

*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11
Northern District of Illinois, Eastern Division		PLEASE CHECK CHAPTER
Name of Debtor K MART CORPORATION		Case Number 02-02474
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S. C. § 503		PROOF OF CLAIM
Name of Creditor (The person or other entity to whom the debtor owes money or property) MARK WHRITENOUR		File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent MARVYN GORDON, SBN 65981 LAW OFFICES OF MARVYN GORDON 415 N. Crescent Drive, Suite 240 Beverly Hills, CA 90210 Telephone No. (310) 550-8177		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor Whritenour v. Kmart, Case No. KC038152		Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____
1. BASIS FOR CLAIM		
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death Your social security number _____ <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ Unpaid compensation for services performed <input type="checkbox"/> Retiree benefits as defined in 11 U.S. C. § 1114 (a) from _____ to _____ (date) (date)		
2. DATE DEBT WAS INCURRED: Sept. 16, 2001		3. IF COURT JUDGMENT, DATE OBTAINED.
4. Total Amount of Claim at Time Case Filed: \$ 30,000.00		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured claim		6. Unsecured Priority Claim
<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____		<input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <i>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">812</div> <div style="font-size: 3em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">UNIONED STATES BANKRUPTCY COURT</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">NORTHERN DISTRICT OF ILLINOIS</div> <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">MAR 18 2002</div> <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">3-18-02</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">KENNETH S. GARDNER, CLERK</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">MAILROOM - LL</div>
8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11"		
9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		
Date 03/08/01	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">M. Gordon</div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

EXHIBIT 1

Key Health Medical Group, Inc.

RECEIVED

NOV 28 2001

Gordon, Marvyn Attorney
415 North Crescent Drive, #240
Beverly Hills, CA 90210

Law Offices
Marvyn Gordon

November 12, 2001

Invoice#: 160178
Customer#: 1229
Plan#: 19607
Patient#: 207343

Referring Physician: Rodas, Anthony

Phone: (626) 796-4351

<p>Insured: SSN: DOB:</p> <p>Home: Wk: Emplr: Grp ID#:</p>	<p>Patient: Whritenour, Mark SSN: DOB: 3/24/60 24100 Avenida Rancheros</p> <p>Home: (909) 861-4466 Wk: (619) 296-6433 Relationship to Insured:</p>
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Services Performed at: Anaheim Hills MRI***

Eligibility Checked:

RvsCpt	Description of Services	Adjstr/Nurse	DOS	ICD9	Charge
72141	MR Cervical spine		11/06/01	723.1	1,495.00
73221	MR Shoulder	Right	11/06/01	719.41	1,495.00
70030	XR Orbits, r/o foreign body		11/06/01	V80.2	100.00

Total Charges: 3,090.00

Charges Include Technical & Professional Components.

Payments / Adjustments: 0.00

Thank You For Using Our Service!

Make Checks Payable To:

Key Health Medical Group, Inc.
Caller 7019
Tarzana, CA 91357

NET BALANCE DUE: \$ 3,090.00

Tax ID: 95-4851921

* Questions regarding this invoice? Call: 818 615 0299 Fax# 818 251 9626

Sent Orgnl / Last: 11/12/01 11/12/01

KEY HEALTH MEDICAL GROUP, Inc.

18981 Ventura Blvd., Suite #303, Tarzana, Ca. 91356

MR CERVICAL SPINE EXAM

1-800-723-0019 Fax 877-839-6445

Patient: Whritenour, Mark**Ref. Phys: Dr. Rodas****Pt.#: PIN10125****S U M M A R Y****Date: 11/06/01**

- Both C5/6 and C6/7 have 1-2mm disc bulges with associated endplate margins/ridging changes indenting thecal sac without anterior cord flattening or cord indentation, based on these images.
- C6/7 level also shows one axial image suspicious for either a focal partial volume artifact or a possible tiny left foraminal disc protrusion/herniation. Any EMG changes or neurologic symptoms related to the root in question (exiting left C7 root) would add credibility to this observation.
- Cord intrinsically normal over the levels covered.

INDICATIONS: DOB:03/24/60. R/O HNP. Need assessment of possible bulging or herniated disc, degenerative disc space changes (reduced height, reduced signal, endplate ridging), stenosis (central or lateral), and evaluation of cervical cord for intrinsic or extrinsic abnormalities.

EXAM: : 2 Seq. Sag TR 3000 TE 88. Ax TR 1300 TE 26.8. ANAHEIM HILLS MRI.

FINDINGS/COMMENT: The cervical lordotic curvature is normal. Cord intrinsically normal from foramen magnum to approximately T2. Cerebellar tonsils normal at foramen magnum.

Specific Findings Per Disc Space**Key Images**

		Sag #	Ax #
C2/3	Normal		
C3/4	Normal		
C4/5	Normal		
C5/6	1-2mm disc bulge with associated endplate margins/ridging indenting thecal sac without anterior cord flattening or cord indentation, based on these images.		
C6/7	Centrally there is 1-2mm disc bulge with associated endplate margins/ridging indenting thecal sac. One key axial image show a possible soft tissue density within the left foramen, suspicious for a foraminal disc protrusion/herniation. This observation is not confirmed on other axial images or on the sagittal images...and therefore might represent a partial volume artifact. Any EMG changes or neurologic symptoms related to the root in question (exiting left C7 root) would add credibility to this observation.		
C7/T	Normal		

I declare under penalty of perjury that there has not been a violation of Labor Code Section 139.3, that the contents of the report are true and correct to the best of my knowledge, and any statements concerning any bill for services are true and correct to the best of my knowledge. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it is true. Under the perjury of Labor Code Section 5307.1, the following contemporaneous explanation is offered in support of the charges: These are our usual and customary charges for this level of service, within the community standards.

Thank you for referring this patient for consultation..

William V. Glenn Jr.

William V. Glenn Jr., M.D.

18981 Ventura Blvd., Suite #303, Tarzana, Ca. 91356

1-800-723-0019 Fax 877-839-6445

Patient: Whritenour, Mark

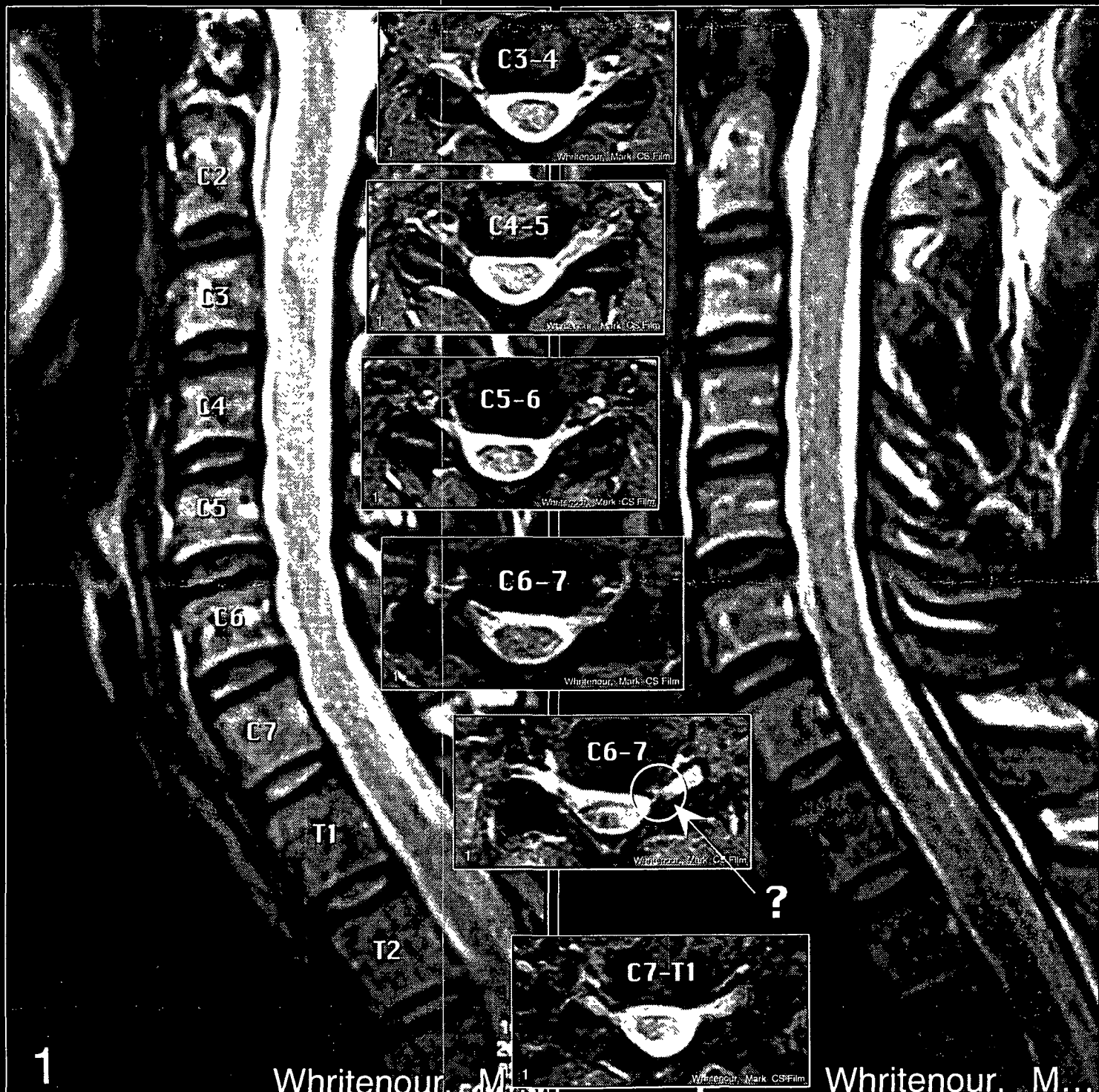
Ref. Phys: Dr. Rodas

Pt.#: PIN10125

S U M M A R Y

Date: 11/06/01

1. Both C5/6 and C6/7 have 1-2mm disc bulges with associated endplate margins/ridging changes indenting thecal sac without anterior cord flattening or cord indentation, based on these images.
2. C6/7 level also shows one axial image suspicious for either a focal partial volume artifact or a possible tiny left foraminal disc protrusion/herniation. Any EMG changes or neurologic symptoms related to the root in question (exiting left C7 root) would add credibility to this observation.
3. Cord intrinsically normal over the levels covered.



KEY HEALTH MEDICAL GROUP, Inc.

18981 Ventura Blvd., Suite #303, Tarzana, Ca. 91356

MR RIGHT SHOULDER EXAM

1-800-723-0019 Fax 877-839-6445

Patient: Whritenour, Mark

Ref. Phys: Dr. Rodas

Pt.#: PIN10126

S U M M A R Y

Date: 11/06/01

1. **Clinical correlation needed regarding observation of reduced clearance between undersurface of acromion and superior aspect of humeral head. Clearance measurement approx. 5mm. Also noted is large hypertrophic supraspinatus muscle. Clinical correlation needed regarding suspected mechanical impingement situation.**
2. **Minor cystic changes superior lateral aspect of humeral head.**
3. **Slight superior prominence of AC joint capsule.**
4. **Possible fluid within subacromial and/or subdeltoid bursa, consistent with supraspinatus tendonitis, partial tear, or both.**

INDICATIONS: DOB:03/24/60. R/O Rotator cuff tear. Need evaluation for possible internal shoulder joint derangement; evaluate rotator cuff, humeral head, and clearance between acromion and humeral head.

EXAM: 5 Seq. Ax TR 620 TE 18. Cor TR 1800 TE 20. Cor TR 1800 TE 80. Cor TR 1800 TE 30. Sag TR 1800 TE 30. ANAHEIM HILLS MRI.

FINDINGS/COMMENT:

AC Joint & Acromion		Sag	Ax	Cor
Degen. Changes	Superior prominence of AC joint capsule.			
Impression/SSM	Unremarkable			
Osteophytes	Unremarkable			
Clearance	Clinical correlation needed regarding observation of reduced clearance between undersurface of acromion and superior aspect of humeral head. Clearance measurement approx. 5mm.			
Shape	Unremarkable			
Rotator Cuff		Key Images		
Supraspin. Mus	Hypertrophic.			
Supraspin. Ten	Unremarkable			
OTHER Mus/Ten	Unremarkable			
Gleno-Humeral Jt.		Key Images		
Humeral Head	Minor cystic changes superior lateral aspect of humeral head.			
Glenoid	Unremarkable			
Joint Fluid	Unremarkable			
Other		Key Images		
Subacrom. Bursa	Suspect possible fluid within subacromial and/or subdeltoid bursae.			
Biceps Tendon	Unremarkable			

I declare under penalty of perjury that there has not been a violation of Labor Code Section 139.3 that the contents of the report are true and correct to the best of my knowledge, and any statements concerning any bill for services are true and correct to the best of my knowledge. I declare under penalty of perjury that the information contained in this report and its attachments if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it is true. Under the perjury of Labor Code Section 5307.1, the following contemporaneous explanation is offered in support of the charges: These are our usual and customary charges for this level of service, within the community standards.

Thank you for referring this patient for consultation..

William V. Glenn Jr.

William V. Glenn Jr., M.D.

KEY HEALTH MEDICAL GROUP, Inc.

18981 Ventura Blvd., Suite #303, Tarzana, Ca. 91356

Patient: Whritenour, Mark

Pt.#: PIN10126

MR RIGHT SHOULDER EXAM

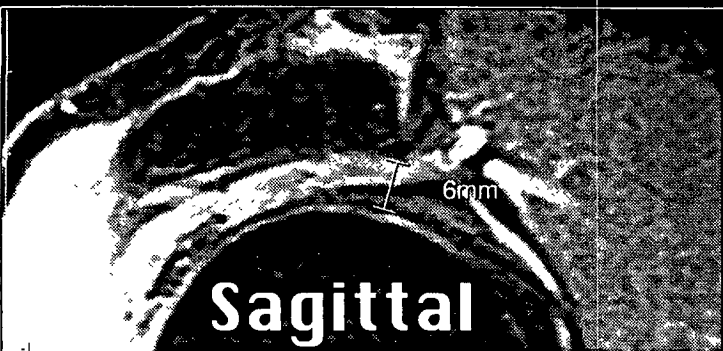
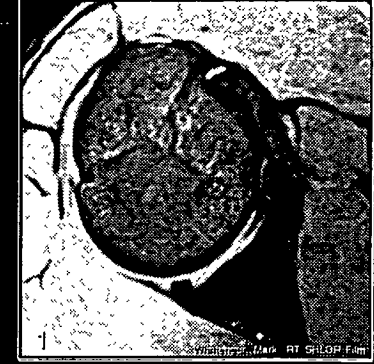
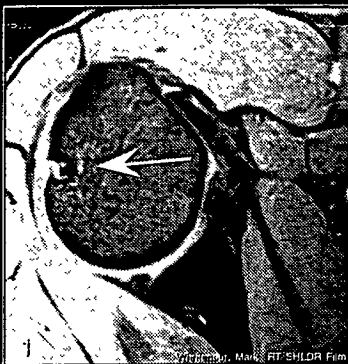
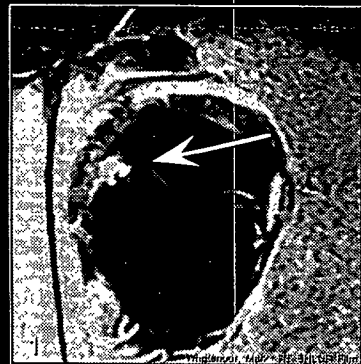
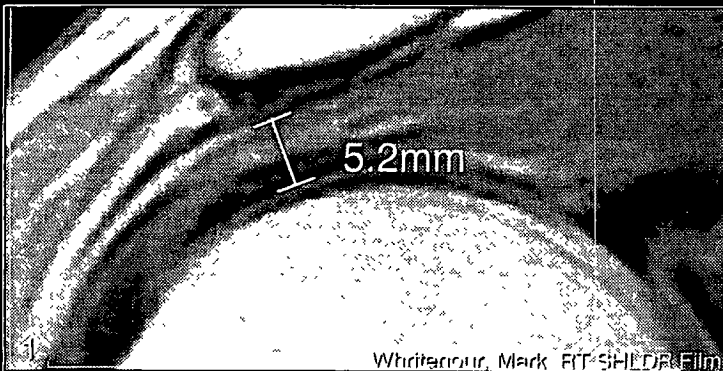
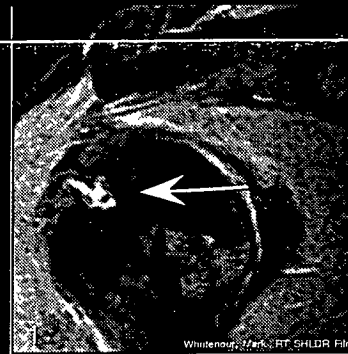
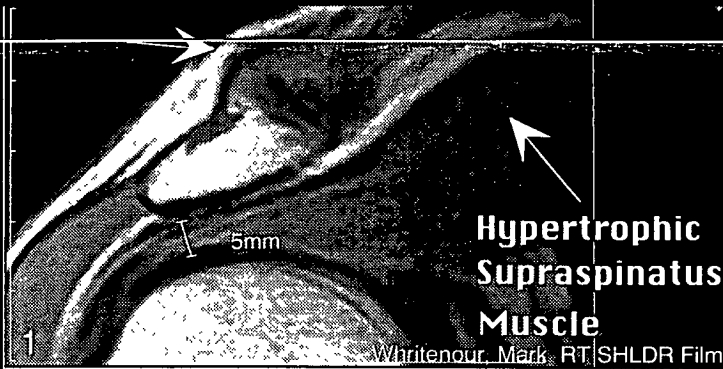
1-800-725-0019 Fax 877-839-6445

Ref. Phys: Dr. Rodas

Date: 11/06/01

S U M M A R Y

1. Clinical correlation needed regarding observation of reduced clearance between undersurface of acromion and superior aspect of humeral head. Clearance measurement approx. 5mm. Also noted is large hypertrophic supraspinatus muscle. Clinical correlation needed regarding suspected mechanical impingement situation.
2. Minor cystic changes superior lateral aspect of humeral head.
3. Slight superior prominence of AC joint capsule.
4. Possible fluid within subacromial and/or subdeltoid bursa, consistent with supraspinatus tendonitis, partial tear, or both.



Anaheim Hills MRI

Radiology Consultation

ANAHEIM HILLS MRI

500 South Anaheim Hills Road Suite 136

Anaheim Hills, CA 92807-4780

Phone: 714-282-8160 Fax: 714--282-7031

Patient Name: WRITENOUR, MARK

Patient Type: OP

DOB: 03/24/1960 **Sex:** M

Completed: 11/06/2001

Accession: 70332

Visit #: 197476

Exam: (110) 70030 - XR EYE FOREIGN BODY

Requesting Provider: RODAS, ANTHONY G, MD

MRN: 000382510

X-rays of the Orbits:

CLINICAL INFORMATION: Rule out metallic foreign body

COMPARISON STUDY: There are no prior studies available for comparison.

TECHNIQUE: An AP x-ray of the orbits is submitted for evaluation.

FINDINGS: There is evidence of prior dental work. However, there is no evidence of metallic foreign bodies in the projection of the orbits. There is hypoplasia of the left frontal sinus. The examination is otherwise unremarkable.

IMPRESSION:

NO RADIOPAQUE FOREIGN BODY IS SEEN IN THE PROJECTION OF THE ORBITS.

Thank you for referring Mark Whritenour to us for consultation.

End of diagnostic report for accession: 70332

Interpreted By: YAGO, MARGARET M.D.

Transcribed By: FRY, CAROLYN

Electronically Signed By: YAGO, MARGARET, M.D.

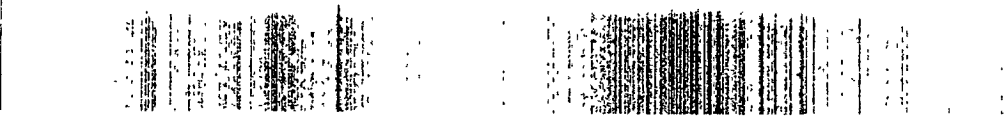


EXHIBIT 2

DOCTOR INFORMATION

SUBSCRIBER INFORMATION

Stephan's Physical Therap
1900 Royalty Dr. Suite# 160
Pomona, CA 91767
Ph# (909) 469-6080
Lic # PT-20819
Tax ID: 95-4391329

Mark Whritenour
24100 Avenida Rancheros
Diamond Bar, CA 91765
RE: Mark Whritenour
GRP/CLM #
SS/ID # 563-31-7444

BILLING INFORMATION

ATTY/INSUR INFORMATION

STEPHAN PHYSICAL THERAPY
1900 Royalty Dr. Ste.180
Pomona, CA 91767
(909) 868-1160

Marvyn Gordon Esq.
415 N. Crescent Dr. #240
Beverly Hills, CA 90210

DATE OF INJURY/ILLNESS : 09-16-01

DATE OF FIRST CONSULTATION : 10-11-01

COMMENTS :

REFERRING DR. ANTHONY RODAS, M.D.

DIAGNOSIS :

1. 847.0 Cervical spine sprain strain
2. 840.9 Shoulder strain (right)

Date	RVS/CPT	Description	Amount
10-11-01	97001	Private Physical Therapy Eval	69.50
10-11-01	97250	Soft Tissue Mobilization	45.00
10-11-01	97110	Therapeutic Exercises	33.21
10-11-01	97014	Electrical Stimulation	18.45
10-11-01	97026	Infrared	18.45
10-17-01	97250	Soft Tissue Mobilization	45.00
10-17-01	97110	Therapeutic Exercises	33.21
10-17-01	97014	Electrical Stimulation	18.45
10-17-01	97026	Infrared	18.45
10-18-01	97250	Soft Tissue Mobilization	45.00
10-18-01	97110	Therapeutic Exercises	33.21
10-18-01	97014	Electrical Stimulation	18.45
10-18-01	97026	Infrared	18.45
10-19-01	97250	Soft Tissue Mobilization	45.00
10-19-01	97110	Therapeutic Exercises	33.21
10-19-01	97014	Electrical Stimulation	18.45
10-19-01	97026	Infrared	18.45
10-22-01	97250	Soft Tissue Mobilization	45.00

Total this Page: \$ 574.94

Continued...

Subscriber: Mark Whritenour -- Patient: Mark Whritenour

Date	RVS/CPT	Description	Amount
10-22-01	97110	Therapeutic Exercises	33.21
10-22-01	97014	Electrical Stimulation	18.45
10-22-01	97026	Infrared	18.45
10-24-01	97250	Soft Tissue Mobilization	45.00
10-24-01	97110	Therapeutic Exercises	33.21
10-24-01	97014	Electrical Stimulation	18.45
10-24-01	97026	Infrared	18.45
10-25-01	97250	Soft Tissue Mobilization	45.00
10-25-01	97110	Therapeutic Exercises	33.21
10-25-01	97014	Electrical Stimulation	18.45
10-25-01	97026	Infrared	18.45
10-29-01	97250	Soft Tissue Mobilization	45.00
10-29-01	97110	Therapeutic Exercises	33.21
10-29-01	97014	Electrical Stimulation	18.45
10-29-01	97026	Infrared	18.45
10-31-01	97250	Soft Tissue Mobilization	45.00
10-31-01	97110	Therapeutic Exercises	33.21
10-31-01	97014	Electrical Stimulation	18.45
10-31-01	97026	Infrared	18.45
11-01-01	97250	Soft Tissue Mobilization	45.00
11-01-01	97110	Therapeutic Exercises	33.21
11-01-01	97014	Electrical Stimulation	18.45
11-01-01	97026	Infrared	18.45
11-07-01	97250	Soft Tissue Mobilization	45.00
11-07-01	97110	Therapeutic Exercises	33.21
11-07-01	97014	Electrical Stimulation	18.45
11-07-01	97026	Infrared	18.45
11-08-01	97250	Soft Tissue Mobilization	45.00
11-08-01	97110	Therapeutic Exercises	33.21
11-08-01	97014	Electrical Stimulation	18.45
11-08-01	97026	Infrared	18.45
11-09-01	97250	Soft Tissue Mobilization	45.00
11-09-01	97110	Therapeutic Exercises	33.21
11-09-01	97014	Electrical Stimulation	18.45
11-09-01	97026	Infrared	18.45
11-13-01	97250	Soft Tissue Mobilization	45.00
11-13-01	97110	Therapeutic Exercises	33.21
11-13-01	97014	Electrical Stimulation	18.45
11-13-01	97026	Infrared	18.45
11-14-01	97250	Soft Tissue Mobilization	45.00
11-14-01	97110	Therapeutic Exercises	33.21
11-14-01	97014	Electrical Stimulation	18.45
11-14-01	97026	Infrared	18.45
11-16-01	97250	Soft Tissue Mobilization	45.00
11-16-01	97110	Therapeutic Exercises	33.21

Total this Page: \$ 1299.42

Continued...

Subscriber: Mark Whritenour -- Patient: Mark Whritenour

Date	RVS/CPT	Description	Amount
11-16-01	97014	Electrical Stimulation	18.45
11-16-01	97026	Infrared	18.45
11-19-01	97250	Soft Tissue Mobilization	45.00
11-19-01	97110	Therapeutic Exercises	33.21
11-19-01	97014	Electrical Stimulation	18.45
11-19-01	97026	Infrared	18.45
11-20-01	97250	Soft Tissue Mobilization	45.00
11-20-01	97110	Therapeutic Exercises	33.21
11-20-01	97014	Electrical Stimulation	18.45
11-20-01	97026	Infrared	18.45
11-21-01	97250	Soft Tissue Mobilization	45.00
11-21-01	97110	Therapeutic Exercises	33.21
11-21-01	97014	Electrical Stimulation	18.45
11-21-01	97026	Infrared	18.45
11-26-01	97250	Soft Tissue Mobilization	45.00
11-26-01	97110	Therapeutic Exercises	33.21
11-26-01	97014	Electrical Stimulation	18.45
11-26-01	97026	Infrared	18.45
11-29-01	97250	Soft Tissue Mobilization	45.00
11-29-01	97110	Therapeutic Exercises	33.21
11-29-01	97014	Electrical Stimulation	18.45
11-29-01	97026	Infrared	18.45
11-30-01	97250	Soft Tissue Mobilization	45.00
11-30-01	97110	Therapeutic Exercises	33.21
11-30-01	97014	Electrical Stimulation	18.45
11-30-01	97026	Infrared	18.45
12-04-01	97250	Soft Tissue Mobilization	45.00
12-04-01	97110	Therapeutic Exercises	33.21
12-04-01	97014	Electrical Stimulation	18.45
12-04-01	97026	Infrared	18.45
12-05-01	97250	Soft Tissue Mobilization	45.00
12-05-01	97110	Therapeutic Exercises	33.21
12-05-01	97014	Electrical Stimulation	18.45
12-05-01	97026	Infrared	18.45
12-06-01	97250	Soft Tissue Mobilization	45.00
12-06-01	97110	Therapeutic Exercises	33.21
12-06-01	97014	Electrical Stimulation	18.45
12-06-01	97026	Infrared	18.45
12-10-01	97250	Soft Tissue Mobilization	45.00
12-10-01	97110	Therapeutic Exercises	33.21
12-10-01	97014	Electrical Stimulation	18.45
12-10-01	97026	Infrared	18.45
12-12-01	97250	Soft Tissue Mobilization	45.00
12-12-01	97110	Therapeutic Exercises	33.21
12-12-01	97014	Electrical Stimulation	18.45

Total this Page: \$ 1284.66

Continued...

Subscriber: Mark Whritenour -- Patient: Mark Whritenour

Date	RVS/CPT	Description	Amount
12-12-01	97026	Infrared	18.45
12-13-01	97250	Soft Tissue Mobilization	45.00
12-13-01	97110	Therapeutic Exercises	33.21
12-13-01	97014	Electrical Stimulation	18.45
12-13-01	97026	Infrared	18.45
12-19-01	97250	Soft Tissue Mobilization	45.00
12-19-01	97110	Therapeutic Exercises	33.21
12-19-01	97014	Electrical Stimulation	18.45
12-19-01	97026	Infrared	18.45
12-21-01	97250	Soft Tissue Mobilization	45.00
12-21-01	97110	Therapeutic Exercises	33.21
12-21-01	97014	Electrical Stimulation	18.45
12-21-01	97026	Infrared	18.45
12-27-01	97250	Soft Tissue Mobilization	45.00
12-27-01	97110	Therapeutic Exercises	33.21
12-27-01	97014	Electrical Stimulation	18.45
12-27-01	97026	Infrared	18.45
01-02-02	97250	Soft Tissue Mobilization	45.00
01-02-02	97110	Therapeutic Exercises	33.21
01-02-02	97014	Electrical Stimulation	18.45
01-02-02	97026	Infrared	18.45
01-03-02	97250	Soft Tissue Mobilization	45.00
01-03-02	97110	Therapeutic Exercises	33.21
01-03-02	97014	Electrical Stimulation	18.45
01-03-02	97026	Infrared	18.45
01-04-02	97250	Soft Tissue Mobilization	45.00
01-04-02	97110	Therapeutic Exercises	33.21
01-04-02	97014	Electrical Stimulation	18.45
01-04-02	97026	Infrared	18.45
01-08-02	97250	Soft Tissue Mobilization	45.00
01-08-02	97110	Therapeutic Exercises	33.21
01-08-02	97014	Electrical Stimulation	18.45
01-08-02	97026	Infrared	18.45
01-09-02	97250	Soft Tissue Mobilization	45.00
01-09-02	97110	Therapeutic Exercises	33.21
01-09-02	97014	Electrical Stimulation	18.45
01-09-02	97026	Infrared	18.45
01-18-02	97250	Soft Tissue Mobilization	45.00
01-18-02	97110	Therapeutic Exercises	33.21
01-18-02	97014	Electrical Stimulation	18.45
01-18-02	97026	Infrared	18.45
01-21-02	97250	Soft Tissue Mobilization	45.00
01-21-02	97110	Therapeutic Exercises	33.21
01-21-02	97014	Electrical Stimulation	18.45
01-21-02	97026	Infrared	18.45

Total this Page: \$ 1284.66

Continued...

Subscriber: Mark Whritenour -- Patient: Mark Whritenour

Date	RVS/CPT	Description	Amount
01-23-02	97250	Soft Tissue Mobilization	45.00
01-23-02	97110	Therapeutic Exercises	33.21
01-23-02	97014	Electrical Stimulation	18.45
01-23-02	97026	Infrared	18.45
01-24-02	97250	Soft Tissue Mobilization	45.00
01-24-02	97110	Therapeutic Exercises	33.21
01-24-02	97014	Electrical Stimulation	18.45
01-24-02	97026	Infrared	18.45
01-31-02	97250	Soft Tissue Mobilization	45.00
01-31-02	97110	Therapeutic Exercises	33.21
01-31-02	97014	Electrical Stimulation	18.45
01-31-02	97026	Infrared	18.45
02-01-02	97250	Soft Tissue Mobilization	45.00
02-01-02	97110	Therapeutic Exercises	33.21
02-01-02	97014	Electrical Stimulation	18.45
02-01-02	97026	Infrared	18.45

Total this Page: \$ 460.44

4904.12

TOTAL BALANCE DUE : 4904.12
=====

STEPHAN'S PHYSICAL THERAPY

PHYSICAL THERAPY REFERRALS

POMONA

1900 Royalty Drive, Suite 160
 Pomona, CA 91767
 Tel: (909) 469-6080
 Fax: (909) 469-6079

PASADENA

2 North Lake Suite 1000
 Pasadena, CA 91105
 Tel: (626) 744-3575
 Fax: (626) 744-3580

RIVERSIDE

3576 Arlington Ave., Suite 103
 Riverside, CA 92506
 Tel: (909) 778-1130
 Fax: (909) 778-1137



Name Mark Whritenour Date 12/20/01
 Diagnosis ① C/S strain & Disc Bulge C6-7
 Areas to be treated Cervical & Shoulder
 Frequency 2 x weekly for 3 weeks.
 Remarks _____

TESTES & MEASUREMENTS

- Evaluation and Treatment
- Isokinetics Test
- Physical Therapy Evaluation
- Muscle Testing-Manual
- Range of Motion Evaluation
- Postural Evaluation

HEAT THERAPY

- Diathermy
- Hydrocollator Packs
- Therapeutic Massage
- Paraffin bath

TRACTION

- Cervical
- Intermittent — lbs. / — min.
- Static — lbs. / — min.
- Tumbler
- Inverted Gravity Traction

ELECTROTHERAPY

- Electrical Stimulation
- Transcutaneous Nerve Stim.
- Ultrasound
- Phonophoresis
- Interferential Therapy
- Jobst compression

CRYOTHERAPY

- Cold Packs
- Ice Massage
- Cold Spray & Stretch
- Contrast Bath

SPECIAL PROGRAMS

- Desensitization
- Postural Training
- Instruct. in Body Mechanics
- Activities of Daily Living
- Back School
- TMJ Program
- PNF

THERAPEUTIC EXERCISE

- Isokinetics Rehab
- Passive Exercise
- Active-Assisted Exercise
- Active Exercise
- Progressive Resistive Exer.
- Back Exercise Program
- Trunk Stabilization Training
- Cervical Exercise
- Crutch Training
- Gait Training
- Range of Motion
- Mobilization Exercise

HYDROTHERAPY

- Whirlpool
- Sterile
- Nonsterile

SPECIAL PROCEDURE

- Soft Tissue Mobilization
- Myofascial Release Program
- Blodex Testing

Mark Whritenour MD

APPOINTMENT DATE

AM / PM

DOCTORS SIGNATURE

CERVICAL LOW BACK

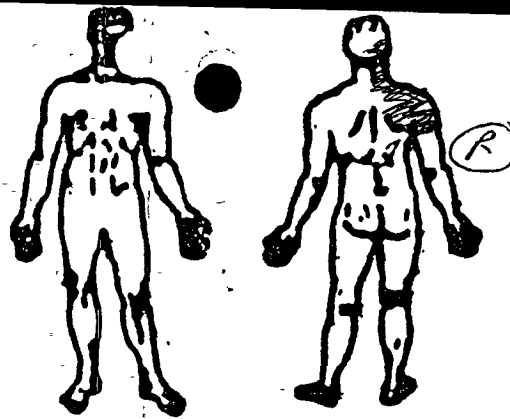
UPPER

CP - Cold pack CP
 HP - Hot pack HP
 M - Massage US M D

CP
 HP
 M US

PB - Paraffin Bath
 T - Traction

US - Ultrasound
 ES - Electric Stimulation



ANTERIOR CHEST HP

R	L shoulder	CP	HP	D	US
R	L elbow forearm	CP	HP	D	
R	L wrist hand	CP	HP	D	US
R	L hip thigh	CP	HP	D	
R	L knee	CP	HP	D	US
R	L ankle foot	CP	HP	D	

ON

TREATMENT PROGRAM: Frequency _____ Duration _____

COMMENTS		APPOINTMENTS		
1	Initial RPT eval & Tx.	DAY / DIA	MONTH / MESS	DATE / PCHNA
2	Pt educated on home Exs program	AT / A LAB	AM	PM
3	Re given pt tolerated well	WITH DR. / CONSEL DR.		
4	pt No Neck pain 10/10 & movement	DAY / DIA	MONTH / MESS	DATE / PCHNA
5	pt No stiffness on his neck	AT / A LAB	AM	PM
6	Re given pt tolerated very well	WITH R. / CONSEL R.		
7	pt states that the pain is more localized on the neck and @ shoulder	DAY / DIA	MONTH / MESS	DATE / PCHNA
8	pt No soreness on his (R) shoulder	AT / A LAB	AM	PM
9	Re given active exercises do pain when pulling @ his (R) upper Ext.	DAY / DIA	MONTH / MESS	DATE / PCHNA
10	pt stated Re is helping feel better but still unable to perform sports.	AT / A LAB	AM	PM
11	Pt seen today for PT re-eval Re given	WITH DR. / CONSEL DR.		
12	T. & give. pt had MRI @ (R) shoulder	DAY / DIA	MONTH / MESS	DATE / PCHNA
13	pt. does active exercises which cause pain around (R) shoulder	AT / A LAB	AM	PM
14	T. & give	WITH R. / CONSEL R.		
15	pt states he neck is doing better	DAY / DIA	MONTH / MESS	DATE / PCHNA
16	T. & give	AT / A LAB	AM	PM
17	pt. No pain around his (R) shoulder w/ ROM & movement.	WITH DR. / CONSEL DR.		
18	T. & give	DAY / DIA	MONTH / MESS	DATE / PCHNA
19	pt. No soreness around his neck & (R) shoulder	AT / A LAB	AM	PM
20	T. & give	WITH DR. / CONSEL DR.		
21	pt. states to help him to have less symptoms	DAY / DIA	MONTH / MESS	DATE / PCHNA
22	T. & give	AT / A LAB	AM	PM
23	pt. No popping sensation around his (R) shoulder w/ MVT	WITH R. / CONSEL R.		
24	T. & give	DAY / DIA	MONTH / MESS	DATE / PCHNA
25	pt. states he has less pain around his neck after Tx.	AT / A LAB	AM	PM
26	T. & give	WITH DR. / CONSEL DR.		
27	pt's ROM are less painful after Tx.	DAY / DIA	MONTH / MESS	DATE / PCHNA
28	T. & give	AT / A LAB	AM	PM
29	pt. No tenderness w/ palpation around paracervical area	WITH R. / CONSEL R.		
30	T. & give	DAY / DIA	MONTH / MESS	DATE / PCHNA

PHYSICAL THERAPY EVALUATION

STEPHANS
PHYSICAL THERAPY
 1900 Royalty Drive, Suite 160
 Pomona, CA 91767

Patient Name Mark Whitemour
 STEPH ID _____

Diagnosis: C/S, (R) Shoulder

Brief History: The pt., Mark Whitemour, is a 41 years old male who slipped & fell on 9/16/01. Pt. c/o Pain around his (R) Shoulder & (R) lat. neck area and aggravation of his symptoms esp. when he had to use his (R) hand esp. above his shoulder level. His Pain on scale of 0-10 is 8 and his strength is 2 1/2 due to Pain

INITIAL				DISCHARGE				INITIAL				DISCHARGE				
Strength		ROM		Part	Action	Strength		ROM		Part	Action	Strength		ROM		
R	L	R	L			R	L	R	L			R	L	R	L	R
↓		↓		(R) Shoulder	Abduction 120/180					Hip	Flexion					
					Adduction 20/45							Extension				
↓		↓			Flexion 80/90							Abduction				
X		↓			Extension 25/45						Int. Rot.					
					Int. Rot. 40/55						Ext. Rot.					
				Elbow	Ext. Rot. 30/45						Flexion					
					Flexion						Extension					
				Forearm	Extension											
					Supination											
					Pronation											
				Wrist	Flexion											
					Extension											
				Finger	Grip											
					Extension											
↓	↓	↓	↓	Neck	Flexion 30/45					Low Back	Flexion					
↓	↓	↓	↓		Extension 20/45							Extension				
↓	↓	↓	↓		Lat. Flex. 30/45							Lat. Flex.				
					Rotation 40/60						Rotation					

KEY: 1. Zero 2. Poor (25%) 3. Fair (50%) 4. Good (75%) 5. Normal (100%)

TREATMENT PLAN:

Modalities: HP, ES, M & X

Frequency: 3x wk for 2

Goals: ↑ ROM & Strength and ↓ Pain

Rehab Potential: good

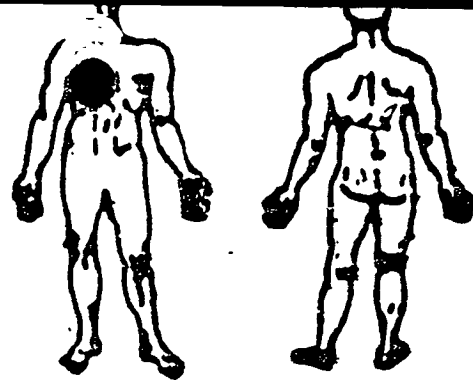
Discharge Plan: return to ADL as normal

Remarks:

Gibaj, Javier M. RPT.
 10-11-01

CP - Cold pack CP
 HP - Hot pack HP
 M - Massage US M D US

PR - Parafin Bath US - Ultrasound
 T - Traction ES - Electric Stimulation



ANTERIOR CHEST HP

- R L shoulder CP HP D US
- R L elbow forearm CP HP D
- R L wrist hand CP HP D US
- R L hip thigh CP HP D
- R L knee CP HP D US
- R L ankle foot CP HP D

ON

TREATMENT PROGRAM: Frequency _____ Duration _____

COMMENTS		APPOINTMENTS
1	Pt. c/o pain & popping sensation w/ abd. of his (R) shoulder	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
2	T. & given	WITH DR. / CON EL DR. _____
3	Pt c/o neck pain 1/10 occ. with movement	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
4	Re given pt tolerated well	WITH DR. / CON EL DR. _____
5	Pt c/o morning stiffness on his c/s.	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
6	Re given Ther Exs. HEP. and modalities	WITH DR. / CON EL DR. _____
7	Pt c/o (R) shoulder pain radiated to his @ upper Exs.	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
8	Re given Ther Exs. and modalities	WITH DR. / CON EL DR. _____
9	Pt feels more flexibility & ROM c/s	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
10	Re given modalities and Ther Exs	WITH DR. / CON EL DR. _____
11	Pt c/o (R) shoulder pain 2/10 with movement	DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
12	Pt c/o neck pain occ. 2/10 Pt started PT Re helps to ↓ symptoms	WITH DR. / CON EL DR. _____
13		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
14		WITH DR. / CON EL DR. _____
15		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
16		WITH DR. / CON EL DR. _____
17		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
18		WITH DR. / CON EL DR. _____
19		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
20		WITH DR. / CON EL DR. _____
21		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
22		WITH DR. / CON EL DR. _____
23		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
24		WITH DR. / CON EL DR. _____
25		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
26		WITH DR. / CON EL DR. _____
27		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
28		WITH DR. / CON EL DR. _____
29		DAY / DIA MONTH / MES DATE / PCHNA AT / A LAS _____ A.M. _____ P.M.
30		WITH DR. / CON EL DR. _____

EXHIBIT 3

Anthony G. Rodas, M.D., Inc.

127 N. Madison Ave., Suite 106
 Pasadena, California 91101
 Tel. (626) 796-4351
 Fax. (626) 796-1787

Invoice Date: Mar 7, 2002

Regarding: Whritenour, Mark
Date of Accident: 9/16/01
File #: P-5769
Invoice #: 17197
Tax ID #: 95-3759697

ICD9 Code: 847.0
 726.0

<u>Previous Invoice Date</u>	<u>Previous Balance</u>	<u>Current Charges</u>	<u>Current Payments</u>	<u>New Balance</u>
December 27, 2001	\$900.00	\$285.00		\$1,185.00

<u>Service Date</u>	<u>CPT Code</u>	<u>CPT Description</u>	<u>Charges</u>	<u>Payments</u>
1-8-2002	99212	Follow-up exam	\$110.00	
2-7-2002	99214	Evaluation And Discharge	\$175.00	

RECEIVED

MAR 11 2002

**Law Offices
 Marvyn Gordon**

RE: WHRITENOUR, Mark
February 21, 2002
Page 2

Allergies: Penicillin, sulfa and Erythromycin.

REVIEW OF SYSTEMS:

HEENT: No dysarthria or diplopia.
Chest: No cough or hemoptysis.
Cardiac: No angina.
Abdomen: No vomiting, nausea or melena.
GU: No dysuria.
Extremities: No arthritis.

PHYSICAL EXAMINATION:

On examination the patient presented as a well developed well nourished male.

HEENT:

Extraocular motion was intact. The mouth was clear.

Chest:

Clear.

Cardiac:

Normal.

Abdomen:

Soft, non-tender.

Extremities:

There was slight tenderness on palpation over the acromion of the right shoulder. The right acromion process was a little bit more prominent than the left. He had lost about 20 degrees of internal rotation of the right shoulder.

RE: WHRITENOUR, Mark
February 21, 2002
Page 3

Musculoskeletal:

Examination of the neck disclosed spasm in the right trapezius extending up the nape of the neck on the right side.

Flexion and extension were full. Right lateral rotation was limited to 60/90 degrees. Left lateral rotation was full. Spurling's was negative.

X-RAY FINDINGS:

X-rays of the cervical spine were performed on October 16, 2001 and interpreted by a board certified radiologist, Arnold Hageman, M.D. These were normal.

DIAGNOSTIC IMPRESSION:

1. Status post slip and fall.
2. Sprain of the cervical spine.
3. Right shoulder tendinitis.

DISCUSSION:

Following initial evaluation, my findings were discussed with the patient. He was advised to begin a regimen of supervised multiple modality physical therapy in this office on a regularly scheduled basis. If he failed to improve with therapy, an MRI scan of the cervical spine and right shoulder was to be considered.

The patient returned on October 23, 2001. He complained of persistent neck pain. Exam revealed bilateral paracervical and right trapezius spasm. Therapeutic modalities were continued. He was referred for MRI scans of the cervical spine and right shoulder.

An MRI scan of the cervical spine was performed on November 6, 2001 and interpreted by William Glenn, Jr., M.D. Both C5-6 and C6-7 demonstrated 1-2 mm disc bulges with associated endplate margins/ridging changes indenting thecal sac without anterior cord flattening or cord indentation. The C6-7 level showed one axial image suspicious for either a focal partial volume artifact or a possible tiny left foraminal disc protrusion/herniation. An MRI scan of the right shoulder revealed reduced clearance between the undersurface of the acromion and superior aspect of the humeral head. The clearance measurement was approximately 5 mm. Also

RE: WHRITENOUR, Mark
February 21, 2002
Page 4

noted was large hypertrophic supraspinatus muscle. Clinical correlation was needed regarding suspected mechanical impingement situation. Minor cystic changes were noted in the superior lateral aspect of the humeral head. There was slight superior prominence of the AC joint capsule. There was possible fluid within the subacromial and/or subdeltoid bursa consistent with supraspinatus tendinitis, partial tear or both.

When seen in followup on November 27, 2001 the patient complained of neck and right shoulder pain. Exam revealed paracervical and right trapezius spasm. Motion of the cervical spine and right shoulder was limited in all planes. Therapy was continued. An orthopedic referral was advised.

The patient was re-examined on December 20, 2001. He reported that his neck and right shoulder pain was 50 percent improved. Exam demonstrated spasm over the right trapezius muscle. Motion of the cervical spine and right shoulder was minimally restricted. Therapeutic modalities were continued.

On a visit of January 8, 2002 the patient was feeling much improved with therapy. Exam revealed residual right trapezius and paracervical muscle spasm. Range of motion was improved. Further therapy was advised.

On February 4, 2002 the patient was seen for orthopedic consultation by Antoine Roberts, M.D. He complained of moderate neck pain with occasional stiffness and moderate intermittent right shoulder pain with popping. The diagnoses included 1) cervical strain and 2) sprain of the right shoulder. Further physical therapy was advised. He advised no more invasive or aggressive treatment.

The patient was last examined on February 7, 2002. He was further improved. It was felt that he had reached a plateau of improvement and he was discharged from care with advice to continue a daily home exercise regimen.

PROGNOSIS:

The prognosis is considered guarded. Even following initial clinical improvement, there can be further discomfort induced in the future with relatively routine daily activities. might understandably experience some exacerbation of discomfort which will be transitory and due to increased stresses placed on the injured muscles and ligaments. Provision should, therefore, be made for this patient to have access to medical care as needed in

RE: WHRITENOUR, Mark
February 21, 2002
Page 5

the future.

If I can be of further help, please feel free to contact me.

Sincerely,

ANTHONY G. RODAS, M.D.
Board Certified, Internal Medicine
AGR:jw

Anthony G. Rodas, M.D., Inc.

127 N. Madison Ave., Suite 106
 Pasadena, California 91101
 Tel. (626) 796-4351
 Fax. (626) 796-1787

Invoice Date: Dec 27, 2001

Regarding: Whritenour, Mark

Date of Accident: 9/16/01

File #: P-5769

Invoice #: 16266

Tax ID #: 95-3759697

ICD9 Code: 847.0

726.0

<u>Previous Invoice Date</u>	<u>Previous Balance</u>	<u>Current Charges</u>	<u>Current Payments</u>	<u>New Balance</u>
	\$0.00	\$900.00		\$900.00

<u>Service Date</u>	<u>CPT Code</u>	<u>CPT Description</u>	<u>Charges</u>	<u>Payments</u>
10-9-2001	99243	Internal Medicine Consultation	\$375.00	
10-16-2001	72040-29	Cervical spine x-rays (2v)	\$195.00	
10-23-2001	99212	Follow-up exam	\$110.00	
11-27-2001	99212	Follow-up exam	\$110.00	
12-20-2001	99212	Follow-up exam	\$110.00	

"PATIENT STILL TREATING"

127 North Madison Avenue
Suite 106
Pasadena, California 91101
626 796 4351
Fax 626 796 1787

DATE: 10/16/01

PATIENT: WRITENOUR, MARK

[]

ACCT. NO: P-5769

MARVYN GORDON ESQ,
415 N. CRESENTDR. #240
BEVERLY HILLS, CA. 90210

REF. BY:

[]

TOTAL DUE: \$195.00

DATE	CPT CODE	IMAGING PROCEDURE	CHARGES	PAYMENT	BALANCE
10/16/01	72040	CERVICLE SPINE (2v)	\$195.00		\$195.00
				TOTAL DUE:	\$195.00

PATIENT WRITENOUR, MARK

ACCT NO. P-5769

oy Health Management

Tel 800 • 723 • 0019

Fax 877 • 839 • 6445

18981 Ventura Boulevard
Suite 303
Irvine, California 92616

REQUISITION FORM

TODAY'S DATE

10/24/01

STATE

(CHECK FOR URGENT CASES ONLY)

PATIENT INFORMATION

LAST NAME: Whittemour FIRST NAME: MARIA DOB: 3/21/1970
ADDRESS: 24100 Avenida Pampinhevas; Diamond Bar CA 91765
DOI: 9/16/01 HOME PHONE: (909) 814-4400 WORK PHONE: (909) 810-6433
NEXT DR APPT: _____ SS#: 525-31-7444

PROCEDURE INFORMATION

DIAGNOSIS: B/C HNP; r/c rotator cuff tear
PROCEDURE (CIRCLE AND SPECIFY VIEW REQUESTED):
 MRI C/S (Bismulder) With Contrast? Yes _____ No _____
 X-RAY _____ CT SCAN _____
 BONE SCAN _____ EPIDURAL/FACET BLOCK _____
OTHER _____

PHYSICIAN INFORMATION

PHYSICIAN NAME: Anthony G. Proddes
PHONE # (909) 790-4351 FAX # (909) 790-1787 CONTACT: Jenny
PHYSICIAN'S ADDRESS: 127 N. Mortenson Ave #100 CITY: Pasadena STATE: CA ZIP: 91101

BILLING INFORMATION

CHARGE TYPE (CIRCLE ONE) PRIVATE INS. PI LIEN PI INS. CASH WC INS WC LIEN
ATTORNEY: Martin Gordon PHONE #: (310) 550 8177 FAX #: _____
ATTORNEY ADDRESS: 415 N. Crescent Dr. #240 CITY: Beverly Hills STATE: CA ZIP: 90210
INS CO: _____ PHONE #: _____
INS CO ADDRESS: _____ CLAIM #: _____
IS THIS AN AUTO ACCIDENT? Yes _____ No
ADJUSTOR: _____
EMPLOYER: _____

PROGRESS RECORD

PATIENTS NAME	Mark Whitford	
DATE	12/20/01	DOT 9/16/01 Initial 10/9/01
CHG.		
	Pain in the neck area &	
	(RT) shoulder is 50% better & ROM improving	
	O/E c. area: ROM restricted minimal	
	(RT) trapezius spasm +	
	(RT) shoulder ft: ROM minimally restricted, backward	
	flexion restricted & painful	
	Assess. Cervical strain +	
	(RT) shoulder strain	
	plan: Ref ortho for C6-7 disc Herniation	
	P.T. x 2x 3wks	
	goal 3 weeks	
	Meele S	

PROGRESS RECORD

PATIENTS NAME	Mark Whitten	
DATE	DOI	CHG.
11/27/01	9/16/01 Initial: 12/9/01	
	pacm in neck x 2, sh.	
	MRI results Disc patient & copies released to the patient	
	O/E C. area: Rom restricted, MST	
	MRI: Herniated Disc C6-7	
	RT: Papernus: MS	
	RT-sh: Rom restricted	
	Assess Cervical strain	
	RT sh strain	
	plan ① P.T. x 2 x 3 wks	
	② Ref ortho & MRI Report	
	③ Eval x 2 weeks	
	(Signature)	

STEPHAN'S PHYSICAL THERAPY

PHYSICAL THERAPY REFERRALS

POMONA

1900 Royalty Drive, Suite 160
 Pomona, CA 91767
 Tel: (909) 469-6080
 Fax: (909) 469-6079

PASADENA

2 North Lake Suite 1000
 Pasadena, CA 91105
 Tel: (626) 744-3575
 Fax: (626) 744-3580

RIVERSIDE

3576 Arlington Ave., Suite 103
 Riverside, CA 92506
 Tel: (909) 778-1130
 Fax: (909) 778-1137

Name Mark Whitehouse Date 11/27/01
 Diagnosis C/S Rt Shoulder strain
 Areas to be treated C/S X (Rt) shoulder
 Frequency 3 x weekly for 3 weeks.
 Remarks _____

TESTES & MEASUREMENTS

- Evaluation and Treatment
- Isokinetics Test
- Physical Therapy Evaluation
- Muscle Testing-Manual
- Range of Motion Evaluation
- Postural Evaluation

HEAT THERAPY

- Diathermy
- Hydrocollator Packs
- Therapeutic Massage
- Paraffin bath

TRACTION

- Cervical
- Intermittent — lbs. / — min.
- Static — lbs / — min
- Tumbler
- Inverted Gravity Traction

ELECTROTHERAPY

- Electrical Stimulation
- Transcutaneous Nerve Stim.
- Ultrasound
- Phonophoresis
- Interferential Therapy
- Jobst compression

CRYOTHERAPY

- Cold Packs
- Ice Massage
- Cold Spray & Stretch
- Contrast Bath

SPECIAL PROGRAMS

- Desensitization
- Postural Training
- Instruct. in Body Mechanics
- Activities of Daily Living
- Back School
- TMJ Program
- PNF

THERAPEUTIC EXERCISE

- Isokinetics Rehab
- Passive Exercise
- Active-Assisted Exercise
- Active Exercise
- Progressive Resistive Exer.
- Back Exercise Program
- Trunk Stabilization Training
- Cervical Exercise
- Crutch Training
- Gait Training
- Range of Motion
- Mobilization Exercise

HYDROTHERAPY

- Whirlpool
- Sterile
- Nonsterile

SPECIAL PROCEDURE

- Soft Tissue Mobilization
- Myofascial Release Program
- Biodex Testing

12/18/01
 APPOINTMENT DATE

AM / PM

DOCTORS SIGNATURE

MD

RADIOLOGY CONSULTATION REQUEST

MEDICAL GROUP: ANTHONY G. RODAS, M.D. INC. PATIENT NUMBER: P-5769

PATIENT: WHRITENOUR, MARK AGE: 41
LAST NAME FIRST NAME INITIAL

REQUESTING M.D.: DR. RODAS DATE: 10/16/01

PROVISIONAL DIAGNOSIS/BRIEF HISTORY:

EXAMINATION OR TREATMENT REQUESTED: C/S(2v)

X-RAY TECHNICIAN: R. P EXAM DATE: 10/16/01

NUMBER OF FILMS: 2

RADIOLOGISTS REPORT POSITIVE ___ NEGATIVE ___ INCIDENTAL FINDINGS ___

CERVICAL SPINE - AP and lateral views

The intervertebral spaces are well maintained and the individual alignment is satisfactory. No significant disturbance of the physiological curvature is seen. The zygapophyseal joints are grossly unremarkable. No soft tissue pathology is seen.

CONCLUSION: Normal cervical spine.

DATE: 10/18/01 RADIOLOGIST:

[Signature]
old Hageman, M.D.

THIS REPORT IS BASED SOLELY UPON THE CORRELATION WITH THE CLINICAL

LOGICAL EXAMINATION. IS RECOMMENDED.

PROGRESS RECORD

PATIENTS NAME	Mark Whiteman	
DATE		CHG.
10/23/01	Slip & fall	DCI 9/16/01
	no meds	Initial 10/9/01
	P.T. nil here	
	but P.T. at outside	3 times a week x 6 wks
	allergies PCD	
	Meds ∅	
	CIE	
	cervical spine - no ext signs	
	non tender	
	paraspinal muscle spasm.	
	(RT) Trapezius Spasm	
	Assen: C. Spasm	
	(RT) Trapezius Spasm	
Plan	Adv: MRI of cervical region	
	& right shoulder	
	continue P.T. twice a week at P. Valley	
	Reval with MRI report	
	± Arthro	
	(Signature)	

October 9, 2001

Patient: Mark Whritenou
D/Accident: 9/16/01
D/Examination: 10/9/01

The patient is a 41-year-old male who was walking down an aisle at K-Mart when he slipped on some bleach or liquid detergent. There was no notice of any spills posted. His right foot went out from under him causing him to fall on the right hand with the elbow bent and then onto the shoulder.

There was no loss of consciousness or bleeding but he had immediate pain to the right shoulder.

He was seen at Brea Community Hospital on September 28, 2001 because of persistent pain in the right shoulder and right trapezius. The shoulder was x-rayed. No fractures were seen.

The patient has complained of persistent popping and cracking of the right shoulder. He states he has fatigue in the shoulder but in actuality he puts his hand over the trapezius and right side of the neck. There is no numbness or tingling.

PAST MEDICAL HISTORY:

Prior accidents: None.

Medications: None.

Allergies: Penicillin, sulfa and Erythromycin.

Surgeries: None.

REVIEW OF SYSTEMS:

General: Denies weight changes, appetite changes, unusual weakness, bleeding, fever, chills, recent trauma or infections.

HEENT: Denies vision changes, hearing changes, epistaxis, unusual sneezing, sore throat, swallowing difficulties, ear pain, or facial pain.

Lungs: Denies cough, dyspnea, orthopnea or hemoptysis.

Re: Mark Whritenou
October 9, 2001
Page: 2

Heart: Denies palpitations.

Abdomen: Denies abdomen pain, eructation, nausea, vomiting, hematemesis, diarrhea, constipation, hematochezia, melena, acholic stools or flatulence.

GU: Denies recent dysuria, urine frequency, urine hesitancy, urine urgency, urine flow-slow, urine retention, nocturia, polyuria, dark urine or incontinence.

Skin: Denies rashes, lesions, anhidrosis, bruising, and pruritus.

Neuro: Denies memory loss, disorientation, syncope, diplopia, dizziness, vertigo, clumsiness, paresthesias or cephalgia.

PHYSICAL EXAMINATION:

On examination the patient presented as a well-developed, well-nourished male.

Musculoskeletal: Examination of the neck disclosed spasm in the right trapezius extending up the nape of the neck on the right side.

Flexion and extension were full. Right lateral rotation was diminished to 60 out of 90 degrees. Left lateral rotation was full. Spurling's was negative.

The right shoulder was slightly tender over the right acromion. He had a little bit more prominence to the right acromion process versus the left. He has lost about 20 degrees of internal rotation of the right shoulder. Otherwise the remainder of his range of motion was normal.

HEENT: EOM's are intact. The mouth is clear.

Chest: Clear.

Cardiac: Normal.

Abdomen: Soft, nontender.

Extremities: No cyanosis, clubbing or edema.

Neuro: Normal.

Re: Mark Whritenou
October 9, 2001
Page: 3

ASSESSMENT:

1. Status post slip and fall.
2. Cervical sprain.
3. Right shoulder tendonitis.

PLAN:

The plan at this time is to obtain x-rays of the cervical spine. We will go ahead and start the patient on a progressive physical therapy program.

I will follow the patient up again in two weeks. If he fails to make improvement then consideration should be made for an MRI of the neck and right shoulder.

Anthony G. Rodas, M. D.

AGR/sh

ANTHONY G. RODAS M.D., INC.

Board Certified Internal Medicine

MADHURI PETKAR, M.D.

127 N Madison Avenue, Suite 106, Pasadena, CA 91101

Telephone (626) 796-4351

NAME Mark Whaitenour DATE 11/27/01
ADDRESS _____ CITY _____

R

① Motrin 600mg #45
after food P/C PRN

② Flexeril 10mg HS qo #21
Micael

LABEL Yes No

REP 2 TIMES

MAY CAUSE DROWSINESS

DEA No. BP4412019 Calif. Lic. No. A53923

MD

From KIMJ to Referring Doctor

TO: Anthony Rodas
127 N Madison Ave SUITE 106
Pasadena, CA 91101

Phone (626) 796-4351
Fax (626) 796-1787

**** Rescheduled from 11/06/01 to 11/06/01**

Note:

***** Patient Data *****

Name Whritenour, Mark
Work (619) 296-6433 Home (909) 861-4466
Weight 0 Height Sex M DOB 3/24/60 Dt Of Injury 9/16/01
SSN Employer

**** Exam Related Info ****

Date 11/06/01 Time 10:45AM
Study MR Shoulder - Right
Alt Diag R/O Rotator Cuff Tear
Surgery
Pain

*** Site: Anaheim Hills MRI***

Address 500 S Anaheim Hills Road
Suite 136
Anaheim Hills, CA 92807

Phone (714) 282-8160
Fax (714) 282-7031

Due date (for results and films to you)

Verbal needed N
Reading Dr Glenn, M D, William

***** Previous Exam Information (if known) *****

NOTICE Pursuant to your instructions, your patient Mark Whritenour has been scheduled at Anaheim Hills MRI*** If this site is not acceptable to you, please notify us immediately

*** Films will be sent as soon as possible to you ***

Scheduling confirmation only - report will be sent after exam is done.

**If you received this in error, please notify sender (name KIMJ) as soon as possible Thank You!!

Key Health Management, Inc

Phone: (626) 796-0019 Fax: (626) 796-0015

* Scheduling Confirmation * (one page fax - cover sheet)

From: KIMJ to Referring Doctor

TO Anthony Rodas
127 W. Madison Ave., SUITE 106
Pasadena, CA 91101

Phone: (626) 796-4351
Fax: (626) 796-1797

Note

***** Patient Data *****

Name: Whritenour, Mark
Work: (619) 236-6430 Home: (909) 861-4466
Weight 0 Height Sex: M DOB: 3/24/60 Dt Of Injur: 9 16 '01
SSN: Employer:

**** Exam Related Info ****

Date: 11/06/01 Time 11:00AM
Study MR Cervical spine - -
Alt Diag
Surgery:
Pain: R/O HNF

*** Site Anaheim Hills MRI***

Address 500 S. Anaheim Hills Road
Suite 136
Anaheim Hills, CA 92807

Phone (714) 292-9160
Fax: (714) 292-7031

Due date for results and films to you
Verbal needed N
Reading Dr Glenn, M.D., William

***** Previous Exam Information (if known) *****

NOTICE: Pursuant to your instructions, your patient Mark Whritenour has been scheduled at Anaheim Hills MRI***. If this site is not acceptable to you, please notify us immediately.

*** Films will be sent as soon as possible to you. ***

Scheduling confirmation only - report will be sent after exam is done

**If you received this in error, please notify sender (name KIMJ) as soon as possible. Thank You!!

From KIMJ to Referring Doctor

TO Anthony Rodas
127 N Madison Ave SUITE 106
Pasadena, CA 91101

Phone (626) 796-4351
Fax (626) 796-1787

Note

P-576

***** Patient Data *****

Name Whritenour, Mark
Work (619) 296-6433 Home (909) 861-4466
Weight 0 Height Sex M DOB 3/24/60 Dt Of Injury 9/16/01
SSN Employer

***** Exam Related Info *****

Date 11/06/01 Time 7 30AM
Study MR Shoulder - Right
Alt Diag R/O Rotator Cuff Tear
Surgery
Pain

*** Site: Anaheim Hills MRI***

Address 500 S Anaheim Hills Road
Suite 136
Anaheim Hills, CA 92807

Phone (714) 282-8160
Fax (714) 282-7031

Due date: (for results and films to you)

Verbal needed N
Reading Dr Glenn, M D, William

***** Previous Exam Information (if known) *****

NOTICE: Pursuant to your instructions, your patient Mark Whritenour has been scheduled at Anaheim Hills MRI***. If this site is not acceptable to you, please notify us immediately

*** Films will be sent as soon as possible to you ***

Scheduling confirmation only - report will be sent after exam is done.

**If you received this in error, please notify sender (name KIMJ) as soon as possible Thank You!!

127 North Madison Avenue

Suite 106

****PLEASE SEND ALL MEDICAL RECORDS AND XRAY REPORTS ASAP, THANKS***
Pasadena, California 91101

626 796 4351

Fax 626 796 1787

REQUEST FOR RELEASE OF MEDICAL RECORDS

TO: BREA Community Hospital
PHYSICIAN OR HOSPITAL

380 W. Central Ave.
ADDRESS

Brea Ca 92621
CITY STATE ZIP

WRITENOUR, MARK
PATIENT'S NAME


09/28/01-- 03/24/60
BIRTHDATE

09/28/01
DATE OF TREATMENT OR HOSPITALIZATION

E.R.
E.R. or OUTPATIENT

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

ANTHONY G. RODAS M.D., INC.
Board Certified Internal Medicine
127 North Madison Ave., Suite 106
Pasadena, California 91101

 10-9-01
Patient's Signature Date

ANTHONY G. RODAS M.D., INC.
Board Certified Internal Medicine
127 N Madison Avenue, Suite 106, Pasadena, California 91101
Telephone (626) 796-4351

NAME Mark Whritenour DATE 10/23/07

ADDRESS _____, CITY _____

R

flexeril 10mg po HS

PRN # 20

LABEL Yes No

REP 2 TIMES

MAY CAUSE DROWSINESS
AR 138

Anthony G. Rodas MD
DEA No. BR5315696 Calif. Lic. No. G40366

NAME OF PATIENT Whitener Mark.

9/10/01
D of A TIME

AGE 41 M F

Slip & fall

10/09/01
TODAY'S DATE

Hx OF INJURY

1) If AUTO ACCIDENT

Car in which pt was driving
 riding struck struck by



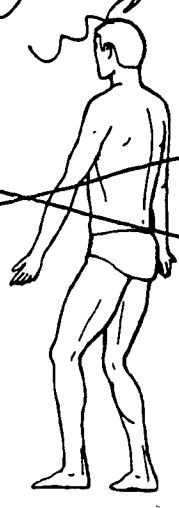
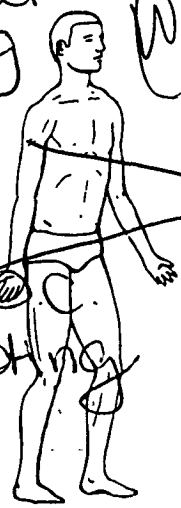
as shown in the drawing on the right.

Hd rests
Seat belts worn



2) If Other than auto accident:

Pt. states walking in a aisle @
K. Mart when slipped on Bleach or
liquid detergent that was spilled
on the floor. Pt. states falling
on (R) side, hitting floor (C)
(R) hand then (R) shoulder.



@ Foot cut from
wheel
1444
to
side
@ wrist
tr
5m

Denies L.O.C.
NO Bleeding

Upon Impact pt was:

 struck by
 & or struck
 & or exp an acceleration as shown.

Pt EXPERIENCED

IMMEDIATE AFTER IMPACT:

**PAIN INCL. RADIATING
&/OR stiffness over:**

Pt. C/O soreness to (R) shoulder

OTHER Sx's


W/U

FIRST 24 HOURS.

C/O soreness to (R) shoulder,
tricep and forearm.

SECOND 24 HRS.

5) Pt: Did Did Not Receive Medical Care

Name of Dr., Clinic, Hosp.	Date	Rx:	X-rays	PT
Brea Community Hospital	9/28/01		(R) shoulder	

6) PT'S CURRENT C.C.:

Pt. c/o persistent popping and cracking to (R) shoulder. States fatigue to shoulder. No numbness or tingling.

Handwritten note: PT c/o pop
CRACKING

7) Past Medical Hx

Accidents: None
give dates, areas involved & recovered or not recovered

Surgery: None

Rx Medical: None

Allergies: Penicillin, sulfa, streptomycin

8) DISABILITY

1. What is your occupation? Manager: Sodex-HO

2. Have you stopped working due to the accident? yes no
If yes what date _____

3. If you are still working have you been placed on modified or light duties? yes no

PE/

FUNCTION

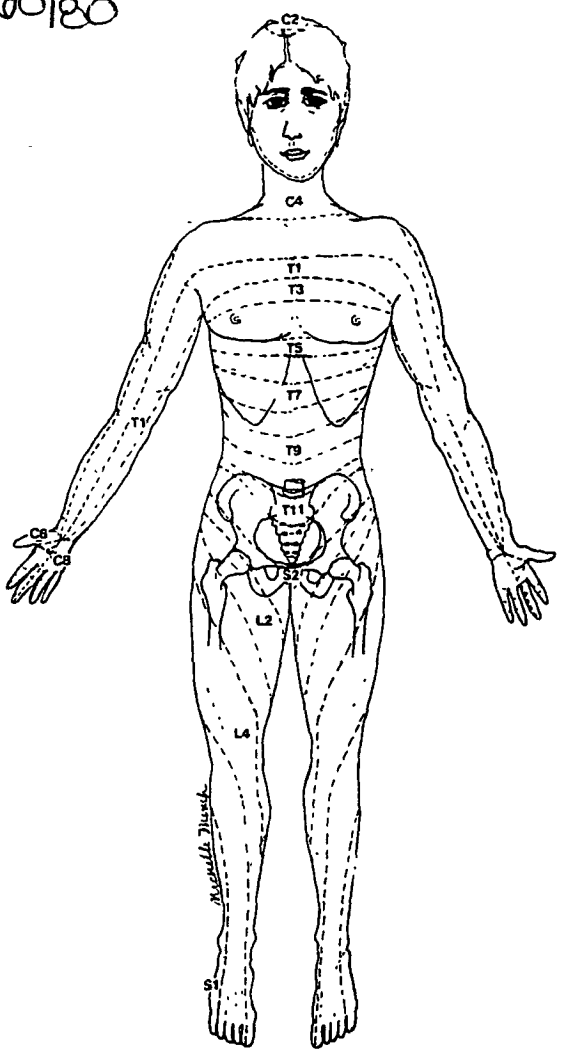
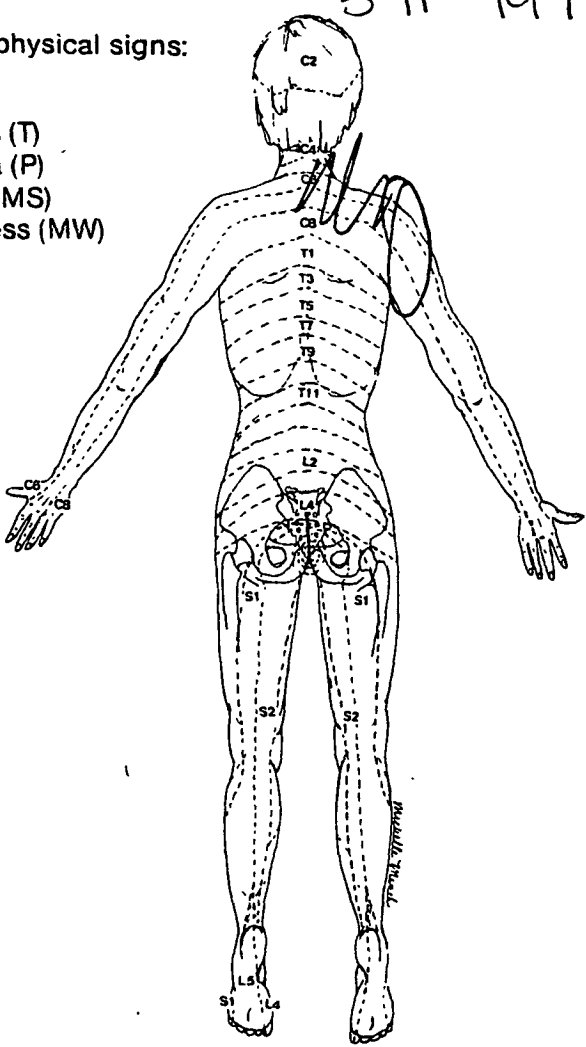
VITAL SIGNS

(ht. 5'11 wt. 197 BP, 100/80 P, T,)

1. Surface trauma/physical signs:

Diagram

- Tenderness (T)
- Paresthesia (P)
- Ms Spasm (MS)
- Ms Weakness (MW)



2. ROM:		Initial Exam	REFLEXES:	L / R	DEGREE OF:
CERVICAL		F (1FB) E (60°)	Biceps _____	/	Muscle Spasm _____
			Triceps _____	/	Tenderness _____
					Sensation _____
ROT_(90°)		L R			
L FLEX_(40°)		L R			
D/S_(80-90°)		L R	REFLEXES:	L / R	DEGREE OF:
			Patellar _____	/	Muscle Spasm _____
			Achilles _____	/	Tenderness:
			Babinski _____	/	D/S _____
L/S		F (inches to floor) E (30°)			L/S _____
					S.I. _____
FLEX_(40°)		L R			Sciatic _____
					Sensation _____
SLR_(80-90°)		L R	MOTOR STRENGTH:		
			Squatting _____		
			Gait _____		
			Toe and Heel _____		
			Other _____		

3. Signs Lasegue (+) _____ (-) _____, Fabere-Patrick's (+) _____ (-) _____, La guerr's (+) _____ (-) _____

6) ROUTINE MEASUREMENTS LOWER EXTREMITY

Place I or U after each L or R

CIRCUMFERENCES

Injured = I
Uninjured = U

L

R

Mid thigh _____ / _____
 Mid calf _____ / _____
 Ankle
 (at malleolus) _____ / _____

LENGTH OF LOWER EXTREMITY

(ant sup iliac to floor) _____ / _____

RANGE OF MOTION

HIP

Flexion (110) _____ / _____
 Ext. (30) _____ / _____
 Add. (30) _____ / _____
 Abd. _____ / _____
 Int. Rot. (35) _____ / _____
 Ext. Rot. (50) _____ / _____
 Comment: _____

FOOT

Mid Tarsal (Estimate passive motion as compared to normal range for patient)

KNEE

Flexion (135) _____ / _____
 Ext. (180) _____ / _____
 Comment: _____

TOES

Great

Ext. (40) _____ / _____
 Flexion (25) _____ / _____

2nd

Ext. _____ / _____
 Flex. _____ / _____

3rd

Ext. _____ / _____
 Flex. _____ / _____

4th

Ext. _____ / _____
 Flex. _____ / _____

5th

Ext. _____ / _____
 Flex. _____ / _____

ANKLE

Dorsi Flex (15) _____ / _____
 Plant Flex (50) _____ / _____
 Inver (45) _____ / _____
 Ever (60) _____ / _____
 Comment: _____

All joints of lower extremity should be reported, either in range of actual motion or by statement that certain joints are normal.

If there is a bilateral disability the examiner should give his opinion of the normal measurement for that patient.

6) **Neurological:** DTR'S _____ CN'S II-XII _____ Balance _____ Other _____

IMPRESSION & DIAGNOSIS:

ADDITIONAL COMMENTS:

ORDERED

PHYSIC THERAPY

_____ CIRCUMFERENCES
 _____ UE
 _____ LE
 _____ JAYMAR GRIP
 _____ X-RAYS (SPECIFY)
 C/S TAKEN 10-16-01 RP

 _____ SEND FOR PRIOR MEDICAL RECORDS
 _____ C-PILLOW
 _____ C-COLLAR X _____ DAYS
 _____ L/S SUPPORT X _____ DAYS
 _____ OTHER SUPPORTS, SPLINTS
 BANDAGES (SPECIFY) _____

 _____ MEDICATIONS
 ANALGESICS _____
 MUSCLE RELAXANTS _____
 ANTI INFLAMATORY _____

 _____ EDUCATIONAL MATERIAL
 (SPECIFY) _____

 _____ CONSULTATION
 NEURO _____
 ORTHO _____
 OTHER (SPECIFY) _____

AREA			RX GROUP		
<u>C/S</u>					
<u>D/S</u>					
	<u>UPPER D/S</u>				
	<u>LOWER D/S</u>				
<u>L/S</u>					
<u>SHOULDER</u>	<u>R</u>	<u>L</u>			
<u>ARM</u>	<u>R</u>	<u>L</u>			
<u>ELBOW</u>	<u>R</u>	<u>L</u>			
<u>FOREARM</u>	<u>R</u>	<u>L</u>			
<u>WRIST</u>	<u>R</u>	<u>L</u>			
<u>FINGERS</u>	<u>R</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>FINGERS</u>				<u>L</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>CHEST WALL</u>					
<u>HIP</u>	<u>R</u>	<u>L</u>			
<u>THIGH</u>	<u>R</u>	<u>L</u>			
<u>KNEE</u>	<u>R</u>	<u>L</u>			
<u>LEG/CALF</u>	<u>R</u>	<u>L</u>			
<u>ANKLE</u>	<u>R</u>	<u>L</u>			
<u>FOOT</u>	<u>R</u>	<u>L</u>			
<u>TOES</u>	<u>R</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>TOES</u>				<u>L</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

DISABILITY
 YES _____
 NO _____
 LENGTH OF DISABILITY _____
 RETURN _____ WEEKS FOR FOLLOW / UP

PHYSICAL THERAPY FOR _____ WEEKS
 FREQUENCY PER WEEK _____

RX GROUPS

- (1) H/CP, ULTRASOUND, MASSAGE
- (2) H/CP, MASSAGE, EMS
- (3) H/CP, EMS ULTRASOUND
- (4) H/CP, TENS, ULTRASOUND
- (5) H/CP, CERVICAL TRACTION, MASSAGE
- (6) H/CP, OT, PERVIC TRACTION
- (7) H/CP, MASSAGE, VIB., OT
- (8) H/CP, PELVIC TRACTION, MASSAGE
- (9) H/CP, PARAFFIN, EXERCISE
- (10) H/CP, WHIRLPOOL, EXERCISE
- (11) OTHER
- (12) OTHER

_____ M.D.
 SIGNED

EXHIBIT 4



Orthopedic Care Center of Los Angeles

127 N. Madison Ave., Suite 106
Pasadena, California 91101
Tel. (626) 796-4351
Fax. (626) 796-1787

Invoice Date: Feb 22, 2002

Regarding: Whritenour, Mark
Date of Accident: 9/16/01
File #: OPZ-1328
Invoice #: 16953
Tax ID #: 95-4738588

ICD9 Code: 847.0
840.9

<u>Previous Invoice Date</u>	<u>Previous Balance</u>	<u>Current Charges</u>	<u>Current Payments</u>	<u>New Balance</u>
	\$0.00	\$775.00		\$775.00

<u>Service Date</u>	<u>CPT Code</u>	<u>CPT Description</u>	<u>Charges</u>	<u>Payments</u>
2-4-2002	99244	Comprehensive orthopedic eval.	\$675.00	
2-22-2002	99080	Chart Review/ Preparation of Medical Summary	\$100.00	

RECEIVED

FEB 27 2002

Law Offices
Marvyn Gordon

127 N. Madison Ave., Suite 106
Pasadena, California 91101
Tel. (626) 796-4351
Fax (626) 796-1787

ORTHOPEDIC CONSULTATION

RE: WHRITENEOUR, Mark
D/I: September 16, 2001
D/E: February 4, 2002

To Whom It May Concern:

Marl Whriteneour was evaluated in orthopedic consultation on February 4, 2002 in regard to injuries sustained in a slip and fall accident.

HISTORY OF INJURY:

Mr. Whriteneour is a 41-year-old, right-handed male who states that while a patron in a K-Mart store, he slipped in liquid on the floor. His right foot went out from under him, and he fell onto his right hand with his elbow bent and then onto his shoulder. He had immediate pain in his right shoulder. His pain persisted and on September 28, 2001, he was seen in the emergency room at Brea Community Hospital. X-rays were taken and no fractures were found.

On October 9, 2001, the patient was seen by Dr. Anthony Rodas for pain in the shoulder with persistent popping and cracking, as well as right-sided neck pain. He was diagnosed with a cervical strain and tendinitis in the right shoulder. He was started on physical therapy. Due to persistent symptoms, MRI scans of the cervical spine and right shoulder were obtained on November 6, 2001. He is now referred for orthopedic evaluation by associate Dr. Petkar. He has been receiving physical therapy twice weekly with improvement.

PRESENTING COMPLAINTS:

The patient complains of slight to moderate neck pain with occasional stiffness. He has intermittent moderate pain in the right shoulder, with episodes of popping when he elevates the arm. He feels his motion is good, however.

RE: WHRITENOUR, Mark
DATE: February 4, 2002
PAGE: 2

WORK HISTORY:

The patient is employed as a manager and is working.

PAST MEDICAL HISTORY:

There is no history of injury to the neck or right shoulder. The patient is taking Ibuprofen 600 mg or aspirin as needed. He is allergic to Penicillin, Erythromycin and Sulfa.

PHYSICAL EXAMINATION:

The patient is a well-developed and well-nourished 41-year-old, right-handed male. Height: 6'0". Weight: 205 pounds. Sitting posture is mildly encumbered.

Cervical spine examination reveals a normal cervical lordosis. There is mild tenderness over the paraspinal muscles extending into the upper trapezius muscle on the right side. Range of motion of the cervical spine is restricted and painful, with forward flexion allowing the patient to bring the chin to within one fingerbreadth of the anterior chest wall. Extension is performed to 40 degrees (n=45). Lateral flexion is performed to 45 degrees bilaterally (n=45). Lateral rotation is to 80 degrees on both sides (n=90). Adson's maneuver is negative. Spurling's test is negative.

Examination of the right shoulder demonstrates slight tenderness to palpation over the acromioclavicular joint and deltoid. There is full range of abduction and flexion of the shoulder. Internal rotation is to T10 as compared to T4 on the opposite side. External rotation is full. There is incomplete scapular excursion. Apprehension sign is negative. Sulcus sign is negative. Jobe's test, Hawkins' and Neer's are negative. Cross-chest reaching, lift off test, reverse lift off and Hornblower's sign are negative.

Examination of the right elbow and wrist is within normal limits.

Grip Strength is measured in this right-handed patient using the Jamar Dynamometer on three separate tries. The readings, in pounds of pressure, are as follows:

	RIGHT	LEFT
1.	140	115
2.	120	120
3.	120	120

RE: WHRITENEOUR, Mark
DATE: February 4, 2002
PAGE: 3

Circumferential Measurements (in inches):

	RIGHT	LEFT
Biceps	14	14
Forearms	12	12

Intact sensation to pinprick and light touch in all dermatomes is appreciated in the upper extremities. Deep tendon reflexes are 2+ and symmetrical throughout. Motor exam shows no focal weakness.

RADIOGRAPHIC EXAMINATION:

X-rays of the cervical spine show straightening of the normal lordotic curve.

MRI scan of the cervical spine shows a normal lordotic curve. There is neuroforaminal narrowing at C6-7 secondary to disc herniation.

MRI scan of the right shoulder demonstrates a degenerative cyst over the humeral head, which is of no clinical significance. There is narrowing of the subacromial space.

DIAGNOSES:

1. Cervical strain.
2. Sprain of the right shoulder.

DISCUSSION AND RECOMMENDATIONS:

Mr. Whriteneour sustained significant injuries to his cervical spine and right shoulder as a direct result of the slip and fall accident that occurred on September 16, 2001. He is in need of further treatment and evaluation.

The patient is improving with his present therapy regimen and should continue with this course of conservative treatment. At this time, I do not see any indication to change to a more invasive or aggressive program.

No return appointment has been given. However, I would be happy to re-examine this patient at some future date, should he fail to respond to conservative care.

RE: WHRITENEOUR, Mark
DATE: February 4, 2002
PAGE: 4

If I can be of further assistance to you or to the patient, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Antoine Roberts".

Antoine Roberts, M.D.
Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons

AR:sb
Enclosure(s)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
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16
17
18
19
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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, in the State of California. I am over the age of 18 and not party to the within action; my business address is 415 N. Crescent Dr., Suite 240, Beverly Hills, CA 90210-4862.

On **March 11, 2002** I served the document described as **PROOF OF CLAIM** on interested parties in this action [] by personally serving; [X] by placing [X] the original; [] a true and correct copy thereof enclosed in a sealed envelope addressed as follows:

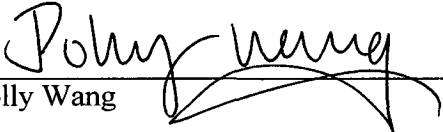
U.S. Bankruptcy Court
P.O. Box A3613
Chicago, IL 60690-3612

[X] By Mail

I deposited such envelope in the mail at Beverly Hills, California. The envelope was mailed with postage thereon fully prepaid.

I am readily familiar with the firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postal service on the same day in the ordinary course of business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on **March 11, 2002** at Beverly Hills, California.


Polly Wang

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, in the State of California. I am over the age of 18 and not party to the within action; my business address is 415 N. Crescent Dr., Suite 240, Beverly Hills, CA 90210-4862.

On March 13, 2002, I served the document described as **PROOF OF CLAIM** on interested parties in this action [] by personally serving; [X] by placing [] the original; [X] a true and correct copy thereof enclosed in a sealed envelope addressed as follows:

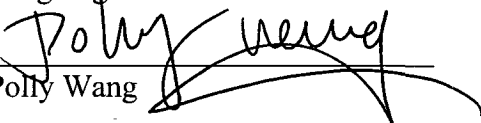
John Butler, Jr.
Skadden, Arps, Slate, Meacher & Flom
333 W. Wacker Dr.
Chicago, IL 60606

BY MAIL:

I deposited such envelope in the mail at Beverly Hills, California. The envelope was mailed with postage thereon fully prepaid.

I am readily familiar with the firms' practice of collection and processing correspondence for mailing. It is deposited with the U.S. postal service on the same day in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

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