She has no tenderness over her midfoot or forefoot.

Patient's radiographs from Moreland Medical Center taken on 11/14/02, including 3 views of her left ankle, were reviewed Patient has no acute fractures. She does have 2 small ossicles over the lateral aspect of her lateral process of her talus. This ossicle appears to be well corticated.

IMPRESSION Left ankle pain from left ankle sprain SUS TO

PLAN Nature of her injury and treatment options were discussed with her. At this time, I would recommend her with left ankle physical therapy including ROM, heel cord stretching and lateral ligament strengthening exercises. She may continue to use her boot walker on an as needed basis. I would like to see her back in 4 weeks for clinical recheck. She may continue with her Lortab p r n. All her questions were answered.

ZHU MD, HONGSHENG /dd1 t 11/26/02

c Dr Thomas Wittmann

111 DELAFIELD ST SUITE : 262) 544-5311	G OF WAUKESHA, S ( 120, WAUKESHA, WI	53186	NAL HIS	TORY	Please		rse help you wit as you may haw
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#### PHCI PRODUCTION HOSPITAL SYSTEM

PAGE 001

EMERGENCY REPORT

PATIENT NAME SCHEIDT ROSEMARIE

TELEPHONE: 6912736

2736 HOSP NO.. 0507524

AGE 41

DOB: 12/03/1960 REQ'N NO. D310-1332

DICTATED BY. LUETZOW THOMAS J MD

DATE OF EMERGENCY DEPARTMENT VISIT: 11/06/02

HISTORY OF PRESENT ILLNESS. THIS IS A 41-YEAR-OLD FEMALE WHO MISSED A STEP AND HAD AN ACUTE SPRAIN TO HER LEFT ANKLE, PROBABLY AN INVERSION INJURY, THAT OCCURRED THIS MORNING SHE DENIED ANY OTHER INJURY SHE HAS NO CHRONIC HEALTH PROBLEMS

MEDICATIONS SHE TAKES NO DAILY MEDICATIONS. SHE DOES OCCASIONALLY TAKE MORNING ZANTAC

PHYSICAL EXAMINATION.
GENERAL AN AWAKE, ALERT, PLEASANT AND COOPERATIVE LADY WHO
INITIALLY DENIED THE NEED FOR PAIN MEDICATION VITAL SIGNS. HER INITIAL
BLOOD PRESSURE WAS ELEVATED AT
176/108, PULSE 98, RESPIRATORY RATE 16, TEMPERATURE 98 1

I SAW HER IMMEDIATELY UPON ARRIVAL (I BELIEVE ROOM SEVEN) SHE
HAS SOFT TISSUE SWELLING AND TENDERNESS TO THE LATERAL
MALLEOLUS AND ALSO TENDERNESS TO THE INNER OSSEOUS LIGAMENT AND
SOME TO THE MEDIAL MALLEOLUS HEEL AND ACHILLES ARE NORMAL.
THE LEG AND KNEE/HIP AND THIGH ARE NORMAL. METATARSALS AND
TOES ARE NORMAL NEUROVASCULAR EXAM IS INTACT X-RAY FAILS TO
REVEAL ANY APPARENT FRACTURE OR DISLOCATION UPON
REEXAMINATION, HER PAIN IS MARKEDLY INCREASED. SHE IS GIVEN 10
MG OF MORPHINE IM AND HAS HAD SIGNIFICANT DECREASE IN PAIN
THEREAFTER SHE IS PLACED IN AN EQUALIZER BOOT, IS GIVEN AN OPTION FOR
CRUTCHES, GIVEN A WORK SLIP, A PRESCRIPTION FOR
LORTAB, SPRAIN INSTRUCTIONS AND FOLLOWUP WITH HER ATTENDING
PHYSICIAN, DR WITTMANN, NEXT WEEK

ASSESSMENT. SEVERE LEFT ANKLE SPRAIN

THOMAS J LUETZOW, MD/NLB D 11/06/2002 T 11/06/2002 SIGNED THOMAS J LUETZOW, MD 11/07/2002 15 20

CC

LAST PAGE

SCHEIDT ROSEMARIE

050752400005

EMERGENCY REPORT

1 201

ACCOUNT # 00147766 NAME: SCHEIDT, ROSEMARIE SS#. 389765257 DOB: 12/03/60

#### 2/25/03 TELCON.

I called Mrs Scheidt at her home today I informed her of the MRI results regarding her left ankle and left foot She was informed that her MRI was normal. At this time I will continue with her current treatment. All questions have been answered

ZHU MD, HONGSHENG / jme

t: 02/27/03

MY

1

MMC

14776le

MMC MRI LLC 1111 Delafield St

STE 112 Waukesha, WI 53188

Phone 262-542-9212 Fax 262-542-0902

Name ROSEMARIE SCHEIDT

MRN # 101238

Phone 262-691-2736

**DOB:** 12/03/1960

Gender. Female

Exam Start: 2/21/03 9 30 am

HONGSHENG ZHU 1111 DELAFIELD ST

**SUITE 120** 

WAUKESHA, WI 53188

Fax' -

Exam:

MRI LOWER EXTREMITY WITHOUT

Laterality: Left

CPT Code(s)

CONTRAST (ANKLE)

73718 - MRI, LOWER EXTREMITY OTHER THAN JOINT, W/O CONTRAST MATL(S) MEDIAL AND LATERAL ANKLE PAIN AND SWELLING S/P FALL NOV 02

X-RAYS WITH PATIENT FROM ORTHO ASSO. NO SURGERY

History.

Clinical

INDICATION: S/P fall in November 2002 with lateral and medial pain and swelling

TECHNIQUE Sagittal and axial T1, sagittal and axial intermediate T2-weighted fast spin echo, coronal fat saturated fast spin echo T2 pulse sequences are acquired. Sagittal fast inversion recovery acquisition is also performed.

**FINDINGS** Bony alignment and marrow signal intensity are normal, without evidence for osseous contusion. The Achilles' tendon is normal in configuration and signal intensity. No significant joint effusion or periarticular masses or fluid collections are identified. The medial tendon apparatus is normal. The peroneal tendons are also normal. The anterior and posterior tibial tubular ligaments are intact. The calcaneal navicular ligament is also normal. The talar dome demonstrates normal morphology and signal intensity. No chondral deformity is identified.

IMPRESSION Negative left ankle MRI examination

EF/pt

Interpreting Radiologist

Eric Fisher MD

Electronically Signed 2/22/03 2 01 pm

## RADIOLOGY REPORT

DATE 02/19/03

ORDERING/INTERPRETING PHYSICIAN Hongsheng Zhu, MD

ORDER 73630 Foot Min, 3 Views left

INDICATION recheck ankle

REPORT Radiographs including 3 views of her left foot revealed no stress fractures or significant arthritis at her forefoot

X-RAY IMPRESSION As above

ZHU MD, HONGSHENG /ded t 02/20/03

SPOOL-0916 OAVAN1 01/09/03 00 01

PHCI PRODUCTION HOSPITAL SYSTEM

PAGE 001

ZHU HONGSHENG MD # #### ######### WAUKESHA MEMORIAL HOSP #######

# # # # 

RADIOLOGY RESULTS *===============

SCHEIDT ROSEMARIE F 42 OUTP 050752400006 ADM 01/08/03 DOB 12/03/1960

ZHU HONGSHENG MD (PT PHONE 262-6912736)

ORDER 93971 VENOUS DUPLEX-LEFT LOWER EXT, US

ORD# 51 01

RADIOLOGIST HART RANDI W MD

DATE OF EXAM 01/08/2003

TYPE OF EXAM 93971 VENOUS DUPLEX-LEFT

VIEW

INDICATION PAIN

VENOUS ULTRASOUND

THE DEEP VENOUS SYSTEM OF THE LEFT LOWER EXTREMITY WAS EVALUATED FROM THE INGUINAL LIGAMENT TO THE ANKLE THERE IS NO EVIDENCE FOR DEEP VENOUS THROMBOSIS THERE IS NORMAL AUGMENTATION AND COAPTATION THERE IS NORMAL DOPPLER SIGNAL INTENSITY AS WELL AS NORMAL COLOR MAPPING VISUALIZED CALF VEINS ARE UNREMARKABLE THERE IS NO BAKER'S CYST OR KNEE JOINT EFFUSION

**IMPRESSION** 

NEGATIVE LEFT LOWER EXTREMITY VENOUS ULTRASOUND

ENTERED BY MJV T 01/08/2003 2 15 P D 01/08/2003

CC



# ORTHOPAEDIC ASSOCIATES OF WAUKESHA, S.C.

PLEASE CHECK WITH YOUR INSURANCE CARRIER. PRE-AUTHORIZATION MAY BE NECESSARY

If pre-authorization is necessary please call the physician's secretary at 262-544-5311 with your insurance information and date of test

	<u> </u>	
PATIENT Scheid Robertan Oda	  TE OF BIRTH <u> </u>	OPHONE 1091-27310
~ lat 1	DINTMENT TIME & DATE	
HISTORY (1) DANKLE TUN 'SWELLING	ALLERGIC TO DY	E YES NO
TO SCHEDULE YOUR EXAM PLEASE CAL	ki∧.	
Moreland Radiology	262-542-9212	
Waukesha Memorial Hospital		or 1-800-591-4004
WMH Pre-registration	262-928-4045	or 1-800-326-2011 ext. 4045
Oconomowoc Memorial Hospital	262-569-0300	
-	-	
EXAMINATION	S (By Appointment O	nly)
DIAGNOSTIC RADIOLOGY	MRI	
X-Ray (specify exam)	☐ Spine	☐ Cervical ☐ Thoracic
	Lumbar	Levels
Arthrogram (specity)	'	Shoulder
Shoulder Arthrogram R or L with CT Sea	n Other (specify)	
☐ Tomogram		
		7p [],
NUCLEAR MEDICINE  Whole Body Bone Scan	With Arthrogram	LK or LL
☐ Blood Flow Studies	ULTRASOUND  (Specify)	lea elo DUT
Limited Bone Scan (specify)	(antispecity)	9 40 60.
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SPECT (specify)	Spondylolysis	Disk Diseasc
CT SCAN	Aseptic	☐ Gouty Arthritis
Spine Cervical Thoració	•	☐ Joint Loose Body
Levels		Degenerative Arthritis
Other (specify)	☐ Fracture	Rheumatoid Arthritis
	Infected Joint	Meniscus Tear
	Rotator Cuft Tcar	☐ ACL fear
WHITE-ORIGINAL	YELLOW CHART	PINK PATIENT

ELLOW CHANGE PINK PAGEN



# ORTHOPAEDIC ASSOCIATES OF WAUKESHA, S.C.

PLEASE CHECK WITH YOUR INSURANCE CARRIER PRE-AUTHORIZATION MAY BE NECESSARY

If pre-authorization is necessary please call the physician's secretary at 262-544-5311 with your insurance information and date of test

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(262) 521-9762 (262) 521-WSMC 1111 Delafield Street • Suite 15 • Waukesha WI 5318

& Physical Therapy Center	Date 411/3				
To Doctor		·			
Regarding Septe 3	Problem	pir Holi	of mu(A)		
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ST	ATUS REPORT				
Initial Treatment / / ^ c	Initial Treatment / Completed Treatment				
Number of Treatments Received	Number Missed				
Treatment Received # #kxla > 5	hach it that	14 112			
+h11 / 1	1, 412		***		
<u>GOALS</u>	<u> </u>	<u>ESULTS</u>			
Increase ROM	WNL	Some	No		
		Progress	Progress		
	( ) —	( )	( )		
Increased Strength	( )	(	( )		
Improve Function	( )	( )	( )		
Improve Posture	( )	( )	( )		
Increase General Fitness	( )	( )	( )		
Decrease Pain	( )	( ) ./	( )		
Decrease Edema/Swelling	( )	( )	( )		
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it it is	Fast 1	Therapist			
	RECOMMENDATIONS				
I have received the above information and recomi	mend that my patient				
have received the above information and recommend that my patient					
Continue Rehabilitation for weeks at a frequency of times per week					
However, I would like the following revisions	- 				
None - to be continued under thera	pist discretion				
Yes - changes		. 1			
Physician Signature Date					
Physician Signature	D	ate /			

147766

(262) 521-976 (262) 521-WSM(

1111 Delafield Street • Suite 15 • Waukesha, WI 5318

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`W/M "
& Physical Therapy

Center

Date <u>O1 07 03</u> To Doctor OR Zho Regarding Reservance Scheidt Problem L Antie Severe Span STATUS REPORT Initial Treatment 12 03 02 Completed Treatment DV 07 03 Number of Treatments Received 4 Number Missed _ 3 Treatment Received 12, 5hingthin 3 RESULTS **GOALS** Increase ROM WNL Some No Progress **Progress** Increased Strength __Improve Function ____ Improve Posture ___ Increase General Fitness Decrease Pain _____ Decrease Edema/Swelling COMMENTS Trit of the Pierre and Very low to learning to 5x stage

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And I of form sixty sep moderal Also of contipan without a grant polyschan PHYSICIAN RECOMMENDATIONS I have received the above information and recommend that my patient Be discharged from rehabilitation Continue Rehabilitation for 2 3 weeks at a frequency of 3 times per week However, I would like the following revisions None - to be continued under therapist discretion Physician Signature

# MISCELLANEOUS

☐ Telephone Messages ☐ Telephone Orders	Other	Other Physician's Advice Pharmacy/RX Receipts			
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Medicine Sports Medicine	1111 Delafield Street Suite 15 Waukesha, WI 53188	A war war a war a	*		*******
& Physical Therapy Center  Name	Fax (262) 521-1091 (262) 521-9762 52 N/4 / / Date	>			
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### Waukesha Sports Medicine & Physical Therapy Center 1111 Delafield Street * Suite 15 * Waukesha, WI 53188 (262) 521-9762 Fax (262) 521-1091

Patient Name	Rosemarie Scheidt	Date of Birth	12/03/60
Physician	Dr Hongsheng Zhu	Patient Number	147766
Diagnosis	Severe left ankle sprain		

#### PHYSICAL THERAPY INITIAL EVALUATION

HISTORY This is a 41 year-old female who injured her left ankle and foot as she tripped over uneven carpeting. She recalls hearing a snap as she fell. She recalls immediate swelling and was unable to weightbear through the left lower extremity. She was taken to the emergency room, x-rays were taken and she was issued a walking boot. She was followed by her family physician and then referred to Dr. Zhu and was seen by him two weeks ago. The patient is now one month post injury.

SUBJECTIVE The patient states she is attempting to walk some in the house without her boot. She is attempting to perform some range of motion exercises, but has difficulty with this. She complains of constant pain, at times severe, and at times experiences shooting pain from the anterior aspect of the ankle to the foot and up to the lower leg. She complains of throbbing at night. She derives numbness or tingling through the lower extremity. There is no past history of ankle injuries.

OBJECTIVE The patient presents ambulating with a walking boot. Inspection shows mild to moderate swelling about the foot and ankle. There is very mild ecchymosis over the lateral metatarsal heads. Active range of motion is limited to 40° of plantar flexion, 10° of inversion, and 5° of eversion. Active dorsiflexion lacks 15° to neutral. Attempts at passive range of motion increases pain over the anterolateral aspect of the ankle and is not increased appreciably over active range of motion. She is hypersensitive to palpation about the dorsum of the foot, the achilles tendon and over the medial and lateral ankle regions.

TREATMENT AND FREQUENCY This patient will be seen two times per week for the next four weeks for active and active assisted range of motion, progressive strengthening and weightbearing activities as tolerated

#### **GOALS**

#### Short-term Goals

- Increase active ankle range of motion to at least 5° of dorsiflexion within the next two weeks
- Normal gait pattern and ambulation without her walking boot within the next two weeks Long-term Goals
  - 1 Restore normal range of motion and strength

Treatment and goals have been discussed with the patient

Therapist Date 12/04/02

Tokin Rydeski, P T



MORELAND FAMILY MEDICINE ASSOCIATES S.C.

717 W Moreland Boulevard Waukesha, WI 53188 (262) 542-9100 FAX. (262) 542-7366

December 16, 2002

Standford Law Offices, S C Peter Stanford 225 East Fairmount Ave Milwaukee, WI 53217

Re Rosemarie Scheidt MR-03-52-30 Date of injury 11/6/02

Dear Attorney Stanford

This letter is being sent to you on behalf of Rosemarie Scheidt and per your request as her representative for injuries sustained on 11/6/02

Ms Scheidt was originally evaluated in the Emergency Room at Waukesha Memorial Hospital on 11/6/02 following an injury she sustained while exiting Rainbow Foods in Pewaukee At that time she was diagnosed with a severe left ankle sprain. An x-ray was obtained and there was a questionable small older vs acute avulsion fracture fragments noted adjacent to the lateral malleolar tip. She also had the associated soft tissue swelling which was noted on her physical exam

In the Emergency Department, she did have significant pain and was treated with IM Morphine She was eventually placed in an equalizer boot, given a work slip and prescription for analgesics She was advised to follow-up with me

Page 2 Rosemarie Scheidt

I did re-evaluate Ms Scheidt on November 14, 2002 At that time she was continuing to wear the boot and reported pain across the top of her ankle A repeat x-ray was obtained on that visit. The radiologist did compare it to the film that she had in the ER. It was felt that the changes that she had were from an old injury but there is always the possibility of a re-injury in that location. An acute avulsion was not totally excluded

The patient was called with these findings and reported that she was still having pain in the ankle. For that reason she was referred to an orthopedic specialist for further evaluation and recommendations

She was referred to Dr Hongsheng Zhu at Orthopedic Associates of Waukesha, 1111 Delafield St , Suite 120, Waukesha, Wisconsin 53188 It was his impression that this was a left ankle sprain. He did refer her on for physical therapy. I would defer any other comments about her prognosis, restrictions or permanency of injuries to Dr Zhu.

I hope this information is helpful to you

Sincerely,

Thomas G Wittmann, M D

TGW/dm



# Richard H Bolt, M D John T Bolger, M D, Steven J Merkow, M D, Timothy K Schultz, M D, Michael E Tjarksen, M D, Rick F Papandrea, M D, William A Davies, M D, Hongsheng Zhu, M D, Ph D, Daniel P Holub, M D

1111 Delafield Street Suite 120, Waukesha Wisconsin 53188 (262) 544-5311 • FAX (262) 544-6820

June 4, 2003

Peter A Stanford Stanford Law Offices, S C 225 E Fairmont Ave Milwaukee, WI 53217

RE Patient

ROSEMARIE SCHEIDT

Date/Inj 11/06/02

Dear Mr Stanford

As you know, Mrs Scheidt sustained an injury to her left ankle on November 6, 2002 at the Rainbow grocery store in Pewaukee She tripped over an uneven carpet at the time She developed pain over her lateral ankle She was initially seen at Waukesha Memorial Hospital emergency room The patient's x-rays of her left ankle revealed no fractures

She was then seen by her primary care physician, Dr Wittmann, on November 14, 2002 She was initially treated with an equalizer boot for ambulation. She has been complaining of persistent pain and swelling at her left ankle.

She was then seen by me initially on November 21, 2002 She was diagnosed with a lateral ankle sprain. She was sent for physical therapy for range of motion, heel cord stretching and lateral ligament strengthening exercises. She was recommended to continue with her boot walker on an as needed basis. She was also given Lortab medication for pain

She was subsequently seen by me on January 8, 2003 She informed me that she had five sessions of physical therapy at that time She was not using her boot walker at the time She has been walking with her regular shoe She was still complaining of persistent pain at her left ankle She was then also complaining of persistent left medial ankle pain She was also complaining of mid calf pain for two weeks

She was then sent to Waukesha Memorial Hospital for a Doppler ultrasound study which revealed no deep vein thrombosis. She was also fitted with a lace up ankle brace. She was recommended to continue with her physical therapy.

Cont

Page 2 Rosemarie Scheidt June 4, 2003

She was then seen by me on February 19, 2003 for a further follow up She was still complaining of pain over her medial ankle. She was also complaining of new pain over her second and third metatarsals. She was also complaining of charley horses at her left great toe and second toe at night. She also reported approximately 10-12% improvement in her ankle strength and mobility from her physical therapy. The patient then had x-rays of her left foot at the time which revealed no stress fractures or significant arthritis at her forefoot.

She was then sent for a MRI study to evaluate for possible ligamentous injury because of persistent pain. The patient's MRI study revealed no ligamentous injury or any bony contusions. She was informed about her MRI study on February 25, 2003. She was recommended to continue with her therapy and home exercises.

She was then seen by me last on May 13, 2003 She did not complain of any pain over her forefoot at the time. She was still complaining of occasional discomfort over her medial ankle and anteromedial ankle approximately 3-4 times per week. Her pain worsens at the end of the day. She was also complaining of difficulty with bending of her great toe, especially plantarly. She did not complain of any giving out of her ankle.

Mrs Scheidt's working diagnosis is left ankle sprain with flexor hallucis longus tendon weakness. Over the last six months she had showed improvement of her left ankle pain and range of motion overall

The prognosis for Mrs Scheid is good From what Mrs Scheidt described to me, I feel that her underlying fall and twist was the subcentral factor in necessitating her treatment and care rendered by to Mrs Scheidt Mrs Scheidt may have persistent intermittent discomfort over her left ankle She may have persistent weakness in her flexor hallucis longus tendon which is resulting in difficulty bending her great toe She does not have any particular restrictions at this time

I do not know the detail of her medical bill associated with my care and treatment for her This information can be obtained from our billing office. In addition, I do not know her future medical care cost regarding her left ankle. If you have any further questions or comments please feel free to contact me

Hongsheng Zhu, M

HZ/ded



August 6, 2003

PETER A STANFORD

IN ILLINOIS AND MISSOURI

**United States Bankruptcy Court** 

**District of Delaware** 

ALSO LICENSED

The Honorable Mary F Walrath 824 Market Street Mall, 5th Floor

Wilmington, DE 19801

EIN 39-1769283

Re Our Client Rosemarie Scheidt

OF COUNSEL Date/Inj 11/06/02

BLAISE DIPRONIO Fleming Companies, Inc

Dear Judge Walrath

Please be advised I have been retained by Rosemarie Scheidt to represent her interests arising out of a November 8, 2002 incident where she incurred personal injuries at Fleming Companies, Inc 's store in Wisconsin

It is my understanding Fleming Companies, Inc is currently in bankruptcy, pending before you

Enclosed are the following

Our Proof of Claim, and

**225 EAST** 

2 All supporting documents submitted in support of our Proof of Claim

FAIRMOUNT

We would asked to be placed on the list of unsecured creditors and be provided with an updated list of unsecured creditors

**AVENUE** 

In acknowledgement of receipt, kindly file stamp the enclosed duplicate of this letter and return it to my attention in the envelope provided

Milwaukee

Thank you

WI 53217

Tel 414 276-8269

Peter A Stanford

gry/truly yours,

Fax 414 276-2868

PAS/dkb Enclosures

cc Bankruptcy Management Corporation w/enc

E-Mail PAStanford@stanfordlawoffiges.com
Rosemane Scheidt w/o enc



August 6, 2003

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