



# KENT HOSPITAL REGISTRATION RECORD

(95-1) 10 00-897

PATIENT TYPE	PATIENT CLASS
EMERGENCY ROOM	E

ACCOUNT #	FINANCIAL CLASS	ADM TYPE	SOURCE	MODE	SERV	LOCATION	DATE	TIME	MEDICAL RECORD #
055520282	COMM INSU		14	X	ERV	ER 450	11/17/01	15:38	000703897

### PATIENT INFORMATION

PATIENT NAME SEITZ, LINDA M 501 VOLUNTOWN ROAD  JEWETT CITY CT 06351  PHONE # (860) 376-3349 ALT#  MAIDEN NM. LUSIGNAN	SOC SEC # 037-36-8818	BIRTH DATE 1/01/1952	AGE 049Y	SEX F	MS M
	RACE WHITE LANGUAGE ENGLISH	RELIGION BAPTIST RAD#	PATIENT EMPLOYER CONNCARE INC  PHONE # OCCUPATION		

PRIMARY CONTACT ERIC SEITZ SPOUSE  PHONE # (860) 376-3349 ALT#	RELATIONSHIP SPOUSE	SECONDARY CONTACT DOROTHY LUCIGNAN MOTHER  PHONE # (401) 999-9999	RELATIONSHIP MOTHER
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GUARANTOR LINDA SEITZ 501 VOLUNTOWN ROAD JEWETT CITY CT 06351 (860) 376-3349	RELATIONSHIP PATIENT	GUARANTOR EMPLOYER CONNCARE	3
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LEGAL RESPONSIBILITY   ADVANCED DIRECTIVE	ACCIDENT PLACE K MART  TRIPPED ON METAL SHELF  03 11/17 NOTIFICATION	HOUR 15
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### INSURANCE INFORMATION

PLAN 4206 K MART 5200 MED SPAN 5200 HEALTH NET	POLICY # 037368818	SUBSCRIBER LINDA SEITZ	AUTH #
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### CLINICAL INFORMATION

COMPLAINT/DIAGNOSIS FELL IN K MART C/O PAIN IN HEAD, NECK, R ARM  SEITZ, LINDA  70-38-97  D11/17/01	REGISTRATION FLAGS   PRECAUTIONS
MEDICAL RECORD: CALLED FOR <input type="checkbox"/> ON MICROFILM <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	

ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	PRIMARY CARE PHYSICIAN NO PCP, .
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<input type="checkbox"/> CORRECTED COPY _____ DATE _____	REG BY KC7TAC	DISCHARGE DATE/TIME	REVIEWED BY
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920-12 00 (5-89)

KENT HOSPITAL  
WARWICK, RHODE ISLAND

SEITZ, LINDA J ER  
055520282 F BA 11/17/01  
12/01/1952 049Y HR000703897  
100 VULCAN ROAD  
SEITZ CITY CT 06351  
ER, PHYSICIAN  
#206 037368818  
5200  
940 376-3349

PATIENT AUTHORIZATION RECORD

768-00 02 (1-2001)

Patient Name	Medical Record #
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**CONSENT TO TREATMENT:**

I understand that my care will be provided according to my attending physician's orders. I understand that when I request care for my medical condition, I am generally consenting to other medical treatments such as x-ray examinations, laboratory test and minor procedures that my physician may order. For major procedures, such as a surgery, my physician will explain them to me and I will be asked to sign a separate form.

**HEALTH CARE EDUCATION:**

I understand that medical, nursing or other health care students may be observers or participants in my care under appropriate professional supervision, but I have the right to object to their observation or participation in my care.

**AUTHORIZATION FOR RELEASE OF INFORMATION TO PAYERS AND/OR CAREGIVERS:**

I authorize Kent Hospital and any physician providing care to me, to release to any person/corporation who is or may be responsible for payment of the Hospital and Physician charges. I authorize caregivers access to my prior Kent medical records which may include treatment for alcohol, drug abuse, mental illness, and HIV Testing. I understand that Kent Hospital will forward copies of all or part of my medical record to physicians participating in my care, to any facility to which I am transferred, and to my insurer or to whomever is responsible for paying for my health care. If my care is related to an accident at work, I understand that my employer's Worker's Compensation Carrier will also have access to information contained in my medical record. Such information to be released may include, but not be limited to, diagnosis information relating to treatment of a mental illness, alcohol and/or drug abuse.

**ASSIGNMENT OF BENEFITS:**

I authorize my insurers to pay my benefits, which would otherwise be payable to me, directly to Kent Hospital and to the physicians providing professional services to me, including anesthesiologists, radiologists, pathologists, and Emergency Department physicians. I understand that I am financially responsible to the hospital for charges not covered by insurance carriers.

**MEDICARE RECIPIENTS ONLY:**

I certify that the information given by me in applying for payment of Medical benefits under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and the Health Care Financing Administration or it's intermediaries or carriers any information needed for this or related Medicare claims. I request the payment of authorized benefits to be made on my behalf to Kent Hospital or any physician providing service during my treatment. I understand that I can request a copy of the itemized bill for services rendered to me by contacting the Patient Accounts Department of this Hospital.

**IMPORTANT MESSAGE ACKNOWLEDGEMENT**

Given To:  Patient  Representative \_\_\_\_\_  
(name & relationship to patient.)  
 Patient unable to accept or understand at this time.  
No representative available.  
Hospital Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL BELONGINGS:**

I understand that Kent Hospital is not responsible for any money or other personal belongings, which are not placed in the Hospital safe. I understand that I am responsible for any personal property that remains with me in the Hospital.

Valuables deposited in hospital safe. Valuable envelope completed: Envelope #: \_\_\_\_\_

**SIGNATURE:** I have read the information above or have had it read to me. I understand the information and have had my questions answered to my satisfaction. My signature below verifies that I have voluntarily consented to the above. I have crossed out those statements that I do not agree with by drawing a single line through it, placing my initials and today's date next to the statement.

Signature of Patient \_\_\_\_\_

11/17/01  
Date/time

Signature of authorized Representative \_\_\_\_\_

Date/time

Relationship to Patient \_\_\_\_\_

Reason \_\_\_\_\_  
Required if patient is a minor or is unable to consent.

Signature of witness \_\_\_\_\_

Signature of second witness \_\_\_\_\_

10-11 00089

K . COUNTY MEMORIAL HOSPITAL  
455 TOLL GATE ROAD  
WARWICK, R.I. 02886  
DEPARTMENT OF RADIOLOGY

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<b>PATIENT NAME:</b>	SEITZ, LINDA M	<b>BILLING #:</b> 055520282
<b>ADDRESS:</b>	501 VOLUNTOWN ROAD JEWETT CITY, CT 06351	
<b>EXAM DATE:</b>	11/17/2001	<b>X-RAY NO:</b> 331964
<b>REQUESTED BY:</b>	MANUEL CORREIA	
<b>BIRTH DATE:</b>	01/01/1952	<b>AGE:</b> 49 <b>SEX:</b> F
<b>MED REC #:</b>	0703897	<b>PHONE:</b> 860-376-3349
		<b>ROOM NO:</b> AOP
		<b>SHIELD:</b>
		<b>PREGNANT:</b>
<b>TEST TYPE:</b>	BN	
<b>INSURANCE #1:</b>	037368818- K MART	
<b>INSURANCE #2:</b>	- MED SPAN	
<b>RADIOLOGIST:</b>	JOHN GOSCH-BARKER, MD	
<b>TECHNOLOGIST:</b>	COREY	
<b>CLINICAL INFORMATION:</b>	PAIN IN HEAD, NECK AND ARM.	

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**RIGHT SHOULDER:** There is no recent fracture, dislocation, or significant bony abnormality.

**IMPRESSION:** No fracture.

**RIGHT WRIST:** There is no recent fracture, dislocation, or significant bony abnormality.

**IMPRESSION:** No fracture.

**CERVICAL SPINE:**

There is no evidence of fracture of the vertebral bodies or processes. The interspaces appear normal. There is no soft tissue abnormality present.

**IMPRESSION:** No evidence of fracture.

**RIGHT CLAVICLE:** There is no recent fracture, dislocation, or significant bony abnormality.

**IMPRESSION:** No fracture.

  
\_\_\_\_\_  
JOHN GOSCH-BARKER, MD

jm

D: 11/17/2001 19:55

T: 11/18/2001 10:11

RADIOLOGY REPORT

Name WHITE, MICHAEL Exam No. 331464 Date 11-17-01

**Radiologist Reading**

XR - L SHOULDER  
(R) WRIST  
C-SPINE  
(R) CLAVICLES

- DR. ARMADA
- DR. BINEK
- DR. BRUZZESE
- DR. COSCINA
- DR. DOI
- DR. GABRIELE
- DR. KUTCHER
- DR. MICHEL
- DR. OSMANSKI
- DR. PAOLELLA

**Names**

Technologist: \_\_\_\_\_

Technologist: \_\_\_\_\_

**E.R. Treating Physician Remarks:**

- DICTATED
- PHYS. REQ. CALL: \_\_\_\_\_
- DATE CALLED: \_\_\_\_\_
- REPORT CALLED BY: \_\_\_\_\_
- REPORT RECEIVED BY: \_\_\_\_\_
- TIME REPORT CALLED: \_\_\_\_\_

E.R. Treating Physician Signature: 

**KENT COUNTY MEMORIAL HOSPITAL**  
E.R. DIAGNOSIS FORM



INITIAL PATIENT ASSESSMENT  
PAGE 1 OF 6

768-31 00 (8-2001)

Name: Seitz, Linda  M  F Family Physician: \_\_\_\_\_  Notified  
DOB: \_\_\_\_\_ Date: 11/17/01 Time: 1520  
Triage Index:  EMERGENT  URGENT  EXPRESS CARE  
Language:  English  Other: \_\_\_\_\_  Interpreter

T 97%	<input type="checkbox"/> PO <input type="checkbox"/> R	P 67	<input checked="" type="checkbox"/> REG <input type="checkbox"/> IRREG	R 20	BP 155	<input type="checkbox"/> L <input type="checkbox"/> R	SAO2 95%	<input type="checkbox"/> O2	LPM	PAIN INTENSITY (SCALE 0-10) <input type="checkbox"/> SEE PAIN ASSESSMENT	HT Act Stated	WT Act Stated	Infant length Infant head circ. (up to 24 months)
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CHIEF COMPLAINT Tripped over metal rack while in C-MART - fell on to @ side in a twisting motion - hit back of head

Mode of arrival:  Self  Ambulance  Other  
Next of Kin:  With patient  Notified  SEE MEDICATION LIST

MECHANISM OF INJURY:  
 Work  Home  School  Other  
Triage Assessment: Pain to @ shoulder, @ hip, back of head - tingling to @ hand + elbow - @ dizziness

ALLERGIES: <input type="checkbox"/> NKA		Current Medications/Herbs/Dietary Supplements/OTC's			
Substance	Type of Reaction	Name	Dose/Freq.	Reason	Last Dose
Demerol					
Codiene					
Morphine					
Suffa					
E-mycin					
Penicillin	<u>RASH</u>				
ASA					
X-Ray Dye					
Shellfish					
Food					
Latex					
Other					

Triage Intervention: \_\_\_\_\_  
 Screened for Abuse  See abuse screen  
Pregnant  Yes  No  Uncertain  
LMP: \_\_\_\_\_ OB/GYN: \_\_\_\_\_  
Nurse Signature: Ann Deane

IMMUNIZATIONS UP TO DATE  Yes  No  Unknown  
(according to  patient  family)  
Last Tetanus \_\_\_\_\_ Flu Vaccine \_\_\_\_\_ Pneumonia: \_\_\_\_\_  record

MEDICAL HISTORY				SURGICAL HISTORY	
<input checked="" type="checkbox"/> None	<input type="checkbox"/> CVA	<input type="checkbox"/> Kidney stones	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> None	<input type="checkbox"/> Anesthesia Reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Mastectomy
<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> HIV	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Prostate
<input type="checkbox"/> Asthma	<input type="checkbox"/> ETOH	<input type="checkbox"/> Renal failure	<input type="checkbox"/> VRE: flagged <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Splenectomy
<input type="checkbox"/> Cancer	<input type="checkbox"/> Falls/history	<input type="checkbox"/> Seizures	<input type="checkbox"/> MRSA: flagged <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Tubal ligation
<input type="checkbox"/> CHF	<input type="checkbox"/> HTN	<input type="checkbox"/> Ulcer/GI bleed		<input type="checkbox"/> IVAD shunt no BP/lab _____ arm	
<input type="checkbox"/> MI	<input type="checkbox"/> COPD	<input type="checkbox"/> Other _____			

History of blood transfusion?  Yes  No When? \_\_\_\_\_ Transfusion Reaction?  Yes  No Type of reaction: \_\_\_\_\_

PREHOSPITAL: ON ARRIVAL EMERGENCY DEPARTMENT:

	MENTAL STATUS	COLOR	RESPIRATORY	CIRCULATORY	SPEECH	GRASPS
<input type="checkbox"/> Sling	<input checked="" type="checkbox"/> Oriented	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> SOB	PULSES Present Absent	<input type="checkbox"/> Clear	<input type="checkbox"/> EQUAL
<input type="checkbox"/> SPLINT	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Pale	<input type="checkbox"/> Nasal flaring	L Radial <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Slurred	<input type="checkbox"/> <R
<input checked="" type="checkbox"/> Hard collar on	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Retractions	R Radial <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> NONE	<input type="checkbox"/> <L
<input checked="" type="checkbox"/> Backboard	<input type="checkbox"/> Unresponsive	Other: _____	<input type="checkbox"/> Shallow breathing	L Pedal <input type="checkbox"/> <input type="checkbox"/>	<b>PUPILS:</b>	
<input type="checkbox"/> O2	<input type="checkbox"/> Combative			R Pedal <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> PERRL	mm
<input type="checkbox"/> ASA mg.					<input type="checkbox"/> PINPOINT	<input type="checkbox"/> DILATED
<input type="checkbox"/> Nitro SL	<b>SKIN CONDITION</b>	<input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Rash <input type="checkbox"/> Dry <input type="checkbox"/> Moist			<input type="checkbox"/> ISOLATION PRECAUTIONS	
<input type="checkbox"/> Other	<input type="checkbox"/> Flushed <input type="checkbox"/> Poor turgor <input type="checkbox"/> Impaired skin integrity					

TB Screen: (if two or more of the following are present, refer to Infection Control)  
 Persistent cough > two weeks  Bloody sputum  Fever  Anorexia  Weight loss  Night sweats

Time in ED Unit: \_\_\_\_\_ Nurse: \_\_\_\_\_ Physician: \_\_\_\_\_

KENT HOSPIT

INITIAL PATIENT ASSESSMENT PAGE 3 OF 6

SEITZ, L JAH ER  
 055520282 F BA 11/17/01  
 1/01/1952 049Y HR000703897  
 501 VOLUNTOWN ROAD  
 JEWETT CITY CT 06351  
 ER, PHYSICIAN  
 4206 037368818  
 5200

CONTINUITY OF CARE NEEDS

Do you use any of the following?

- Oxygen/breathing treatments
- PT  OT  Speech
- Adaptive Splints
- Community Resources
- Home Health/Hospice Care (name of agency)
- Other
- Dressings/syringes
- Wheelchair
- Braces Devices
- Meals on Wheels

Dialysis (Notify Dialysis Unit if admitted)  
 None used

TIME NURSING PROGRESS NOTE SIGNATURE

4p	pt was seen @ exam by Dr. Cornea, pt to have X-rays - med. motrin + vicodin po - pt refused motrin, soft collar applied.	K Frank
1900	returned from X-ray - Re-eval. by Dr. Cornea. Sling applied. R jewelry, med. & DC'd.	CCornea

TIME MEDICATION DOSE ROUTE (circle) PAIN LEVEL/COMMENTS NURSES SIGNATURE

4p	motrin	800mg	PO	PR SC IM IVP IV via pump	not given (refused)	K Frank
4p	vicodin	5	PO	PR SC IM IVP IV via pump		K Frank
				PO PR SC IM IVP IV via pump		
				PO PR SC IM IVP IV via pump		
				PO PR SC IM IVP IV via pump		
				PO PR SC IM IVP IV via pump		
				PO PR SC IM IVP IV via pump		
				PO PR SC IM IVP IV via pump	<input type="checkbox"/> see medication record	

TIME B/P H/R RYTHM NEUROLOGICAL (Mental Status, Speech, Pupils, Motor) RESP. PULSE/OX (SpO2/Oxygen) TEMP. PAIN INTENSITY (Scale of 0-10)


INTRAVENOUS THERAPY

TIME	SIZE	SITE	SOLUTION	RATE	TIME DC'd	AMT. USED	NURSES SIGNATURE

INTAKE OUTPUT

TIME	PO	AMOUNT	TIME	URINE	TUBE	OTHER
TOTAL			TOTAL			



SEITZ, LINDA M ER  
055520282 F BA 11/17/01  
1/01/1952 049Y MR000703897  
501 VOLUNTOWN ROAD  
JEWETT CITY CT 06351  
ER, PHYSICIAN  
4206 037368818  
5200  
060 376 3349

**INITIAL PATIENT ASSESSMENT**  
**PAGE 5 OF 6**

768-31 00 (8-2001)

**EDUCATIONAL ASSESSMENT (COMPLETE FOR ALL PATIENTS)**

Able to understand?  Yes  No Ready to learn?  Yes  No (if no, see nurses notes for follow-up)  
Able to read? Pt. states  Yes  No Educational level: Learns best:  Visual  Hearing  Doing  
Barriers to learning?  Language  Vision  Hearing  Religious\*  Cultural\* (\* if checked, see Social Assessment)  
Interpreter needed?  Yes  No (If family not able to supply, refer to Care Management)  
Patient learning needs: What does patient want to know about the care?  meds  diet  exercise  other: \_\_\_\_\_

Family learning needs: What does the family need to know about?  wound care  diet  exercise  other: \_\_\_\_\_

**PEDIATRIC SECTION**

Name child goes by: \_\_\_\_\_ Parents marital status  M  S  Remarried  
Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Who lives in household \_\_\_\_\_ Siblings: \_\_\_\_\_

**GROWTH AND DEVELOPMENT (complete appropriate section)**

Newborns (age 0-1 month)  
Infant (age 1-12 months)

Toddler (age 1-3 years)  
Pre-school (age 3-6 years)

School age (age 6-12 years)  
Adolescent (age 12-18 years)

Born at term  Yes  No  
Diet  Breastfeeds  Formula  
Type of formula: \_\_\_\_\_  
Uses  Bottle  Spoon  Cup  
Skin turgor \_\_\_\_\_  
Attend daycare  Yes  No  
Lifts head  Yes  No  
Sits up  Yes  No  
Crawls  Yes  No  
Walking  Yes  No  
Teething  Yes  No  
Observation of interaction with care giver appropriate:  Yes  No

Walking  Yes  No  
Teething  Yes  No  
Toilet trained day night  Yes  No  
Uses  Bottle  Spoon  Cup  
Nutrition  
No problem identified see nurses note  
Takes medications best by: \_\_\_\_\_  
Attends day care  Yes  No  
Attends school program  Yes  No  
Language:  Speaks single words  
 Speaks in full sentences  
Observation of interaction with care giver appropriate:  Yes  No

School \_\_\_\_\_  
Grade in school \_\_\_\_\_  
Scholastic grade \_\_\_\_\_  
Confirmed developmental delay  Yes  No  
Play/favonte activities/hobbies \_\_\_\_\_  
Nutrition  
No problem identified see nurses note  
Able to swallow pills  Yes  No  
Smokes  Yes  No  
Consumes alcohol  Yes  No  
Drugs  Yes  No  
Observation of interaction with care giver appropriate:  Yes  No

**INPATIENT UNIT'S ADMISSION NOTE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Admitting Nurse's Signature \_\_\_\_\_

Date/Time \_\_\_\_\_

**19** Kent Hospital  
**EMERGENCY PHYSICIAN RECORD**  
 Fall (5)

TIME SEEN: 3:40 PM ROOM: \_\_\_\_\_ EMS arrival  
 HISTORIAN: patient spouse paramedics  
 HX? EXAM LIMITED BY: \_\_\_\_\_

HPI chief complaint: Fall Injury to: \_\_\_\_\_

<b>occurred:</b> <input checked="" type="checkbox"/> just PTA <input type="checkbox"/> today <input type="checkbox"/> yesterday _____ days PTA	<b>where:</b> <input type="checkbox"/> home <input type="checkbox"/> school <input type="checkbox"/> neighbor's <input type="checkbox"/> city park <input type="checkbox"/> work <input type="checkbox"/> street <u>front</u>
--	---

**context:**  
 tripped / slipped / lost balance  alleged assault  
 became dizzy / fainted  bicycle (helmet? Y N)  
 Fell from (standing position / from height)  
tripped over metal grid on floor

**location of pain/injuries:**

head face mouth	<u>right</u> shldr hip	<u>left</u> shldr hip
<u>neck</u> chest abdomen	arm thigh	arm thigh
back upper mid- lower	elbow knee	elbow knee
radiating to R/L thigh / leg	f-arm leg	f-arm leg
	<u>wrist</u> ankle	wrist ankle
	hand foot	hand foot

<b>severity of pain:</b> mild <u>moderate</u> severe	<b>associated symptoms:</b> <input type="checkbox"/> lost consciousness / dazed duration: _____ remembers: <u>impact coming to hospital</u> <input type="checkbox"/> seizure
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<b>RQS</b> <input type="checkbox"/> all systems neg except as marked <input checked="" type="checkbox"/> loss feeling/power arms/legs <input checked="" type="checkbox"/> headache <input checked="" type="checkbox"/> double vision / hearing loss	<input checked="" type="checkbox"/> trouble breathing / chest pain <input checked="" type="checkbox"/> nausea / vomiting <input checked="" type="checkbox"/> loss of bladder function <input checked="" type="checkbox"/> skin laceration <input checked="" type="checkbox"/> recent fever / illness
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**SOCIAL HISTORY** recent ETOH smoker drug abuse

**PAST HISTORY** negative

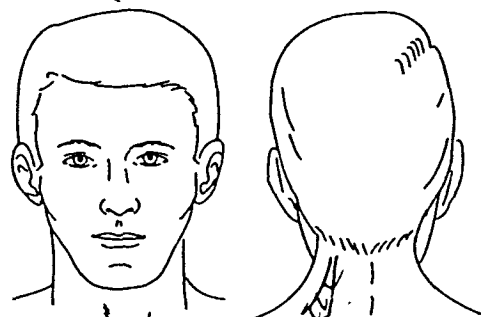
Meds- none / see nurses note  
 Allergies- NKDA / see nurses note

SEITZ, LINDA R  
 055520282  
 1/01/1952 049Y

SEITZ, LINDA R  
 055520282 F BA 11/17/01  
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 501 VOLUNTOWN ROAD  
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 ER, PHYSICIAN  
 4206 037368818  
 5200  
 860 376-3349

Nurses note reviewed  Tetanus immun. UTD  Vital signs reviewed  
**PHYSICAL EXAM** Alert  Lethargic  Anxious  
 Distress- NAD mild moderate severe  
 Other- c-collar (PTA in ED) back-board IV splint

**HEAD**  no evidence of trauma  see diagram  
**NECK**  non-tender  vertebral point-tenderness  
 painless ROM  muscle spasm / decreased ROM  
 trachea midline  pain on movement of neck

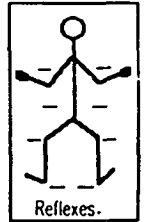


**EYES**  PERRL  unequal pupils R-\_\_\_mm L-\_\_\_mm  
 EOMI  EOM entrapment / palsy  
 subconjunctival hemorrhage  
**ENT**  nml external  hemotympanum  
 inspection  TM obscured by wax  
 no dental injury  clotted nasal blood  
**RESP & CVS**  chest non-tender  decreased breath sounds  
 breath sounds nml  wheezing / rales  
 heart sounds nml  splinting / paradoxical movements

**ABDOMEN**  non-tender  tenderness / guarding / rebound  
 no organomegaly  mass / organomegaly

**GENITAL / RECTAL**  perineal hematoma  
 nml genital exam  blood at urethral meatus  
 nml vaginal exam  decreased rectal tone  
 nml rectal exam  
 heme negative stool

**NEURO / PSYCH**  oriented x3  confusion / disorientation  
 mood & affect  EOM palsy / anisocoria  
 CN'S nml  facial asymmetry  
 as tested  unsteady / ataxic gait  
 sensation &  sensory / motor deficit  
 motor nml



PAIN RATING:

Now \_\_\_\_\_ Patients goal \_\_\_\_\_

1. Where is your pain located? (Patient or Nurse mark drawing)

(I = Internal) (E = External)

2. How and when did your pain begin? \_\_\_\_\_

Does something trigger your pain? \_\_\_\_\_

3. How long have you had the pain? \_\_\_\_\_

Is it continuous or intermittent? \_\_\_\_\_

Describe any patterns or changes: \_\_\_\_\_

4. Describe in your own words what your pain feels like. \_\_\_\_\_

5. What makes the pain better? \_\_\_\_\_

6. What makes the pain worse? \_\_\_\_\_

7. What has helped in the past? \_\_\_\_\_

8. What has NOT helped in the past? \_\_\_\_\_

9. What other symptoms accompany your pain:

- Nausea  Vomiting  Constipation  Drowsiness  Confusion  Other:

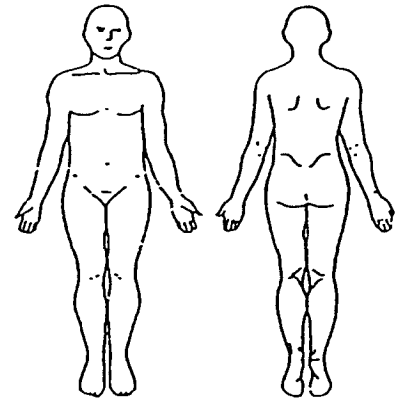
10. How does pain affect your:

- Sleep \_\_\_\_\_  
 Appetite \_\_\_\_\_  
 Physical activity \_\_\_\_\_  
 Concentration \_\_\_\_\_  
 Emotions \_\_\_\_\_  
 Social relationships \_\_\_\_\_

11. What do you think is causing your pain now? \_\_\_\_\_

12. Current pain management regimen: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time \_\_\_\_\_ Pain scale used: \_\_\_\_\_



Feldt Checklist (Nonverbal pain indicators) (cognitvity impaired, non verbal patients)

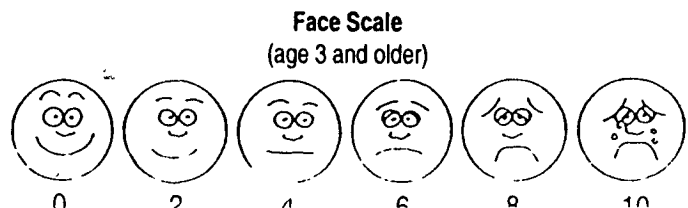
	With Movement	Rest
1. vocal complaints: nonverbal (expressions of pain, not in words, moans, groans, grunts, cries, gasps, sighs)	_____	_____
2 Facial Grimaces / winces (furrowed brow, narrowed eyes, tightened lips, dropped jaw, clenched teeth, distorted expression)	_____	_____
3 Bracing (clutching or holding onto siderails, bed, tray table, or affected area during movement)	_____	_____
4 Restlessness (constant or intermittent shifting of postion, rocking, intermittent or constant hand motions, inability to sit still)	_____	_____
5 Rubbing (massaging affected area) (in addition, record verbal complaints)	_____	_____
6 Vocal complaints verbal (words expressing discomfort or pain "ouch", "that hurts", cursing during movement, or exclamations of protest "stop", "that's enough")	_____	_____
Subtotal scores:	_____	_____

**Verbal Scale**  
(age 7 and older / cognitively impaired)

Mild	Moderate	Severe
0 1 2 3	4 5 6	7 8 9 10

**Numeric Scale**  
(age 7 and older)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

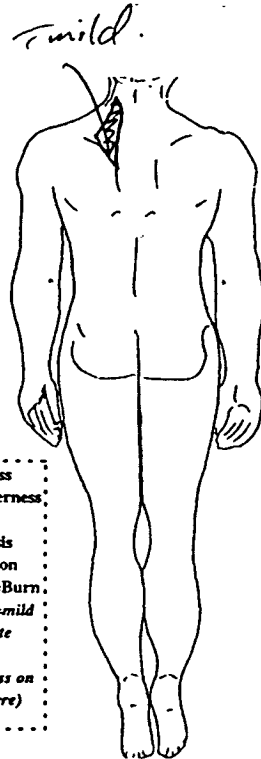
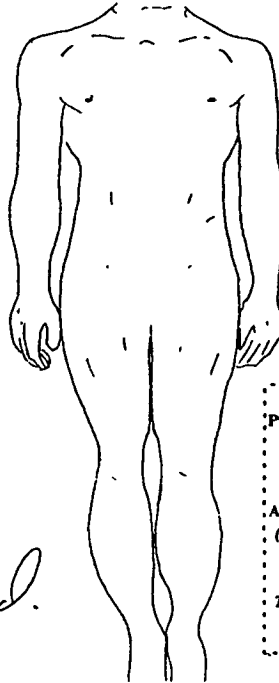


SKIN see diagram  
 intact  
 crepitus / diaphoresis  
 warm, dry

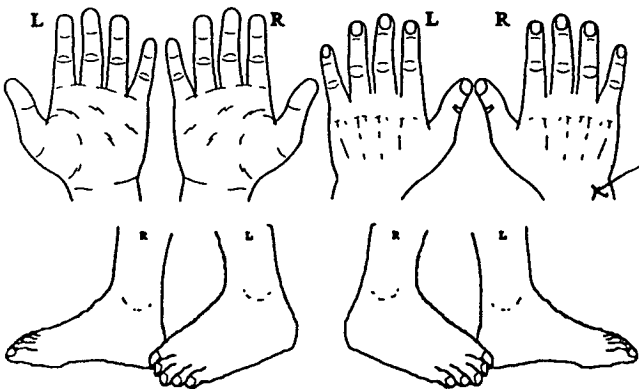
BACK see diagram  
 no CVA  
 vertebral point-tenderness  
 tenderness  
 CVA tenderness  
 no vertebral  
 muscle spasm / limited ROM  
 tenderness

EXTREMITIES see diagram  
 atraumatic  
 bony point-tenderness  
 painful / unable to bear weight  
 pulse deficit  
 no pedal edema  
 normal ROM  
 limited ROM / ligaments laxity / joint effusion

Joint Exam:



T=Tenderness  
 Pt=Point Tenderness  
 S=Swelling  
 E=Echymosis  
 Lac=Laceration  
 A=Abrasion B=Burn  
 (0=without m=mild  
 mod=moderate  
 sv=severe)  
 Tsv = Tenderness on  
 palpation (severe)



PROGRESS:

Re-exam @ 5:40pm - improved  
 50mg Vicodin (20)  
 Motrin (20)

XRAYS  Interp. by me  Reviewed by me  Discsd w/radiologist

C-Spine D-Spine LS-Spine  
 nml / NAD  reversal / straightening of cerv. lordosis  
 no fracture  DJD / spondylosis / spurring  
 nml alignment  
 soft tissues nml

CXR  rib fracture  
 nml / NAD  infiltrate / atelectasis  
 no infiltrates  
 nml heart size  
 nml mediastinum

OTHER  See separate report  
 (A) shoulder - 9fx (A) clavical - 0fx  
 (B) wrist - 0fx

Wound Description/Repair  
 length      cm location       
 superficial  SQ  muscle  linear  stellate  irregular  
 clean  contaminated  moderately  heavily  
 distal NVT:  neuro & vascular status intact  no tendon injury  
 anesthesia:  local  digital block  cc  
 lidoc 1% 2% epi / bicarb  marcaine .25% .5% LET  
 prep:  
 Betadine / Shur-Cleans  debrided / undermined  
 irrigated / washed w/saline  extensively  
 explored  foreign material removed  
 repair: Wound closed with: wound adhesive / steri-strips  
 SKIN: #      -0 nylon / prolene / staples  
 \*SUBCU: #      -0 vicryl / chromic  
 \*may indicate intermediate repair \*may indicate intermediate or complex repair

Discussed with Dr.       
 will see patient in: office / ED / hospital  
 CRIT CARE 30-74 min  
 75-104 min  
 COUNSELED patient / family regarding  
 lab results diagnosis need for follow-up  
 Prior records ordered  
 Additional history from:  
 family caretaker paramedics  
 RX given Admit orders written

CLINICAL IMPRESSION:

Fall

<u>contusion</u>		<u>sprain / strain</u>
head	<u>wrist</u> R/L	<u>neck</u> dorsal lumbar
face	hand R/L	
chest	hip R/L	
abdomen	thigh R/L	
back	knee R/L	
<u>shoulder</u> B/L	leg R/L	<u>concussion</u>
arm R/L	ankle R/L	with LOC w/o LOC
elbow R/L	foot R/L	<u>laceration</u>
forearm R/L		

DISPOSITION-  home  admitted  transferred  
 CONDITION-  unchanged  improved  stable

PHYSICIAN SIGNATURE-

Do you have an Advanced Directive?

If Yes, ask "Is it with you?"

If No, ask "Would you like information on Advanced Directives?"

If Yes, then Make a copy of the Advanced Directives, put in the Medical Record & Communicate with MD

If No, then Refer to Care Management and ask family to bring Advanced Directives in within 48 hours.

If No, end here.

If Yes, then give patient Advanced Directive brochure and refer to Care management for follow-up.

Date \_\_\_\_\_  
Time \_\_\_\_\_

**CARE MANAGEMENT FOLLOW-UP**

**SOCIAL SERVICES FOLLOW-UP**

Is Advanced Directives here within 48 hours?

Would you like to formulate a new Advanced Directive?

If Yes, then make a copy of the Advanced Directives, put in the Medical Record, & Communicate with MD.

If No, ask "Would you like to formulate a new Advanced Directives?"

If Yes, provide education to patient regarding formulating a new Advanced Directive.

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

If No, end here.

Date \_\_\_\_\_ Init. \_\_\_\_\_

If Yes, refer to Social Services

If No end here.

Date \_\_\_\_\_ Init. \_\_\_\_\_

Care Mgr. Signature/Init. \_\_\_\_\_

Social Worker's Signature/Init. \_\_\_\_\_

UNIT ADMIT TIME \_\_\_\_\_

Admitted via:

- Stretcher
- W/C
- Ambulatory

Admitted from:

- Home
- Nursing Home
- ER

MD office

Other \_\_\_\_\_

Reason for Admission/Reason for being here: \_\_\_\_\_

**ORIENTATION:**

- Call system  Phone
- Room lights  TV
- Bed/side rails  Visiting hours
- Bathroom light  Isolation
- Smoking Policy

**SAFETY ACTIVITY ORDERS:**

- Advised to be up with assistance only
- Family advised to stay with patient
- BRP only
- Amb ad lib
- Bedrest
- Other: \_\_\_\_\_

**INFORMED:**

- Patient  YES  NO
- Parent  YES  NO
- Family  YES  NO
- Friend  YES  NO

At risk for falls  YES\*  NO

\* initiate "eye on safety"

Do you approve of student participation in your care?  YES  NO

**PERSONAL POSSESSIONS**

- Contact lenses  right  left  Hearing Aid(s)  Walker  Artificial limbs (specify) \_\_\_\_\_  Jewelry (specify) \_\_\_\_\_
- Glasses  Cane  Wheelchair \_\_\_\_\_
- Denture  upper  lower  Crutches  Braces  Wallet  Other (specify) \_\_\_\_\_
- Purse \_\_\_\_\_

I assume full responsibility for any and all articles retained in my possession and for any brought to me while a patient in the hospital.

Patient: \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Valuables checked on transfer: from Unit \_\_\_\_\_ Date \_\_\_\_\_ Nurse \_\_\_\_\_

To unit \_\_\_\_\_ Date \_\_\_\_\_ Nurse \_\_\_\_\_

Valuables checked on discharge: Patient \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

**BREATH SOUNDS**

- Clear  L  R
- Wheeze  L  R
- Rhonchi  L  R
- Rales  L  R
- Diminished  L  R
- Absent  L  R
- Cough  Yes  No
  - Productive
  - Nonproductive
- Retractions  Yes  No  
(Pediatrics)

**ABDOMEN**

- No problem identified
- Distended
- Guarding
- Rigid
- Last BM \_\_\_\_\_
- BOWEL SOUNDS**
- Present  None
- TENDERNESS**
- None  Epigastric
- LUQ  RUQ
- LLQ  RLQ
- FLANK PAIN**  L  R

**GU SYMPTOMS**

- Frequency  Burning  Hematuria  Urgency  Retention
- Incontinence  Ureteral discharge
- MEDICAL DEVICES IN PLACE**  None
- Cardiac Pacemaker  A.I.C.D.
- ETT  Tracheostomy
- Intravascular device \_\_\_\_\_ (type)
- Peg tube  Foley catheter
- Other \_\_\_\_\_

**FUNCTIONAL SCREEN**

Have there been recent changes with independence or function in: (check all that apply)

- Cooking  c/sp  Swallowing  c/ot  Bathing  ot  Driving
- c  Housework  ot  Dressing  ot  Decreased Endurance
- pt/ot  Weight bearing difficulties  pt/ot  Unsteady Gait/History of falls
- pt/ot  Problems with balance in sitting, upper body movement, strength, and/or coordination that interferes with function

**NUTRITIONAL SCREEN**

- NPO or clear liquids > 72 hours
- Poor appetite 5 days prior to admission
- Chewing difficulties
- TPN/PPN or tube feeding
- Swallowing difficulties
- Unintentional weight loss > 10 lbs in past 3 months
- Surgery patient > 65 years of age
- Lactating and pregnant women
- Diagnosis of cancer receiving chemotherapy or radiation
- Nausea/vomiting and/or diarrhea > 72 hours adult > 24 hours infant/child
- n/d  New diagnosis of diabetes
- Non-healing decubitus
- None of the above

**SOCIAL ASSESSMENT**

Do you have any concerns about your illness/hospitalization?  
 NO  YES, Explain: \_\_\_\_\_

c  Financial concerns?  c  Patient is caregiver to another

Do you have family concerns we need to be aware of?  
 NO  YES, Explain: \_\_\_\_\_

Patient able to meet self-care needs?  c  NO  YES

Patient needs close supervision with little or no family support?  
 NO  c  YES

Patient is homebound?  NO  c  YES

Where are you living?  Home  Apartment

c  Extended Care Facility \_\_\_\_\_

Patient lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you plan to return there when you leave the hospital?  Yes  c  No

Do you have someone to pick you up when you leave the hospital?  
 Yes  c  No

If box containing a letter initial is checked, then refer patient to discipline as indicated.

**KEY:**

C = care management	OT = occupational therapy
D = diabetes consult	PT = physical therapy
I = infection control	SP = speech therapy
N = nutritionist	
P = pastoral care	
R = respiratory Care	
S = social service	

**PSYCHOSOCIAL ASSESSMENT** (check all that apply)

- Cooperative  Communicative  Calm/Relaxed
- (If 2 or more are checked refer to Care Management & Social Services)
- Combative  Nervous/Apprehensive  Tearful  Angry/Hostile
- Depressed  Hysterical  Fearful  Indifference
- Poor Hygiene  Sleeping Problems
- Sleeping aids used: \_\_\_\_\_

**ABUSE / NEGLECT ASSESSMENT** (Adult and Pediatrics)

- s  Patient reports sexual assault, physical abuse or neglect
- s  Fear of returning home and/or fear of children, caregiver
- s  Poor hygiene/inappropriate clothing (ie wrong for weather)
- s  Obvious medical, physical problems that have been unattended
- s  Evidence of sexual assault/exploitation
- s  Penile, vaginal discharge/torn, stained or bloody underclothing
- s  Lacerations or bleeding in the perineal area
- s  Human bite marks/bald spots on scalp
- s  Burns to hands, feet, back, buttocks, wrists
- s  Bruises in various stages of healing
- s  Symptoms of drug withdrawal
- s  Excessive crying/no crying
- s  Excessively clingy to one person
- None of the above

Have you ever smoked?  Yes  No

How much: \_\_\_\_\_ How long: \_\_\_\_\_

When stopped: \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No

How often: \_\_\_\_\_ What type: \_\_\_\_\_

How much: \_\_\_\_\_ Last consumed: \_\_\_\_\_

Do you wish to see the hospital chaplain?  p  Yes  No

Do you have any special religious or cultural needs or practices that need to be followed during the time you are here?  No  Yes,

\*Explain: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

LINDA SEITZ

Women's CARE - Dr. Nesbit

11/19/01  
128/88

PT fell in RT Saturday - collar bone upper  
back, painful @ arm hand, dizziness 1/13 2 1/2 hrs.

Stood on table sliding - slid on floor - twisted back.  
- taken 4.00 kept Countess throat lozenge 40 -  
X-rayed - left collar bone - neck - shoulder & arm - F2 -  
w/least relief yesterday - dizziness - head thro

Meds:

Vicodin - little dizziness today - able to eat today -  
pain in collar bone - x-rayed back lower neck - +  
cervical spine - moderate tingling  
pain in wrist in wrist.

Spasm across midline back - tender to see part -  
pain across midline posterior shoulder.

left shoulder - 1.5 cm direct over heart - results  
left elbow from

left wrist - 1.5 cm - tender palp. -

A - Cervical - bracke strain & erosion 2. 1.5 cm direct 1/2

D - RT Dumb & by Frank & back.

Loose to 4.0 030.

Placed 1.5 cm 1/2 @ ms - 10

most best.

X-ray left wrist Backhand

Obtain ECG records. kept Countess.

1.5 cm back.

back articulated. CCA 01/20/02

NAME

Wanda Seitz

DOB

1/15/52

DATE

11/28/01

Pt here for new shoulder - a little better

12/8/02

admit @ end of day. had x-ray of rt wrist @ Backus -  
V. very bkg. - a brand of tape Flexil. "U. codi. n. n. s. ck -  
more pain in neck + upper back.

Neuro. Am. Kent Center th. tal. not received

Meds.

Vioxy 25mg BID

0. rt. Shoulder - recurv. - post-shoulder FROTH.

Flexeril

rt. elbow FROTH.

rt. wrist FROTH - pain of. palp. below hand -

X-ray -

a - Post. view - muscle stress + myalgia -

p - U. view 22 - a. p. 221.

Flexeril 125mg 1/2 c HS.

Must heat

Catback PT -

if treatment not next 7-11 d RTD.

OC'Neill adm.

11/10/01

Burst - see F. / see



The William W. Backus Hospital  
Diagnostic Imaging Results

IFZP305A

NAME	SEITZ, LINDA M	DATE OF EXAM	11/19/01
DOB	1/01/52	49 Y	F
DR	CARYN NESBITT	CURRENT DATE	11/20/01
		FLOOR/UNIT	
		ROOM/BED	

Reason for exam: INJURY RT WRIST

Exam: WRIST RIGHT COMPL-3 OR > VIEWS (337A-111901)  
73110

Three views of the right wrist showed no recent fracture or dislocation. Adjoining soft tissues appear unremarkable. No significant osseous or joint abnormality seen.

IMPRESSION: No recent fracture or dislocation seen.

dictated: JESUS A. DATU, M.D.  
report reviewed and signed: JEFFREY C. RUDIKOFF, M.D.

THE WILLIAM W. BACKUS HOSPITAL  
NORWICH, CT  
DIAGNOSTIC IMAGING DEPARTMENT

ACCOUNT NUMBER 24798159  
MEDICAL RECORD NUMBER 24-44-04  
SEITZ, LINDA M

CAROL MERRITT, M.D.  
DEPT. OF HEALTH & SENIOR SERVICES  
CARRIE A. CARRILLO, APRN  
REG. NO. 000277  
WOMEN'S CARE MEDICAL CENTER, P.C.  
185 POHEGANUT DRIVE  
GROTON, CT 06340  
(860) 449-3004

NAME *Madeline*  
ADDRESS *1157*

ILLEGAL IF NOT SAFETY BLUE BACKGROUND

**R**  
PT. *Subst. Abuse*  
*3mg*  
*3mg*  
*3mg*

Fill  times  
*Carrie Carrillo, APRN*  
(Signature)

To ensure brand name dispensing, prescriber must handwrite  
No Substitution on the prescription.  
*Carrie Carrillo, APRN* PHM503690

Eastern Connecticut Rehabilitation Centers  
Gales Ferry Office  
Ph: (860) 464-1949 Fax: (860) 464-3118

TREATMENT PLAN & GOALS

Patient: Linda Seitz

Date: November 23, 2001

Diagnosis: Right upper trapezius/upper back spasm

M.D.: Dr. Nesbitt

PROBLEM LIST:

TREATMENT PLAN:

1. Complaints of intermittent headaches and dizziness, constant cervicothoracic pain, constant right upper trapezius and medial scapula pain.
2. Complaints of constant peripheral pain throughout the entire right upper extremity with intermittent numbness diffusely to the hand and the wrist.
3. Increased symptoms with prolonged sitting, all repetitive upper extremity reaching tasks, reaching outward, avoids daily lift/carry activities.
4. Significantly disturbed sleep.
5. Decreased cervical and shoulder ROM.
6. Decreased right gross grip strength.
7. Moderate hypertonicity to bilateral posterolateral cervical musculature, right upper trapezius, right anterior clavipectoral musculature.
8. Positive neural tension test with stretching of the pectoralis major/minor.

1. Moist heat to cervical musculature.
2. Utilization of interferential to right posterolateral cervical and upper trapezius musculature at 100 bps for 15-20 mins.
3. Ultrasound at 1.0 watts per cm. squared to mid belly of right upper trapezius.
4. Myofascial release techniques/soft tissue mobilization to bilateral posterolateral, medial scapula and right upper trapezius musculature.
5. Passive stretching to cervical paraspinals, right anterior clavipectoral musculature.
6. Manual articular distraction at the cervicothoracic junction, grade III caudal glide of right first rib.
7. Home exercise program focusing on the following: Gentle active cervical ROM, passive stretching to upper trapezius and anterior thoracic musculature, cervicothoracic and scapulothoracic strengthening / stabilization.

GOALS: (Initial)

RE-EVALUATION:

1. Decrease complaints of cervicothoracic and upper extremity pain from 10 to 5 at worst (6-8 sessions) - 2-3 at worst (10-12 sessions) - intermittent 1-2 at worst (14-16 sessions).
2. Resolve intermittent upper extremity numbness (10-12 sessions).
3. Undisturbed sleep (6-8 sessions).
4. Increase cervical ROM: Flexion 45° to 60°, right side bend 27° to 40°, left side bend 30° to 40°, bilateral rotations 65° to 80° (6-8 sessions).
5. Increase right shoulder ROM: Abduction 110° to 150°, extension 30° to 50°, ER 70° to 90° (4-6 sessions) - abduction 180° (10-12 sessions).
6. Increase right gross grip strength from 30 lbs. to 40 lbs. (4-6 sessions) - 50 lbs. (10-12 sessions).
7. Decrease moderate muscle hypertonicity to mild (8-10 sessions) - resolved (12-14 sessions).

Frequency: 3x/wk.

Duration: 6wks.

Initial evaluation findings and intended treatment interventions have been explained to the patient. Benefits of treatment and possible adverse reactions have also been described.

Therapist's Signature

Date

The above treatment plan is acceptable and appropriate for this patient.

Physician's Signature

Date

Frequency: 2-3x/wk.

Duration: 2-3 wks.

Next M.D. Visit: \_\_\_\_\_

APPOINTMENT DATE: 12/19/01  
 PROGRESS REPORT DATE: 12/18/01  
 DIAGNOSIS: RIGHT UPPER TRAPEZIUS,  
 UPPER BACK SPASM

TO: DR. NESBITT  
 PATIENT NAME: LINDA SEITZ

THIS PATIENT HAS BEEN TREATED AT THE GALES FERRY OFFICE FOR A TOTAL OF 11 SESSIONS OVER THE LAST 4 WEEKS. DURING THESE SESSIONS, THE FOLLOWING TREATMENT WAS IMPLEMENTED:

MODALITIES

heat/ice  
 ultrasound  
 phonophoresis  
 iontophoresis  
 electrical stimulation  
 (Mens Tens Galvanic)

PROCEDURES

joint mobilization  
 soft tissue mobilization  
 massage/friction  
 muscle stretching  
 traction

EXERCISES

work reconditioning  
 work hardening  
 rom/stretching  
 strengthening/stabilization  
 cardiovascular conditioning

Re-evaluation, as compared to the previous evaluation finds the following:

PROBLEM	CURRENT STATUS	BETTER	SAME	WORSE
Posterior cervicothoracic, right upper trapezius, and upper extremity pain	Much improved overall, cervical and upper extremity pain and numbness is minimal and intermittent. Persistent pain to the clavicle and anterolateral shoulder	✓		
Palpation	Much improved tolerance to manual therapy. Residual tenderness to muscle belly of upper trapezius, distal supraspinatus tendon, and anterolateral deltoid.	✓		
Articular Mobility	Painful gentle mobilization at the sternoclavicular and acromioclavicular joints, decreased posterior humeral glide due to excessive anterior thoracic tightness	✓		
Active ROM	Cervical: flexion 65 deg., extension 50 deg., right sidebend 25 deg., left sidebend 32 deg., right rotation 70 deg., left rotation 85 degrees  Shoulder: flexion 130 deg., abduction 102 deg., external rotation 78 deg., internal rotation to the thoracic region	✓		
Gross Grip	Right 50#, left 45#	✓		

PATIENT'S OVERALL STATUS: IMPROVED NOT IMPROVED WORSE

FUNCTIONAL STATUS: 1) patient works at full capacity 2) increased complaints of pain with sustained or repetitive shoulder elevation or house work activity 3) improved quality of sleep 4) excessive postural guarding

PHYSICAL THERAPY ASSESSMENT/PLAN: As cervical and upper trapezius spasm has improved, much of the overall symptoms including upper extremity numbness has nearly resolved. The residual shoulder symptoms seem to be pain from the subacromial space indication a shoulder impingement and inflammation of the bursa or supraspinatus tendon. If these symptoms due not resolve in a additional 6-8 sessions, a orthopedic consult may be necessary.

✓ CONTINUE P.T. AT 2-3 X PER WEEK FOR 2-3 WEEKS r *Heamus*  
 DISCONTINUE P.T.

M.D. SIGNATURE: *[Signature]*

Steven K. Gamble MS.,PT.,OCS

*[Signature]*

PT MIS  
12/19/01

NORWICH  
PHYSICAL THERAPY  
SERVICES

SHOULDER EVALUATION

DATE 11/23/01  
NAME Linda Seitz  
DIAGNOSIS RT upper back sprain  
OCCUPATION Special project coord PRESENT STATUS FULL-TIME Modified COO  
JOB TASKS is. thing, computer activity

HISTORY  
DOI 11/17/01 - working at  
INITIAL INJURY/SYMPTOMS caught (2) shoe on metal shelf on floor  
w/ steel tank when falling hit head and back of neck  
as well as (2) shoulder on shelf. Immediate (2) sprain  
PREVIOUS PERTINENT HX: went to E.R. provided med and x-ray saw home (2)  
unremarkable except MVA - in class 20 years  
no problems

TESTS/PREVIOUS TREATMENTS  
x-rays to waist, arm, shoulder, collarbone (-)  
DEX

GENERAL MEDICAL HEALTH unremarkable

PERTINENT MEDS  
Vicorx: does not cause upset stomach  
Vicoden: work a take

SUBJECTIVE  
PRESENT COMPLAINTS c/o intermittent headaches and dizziness. Constant  
C-T pain, constant (2) RT/shoulder pain

PERIPHERAL/OTHER SYMPTOMS  
Constant pain to rest of (2) RT from shoulder  
to fingers. Intermittent numbness to hand/wrist/area

POSITIONS/ACTIVITIES (BETTER OR WORSE)  
worse: prolonged sitting, all  
repetitive upper extremity tasks, rapid wheel objects in (2) arm  
reach, outstretched, avoids daily lifting/lifting tasks

Better: walking, sitting/lying down, arm supported  
SLEEP - UNDISTURBED / DISTURBED X/NIGHT ABLE TO SLEEP ON SHOULDER Y/N (N)  
PRESENT / MODIFIED POSITION restless  
PRESENT ACTIVITY LEVEL

LOCATION :	PAIN WITH COUGHING Y/N	PAIN WITH DEEP BREATH Y/N	PAIN WITH SHOULDER SHRUG Y/N
	VERBAL PAIN SCALE (0-10 0=NO PAIN 10=EXCRUCIATING PAIN)		
	BEST		WORST
(2) RT/shoulder	7	3-4	10
	8	5	10

SHOULDER EVAL

C. 704 Seite

Standing Posture:

Cervical: mod forward head  
Shoulder: (C) rounded, (A) abducted  
Lumbar:  
Pelvis:

Range of Motion (active) (C) (2)

Flex: 160  
Abd: 110  
Ext: 30  
FR (N): 70  
IR: internal

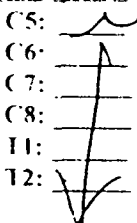
Notes: ROM: flex 45 (all) (P) ROT 65°  
ext 62 (C) ROT 65°\*  
(P) IR 27°  
(C) IR 30°\*

Strength (manual resistance)

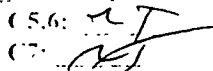
Flex: 5/5  
Abd:  
ER(N):  
IR(N):  
ADD:  
Gross Grip Right 30°  
Left 45°

Notes: \* f clasp in (C) vt / lat cervical  
each reverse f

Sensory Test:

C5:   
C6:  
C7:  
C8:  
T1:  
T2:

Reflex Tests:

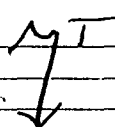
(C5,6):   
(C7):

Palpation:

muscle hypertonicity: mod. (B) post/lat cervical, (C) vt, (C) ant clav. pectoral region  
taut bands: (C) vt, upper pec major  
trigger points: (C) vt, (C) vt

Articular Assessment:

G-H joint:  
S-T joint:  
cervical:  
thoracic:



Special Tests:

Subluxation: + --  
Impingement: + --  
S-T dysfunction: + --  
Neurotension: (+) --

Notes: I had weakness to stretch  
upper pec major/minor

Summary: Excessive hypertonicity/guarded due to guarding  
allow to accurately assess location of neural  
in right arm

Stulshelcer

PATIENT: Linda Seitz

VISITS TO DATE:

APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL:

END DATE:

Date Scheduled	Order	Visit #1 11/23/01	Order	Visit #2 11/27/01	Order	Visit #3 11/29/01
Hot/Cold Pack					1	Posterior cervical musculature.
Traction, Mech						
Electrical Stim 97014 97032					1	Interferential at 100 BPS with emphasis to the right posterolateral and upper trapezius musculature for 15 min.
Ionto/Ultrasound 97033 97035					1	1.0 W/cm2 to the belly of the right upper trapezius.
Other Modality						
	Units		Units		Units	
Myofascial Release Massage			2	Bilateral posterolateral cervical musculature, suboccipital insertion, right upper trapezius, right anterior clavicular region.		
Therex, Functional Strength/ROM	2	Handout with instructions/ demonstration on home exercise program.	1	Grade I oscillations bilateral rotation and side bends, Grade I manual longitudinal stretching cervical paraspinal.		
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures	3	Office visit, initial evaluation.				

<b>Subjective:</b> 1) See initial evaluation.	<b>Subjective:</b> 1) Patient reports no change in overall status. 2) Compliant on home exercises without significant difficulty.	<b>Subjective:</b> 1) Patient reported no increase in symptoms following the last treatment session but no relief either. 2) Complaints of significant numbness to the right upper extremity secondary to work activities which involve repetitive reaching and sustained use of computer activity.
<b>Assessment:</b> 1) See initial evaluation.	<b>Assessment:</b> 1) Patient is hypersensitive to manual contact, therefore, preventing optimal depth of soft tissue mobilization and attempts at articular mobilization. 2) Patient is unable to find comfortable position during treatment preventing optimal relaxation.	<b>Assessment:</b> 1) Change to use of modalities secondary to patient's inability to relax during gentle manual techniques in hopes of desensitizing cervical and upper trapezius region for return to manual therapy.
<b>Functional Level:</b> 1) See initial evaluation.	<b>Functional Level:</b> 1) Not assessed.	<b>Functional Level:</b> 1) Not assessed.
<b>Plan of Care:</b> 1) See initial treatment plan/goals.	<b>Plan of Care:</b> 1) Continue with current treatment approach.	<b>Plan of Care:</b> 1) Continue with use of modalities for 2-3 additional sessions of increased intensity followed by return to manual therapy.
<b>PT Signature:</b> <i>[Signature]</i>	<b>PT Signature:</b> <i>[Signature]</i>	<b>PT Signature:</b> <i>[Signature]</i>

PATIENT: Linda Seitz

VISITS TO DATE:

APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL:

END DATE:

Date Scheduled	Order	Visit #4 12/01/01	Order	Visit #5 12/04/01	Order	Visit #6 12/06/01
Hot/Cold Pack	1	No change to treatment focus.	1	Posterior cervicothoracic musculature.		
Traction, Mech						
Electrical Stim 97014 97032	1	No change to treatment focus.	1	Interferential at 100 BPS to the right upper trapezius muscle belly and medial scapular musculature.		
Ultrasono/Ultrasound 97033 97035	1	No change to treatment focus.	1	1.0 W/cm2 to the right upper trapezius muscle belly and along the superior/medial angle of the scapula.		
Other Modality						
	Units		Units		Units	
Myofascial Release Massage			1	Right upper trapezius, distal insertion of levator, anterior claviclepectoral musculature.	2	Right posterolateral cervical musculature, upper trapezius
Therex, Functional Strength/ROM					1	Longitudinal stretching to medial scapular musculature, attempts at gentle longitudinal lengthening of right upper extremity
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures						

**Subjective:**  
1) Patient reports decreased muscle tension and discomfort to the cervical region, however, continues to report constant right upper trapezius pain as well as to the medial aspect of the scapula. 2) Patient reports intermittent episodes of right upper extremity numbness and pain, usually associated with work activities requiring prolonged or repetitive reaching.

**Subjective:**  
1) Continuation of right upper extremity symptoms, although as reported before, decreased pain and intensity to the posterolateral cervical and slight improvement in the right upper trapezius discomfort.

**Subjective:**  
1) Patient reports pain level of approx. 3-5 to the cervical and upper trapezius region. 2) Continued complaints of numbness to the right upper extremity 3) Compliance on home exercises

**Assessment:**  
1) Continued use of modalities in attempts to reduce hypersensitivity and hypertonicity with emphasis at the upper trapezius and medial/ superior angle of the scapula 2) Reviewed anterior thoracic stretching exercise which was being performed incorrectly.

**Assessment:**  
1) Re-initiation of manual therapy, particularly massage to the right upper trapezius and medial/superior angle of the scapula. 2) No change in home exercise program.

**Assessment:**  
1) Attempts at increased depth and intensity of soft tissue mobilization which was tolerated much better than previously. 2) Continued excessive guarding causes intermittent irritation to the cervical or shoulder girdle during treatment but improves when patient is verbally informed to relax. 3) Symptoms of right upper extremity numbness are worse in supine but unable to accurately assess location of nerve compression due to continued excessive guarding of patient.

**Functional Level:**  
1) Patient works at full capacity. 2) Patient demonstrates ability to sit straight from supine to sitting position indicating functional cervicothoracic stabilization without increase in pain behaviors.

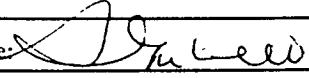
**Functional Level:**  
1) Independent with positional change supine to sitting. 2) Significant improvement in observation of functional cervical range of motion. 3) Patient continues to display overt pain behaviors, particularly grabbing and holding of the right upper trapezius.

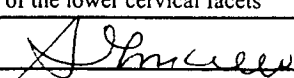
**Functional Level:**  
1) Full work capacity. 2) Independent positional changes. 3) Difficulty lying on sides due to asymmetrical strain on the neck.

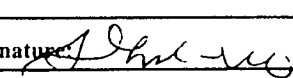
**Plan of Care:**  
1) Continue with modalities but also implement manual techniques to release tension to the anterior claviclepectoral and upper trapezius musculature.

**Plan of Care:**  
1) Expect to decrease use of modalities while increasing soft tissue and articular mobilization with emphasis on caudal glide of first rib and decompression of the lower cervical facets

**Plan of Care:**  
1) Attempt prone-lying treatment to the cervical, upper trapezius, and medial scapular musculature

PT Signature: 

PT Signature: 

PT Signature: 



PATIENT: Linda Seitz

VISITS TO DATE:

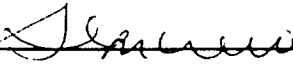
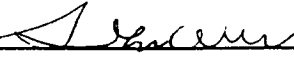
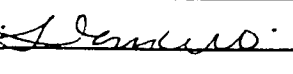
APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL:

END DATE:

Date Scheduled	Order	Visit #7 12/07/01	Order	Visit #8 12/11/01	Order	Visit #9 12/13/01
Hot/Cold Pack						
Traction, Mech						
Electrical Stim 97014 97032						
Tonto/Ultrasound 97033 97035						
Other Modality						
	Units		Units		Units	
Myofascial Release Massage	2	Bilateral upper trapezius, medial scapular musculature, right infraspinatus and proximal latissimus dorsi.	1	Right posterolateral cervical musculature, upper trapezius, medial scapular region, proximal deltoid.	2	Moderate depth and aggressiveness to the right posterolateral and upper trapezius musculature, medial scapular musculature, lateral deltoid.
Therex. Functional Strength/ROM	1	Lateral stretching of the medial scapular musculature and upper trapezius	2	Manual longitudinal stretching of the cervical paraspinals, gentle longitudinal stretching of the right upper extremity, lateral glide of the scapula for lengthening of the medial scapular region	1	Longitudinal stretching of the right upper extremity, lateral glide of scapula.
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures						

<p><b>Subjective:</b> 1) Patient continues to note definite improvement in cervical symptoms, although she continues to have radiating pain down the arm of varying intensity which seems to originate from the medial scapular region.</p>	<p><b>Subjective:</b> 1) Patient reports following last treatment session, pain as well as numbness/tingling to the lower aspect of the arm (elbow to hand) has been resolved with definite loosening of the cervical region! 2) Patient reports symptoms return intermittently with repetitive arm activities or elbow elevation past shoulder level</p>	<p><b>Subjective:</b> 1) Patient's primary complaint is discomfort to the right clavicle and lateral deltoid with significant overall improvement to the cervical, scapula, and significant resolution of upper extremity pain and numbness/tingling.</p>
<p><b>Assessment:</b> 1) Definite increase in depth and intensity of soft tissue mobilization tolerated much better allowing for deeper access and palpation of tender fibrous bands, particularly to the distal insertion of the levator scapula on the right, iliocostalis-thoracis overlying T2-T4 rib angle which when palpated creates right upper extremity symptoms.</p>	<p><b>Assessment:</b> 1) Increased depth and intensity of soft tissue mobilization to the right upper trapezius and distally through the scapula. 2) Initiation of increased depth and intensity of soft tissue mobilization to the right cervical paraspinals in supine including manual distraction at the O-A, C-T, and Grade 1 caudal glides of right first rib. 3) Moderate hypomobility of caudal glide of first rib noted.</p>	<p><b>Assessment:</b> 1) Much improved tolerance to manual therapy allowing for deeper access to hypertonic muscles, particularly at the insertion of the cervicothoracic junction and first rib</p>
<p><b>Functional Level:</b> 1) Not assessed</p>	<p><b>Functional Level:</b> 1) As described above, patient tries to remain functionally active with upper extremity but avoids repetitive or sustained reaching/repetitive tasks.</p>	<p><b>Functional Level:</b> 1) Repetitive upper extremity activities continue to be irritable to the shoulder girdle and upper extremity but is able to complete typical daily tasks and work activities.</p>
<p><b>Plan of Care:</b> 1) Continue with today's treatment approach while attempting to include supine lying soft tissue treatment to the cervical paraspinals and manual distraction at the cervicothoracic junction</p>	<p><b>Plan of Care:</b> 1) Continue with current treatment approach with emphasis on reduction of hypertonicity at the C5-C7 facets and caudal glide first rib which may be impinging on brachial plexus.</p>	<p><b>Plan of Care:</b> 1) Attempt to increase intensity of manual longitudinal stretching of the cervical spine to decompress the lower cervical nerve roots, gentle brachial mobilization to release tightness at the shoulder level</p>
<p>PT Signature: </p>	<p>PT Signature: </p>	<p>PT Signature: </p>

PATIENT: Linda Seitz

VISITS TO DATE: APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL: END DATE:

Date Scheduled	Order	Visit #10 12/14/01	Order	Visit #	Order	Visit #
Hot/Cold Pack						
Traction, Mech.						
Electrical Stim 97014 97032	2	Interferential to right glenohumeral joint at 100 BPS for 20 min.				
Ionto/Ultrasound 97033 97035						
Other Modality:						
	Units		Units		Units	
Myofascial Release Massage	1	Right upper trapezius and medial scapular musculature.				
Therex, Functional Strength/ROM						
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures						

**Subjective:**  
1) Patient reports symptoms to the cervical and upper trapezius region have resolved. 2) Hand numbness and tingling is also very brief and quite intermittent. 3) General soreness to the medial scapular region secondary to yesterday's treatment, C6-C7 dermatome pain is also resolved. 4) Primary complaints of pain to the right anterior shoulder joint.

**Subjective:**

**Subjective:**

**Assessment:**  
1) Administration of interferential for deep electrical stimulation access to subacromial space and utilization of ultrasound to the proximal bicep tendon.

**Assessment:**

**Assessment:**

**Functional Level:**  
1) Full work capacity with significant reduction of upper extremity symptoms despite repetitive upper extremity use. 2) Patient demonstrates ability to fully weightbear through upper extremity and quadricep position during positional changes.

**Functional Level:**

**Functional Level:**

**Plan of Care:**  
1) Emphasis on reduction of subacromial inflammation, possibly to the bursa sac or supraspinatus tendon (unable to accurately to assess due to excessive guarding during palpation and joint mobilization/passive range of motion techniques).

**Plan of Care:**

**Plan of Care:**

PT Signature: *A. Huber*

PT Signature:

PT Signature:

PATIENT: Linda Seitz

VISITS TO DATE:

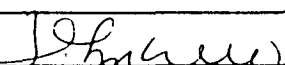
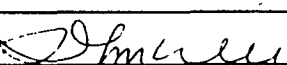
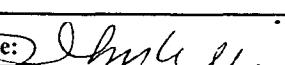
APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL:

END DATE:

Date Scheduled	Order	Visit #11 12/18/01	Order	Visit #12 12/21/01	Order	Visit #13 12/26/01
Hot/Cold Pack					1	Cervical musculature.
Traction, Mech						
Electrical Stim 97014 97032	2	Interferential at 100 BPS to the right glenohumeral joint for 20 min	1	Interferential for 15 min	2	Interferential at 100 BPS for 20 min. to the right shoulder girdle region
Ionto/Ultrasound 97033 97035	1	1.0 W/cm2 to the anterolateral aspect of the acromion	1	Anterolateral aspect of the acromion.		
Other Modality						
	Units		Units		Units	
Myofascial Release Massage					1	Right anterior claviclepectoral musculature, anterior deltoid, upper trapezius.
Therex. Functional Strength/ROM			1	Additional handouts with instruction/demonstration for home exercises as described below		
Joint Mobilization	1	Grade 1-2 posterior/caudal glides humeral head	1	Grade 1-2 posterior/caudal glides humeral head		
Gait/ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures						

<b>Subjective:</b> 1) Patient reports minimal complaints of shoulder pain, cervical, scapular, and upper extremity symptoms also remain resolved.	<b>Subjective:</b> 1) As indicated to MD with progress note, persistent discomfort to the inferior aspect of the clavicle at about midportion as well as diffuse soreness to the anterolateral aspect of the shoulder 2) Slight increase in pain to the shoulder girdle today secondary to excessive tension and highly repetitive reaching and lifting of light objects	<b>Subjective:</b> 1) Patient reports heightened diffuse pain to the right shoulder and extending distally to the C5 dermatome over the weekend secondary to significant upper extremity activities due to the holidays.
<b>Assessment:</b> 1) Initiate small amplitude joint mobilization to stimulate articular lubrication and decrease excessive anterior and superior position of the humeral head	<b>Assessment:</b> 1) Initiate low intensity joint mobilization in attempts to reduce excessive anterior and superior translation of the humeral head and reduce compressive forces on the subacromial soft tissue. 2) Additional exercises for home focusing on strengthening of the scapular retractors and humeral external rotators.	<b>Assessment:</b> 1) Utilization of modalities and very gentle myofascial techniques to release excessive tension throughout the anterior-posterior shoulder girdle musculature resulting in decreased excessive anterior translation of humeral head irritating the anterior capsule.
<b>Functional Level:</b> 1) Patient demonstrates unguarded right upper extremity movements during positional change. 2) Continues to exhibit overt pain behaviors by constantly holding right upper trapezius and shoulder girdle during verbal discussions.	<b>Functional Level:</b> 1) Patient reports she has been much more active with lifting and carrying tasks at home secondary to holiday season which she feels has most recently exacerbated her symptoms.	<b>Functional Level:</b> 1) Patient instructed to minimize repetitive and prolonged reaching activities, if possible, to allow for current irritation to resolve.
<b>Plan of Care:</b> 1) Provide scapulothoracic and rotator cuff strengthening exercises next session. 2) Patient to see MD 12/19/01	<b>Plan of Care:</b> 1) Review today's exercises with progression if appropriate. 2) Increase articular mobilization to Grade 3-4.	<b>Plan of Care:</b> 1) Continue with current treatment approach if symptoms remain.
PT Signature: 	PT Signature: 	PT Signature: 

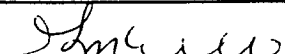
PATIENT: Linda Seitz

VISITS TO DATE: APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL: END DATE:

Date Scheduled	Order	Visit #14 12/28/01	Order	Visit #	Order	Visit #
Hot/Cold Pack	1	Cervical musculature.				
Traction, Mech.						
Electrical Stim 97014 97032	2	Interferential as before for 20 min.				
Iontophoresis/Ultrasound 97033 97035	1	40 mA/sec. to the anterolateral aspect of the right acromion.				
Other Modality.						
	Units		Units		Units	
Myofascial Release Massage						
Therex, Functional Strength/ROM						
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ.						
Work Conditioning						
Pool Therapy						
Other Procedures						

<b>Subjective:</b> 1) Patient reports marked improvement of right upper extremity pain since last treatment session with continued complaints just inferior to the midpoint of the clavicle and indications of pain just inferior to the acromion but under the bone.	<b>Subjective:</b>	<b>Subjective:</b>
<b>Assessment:</b> 1) Patient appears to have a subacromial impingement which is not palpable at the tenoperiosteal junction due to a limited humeral internal rotation secondary to pain. 2) Indications of A-C inflammation as well which may be contributing to clavicular discomfort. 3) Utilization of iontophoresis in attempts to reduce localized inflammation at the end of the acromion.	<b>Assessment:</b>	<b>Assessment:</b>
<b>Functional Level:</b> 1) Patient reports no distal discomfort during work activities today, although local symptoms increase with sustained or repetitive arm elevation or reaching tasks.	<b>Functional Level:</b>	<b>Functional Level:</b>
<b>Plan of Care:</b> 1) If continued symptoms persist through next week, patient is instructed to contact MD for referral to orthopedic MD. 2) Patient is possible candidate for subacromial cortisone injection.	<b>Plan of Care:</b>	<b>Plan of Care:</b>
<b>PT Signature:</b> 	<b>PT Signature:</b>	<b>PT Signature:</b>

PATIENT: Linda Seitz

VISITS TO DATE:

APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL:

END DATE:

Date Scheduled	Order	Visit #15 01/02/02	Order	Visit #16 01/08/02	Order	Visit #17 01/10/02
Hot/Cold Pack	1	Posterior cervical region	1	Posterior cervical region.	1	Right anterior clavicular musculature.
Traction, Mech						
Electrical Stim 97014 97032	2	Interferential at 100 BPS emphasizing both the right AC joint and the glenohumeral joint for 20 min	2	Interferential as before emphasizing the right A-C joint.	2	Interferential at 100 BPS for 20 min. focused on the right A-C joint.
Phono/Ultrasound 97033 97035			1	1.5 W/cm2 for 4 min. to the right A-C joint.	1	Phonophoresis at 1.2 W/cm2 to the right A-C joint.
Other Modality						
	Units		Units		Units	
Myofascial Release Massage						
Therex Functional Strength ROM						
Joint Mobilization						
Gait/ADL Training						
Neuro Re-educ						
Work Conditioning						
Pool Therapy						
Other Procedures						

**Subjective:**  
1) Patient continues to report localized discomfort just inferior to the clavicle proximally 1/2" medial from the AC joint as well as diffuse anterolateral shoulder discomfort. 2) No peripheralization of pain and no reports of numbness/tingling

**Subjective:**  
1) Patient notes significant overall improvement to pain in the shoulder and C5 dermatome with residual discomfort at the A-C joint

**Subjective:**  
1) Patient reports she is able to perform home exercise program with minimal difficulty, although she does feel some limited range of motion on the right compared to the left. 2) Pain is more localized to the right A-C joint at this time.

**Assessment:**  
1) Patient continues to exhibit excessive muscle guarding during attempts at gentle manual treatment to the right shoulder, therefore, use of modalities is the primary form of treatment. 2) Patient reports compliance on home exercises of cautious intensity level.

**Assessment:**  
1) Emphasis of treatment modalities to the right A-C joint. 2) Reviewed previously prescribed exercises focusing on stretching the upper trapezius and pectoralis major musculature as well as instructions on additional exercises while improving muscular endurance of the flexors and abductors.

**Assessment:**  
1) Modality emphasis to the right A-C joint to decrease residual inflammation at this region

**Functional Level:**  
1) Full work capacity. 2) Patient avoids repetitive or sustained reaching, grabbing, or carrying activities 3) Unable to lie on right side.

**Functional Level:**  
1) Patient reports sleep is undisturbed with ability to lie on right side for longer periods of time. 2) Patient notes increased capacity to unilaterally carry objects with some restrictions during reach-lift tasks of 10-pounds plus. 3) Patient notes significant overall increase in functional daily activities without increased symptoms.

**Functional Level:**  
1) Improved but relatively brief tolerance to right side lying. 2) No deficits with work activities. 3) Patient notes functional activities between shoulder and waist level are generally unrestricted, although she does have limitations with reaching away from the body and lifting objects 10-pounds plus.

**Plan of Care:**  
1) Patient is instructed to contact MD for earlier appointment for possible referral to orthopedic.

**Plan of Care:**  
1) Continue treatment emphasis on the A-C joint with anticipated discontinuation of treatment in 4-5 sessions.

**Plan of Care:**  
1) Attempt Grade 1-2 articular mobilizations at the A-C joint if patient does not demonstrate excessive muscle guarding.

PT Signature: *[Signature]*

PT Signature: *[Signature]*

PT Signature: *[Signature]*

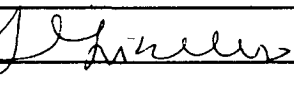
PATIENT: Linda Seitz

VISITS TO DATE: APPROVED VISITS:

DIAGNOSIS: Right Upper Trapezius/Upper Back Spasm, Cervical Sprain/Strain

APPROVAL: END DATE:

Date Scheduled	Order	Visit #18 01/15/02	Order	Visit #	Order	Visit #
Hot/Cold Pack						
Traction, Mech						
Electrical Stim 97014 97032	2	Interferential at 100 BPS focused on the right glenohumeral joint for 20 min.				
Ionto/Ultrasound 97033 97035	1	Phonophoresis to right A-C joint at 1.0 W/cm2 for 4 min.				
Other Modality						
	Units		Units		Units	
Myofascial Release Massage						
Therex, Functional Strength/ROM	1	Objective Re-evaluation				
Joint Mobilization						
Gait/ ADL Training						
Neuro Re-educ.						
Work Conditioning						
Pool Therapy						
Other Procedures						

<b>Subjective:</b> 1) See MD note	<b>Subjective:</b>	<b>Subjective:</b>
<b>Assessment:</b> 1) See MD note.	<b>Assessment:</b>	<b>Assessment:</b>
<b>Functional Level:</b> 1) See MD note.	<b>Functional Level:</b>	<b>Functional Level:</b>
<b>Plan of Care:</b> 1) Patient to see MD.	<b>Plan of Care:</b>	<b>Plan of Care:</b>
<b>PT Signature:</b> 	<b>PT Signature:</b>	<b>PT Signature:</b>

Date: 1/15/02  
 Re: Linda Seitz Diagnosis: Right Upper Trap/Upper Back Spasm  
 Dear Dr. Nesbitt,

Linda has been treated in our clinic for a total of 18 sessions over the last 6 weeks. The following treatments have been implemented:

- |   |   |   |
|---|---|---|
| heat/cold application<br>ultrasound/phonophoresis<br>iontophoresis<br>electrical modalities<br>TENS, high volt, low volt<br>(interferential)<br>mechanical traction | massage/friction<br>joint mobilization<br>myofascial release<br>manual traction | passive/active ROM<br>stretching<br>strengthening<br>reconditioning<br>work simulation<br>home program<br>orthotics |
|---|---|---|

The following changes have occurred with the above treatment

Right shoulder, upper trapezius, medial scapular, and cervical pain	Cervical symptoms resolved. Upper trapezius symptoms intermittent with end-range cervical movements and repetitive reaching, anterolateral shoulder pain intermittent rated 7-8 usually at worst with overhead tasks and sustained reaching or carrying tasks
Palpation	Reduction of posterior cervical, upper trapezius, and medial scapular spasms but continued hypertonicity to the anterolateral deltoid and claviopectoral musculature near the A-C joint
Articular Mobility of the shoulder	Unable to assess. Excessive guarding resulting in superior and anterior position of the humeral head during treatments results in inability to assess full capsular mobility
Strength	Gross grip: right 55#, left 50#. Shoulder flexion and abduction weak due to pain
Active ROM	Cervical: flexion 54 deg., extension 53 deg., right sidebend 34 deg., left sidebend 24 deg., right rotation 65 deg., left rotation 65 deg.  Shoulder: flexion 160 deg., extension 38 deg., abduction 110 deg., external rotation 65 deg., and internal rotation to the lumbar region
Overall Assessment	<input checked="" type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> Same

Functional Status: 1) full work capacity 2) overall increase in functional work and ADL use of upper extremity 3) limited tolerance to repetitive or sustained reaching 4) limited reach-lift tolerance to less than 10# 5) much improved sleep but still disturbed with limited tolerance to right sidelying 6) 2-handed carry at waist level less than 20#

Short Term Goals (4-6 sessions): intermittent pain level still above expected goal, cervical and shoulder ROM goals not all met  
 Long Term Goals (7-12 sessions):

Assessment: Overall improvement but patient has had symptoms indicating sprain of the A-C joint (currently resolved) but still demonstrates subacromial inflammation. After 18 sessions of conservative treatment, these symptoms should be resolved. Residual inflammation seems to be deep in subacromial joint space which may indicate need for cortisone injection to this location to assist in reducing swelling. I do not expect further improvement with current treatment without relief of this problem. Linda is unable to progress to appropriate strengthening exercises due to the potential of flare-up at this time.

continue physical therapy \_\_\_ X per week, \_\_\_ weeks  
 discontinue physical therapy

D. Signature: \_\_\_\_\_

Thank You,  
  
 Steven K Gamble M.S., P.T., OCS

Date: 1/15/02  
 Re: Linda Seitz  
 Dear Dr. Nesbitt, Diagnosis: Right Upper Trap/Upper Back Spasm

Linda has been treated in our clinic for a total of 18 sessions over the last 6 weeks. The following treatments have been implemented:

- |  |   |  |
|--|---|--|
| <p><u>heat/cold application</u><br/> <u>ultrasound/phonophoresis</u><br/> <u>iontophoresis</u><br/> <u>electrical modalities</u><br/>         (TENS, high volt, low volt<br/>         interferential)<br/>         mechanical traction</p> | <p><u>massage/friction</u><br/> <u>joint mobilization</u><br/> <u>myofascial release</u><br/>         manual traction</p> | <p><u>passive/active ROM</u><br/> <u>stretching</u><br/> <u>strengthening</u><br/> <u>reconditioning</u><br/> <u>work simulation</u><br/> <u>home program</u><br/>         orthotics</p> |
|--|---|--|

The following changes have occurred with the above treatment

Right shoulder, upper trapezius, medial scapular, and cervical pain	Cervical symptoms resolved. Upper trapezius symptoms intermittent with end-range cervical movements and repetitive reaching, anterolateral shoulder pain intermittent rated 7-8 usually at worst with overhead tasks and sustained reaching or carrying tasks
Palpation	Reduction of posterior cervical, upper trapezius, and medial scapular spasms but continued hypertonicity to the anterolateral deltoid and clavicular musculature near the A-C joint
Articular Mobility of the Shoulder	Unable to assess. Excessive guarding resulting in superior and anterior position of the humeral head during treatments results in inability to assess full capsular mobility
Strength	Gross grip: right 55#, left 50#. Shoulder flexion and abduction weak due to pain
Active ROM	Cervical: flexion 54 deg., extension 53 deg., right sidebend 34 deg., left sidebend 24 deg., right rotation 65 deg., left rotation 65 deg.  Shoulder: flexion 160 deg., extension 38 deg., abduction 110 deg., external rotation 65 deg., and internal rotation to the lumbar region
Overall Assessment	<input checked="" type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> Same

Functional Status: 1) full work capacity 2) overall increase in functional work and ADL use of upper extremity 3) limited tolerance to repetitive or sustained reaching 4) limited reach-lift tolerance to less than 10# 5) much improved sleep but still disturbed with limited tolerance to right sidelying 6) 2-handed carry at waist level less than 20#

Short Term Goals (4-6 sessions): intermittent pain level still above expected goal, cervical and shoulder ROM goals not all met  
 Long Term Goals (7-12 sessions):

Assessment: Overall improvement but patient has had symptoms indicating sprain of the A-C joint (currently resolved) but still demonstrates subacromial inflammation. After 18 sessions of conservative treatment, these symptoms should be resolved. Residual inflammation seems to be deep in subacromial joint space which may indicate need for cortisone injection to this location to assist in reducing swelling. I do not expect further improvement with current treatment without relief of this problem. Linda is unable to progress to appropriate strengthening exercises due to the potential of flare-up at this time.

continue physical therapy  X per week, \_\_\_\_\_ weeks  
 discontinue physical therapy

D. Signature: Carlyn Nesbitt, MD

Thank You,  
 Steve Gamble M.S., P.T., OCS  
 Ken K Gamble M.S., P.T., OCS

}

WS

pt being referred to ortho. Will resume PT after eval



KENT COUNTY MEMORIAL HOSPITAL

FED TAX I D.  
05-0258896

455 TOLL GATE ROAD  
WARWICK, RHODE ISLAND 02886  
(401) 736-4296

PATIENT NAME	ADMITTED	DISCHARGED	BILLED	BILLING NO.
SEITZ, LINDA M	11/17/01	11/17/01	12/04/01	55520282

GUARANTOR INFORMATION	EMERGENCY
LINDA M SEITZ P O BOX 175 JEWETT CITY, CT 06351	FINANCIAL CLASS MEDICAL SERVICE GUARANTOR TELEPHONE MED REC NUMBER  EMERGENCY MEDICINE  (860) 376-3349  000703897

SERVICE DATE	DESCRIPTION	CHARGES OR CREDITS
11/17/01	* PHARMACY *	.38
11/17/01	COLLAR CERVICAL	24.00
11/17/01	SLING SHOULDER	19.00
11/17/01	XR*CERV SPINE COMPLETE	193.00
11/17/01	XR*RIGHT-CLAVICLE	112.00
11/17/01	XR*RIGHT-SHOULDER 2VIEWS MIN	120.00
11/17/01	XR*RIGHT WRIST-COMPLEVE 3V	106.00
11/17/01	EMERG SVC*LEVEL III	300.00
(LAST PAGE) *TOTAL*		904.38

- INSURANCE IS ESTIMATED AND NOT FINAL
- PAYMENTS AND CHARGES RECORDED AFTER BILLING DATE WILL BE ON THE NEXT BILL
- FOR INQUIRIES, CALL (401) 736-4296

SUMMARY OF COVERAGE			
COV. 1	PLAN NO.	K MART	037368818
COV. 2		MED SPAN	
COV. 3		HEALTH NET	
AMOUNT DUE FROM PATIENT →			904.38
			.00

PATIENT NAME	BILLING NO.	BILLING DATE	DAYS IN HOSPITAL	PAGE NO.
SEITZ, LINDA M	55520282	12/04/01		1

TOLL GATE RADIOLOGY, INC  
 215 TOLL GATE ROAD  
 WARWICK, RI 02886

ACCOUNT NO	136 703897
STATEMENT DATE	12-12-01
DUE DATE	01-06-02
BALANCE DUE	\$126.00
AMOUNT PAID	

PATIENT NAME: LINDA M SEITZ

LINDA M SEITZ (D)  
 P O BOX 175  
 JEWETT CITY, CT 06351

MAKE CHECK PAYABLE TO:  
 TOLL GATE RADIOLOGY, INC.  
 215 TOLL GATE ROAD  
 WARWICK, RI 02886

PHONE--> 1-800-688-6663

DETACH AND RETURN TOP PORTION WITH YOUR REMITTANCE. PLEASE INDICATE ANY ADDRESS CHANGE.

RETAIN THIS PORTION OF STATEMENT FOR YOUR TAX RECORDS.

ACCOUNT NO	STATEMENT DATE	DATE DUE	PATIENT	TYPE OF SERVICE
136 703897	12-12-01	01-06-02	LINDA M SEITZ	HOSPITAL
REFERRING PHYSICIAN	DATE ADMITTED	DATE OF BIRTH	INJURY DATE	PHYSICIAN PERFORMING SERVICE
MANNY CORREIA MD	11-17-01	01-01-1952		SHANNON, CATHERINE M.D.

DATE	DX CODE	UNITS	PROCEDURE CODE	DESCRIPTION	AMOUNT
11-17-01	723.1	1	72052.26	SPINE, CERVICAL COMPLETE (OBL, FLEX EXT)	51.00
11-17-01	729.5	1	73000.26	CLAVICLE, COMPLETE	24.00
11-17-01	729.5	1	73110.26	WRIST, COMPLETE	25.00
11-17-01	729.5	1	73030.26	SHOULDER, 2 VIEWS	26.00
TOTAL PAYMENTS AND ADJUSTMENTS:					0.00
BALANCE FORWARD:					126.00

The foregoing is a true and accurate copy subscribed and sworn to under the pains and penalties of perjury this 19th day of Dec 2001

*[Signature]*

**FOR EXPLANATION OF BILLING SEE REVERSE SIDE**

For your convenience, you can access your account on-line anytime. Visit us at <http://www.PerYourHealth.com> and enter your account number 1268-703897 and your password 36HT77.

BALANCE DUE	\$126.00
-------------	----------

TOLL GATE RADIOLOGY, INC.  
 215 TOLL GATE ROAD  
 WARWICK, RI 02886

FOR BILLING INQUIRIES CALL:  
 800-688-6663 - 413-589-1826  
 M-TH, 9:00 AM - 4:00 PM &  
 FRIDAY, 9:00 AM - 2:30 PM

FED TAX ID # 05-0356624

PAGE 1 OF 1



5769SS1 V4R4M0 990521

WBHSYS1

12/03/01 12:45:00

Display Device . . . . . : PTACCTS27

User . . . . . : RYANB

PHDI600D A C C O U N T T R A N S A C T I O N S

12/03/01

12:44:56

Account Selection: SEITZ LINDA M

00024798159

Seq #	Charge	Bat	Date	Qty	Amount	Charge Description
	S T A R T O F D E T A I L T R A N S A C T I O N S					
1	1331107	99201	11/19/01	1	236.65	WRIST RIGHT-COMPLETE(3OR MORE V
2	9703026	95001	11/27/01	1-	236.65-	EMPLOYEE ALLOWANCE

E N D O F D E T A I L T R A N S A C T I O N S

F3=Exit F11=Post Date F12=Previous

THE WILLIAM W. BACKUS HOSPITAL  
 326 WASHINGTON STREET  
 NORWICH, CT. 06360  
 TAX ID # 06-0250773

**WOMEN'S CARE MEDICAL CENTER, P.C.**  
**CARYN NESBITT, M.D.**

ID # 06-1470002  
 Telephone (860) 448-6303

85 Poheganut Drive  
 Groton, CT 06340

143403  
 CT Lic# 030068

GUARANTOR NAME AND ADDRESS	PATIENT NO	PATIENT NAME	DOCTOR #	DATE
INDA M SEITZ 1307 156 CITY OF GROTON	17505.0	INDA M SEITZ	32	12/19/01
	DATE OF BIRTH	TELEPHONE NUMBER	CODE	DESCRIPTION
	Age: 43 01/01/58	760 3340.4 404-7100 W	171 282	MD/PA PHS
			INSURANCE	CERTIFICATE NO
			037-36-001R	02502344-02

PATIENT SERVICES	OFFICE PROCEDURES CONT.	INJECTIONS CONT.
NOV BRIEF (10 0)	99201 ENDOMETRIAL BX	58100 HEPATITIS B 20 YRS & OVER
NOV LIMITED (15 0)	99202 EVENT MONITOR (with form)	93268 IMMUNIZATION ADMINIST (SINGLE)
NOV INTERMEDIATE (20 0)	99203 EVENT MONITOR-MEDICARE (with form)	G0004 LYME DISEASE VACCINE
NOV EXTENDED (30 0)	99204 EXCISION BENIGN LESION <0.5 CM	11400 MMR (V06 4)
NOV ANNUAL (45 0)	99205 EXCISION BENIGN LESION 0.6-1.0 CM	11401 PNEUMOCOCCAL (V03 82)
MD SUPERVISED	99211 HOLTER MONITOR (with form)	93230 PROVERA, DEPO J1055
		10060 ROCEPHIN
		56420 TETANUS TOXOID (V03 7)
		58300 OFFICE LABORATORY
		58301 HEMOCCULT 1 3 4 (G0107)
		76091 HGB (QW)
		76092 PPD
		76090 SPECIMEN HANDLING
		11055 (1) THROAT CULTURE (BACT)
		11056 (2-4) THROAT CULTURE (STREP)
		11057 (-4) TB TINE
		94760 URINALYSIS
		11100 URINE PREGNANCY
		11200 WET SMEAR
		46083 MENTAL HEALTH
		90847 FAMILY THERAPY W/PT
		90846 FAMILY THERAPY W/O PT
		90853 GROUP THERAPY
		90806 INDIVIDUAL THERAPY
		90801 INTAKE EVAL

RETURN: _____
MIN. FOR _____
SCHEDULE: _____
MAMM: _____
NUTRITION (CONSULT): _____
MENTAL HEALTH (CONSULT): _____
ULTRASOUND (ORANGE): _____
BONE DENSITY (YELLOW): _____
X-RAY (ORANGE) _____
REFERRAL (CONSULT) _____
RELEASE OF INFO. FORM _____
DR _____

AGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE
ABDOMINAL PAIN	789 00	CHD, CHF	428 0	GASTROINTESTINAL BLEED	578 9	MYALGIA	729 1	SEXUAL DYSFUNCTION, NOS	302
ABNORMAL PAP SMEAR	795 0	CHEST PAIN	786 50	GE REFLUX	530 81	MYOCARDIAL INFARCT	410 90	SINUSITIS, CHRONIC	473
ABNE	706 1	CONDYLOMA	078 10	GOUT	274 9	NAUSEA/VOMITING	787 01	SINUSITIS ACUTE	461
AD	314 00	CONJUNCTIVITIS, ACUTE	372 00	H PYLORI	041 86	NEURITIS	729 2	SKIN LESION	709
ADJUSTMENT REACTION, NOS	309 9	CONSTIPATION	564 0	HEADACHE	784 0	NEVUS, MELANOTIC (PIGMENTED)	216 9	SKIN RASH	782
W / ANXIOUS MOOD	309 24	CONTACT DERMATITIS	692 9	HEMANGIOMA UNSPEC SITE	228 09	OCU	300 3	SLEEP DISTURBANCE	780
W / DEPRESSED MOOD	309 0	CONTRACEPTION/FAMILY PLANNING	V25 09	HEMATURIA	599 7	OSTEOARTHRITIS	715 90	STREP THROAT	041
W / MIXED FEATURES	309 28	CONTRACEPTION OTHER METHODS	V25 02	HEMORRHOIDS, EXTERNAL	455 3	OSTEOPOROSIS	733 00	SYNCOPE	780
APORAPHIA W / PANIC ATTACK	300 21	COPD	496	HEPATITIS	573 3	OTITIS EXTERNA	380 10	TACHYCARDIA	785
ALLERGIC RHINITIS	477 9	COSTOCHONDRITIS	733 6	HERPES ZOSTER	053 8	OTITIS MEDIA ACUTE	382 9	TENDINITIS	726
ALLERGY - DRUG	995 2	COUGH	786 2	HERPES-GENITAL	054 10	OTITIS-SEROUS	381 4	URI	465
ALOPECIA	704 00	CVA	438	HIATAL HERNIA	438	OVARIAN CYST	620 0	UTI	599
AMENORRHEA	626 0	CYSTITIS	595 9	HIRSUTISM	704 1	PALPITATIONS	785 1	VACCINATION (UNSPECIFIED)	V05
ANEMIA, NOS	285 9	CYSTO-RECTOCELE	618 0	HYPERCHOLESTEROLEMIA	272 0	PANCREATITIS	577 0	VAGINITIS	616
ANGINA UNSTABLE	411 1	CYSTOCELE	618 0	HYPERGLYCEMIA	790 6	PANIC DISORDER	300 01	VAGINITIS - CANDIDIASIS	112
ANOREXIA	783 0	DIABETES	250 00	HYPERLIPIDEMIA	272 4	PARESTHESIA	782 0	VAGINITIS - TRICHOMONAS	131
ANXIETY DISORDER, GENERALIZED	300 02	DIARRHEA	558 9	HYPERTENSION	401 9	PELVIC MASS	789 30	VAGINISMUS	306
ANOREXIA NERVOSA	307 1	DIVERTICULITIS	562 11	HYPERTHYROIDISM	242 9	PELVIC PAIN	625 9	VARICOSE VEINS	671
ARRHYTHMIA	427 9	DYSFUNCTIONAL UTERINE BLEEDING	626 8	HYPOLYCEMIA	251 2	PELVIC RELAXATION	618 8	VERTIGO	780
ARTHRITIS	716 90	DYSMENORRHEA	625 3	HYPOTHYROIDISM	244 9	PEPTIC ULCER DISEASE	533 90	VIRAL INFECTION	079
ARTHRITIS RHEUMATOID	714 0	DYSPAREUNIA	625 0	INCONTINENCE URINE-STRESS	625 6	PERIPHERAL VAS DIS	443 9		
ASHD	414 00	DYSPEPSIA	536 8	INFLUENZA	487 1	PHARYNGITIS	462		
ASTHMA	493 90	DYSPLASIA, CERVIX	622 1	INFLUENZA INOCULATION	V04 8	PHYSICAL EXAM (NO PAP)	V70 0		
ATHEROS OF THE EXT., UNSPEC	440 20	DYSYPNEA	786 00	INSOMNIA	780 52	PHYSICAL EXAM (PAP)	V72 3		
ATROPHIC, VAGINITIS	627 3	DYSTHYMIA	300 4	IRRITABLE BOWEL SYNDROME	564 1	PID ACUTE	614 3		
BACK PAIN	724 5	EATING DISORDER	307 50	IUD CHECKING/REMOVAL	V25 42	PID CHRONIC	614 4		
BARTHOLIN'S ABSCESS	616 3	EDEMA	782 3	IUD INSERTION	V25 1	PMS	625 4		
BARTHOLIN'S CYST	616 2	EMPHYSEMA	492 8	LABYRINTHITIS	386 30	POLYCYSTIC OVARY	256 4		
BLOOD IN STOOL	578 1	ENDOCERVICAL, POLYP	622 7	LESION OF VULVA	616 50	POSTMENOPAUSAL BLEEDING	627 1		
BREAST CYST	610 0	ENDOMETRIOSIS	617 9	LIVER DISEASE	573 9	PTSD-BRIEF	308 3		
BREAST DETECTION HIGH RISK	V76 11	ESOPHAGITIS	530 10	LIVER FUNCTION ABNORM	794 8	PROTEINURIA	791 0		
BREAST DETECTION OTHER	V76 12	ESOPHAGOSPASM	530 5	LUMBAR STRAIN	847 2	PREGNANCY	V72 4		
BREAST MASS	611 72	EUSTACHIAN TUBE DYSFUNCTION	381 81	LYME DISEASE	088 81	PROLAPSED UTERUS	618 1		
BREAST PAIN	611 71	FATIGUE	780 7	LARYNGITIS	464 0	PSYCHOSIS, ATYPICAL, DEPRESSIVE	296 82		
BRONCHITIS, ACUTE	466 0	FIBROCYST BREAST DISEASE	610 1	MENOMETRORRHAGIA	626 2	PSYCHOSIS, BRIEF REACTIVE	298 8		
BRONCHOSPASM	519 1	FIBROID, UTERUS	218 9	MENOPAUSE SYNDROME	627 2	RAYNAUD'S PHENOMENON	443 0		
BULIMIA	307 51	FISSURE/ANAL	565 0	MENSTRUAL DISORDER	626 9	RECTAL BLEEDING	569 3		
BURSITIS	727 3	FLATULENCE	787 3	METrorRHAGIA	626 6	RECTAL PAIN	569 42		
CARPAL TUNNEL SYNDROME	354 0	FOREIGN BODY, VAGINA	939 2	MIGRAINE HEADACHE	346 10	RECTOCELE	618 0		
CELLULITIS	682 9	GALACTORRHEA	611 6	MITRAL VALVE PROLAPSE	424 0	RESTLESS LEGS	333 99		
CERUMEN, IMPACTED	380 4	GALLSTONE(S)	574 20	MONONUCLEOSIS	075	RHINITIS	472 0		
CERVICITIS	616 0	GASTRITIS	535 50	MUSCLE SPASM	728 85	SCIATICA	724 3		

*(R) shoulder*  
*nausea*

PREVIAL BALANC	
TODAY'S CHARGE	
TOTAL / DUE	
CREDIT CARD CASH CHK	
ADJUSTMI	
TOTAL DUE	

ID # 06-1470002  
Telephone (860) 448-6303

CARYN NESBITT, M.D.  
85 Poheganut Drive  
Groton, CT 06340

11/28/01  
CT Lic# 030068

GUARANTOR NAME AND ADDRESS		PATIENT NO.	PATIENT NAME		DOCTOR #	DATE
LINDA M WEITZ 7 FOX LANE SWEET CITY CT 06340		1009510	LINDA M WEITZ		3	11/28/01
DATE OF BIRTH	TELEPHONE NUMBER	CODE	DESCRIPTION	INSURANCE	CERTIFICATE NO.	
Age: 42 01/17/52	860-3340 W 424-3100 W	017	MF 05FAM	017-36-9813	029503344 02	

PATIENT SERVICES	OFFICE PROCEDURES CONT.	INJECTIONS CONT.
NOV BRIEF (10.0)	99201 ENDOMETRIAL BX 58100	HEPATITIS B 20 YRS & OVER 90746
NOV LIMITED (15.0)	99202 EVENT MONITOR (with form) 93268	IMMUNIZATION ADMINIST (SINGLE) 90471
NOV INTERMEDIATE (20.0)	99203 EVENT MONITOR-MEDICARE (with form) 60004	LYME DISEASE VACCINE 90665
NOV EXTENDED (30.0)	99204 EXCISION BENIGN LESION <0.5 CM 11400	MMR (V06 4) 90707
NOV ANNUAL (45.0)	99205 EXCISION BENIGN LESION 0.6-1.0 CM 11401	PNEUMOCOCCAL (V03 82) 90732
MD SUPERVISED	99211 HOLTER MONITOR (with form) 93230	PROVERA, DEPO J1055 90782
	I & D ABSCESS 10060	ROCEPHIN 90788
	I & D BARTHOLINS 56420	TETANUS TOXOID (V03 7) 90703
EOV BRIEF (10.0)	99212 IUD INSERTION 58300	OFFICE LABORATORY
EOV LIMITED (15.0)	99213 IUD REMOVAL 58301	HEMOCCULT 1 3 4 (G0107) 82270
EOV INTERMEDIATE (20.0)	99214 MAMMOGRAM DIAGNOSTIC (BIL) 76091	HGB (QW) 85018
EOV EXTENDED (30.0) - Annual (45.0)	99215 MAMMOGRAM (BIL) SCREENING 76092	PPD 86580
	MAMMOGRAM (UNI) 76090	SPECIMEN HANDLING ** 99000
HOOD/WORK/PHYS EXAM	PARING BENIGN LESIONS 11055 (1)	THROAT CULTURE (BACT) * 87060
NOV 12-17	99384 PARING BENIGN LESIONS 11056 (2-4)	THROAT CULTURE (STREP) 87880
NOV 18-39	99385 PARING BENIGN LESIONS 11057 (>4)	TB TIME 86585
NOV 40-64	99386 PULSE OXIMETRY 94760	URINALYSIS * 81002
EOV 12-17	99394 PUNCH BIOPSY 11100	URINE PREGNANCY 81025
EOV 18-39	99395 SKIN TAG REMOVAL UP TO 15 11200	WET SMEAR 87210
EOV 40-64	99396 SKIN TAG REMOVAL EACH ADDTL 10 11201	
EOV OVER 65	99397 THROMBOSED HEMORRHOID EXTERNAL 46083	MENTAL HEALTH
FACE PROCEDURES	BONE DENSITY 76075	FAMILY THERAPY W/PT 90847
BRONCHOSPASM EVAL	94060 ALLERGY INJECT (1) WE PROVIDE EXTRACT 95120	FAMILY THERAPY W/O PT 90846
CERUMEN IMPACTION - REMOVAL (380.4)	69210 ALLERGY INJECT (>2) WE PROVIDE EXTRACT 95125	GROUP THERAPY 90853
DESTR 1ST LESION NOT SKIN TAGS	17000 ALLERGY INJECT (1) PT SUPPLIES EXTRACT 95115	INDIVIDUAL THERAPY 90806
DESTR 2-14 LESIONS NOT SKIN TAGS	17003 ALLERGY INJECT (>2) PT SUPPLIES EXTRACT 95117	INTAKE EVAL 90801
DESTR 15 OR MORE LESIONS NOT SKIN TAGS	17004 B-12 (THERAPEUTIC) 90782	
DESTR OF WART - SIMPLE VULVA	56501 DIPHTHERIA & TETANUS (Td) (V06 5) 90718	
DESTR OF WART - EXTEND VULVA	56515 FLU VACCINE (V04 8) 90659	
DIAPHRAGM FITTING	57170 HEPATITIS A (ages 12-18) 90730	
EKG COMPLETE	93000 HEPATITIS A (adult) 90730-22	
ENDOCERVICAL POLYPECTOMY	57500 HEPATITIS B PED - ADOL 90744	

RETURN: \_\_\_\_\_  
MIN. FOR \_\_\_\_\_

SCHEDULE- \_\_\_\_\_

MAMM: \_\_\_\_\_

NUTRITION (CONSULT): \_\_\_\_\_

MENTAL HEALTH (CONSULT): \_\_\_\_\_

ULTRASOUND (ORANGE) \_\_\_\_\_

BONE DENSITY (YELLOW) \_\_\_\_\_

X-RAY (ORANGE) \_\_\_\_\_

REFERRAL (CONSULT) \_\_\_\_\_

RELEASE OF INFO FORM \_\_\_\_\_

DR. \_\_\_\_\_

IAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE
BDOMINAL PAIN	789.00	CHD, CHF	428.0	GASTROINTESTINAL BLEED	578.9	MYALGIA	729.1	SEXUAL DYSFUNCTION, NOS	302
BNORMAL PAP SMEAR	795.0	CHEST PAIN	786.50	GE REFLUX	530.81	MYOCARDIAL INFARCT	410.90	SINUSITIS, CHRONIC	477
CNE	706.1	CONDYLOMA	078.10	GOUT	274.9	NAUSEA/VOMITING	787.01	SINUSITIS ACUTE	461
IDD	314.00	CONJUNCTIVITIS, ACUTE	372.00	H PYLORI	401.86	NEURITIS	729.2	SKIN LESION	705
ADJUSTMENT REACTION, NOS	309.9	CONSTIPATION	564.0	HEADACHE	784.0	NEVUS, MELANOTIC (PIGMENTED)	216.9	SKIN RASH	782
W/ ANXIOUS MOOD	309.24	CONTACT DERMATITIS	692.9	HEMANGIOMA UNSPEC SITE	228.09	OSD	300.3	SLEEP DISTURBANCE	788
W/ DEPRESSED MOOD	309.0	CONTRACEPTION/FAMILY PLANNING	V25.09	HEMATURIA	599.7	OSTEOARTHRITIS	715.90	STREP THROAT	04
W/ MIXED FEATURES	309.28	CONTRACEPTION OTHER METHODS	V25.02	HEMORRHOIDS, EXTERNAL	455.3	OSTEOPOROSIS	733.00	SYNCOPE	784
AGORAPHIA W/ PANIC ATTACK	300.21	COPD	496	HEPATITIS	573.3	OTITIS EXTERNA	380.10	TACHYCARDIA	787
ALLERGIC RHINITIS	477.9	COSTOCHONDRITIS	733.6	HERPES ZOSTER	053.8	OTITIS MEDIA ACUTE	382.9	TENDINITIS	727
ALLERGY - DRUG	995.2	COUGH	786.2	HERPES-GENITAL	054.10	OTITIS-SEROUS	381.4	URI	46
ALOPECIA	704.00	CVA	438	HIATAL HERNIA	552.3	OVARIAN CYST	620.0	UTI	59
AMENORRHEA	626.0	CYSTITIS	595.9	HIRSUTISM	704.1	PALPITATIONS	785.1	VACCINATION (UNSPECIFIED)	V0
ANEMIA, NOS	285.9	CYSTO-RECTOCELE	618.0	HYPERCHOLESTEROLEMIA	272.0	PANCREATITIS	577.0	VAGINITIS	61
ANGINA UNSTABLE	411.1	CYSTOCELE	618.0	HYPERGLYCEMIA	790.6	PANIC DISORDER	300.01	VAGINITIS - CANDIDIASIS	61
ANOREXIA	783.0	DIABETES	250.00	HYPERLIPIDEMIA	272.4	PARESTHESIA	782.0	VAGINITIS - TRICHOMONAS	13
ANXIETY DISORDER, GENERALIZED	300.02	DIARRHEA	558.9	HYPERTENSION	401.9	PELVIC MASS	789.30	VAGINISMUS	30
ANOREXIA NERVOSA	307.1	DIVERTICULITIS	562.11	HYPERTHYROIDISM	242.9	PELVIC PAIN	625.9	VARICOSE VEINS	67
ARRHYTHMIA	427.9	DYSFUNCTIONAL UTERINE BLEEDING	626.8	HYPOTHYROIDISM	251.2	PELVIC RELAXATION	618.8	VERTIGO	76
ARTHRITIS	716.90	DYSMENORRHEA	625.3	HYPOTHYROIDISM	244.9	PEPTIC ULCER DISEASE	533.90	VIRAL INFECTION	07
ARTHRITIS RHEUMATOID	714.0	DYSPAREUNIA	625.0	INCONTINENCE URINE-STRESS	625.6	PERIPHERAL VAS DIS	443.9		
ASHD	414.00	DYSPEPSIA	536.8	INFLUENZA	487.1	PHARYNGITIS	462		
ASTHMA	493.90	DYSPLASIA, CERVIX	622.1	INFLUENZA INOCULATION	V04.8	PHYSICAL EXAM (NO PAP)	V70.0		
ATHEROS OF THE EXT, UNSPEC	440.20	DYSPLASIA	786.00	INSOMNIA	780.52	PHYSICAL EXAM (PAP)	V72.3		
ATROPHIC, VAGINITIS	627.3	DYSTHYMIA	300.4	IRRITABLE BOWEL SYNDROME	564.1	PID ACUTE	614.3		
BACK PAIN	724.5	EATING DISORDER	307.50	IUD CHECKING/REMOVAL	V25.42	PID CHRONIC	614.4		
BARTHOLIN'S ABSCESS	616.3	EDEMA	782.3	IUD INSERTION	V25.1	PMS	625.4		
BARTHOLIN'S CYST	616.2	EMPHYSEMA	492.8	LABYRINTHITIS	386.30	POLYCYSTIC OVARY	256.4		
BLOOD IN STOOL	578.1	ENDOCERVICAL, POLYP	622.7	LESION OF VULVA	616.50	POSTMENOPAUSAL BLEEDING	627.1		
BREAST CYST	610.0	ENDOMETRIOSIS	617.9	LIVER DISEASE	573.9	PTSD-BRIEF	308.3		
BREAST DETECTION HIGH RISK	V76.11	ESOPHAGITIS	530.10	LIVER FUNCTION ABNORM	794.8	PROTEINURIA	791.0		
BREAST DETECTION OTHER	V76.12	ESOPHAGOSPASM	530.5	LUMBAR STRAIN	847.2	PREGNANCY	V72.4		
BREAST MASS	611.72	EUSTACHIAN TUBE DYSFUNCTION	381.81	LYME DISEASE	088.81	PROLAPSED UTERUS	618.1		
BREAST PAIN	611.71	FATIGUE	780.7	LARYNGITIS	464.0	PSYCHOSIS, ATYPICAL DEPRESSIVE	296.82		
BRONCHITIS, ACUTE	466.0	FIBROCYST BREAST DISEASE	610.1	MENOMETRORRHAGIA	626.2	PSYCHOSIS, BRIEF REACTIVE	298.8		
BRONCHOSPASM	519.1	FIBROID, UTERUS	218.9	MENOPAUSE SYNDROME	627.2	RAYNAUD'S PHENOMENON	443.0		
BULIMIA	307.51	FISSURE/ANAL	565.0	MENSTRUAL DISORDER	626.9	RECTAL BLEEDING	569.3		
BURSITIS	727.3	FLATULENCE	787.3	METrorRHAGIA	626.6	RECTAL PAIN	569.42		
CARPAL TUNNEL SYNDROME	354.0	FOREIGN BODY, VAGINA	939.2	MIGRAINE HEADACHE	346.10	RECTOCELE	618.0		
CELLULITIS	682.9	GALACTORRHEA	611.6	MITRAL VALVE PROLAPSE	424.0	RESTLESS LEGS	333.99		
CERUMEN, IMPACTED	380.4	GALLSTONE(S)	574.20	MONONUCLEOSIS	075	RHINITIS	472.0		
CERVICITIS	616.0	GASTRITIS	535.50	MUSCLE SPASM	728.85	SCIATICA	724.3		

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EASTERN CT REHABILITATION CENTERS  
G.F. OFFICE 860-464-1949  
1666 ROUTE 12 PO BOX 343  
GALES FERRY, CT 06335

02/26/02

2608

LINDA SEITZ  
P.O. BOX 156

JEWETT CITY, CT 06351

PATIENT NAME:LINDA SEITZ

		CHARGES	PAYMENTS	BALANCE
	Balance Forward	0.00		
11/23/01	97750	PERFORMANCE EVALUATION		120.00
11/23/01	97110	THEREX, ROM, EA 15'		200.00
11/27/01	97110	THEREX, ROM, EA 15'		240.00
11/27/01	97140	MANUAL THERAPY; MYOFASC		330.00
11/29/01	97035	ULTRASOUND		353.00
11/29/01	97010	HOT/COLD PACK		379.00
11/29/01	97014	ELEC. STIM (UNATTENDED)		407.00
12/01/01	97035	ULTRASOUND		430.00
12/01/01	97010	HOT/COLD PACK		456.00
12/01/01	97014	ELEC. STIM (UNATTENDED)		484.00
12/04/01	97124	MASSAGE, EA 15'		514.00
12/04/01	97035	ULTRASOUND		537.00
12/04/01	97010	HOT/COLD PACK		563.00
12/04/01	97014	ELEC. STIM (UNATTENDED)		591.00
12/06/01	97110	THEREX, ROM, EA 15'		631.00



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GALES FERRY, CT 06335

02/26/02

2608

LINDA SEITZ  
P.O. BOX 156

JEWETT CITY, CT 06351

PATIENT NAME:LINDA SEITZ

		CHARGES	PAYMENTS	BALANCE
12/06/01	97124	MASSAGE, EA 15'		691.00
12/07/01	97110	THEREX, ROM, EA 15'		731.00
12/07/01	97124	MASSAGE, EA 15'		761.00
12/11/01	97110	THEREX, ROM, EA 15'		841.00
12/11/01	97140	MANUAL THERAPY; MYOFASC		886.00
12/13/01	97110	THEREX, ROM, EA 15'		926.00
12/13/01	97124	MASSAGE, EA 15'		986.00
12/14/01	97124	MASSAGE, EA 15'		1016.00
12/14/01	97035	ULTRASOUND		1039.00
12/14/01	97014	ELEC. STIM (UNATTENDED)		1095.00
12/18/01	97140	MANUAL THERAPY; MYOFASC		1140.00
12/18/01	97035	ULTRASOUND		1163.00
12/18/01	97014	ELEC. STIM (UNATTENDED)		1219.00
12/21/01	97110	THEREX, ROM, EA 15'		1259.00
12/21/01	97140	MANUAL THERAPY; MYOFASC		1304.00

EASTERN CT REHABILITATION CENTERS  
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GALES FERRY, CT 06335

02/26/02

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LINDA SEITZ  
P.O. BOX 156

JEWETT CITY, CT 06351

PATIENT NAME:LINDA SEITZ

		CHARGES	PAYMENTS	BALANCE
12/21/01	97035	ULTRASOUND		1327.00
12/21/01	97014	ELEC. STIM (UNATTENDED)		1355.00
12/26/01	97140	MANUAL THERAPY; MYOFASC		1400.00
12/26/01	97010	HOT/COLD PACK		1426.00
12/26/01	97014	ELEC. STIM (UNATTENDED)		1454.00
12/28/01	97033	IONTOPHORESIS		1482.00
12/28/01	97010	HOT/COLD PACK		1508.00
12/28/01	97014	ELEC. STIM (UNATTENDED)		1564.00
12/28/01	A9300	EXERCISE EQUIPMENT		1564.00
12/30/01		Insurance Payment	65.00	1499.00
12/30/01		Insurance Writeoff	125.00	1374.00
01/02/02	97035	ULTRASOUND		1397.00
01/02/02	97010	HOT/COLD PACK		1423.00
01/02/02	97014	ELEC. STIM (UNATTENDED)		1479.00
01/08/02	97035	ULTRASOUND		1502.00

EASTERN CT REHABILITATION CENTERS  
G.F. OFFICE 860-464-1949  
1666 ROUTE 12 PO BOX 343  
GALES FERRY, CT 06335

02/26/02

2608

LINDA SEITZ  
P.O. BOX 156

JEWETT CITY, CT 06351

PATIENT NAME:LINDA SEITZ

		CHARGES	PAYMENTS	BALANCE
01/08/02	97010	HOT/COLD PACK		1528.00
01/08/02	97014	ELEC. STIM (UNATTENDED)		1584.00
01/10/02	97035	ULTRASOUND		1607.00
01/10/02	97010	HOT/COLD PACK		1633.00
01/10/02	97014	ELEC. STIM (UNATTENDED)		1661.00
01/15/02	97110	THEREX, ROM, EA 15'		1701.00
01/15/02	97035	ULTRASOUND		1724.00
01/15/02	97014	ELEC. STIM (UNATTENDED)		1752.00
01/24/02		Insurance Payment	585.00	1167.00
01/24/02		Insurance Writeoff	166.00	1001.00
01/24/02		Risk Withheld	59.00	942.00
02/04/02		Insurance Payment	260.00	682.00
02/04/02		Insurance Writeoff	169.00	513.00
02/05/02		Insurance Payment	195.00	318.00
02/05/02		Insurance Writeoff	62.00	256.00

EASTERN CT REHABILITATION CENTERS  
G.F. OFFICE 860-464-1949  
1666 ROUTE 12 PO BOX 343  
GALES FERRY, CT 06335

02/26/02

2608

LINDA SEITZ  
P.O. BOX 156

JEWETT CITY, CT 06351

PATIENT NAME:LINDA SEITZ

	CHARGES	PAYMENTS	BALANCE
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02/25/02	Insurance Payment	65.00	191.00
02/25/02	Insurance Writeoff	16.00	175.00



THE STOP & SHOP SUPERMARKET CO.  
STOP & SHOP PHARMACY

42 TOWN STREET  
NORWICH CT 06360 (860) 887-1615

RX# 504336  
SEITZ, LINDA

VOLUNTOWN RD

GRISWOLD-LISBOCT 06351

RETAIL PRICE \$64.99

20 VIOXX 25MG TABLET MSD

00006-0110-68 11/19/01  
MAY REFILL 0 TIMES BY 11/19/02

DR. CARILLI, CAROL A. APRN PRIOR AUTH # 608259  
PCS AMOUNT DUE \$15.00



THE STOP & SHOP SUPERMARKET CO.  
STOP & SHOP PHARMACY

42 TOWN STREET  
NORWICH CT 06360 (860) 887-1615

RX# 504336  
SEITZ, LINDA

VOLUNTOWN RD

GRISWOLD-LISBO CT 06351

RETAIL PRICE \$64.99

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MAY REFILL 0 TIMES BY 11/19/02

DR. CARILLI, CAROL A. APRN PRIOR AUTH # 608259  
PCS AMOUNT DUE \$15.00

615 DUPLICATE  
RECEIPT

**STOP & SHOP FOR YOUR HEALTH**

Patient: SEITZ, LINDA  
Medication: VIOXX 25MG TABLET MSD  
Directions: TAKE 1 TABLET EVERY 12 HOURS AS NEEDED FOR PAIN

Dr. CARILLI, CAROL A  
Pharmacy Phone: (860) 887-1615  
Rx NO. 504336

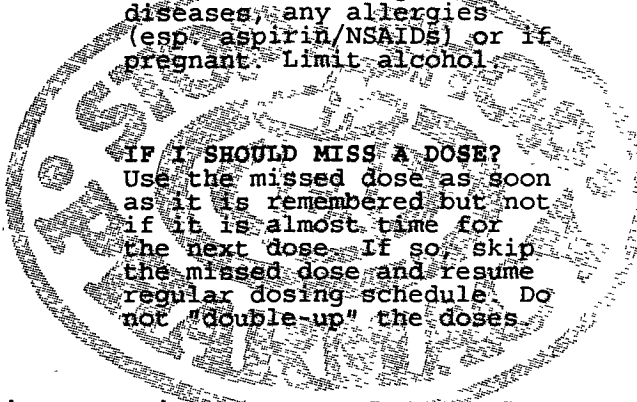
**WHY AM I USING THIS DRUG?**  
For arthritis/pain relief.

**HOW SHOULD I USE IT?**  
By mouth, as directed, generally once daily. Mention other drugs taken, diseases, any allergies (esp. aspirin/NSAIDs) or if pregnant. Limit alcohol.

**ARE THERE ANY SIDE EFFECTS?**  
Stomach upset. Unlikely but report at once black stool, stomach pain, headache, change in amount of urine, dark urine, yellowing eyes, rash, itching, swelling, trouble breathing.

**HOW DO I STORE THIS?**  
Store at room temperature away from light and moisture.

**IF I SHOULD MISS A DOSE?**  
Use the missed dose as soon as it is remembered but not if it is almost time for the next dose. If so, skip the missed dose and resume regular dosing schedule. Do not "double-up" the doses.



Refill Your Prescription On-Line at [WWW.STOPANDSHOP.COM](http://WWW.STOPANDSHOP.COM) ! 00006011068



This information is an educational service and does not address all possible uses, actions, precautions, interactions, or side effects of this medicine. If you desire any additional prescription counseling, please ask your pharmacist or your doctor.

**BROOKS** 1080 BALD  
Pharmacy 0067 WARWICK RI 02  
Rx B914270 - 00 Dr. CORRE  
LINDA SEITZ  
P.O BOX 158 JEWETT, CT 06351  
20 HYDROCO/APAP TAB 5  
(Acetaminophen/Hydrocodone)

No refills remaining

Payment Type: CSH MTM/YM



THE STOP & SHOP SUPERMARKET CO.  
STOP & SHOP PHARMACY

615 RECEIPT

42 TOWN STREET  
NORWICH CT 06360 (860) 887-1615

RX# 504335  
SEITZ, LINDA

VOLUNTOWN RD  
GRISWOLD-LISBOCT 06351

RETAIL PRICE \$10.69

IC 10 CYCLOBENZAPRINE 10MG TABLETWAT

00591-5658-10 11/19/01  
MAY REFILL 0 TIMES BY 11/19/02

DR. CARILLI, CAROL A. APRN PRIOR AUTH # 754164  
PCS AMOUNT DUE \$3.82



THE STOP & SHOP SUPERMARKET CO.  
STOP & SHOP PHARMACY

615 DUPLICATE RECEIPT

42 TOWN STREET  
NORWICH CT 06360 (860) 887-1615

RX# 504335  
SEITZ, LINDA

VOLUNTOWN RD  
GRISWOLD-LISBO CT 06351

RETAIL PRICE \$10.69

IC 10 CYCLOBENZAPRINE 10MG TABLETWAT

00591-5658-10 11/19/01  
MAY REFILL 0 TIMES BY 11/19/02

DR. CARILLI, CAROL A. APRN PRIOR AUTH # 754164  
PCS AMOUNT DUE \$3.82

## STOP & SHOP FOR YOUR HEALTH

Patient: SEITZ, LINDA

Medication: CYCLOBENZAPRINE 10MG TABLETWAT

Directions: TAKE 1/2 TABLET AT BEDTIME

Dr. CARILLI, CAROL A

Pharmacy Phone: (860) 887-1615

Rx NO. 504335

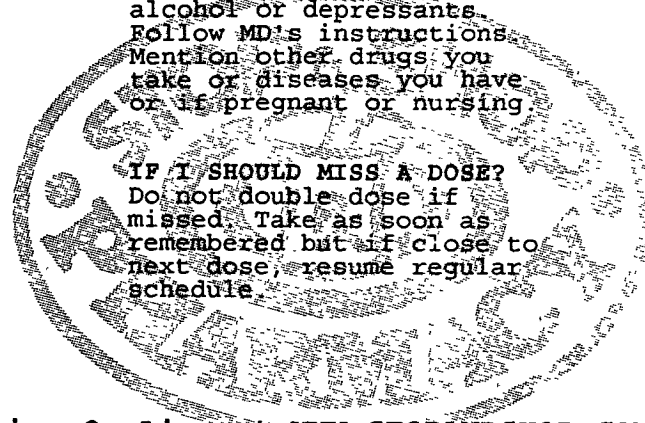
**WHY AM I TAKING THIS DRUG?**  
To relieve muscle spasms.

**HOW SHOULD I TAKE IT?**  
May take with food if stomach upset occurs. Limit alcohol or depressants. Follow MD's instructions. Mention other drugs you take or diseases you have or if pregnant or nursing.

**ARE THERE ANY SIDE EFFECTS?**  
Drowsiness, dry mouth, dizziness, stomach upset. Report muscle stiffness, confusion, nervousness, skin rash or difficulty urinating.

**HOW DO I STORE THIS?**  
Store at room temperature away from sunlight and moisture.

**IF I SHOULD MISS A DOSE?**  
Do not double dose if missed. Take as soon as remembered but if close to next dose, resume regular schedule.



Refill Your Prescription On-Line at [WWW.STOPANDSHOP.COM](http://WWW.STOPANDSHOP.COM) ! 00591565810



This information is an educational service and does not address all possible uses, actions, precautions, interactions, or side effects of this medicine. If you desire any additional prescription counseling, please ask your pharmacist or your doctor.

**BROOKS** 1080 BALD HILL RD  
Pharmacy 0067 WARWICK RI 02886 822-0002  
Rx B914270 - 00 Dr. CORREIA JR, MANUEL (860) 376-3349  
LINDA SEITZ  
P.O BOX 156 JEWETT, CT 06351  
20 HYDROCO/APAP TAB 5-500MG WATSON  
(Acetaminophen/Hydrocodone) NDC: 52544-0349-01  
Filled: 11/17/2001  
Written: 11/17/2001  
No refills remaining PI: N-  
Payment Type: CSH MTM/YMA Total: \$11.79  
PHONE REFILLS AHEAD  
THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

**BROOKS** 1080 BALD HILL RD  
Pharmacy WARWICK RI 02886 822-0002  
LINDA SEITZ (860) 376-3349  
DOB: 01/01/1952 Age: 49 Gender: Female  
Rx B914270 Filled: 11/17/2001 Written: 11/17/2001  
20 HYDROCO/APAP TAB 5-500MG  
No refills remaining  
Dr. CORREIA JR, MANUEL MTM/YMA

GENERIC NAME: HYDROCODONE (hye-droe-KO-done) and  
ACETAMINOPHEN (a-seat-a-Min-oh-fen)

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 doctor. THIS MEDICINE MAY BE TAKEN  
WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at  
room temperature in a tightly-closed container, away from heat and  
light. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking it  
regularly, take it as soon as possible. If it is almost time for your next  
dose, skip the missed dose and go back to your regular dosing  
schedule. Do not take 2 doses at once.

**BROOKS** 1080 BALD HILL RD  
Pharmacy 0067 WARWICK RI 02886 822-0002  
Rx B914270 - 00 Dr. CORREIA JR, MANUEL (860) 376-3349  
LINDA SEITZ  
P.O BOX 156 JEWETT, CT 06351  
20 HYDROCO/APAP TAB 5-500MG WATSON  
(Acetaminophen/Hydrocodone) NDC: 52544-0349-01  
Filled: 11/17/2001  
Written: 11/17/2001  
No refills remaining PI: N-  
Payment Type: CSH MTM/YMA Total: \$11.79  
PHONE REFILLS AHEAD  
THIS IS YOUR DUPLICATE RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

### PATIENT INFORMATION

**INSTRUCTIONS:** TAKE 1-2 TABLETS BY MOUTH EVERY 6 HOURS  
IC VICODIN

**ALLERGIES:** PENICILLINS

**HEALTH STATES:**

### Continued...

The information in this monograph is not intended to cover all possible uses,  
directions, precautions, drug interactions, or adverse effects. This information  
is generalized and is not intended as specific medical advice. If you have  
questions about the medicines you are taking or would like more information,  
check with your doctor, pharmacist, or nurse.

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