

SWISS AVENUE SURGICENTER

4103B Swiss Avenue

Dallas, Texas 75204

Record #

101011

AUTHORIZATION FOR RELEASE OF INFORMATION

I, Robert Ploet born on 07/26/1968

Address 6827 Latte Pkwy

hereby authorize Swiss Ave Surgery
(Name of doctor, hospital, company, firm, attorney, etc.)

(Address)

the following information: All Medical Records For
08/07/2013

This authorizes release of said information from my medical record, covering the period from _____
to 8/7/2013. The disclosure of information authorized herein is made for the
following purpose:

send to my home

I hereby release Swiss Avenue SurgiCenter from all legal responsibility or liability that may arise from
the act I have authorized above.

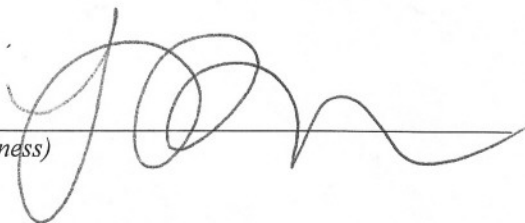
I understand that my medical records (including any alcohol, drug abuse, or mental status information)
may be protected by Federal Regulations. I also understand that I may revoke this consent at any time
except to the extent that action has been taken in reliance on it.

Specification of the date, event, or condition upon which this consent expires:

This authorization will expire 90 days from the date of the signature.

After 90 days, the consent must be renewed by the patient if further disclosures are necessary.

Executed this _____ day of _____, 20 _____.

(Witness) 

(Signature of patient)

(Signature of parent, guardian, or authorized
representative)

(Witness)

(Nature of relationship)

PROHIBITION ON REDISCLOSURE: This information is being disclosed to you from records whose confidentiality is protected by
Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the
specific written consent of the person to whom it pertains.

Mailed 8/16/13

Swiss Avenue Surgicenter

PATIENT

ROBERT PLOCK

DATE

05/29/13

ACCOUNT#

0101011

PATIENT INFORMATION							
SOCIAL SECURITY # 456-53-3292		DATE OF BIRTH 07/26/1968		AGE 44Y	SEX M	MARITAL STATUS	RACE
STREET ADDRESS (CITY, STATE, ZIP CODE) 6827 LATTA PARKWAY DALLAS, TX 75227						EMAIL	HOME PHONE 214-799-7775
CELL PHONE	WORK PHONE	EMERGENCY CONTACT CLARENCE ABNER			RELATIONSHIP TO PATIENT PARTNER	PHONE NUMBER 214-799-7775	
GUARANTOR				PATIENT EMPLOYER			
NAME PLOCK, ROBERT				NAME 214-799-7774			
SOCIAL SECURITY # 456-53-3292				STREET ADDRESS			
STREET ADDRESS 6827 LATTA PARKWAY				CITY, STATE, ZIP CODE			
CITY, STATE, ZIP CODE DALLAS, TX 75227				RELATIONSHIP TO PATIENT 01-Self			
HOME PHONE 214-799-7775	WORK PHONE	CELL PHONE	OCCUPATION		PHONE		
PRIMARY INSURANCE							
INSURER UMR				POLICY # 13280912		AUTHORIZATION #	
ADDRESS PO BOX 30541		SUBSCRIBER ROBERT PLOCK		DATE OF BIRTH 07/26/1968		RELATIONSHIP TO PATIENT 18-Self	
CITY, STATE, ZIP CODE SALT LAKE CITY, UT 84130		SUBSCRIBER PHONE NUMBER 214-799-7775		W/c <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>		DATE OF ACCIDENT	
PHONE NUMBER 76-410892	GROUP #	GROUP NAME					
SECONDARY INSURANCE							
INSURER				POLICY #		AUTHORIZATION #	
ADDRESS		SUBSCRIBER		DATE OF BIRTH		RELATIONSHIP TO PATIENT	
CITY, STATE, ZIP CODE		SUBSCRIBER PHONE NUMBER		W/c <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>		DATE OF ACCIDENT	
PHONE NUMBER	GROUP #	GROUP NAME					
OTHER INSURANCE							
INSURER				POLICY #		AUTHORIZATION #	
ADDRESS		SUBSCRIBER		DATE OF BIRTH		RELATIONSHIP TO PATIENT	
CITY, STATE, ZIP CODE		SUBSCRIBER PHONE NUMBER		W/c <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>		DATE OF ACCIDENT	
PHONE NUMBER	GROUP #	GROUP NAME					
PROCEDURE							
SURGEON TIBOR RACZ				PHONE NUMBER		ASSISTANT	
ANESTHESIOLOGIST				PHONE NUMBER		ANESTHESIA TYPE MAC	
PRIMARY PROCEDURE 64483 Transforaminal Lumbar Epidural Steroid Injection - L5-S1				SECOND PROCEDURE			
PRIMARY DIAGNOSIS 724.4 LUMBOSACRAL NEURITIS				OTHER DIAGNOSIS			

PATIENT SIGNATURE:

Robert Plock

DATE:

05/29/2013

Sister - Kimberly Schlachter Admit/Form Box Cell 972 523 4986

SASC Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SEX
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013

Pain Management Procedure & Supply List

PROCEDURES:		SUPPLIES:		MUSCULOSKELETAL:	
EPID/FACET:		INTRATHECAL THERAPY:			
ESI LUMB/SACRAL	82311	BACLOFEN/MORPH TRIAL	82318	DEPO MEDROL 80 MG	J1040
ESI CERV/THOR	82310	INJECTION W CATH PLGCT	82319	BUPIV. 0.25% 10 CC	J3490
TRANSFORAM EPID CT	84479	TUNN EPID CATH	82350	VERSED PER 1 MG	J2250
TRANSF CT ADD LEVEL	84480	TUNN CATH REV REM	82355	LIDOCAINE PF 1% PER 10 MG	J2001
TRANSF LS SINGLE	84483	IMPLANT PUMP	82362	LIDOCAINE PF 2% PER 10 MG	J2001
TRANSF LS ADD LEVEL	84484	REM PROG PUMP	82365	KENALOG PER 10 MG	J3301
CERVICAL FACET	84490	ELEC ANALYSIS W PROG	82368	TORADOL PER MG	J1885
CERV FACET 2ND LVL	84491	PUMP REFILL	86530	ISOVUE M 200 PER 10ML	Q9968
CER FACET 3RD LVL	84492	DYE STUDY W FLUORO	82264	WYDASE UP TO 150 UNITS	J3470
LUMBAR FACET	84493	SCS THERAPY:		ANCEP PER 1MG	J3010
LUMBAR FACET 2ND LVL	84494	PERC EPID LEAD	83850	FENTANYL PER 1MG	J3010
LUMBAR FACET 3RD LVL	84495	EPID LEAD - REV REM	83860	ZOFRAH PER 1MG	J2405
BLOCKS:		PULSE GEN IMPLANT	83885	TUN-L KATH (120)	C1754
SUPERIOR HYPOGASTRIC	84517	PULSE GEN REV REM	83888	BREVI KATH (120)	C1754
TPI 1 OR 2 MUSCLE GRPS	20552	ANALYSIS W REPROG	95972	VERSA KATH (120)	C1754
TPI 3 OR MORE MUSC GRPS	20553	PERC LEAD ELEC, EACH	18680	GLUCOSE TEST	82982
MAJOR JT BURSA INJ	20810	EXT PT PROGRAMMER	18681	PREGNANCY TEST	81025
SACROILIAC JT INJ	27096	DUAL ARRAY RCHRG BAT	18687		
EPIDURAL BLOOD PATCH	82273	CHARGING KIT	18689		
FACIAL NERVE	84402	LEAD EXTENSIONS	E1399		
OCCIPITAL NERVE	84405	PERIPHERAL NERVE STIM:		DIAGNOSIS:	
BRACHIAL PLEXUS	84415	PERC LEAD TRIAL	84555	CERVICAL:	
INTERCOSTAL SINGLE	84420	PERC LEAD IMPLANT	84576	OCCIPITAL NEURALGIA	723.8
INTERCOSTAL ADD LEVEL	84421	BATTERY IMPLANT	84590	SPONDYLOSIS	721.0
SCIATIC NERVE	84445	REV/REML OF LEAD	84585	NECK PAIN	723.1
ILIOINGUINAL NERVE	84425	REV/REML OF BAT	84595	DEG DISC DZ	722.4
OTHER PERIPHERAL	84450	MISCELLANEOUS:		HNP	722.0
CELIAC PLEXUS BLOCK	84530	PERC DECOMPRESSION	82287	RADICULOPATHY	723.4
SUPRASCAPULAR NERVE	84418	LYSIS EPID ADHESIONS	82264	SPINAL STENOSIS	723.0
		BLOOD PATCH	82273	POST-LAM SYNDROME	722.81
SYMPATHETIC:		LUMBAR PUNCTURE	82270	CERVICAL STRAIN	847.0
SPHENOPALATINE GANGL	84505	CSF ANALYSIS	82272	FACET JT SYNDROME	722.91
STELLATE GANGL	84510	IV SEDATION	99141	THORACIC:	
LUMB/THOR SYMPATH	84520	BOTOX FACIAL	84612	THORACIC STRAIN	724.1
CELIAC PLEX HYPOGAST	84530	BOTOX CERV/TORTICOLIS	84613	HNP	722.11
GANGLION IMPAR	84520	NUCLEOPLASTY:	82287, A4849	INTERCOSTAL NEURALGIA	354.8
UNLISTED PROC - NERVE	84999	ANNULOPLASTY:	84999, A4849	SPINAL STENOSIS	724.01
RADIO-FREQUENCY TC:		CERVICAL NEUROLYTIC INJ	82281	DEG DISC DZ	722.51
FACET CT SINGLE	84633	LUMBAR NEURO INJ	82282	POST-LAM SYNDROME	722.82
FACET CT ADD LEVEL	84634	SEL. NRV ROOT BLK LUM	84483	SPONDYLOSIS	721.2
FACET LS SINGLE	84635	DISCOGRAM CERV/THOR	82290	FACET JT SYNDROME	724
FACET LS ADD LEVEL	84636	DISCOGRAM LUMB/SACRAL	82291	LUMBAR:	
INTERCOSTAL NRV CRYO	84620			RADICULOPATHY	724.4
OTHER PERIPHERAL RF	84640			SPONDYLOSIS	721.3
NEUROLYTIC CELIAC PLEX	84680			SPINAL STENOSIS	724.02
TRIGEMINAL PULSE RF	84600			LOW BACK PAIN	724.2
SUPPLEMENTAL CPT CODES				COCCYGODYNIA	724.79
EPIDUROGRAM	72275			DEG DISC DZ	722.52
FLUOROSCOPY	77003			FACET JT SYNDROME	724.8
DISCOGRAPHY (CERV/THOR)	72285			HNP	722.10
DISCOGRAPHY (LUMBAR)	72295			POST-LAM SYNDROME	722.83
OTHER PROCEDURES:				SCIATICA	724.3
				FORAM STEN	324.9
				SI JT PAIN	724.6
				LUMBAR STRAIN	847.2
				SUPRASCAP NEURALGIA	723.4
				ARM/SHOULDER:	
				ARM PAIN	729.5
				SHOULDER PAIN	719.41
				CARPAL TUNNEL	354.0
				BR PLEXOPATHY	353.0
				THOR OUT SYND	353.0
				SACROILITIS	720.2
				MYFASC SYND	729.1
				ARTHRITIS UNSPEC	716.90
				SCOLIOSIS	737.30
				MULTIPL SCLEROSIS	340
				OSTEO ARTH	715.00
				BONE PAIN	733.90
				CHEST-MUSC	766.59
				PAIN-MULTI SITE	719.49
				HEAD:	
				POPH	349.0
				HEAD/FACIAL	784.0
				TRIGEMINAL NEUR	350.1
				MIGRAINE	346.10
				TENSION HA	307.81
				PH TRIG NEUR	053.12
				ATYPICAL FACIAL	350.2
				LEG:	
				LEG/FOOT PAIN	729.5
				HIP PAIN	719.45
				KNEE PAIN	719.46
				TROCH BURSTITIS	728.5
				MERAL G PARESTH	355.1
				NEUROPATHY:	
				SPASTICITY	781.0
				ARACHNOIDITIS	322.9
				CAUSALGIA	355.0
				RSD-UPPER	337.21
				RSD-LOWER	337.22
				RSD-UNSPEC	337.20
				PERIPH NEUROP	356.0
				DIABETIC NEUROP	250.60/357.2
				PH NEUROP	053.13
				NEURALGIA	729.2
				ABDOMINAL:	
				ABDOMINAL	789.00
				PANCREATITIS	577.0
				RECTAL PAIN	569.42
				PELV PAIN-FEM	625.9
				GROIN PAIN	789.09
				CANCER:	
				PROSTATE	185.0
				LUNG	162.9
				BREAST-FEM	174.9
				COLON	163.9
				PANCREAS	157.9
				MISC:	
				CRANIOCERV SYND	723.2
				VERT FRAC	733.13
				BURSTITIS	727.3
				SUBCROM BURSTITIS	720.19
				PREPATELLAR BURSTITIS	726.65
				DEVICE CODE	753.02
				PATH FRAC	733.13
				GAIT ABNORM	781.2
				VIRAL MENINGITIS	047.9
				HERNIATED DISC	722.2
				CROHN'S DIS	555.9
				SCIATICA	724.3
				PSEUDOTUMOR CERIBRI	348.2
				CHRONIC PAIN SYND	338.4
				ILIOINGUINAL NEURO	355.79

PROCEDURE DICTATED

PHYSICIAN SIGNATURE

Swiss Avenue Surgicenter

Authorization and Financial Agreement

Patient Information:	Race	Birth date	Age	Sex	Account Number
ROBERT PLOCK		07/26/1968	44Y	M	0101011
Address			City, State, Zip code		
6827 LATTA PARKWAY			DALLAS, TX 75227		
Home Phone			Work Phone		
214-799-7775					
Social Security Number					
456-53-3292					

RELEASE OF INFORMATION: I authorize the facility to disclose my protected health information (PHI) in compliance with HIPAA Privacy Provisions which may include my medical records, to any third party payers, including, but not limited to health insurers, health care service plans, state and federal agencies, workers compensation carriers, manufacturers required by FDA to track medical devices, or my employer. This includes appropriate release of and disclosure of my medical records in compliance with Privacy Provisions to my physicians and other health care providers when necessary for my treatment and general health. While I am in the facility for treatment and care, the facility has permission to disclose pertinent information to family members, friends, or designated caregivers who may be present with me. I understand that if I am not present in the facility, my personal health information will not be disclosed unless I agree to disclosure.

FINANCIAL AGREEMENT: I hereby certify that the information provided regarding my health insurance coverage is true and correct and I understand that failure to provide this information may result in rejection of this claim. Any unpaid deductible and/or estimated co-insurance or co-pay is due and payable the day of my procedure. I understand that charges not payable by insurance is my responsibility and all charges are due within 90 days from the date of service regardless of any insurance pending.

ASSIGNMENT OF INSURANCE BENEFITS: In consideration for the services rendered, or to be rendered, I hereby irrevocably assign and transfer to the facility and to any physician providing services, all rights, title and interest, to the benefits payable by any and all third party payors, including Medicare that are or may be liable for the services rendered to the patient. This irrevocable assignment and transfer shall allow the facility or those physicians to pursue any such right of recovery.

MEDICARE CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION, AND PAYMENT REQUEST: I certify that the information given by me in applying for payment under Title XVII 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 or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

HIPAA PRIVACY NOTICE: I acknowledge that I have received the Facility's HIPAA Privacy Notice and have had the opportunity to review its content. RP (Please initial)

RIGHTS AND RESPONSIBILITIES: I acknowledge that I have received a copy of the Patient Rights and Responsibilities. RP (Please initial)

I certify that I have read this document, and am the patient, or am duly authorized to execute it and accept its terms.

Robert Plock
Patient Signature

05/29/2013
Date

Patient/Parent/Guardian/ or Conservator

Date

If signed by anyone other than the patient – please indicate relationship

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y S
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/20



INSURANCE POLICY

At Select Pain Procedure Centers we value the trust you place in us to provide for your care. This trust should be extended to include our billing and collection procedures.

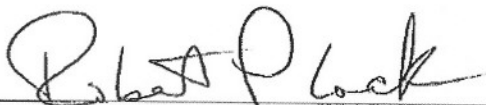
Pleased be advised that Select Pain is not an in-network provider with your insurance plan but will honor your in-network benefits as follows: Our office will notify your insurance plan that we are honoring your in-network benefits thus giving them the opportunity to discount our charges. Your insurance company may choose to not take advantage of this offer and apply your out-of-network deductible to our claim. Since we have chosen to honor your in-network benefits, we will not collect your out-of-network deductible. You are only responsible for any in-network co-insurance and/or remaining in-network deductible.

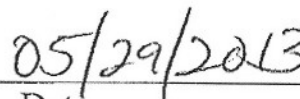
Following your procedure, you will receive an "explanation of benefits" notice (EOB) from your insurance carrier. This EOB may outline your out-of-network deductible. Remember, Select Pain will only hold you responsible for any in-network co-insurance and/or remaining in-network deductible. Since we are honoring your in-network deductibles and co-pays, please wait for your bill from Select Pain to determine exactly what you owe.

Because physicians who furnish services to you during your admission are independent contractors and are not agents or employees of the facility, each physician (such as the anesthesiologist) who renders professional services will bill and collect independently for these services. You should expect to receive separate bills from your physician, anesthesiologist and our facility.

If you should have any questions regarding the billing and collecting for your procedure, please call our billing office directly at 972.479.1115.

I have read and understand this letter regarding Select Pain's billing policy.


Signature


Date

Swiss Avenue SurgiCenter

ADMIT TIME

1120

PLOCK, ROBERT

DOB: 07/26/1968 AGE: 44 Y

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/13

ADMISSION

IDENTIFIED BY: ☒ I.D. Band ☒ Chart ☒ Verbal
 ALLERGIES: NEDA
 ALLERGY BAND: ☐ Yes ☒ No
 NPO STATUS: ☒ NPO since 5/28/13 ☒ Sip water & meds 0600
 PREGNANCY: ☒ N/A male ☐ Yes ☐ No ☐ LMP Date: ☐ Urine Pregnancy Test ☐ Positive ☐ Negative

CONSENT SIGNED: ☒ PATIENT ☒ SURGEON ☒ ANESTHESIA ☒ WITNESS
 Admission Ambulatory: ☐ Yes ☐ No ☐ Other:

PRESENT ON CHART: ☒ History / Physical ☐ Personal History ☐ Reviewed ☒ Site Verified
☒ Pain Relief Info Given ☐ Pain Site Verification
☐ Glasses / Contact Lenses / Hearing Aids ☐ Prosthesis Mesh from hernia repair
☒ Bridges, Caps, Crowns ☐ Partial

MEDICAL HISTORY

HISTORY: ☐ Cardiac: Chest Pain / MI / CHF / Murmur / Palpitations / Heart Surgery
☐ Respiratory: Asthma / COPD / Emphysema / Bronchitis / URI / Wheezes / TB
☐ DM ☐ Liver Disease ☒ Diabetes / No Problems ☐ Kidney / Bladder
☐ Anticoagulants ☐ Arthritis ☐ Autoimmune Disease ☐ Thyroid / Adrenal Problems
☐ Hypertension ☐ Cancer ☒ GI Problems Hernia repair ☐ Seizures / Epilepsy
☒ Sleep Apnea ☐ Hepatitis ☐ HIV ☐ Bleeding Disorders
☒ Herbal Supplement ☐ Gyn Problems ☐ Stroke

MENTAL STATUS: ☒ Alert ☐ Confused ☐ Other
 ALCOHOL: ☒ Yes ☐ No
 TOBACCO: ☐ Yes ☒ No

Previous Surgeries / Hospitalizations / Pertinent Illnesses: ☐ See Attached Sheet

Hernia Repair 2005
Wisdom Teeth Removal

MEDICATIONS: ☐ See Attached Sheet
 DRUG NAME DOSE DATE / TIME LAST DOSE
Diamorphine 50mg po 5/29/13 @ 0600
Ibuprofen 600mg po 5/29/13
Norco 5/32.5mg po prn pain
LD 5/29/13 @ 0600

REACTIONS RELATED TO ANESTHESIA: ☐ NONE ☐ NAUSEA / VOMITING ☐ LETHARGY ☐ BP ☐ RESPIRATORY ☐ FEVER ☐ OTHER
 FAMILY HISTORY OF ANESTHETIC REACTIONS: ☐ YES ☐ NO ☐ MALIGNANT HYPERTHERMIA ☐ OTHER

Pre OP Phone Interview: ☐ Y ☐ N DATE: Admission Interview: ☐ Patient ☐ Family Member ☐ Significant Other

PRE-OPERATIVE HOLDING

☐ Translator ☐ N/A Translator Name: ☐ BP 141/92 ☒ PULSE 53 ☒ RESP 16 ☐ TEMP 97.1 ☐ O₂ SAT 98
 HEIGHT: 5'9" WEIGHT: 200 BLOOD SUGAR: N/A
 BMI: 29.5
 PAIN SCALE: ☐ No Hurt ☐ Hurts Little Bit ☐ Hurts Little More ☐ Hurts Even More ☒ Hurts Whole Lot ☐ Hurts Worst
 0 2 4 6 8 10
 NO PAIN MILD PAIN MODERATE PAIN SEVERE PAIN VERY SEVERE PAIN WORST PAIN POSSIBLE
 PAIN LOCATION: Back / neck / right leg
 IV Started By: B Black ☐ 500 ml LR ☐ LOCAL ONLY ☐ NO IV STARTED
 IV Start Time: 1157 Needle Gauge: 22g ☒ Saline Lock

EDUCATION

LEARNER: ☒ Patient ☐ Family Member ☐ Other
 BARRIERS: ☒ NONE ☐ Physical Limitations ☐ Religious / Cultural Barriers ☐ Language Barrier ☐ Emotional Barrier ☐ Financial Barrier
 TEACHING TOOLS: ☒ Written Material ☐ Demonstration ☐ Return Demo
 OUTCOMES: ☒ Performs / Answer Independently ☐ Performs / Answer with Cueing ☐ Performs / Answer with Assist ☐ Unable to Perform / Answer

COMMENTS

Accompanied to Center by/ Will Ride Home With: Kimberly Schluter
☐ Need to call #: ☐ Ride will return at: ☒ Person in waiting room

NOTES: 5/28/13 @ 1305 - Unable to reach pt, pre op instruct left on pt's voicemail. B Black

Clear RN Signature: B Black

AGE 44 WT 200 B.P. 141/92 H.R. 53 SaO₂ 98% ASA PHYSICAL STATUS 1 2 3 4 5 E

OPERATION (B) TF LESI 45-51 724.4

SURGEON RACZ

PREVIOUS ANESTHETICS: ☐ NONE ☐ NO PREVIOUS ANES. COMPLICATIONS

LAB

ALLERGIES ☒ NONE ☐ DENIED NKDA

TEETH ☐ LOOSE ☐ MISSING ☐ CHIPPED ☐ DENTURES ☒ INTACT

AIRWAY MP 44

PULMONARY ☐ TOBACCO ☒ PPD ☐ ASTHMA ☐ CXR ☒ OSA ☒ PAP ☒ HTN ☒ DRX

CARDIOVASCULAR ☒ EKG ☒ IPIDS ☒ DRX

CNS ☒ DRX

RENAL WNL

GI ☐ LIVER ☐ HEPATITIS ☒ OBESITY

ENDOCRINE ☐ DIABETES ☒ THYROID

PREGNANCY LMP ☐ PT. DENIES POSSIBILITY OF PREGNANCY

ANESTHESIA PLAN: ☒ GENERAL ☐ SPINAL ☐ EPIDURAL ☐ MAC ☐ BLOCK

RISKS, BENEFITS, INDICATIONS, ALTERNATIVES TO ABOVE DISCUSSED WITH: TIVA

PATIENT ☐ SPOUSE ☐ OTHER

PREMEDICATION ☐ NONE ☐ HISTORY NEGATIVE FOR ASA 1 PATIENTS

ANTIBIOTIC

AGENTS/TIME 1200 15

versed mg 2

fent mg 100

propofol mg 607

AIR/N₂O/LM

O₂/LM N1C3LM

EKG SA

ETCO₂ +

IN O₂

SaO₂

TEMP ANAL

CODE V.B.P. 210

* PULSE 200

POSITION ☐ SUPINE ☐ PRONE ☐ LATERAL L R ☐ LITHOTOMY ☐ TRENDLENBURG ☐ SITTING ☐ OTHER

ARMS AT SIDE ☐ ARMS OUT < 90° ☐ ELBOWS PADDED WITH FOAM ☐ FOAM HEADREST

ESL

IV FLUIDS

PRE-OP EVALUATION REVIEWED ☒ Anesthesia Machines, Monitor, Gas Check ☒ Chart Reviewed ☒ Patient ID'd ☒ OR # 2

ECG ☒ NIBP ☒ STETHOSCOPE ☒ P ☒ E

O₂ ANALYZER ☒ PULSE OX ☒ CAPNOGRAPHY

NERVE STIM ☐ TEMP ☐ URINE

AGENT MONITOR

I.V.'s SIZE SITE

SALINE LOCK 22 (B) Hand

LMA SIZE

ETT SIZE

STYLET BLADE

RAPID SEQUENCE/BRICOID PRES. ☐ ATRAUMATIC

DIRECT VISION ☐ BLIND ☐ ORO ☐ NASAL ☐ R ☐ L

CUFF

BBP

ETCO₂ WAVES

TAPE AT

AIRWAY: ORAL ☐ NASAL ☐ MASK

CIRCUIT ☐ SCCA ☐ NRB ANES. MACHINE

EYES PROTECTED: ☐ TAPED ☐ OINTMENT

START STOP

ANES. 1159 1212

SURG. 1201 1204

PACU: 62

H.R. 142

R.R. 16

B.P. 120/75

SaO₂ 98%

ALERT

ORIENTED

REPORT GIVEN

POST ANESTHESIA DISCHARGE:

CAROMOPULMONARY STATUS ☒ STABLE

LEVEL OF CONSCIOUSNESS ☒ AWAKE

COMPLICATIONS ☒ NONE

DATE / TIME 5/29/13

SIGNATURE

TECHNIQUE ☒ GENERAL ☐ MAC ☐ OINTMENT ☐ EPIDURAL

SAB ☐ REGIONAL

PLOCK, ROBERT

DOB: 07/26/1968 AGE: 44 Y SEX: M

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/2013

Swiss Avenue
SurgiCenter

ANESTHESIA RECORD

PATIENT

Swiss Avenue SurgiCenter

OR ROOM 1

OR ROOM 2

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SE
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013

Identified by: ☒ I.D. Band ☒ Chart ☒ Verbal

Allergies: N/A

History: ☐ Cardiac ☐ Anticoagulants ☐ DM
☐ Respiratory ☐ Hypertension ☐ Other

TIME OUT: ☒ Yes ☐ No Time: 1202

Verified patient, procedure, site and consent with Dr. RACZ

Procedure: Bilateral Transforaminal Lumbar Epidural Steroid Injection L5-S1

POSITIONING:

SUPINE ☐
PRONE ☒
LATERAL ☐ LT ☐ RT
SPINAL PLATFORM ☐
PILLOWS ☒ CHEST ☒ ABDOMINAL ☒ ANKLE
BOLSTERS ☐ ABDOMINAL ☐ ANKLE

SAFETY STRAP:

☒ Yes ☐ No

If no, reason

TABLE LOCK:

☒ Yes ☐ No

If no, reason

ESU UNIT

Grounding Pad Location:

Thigh: ☐ Lt ☒ Rt

☐ Other N/A

PAIN MANAGEMENT GENERATOR

Grounding Pad Location: Thigh: ☐ Lt ☒ Rt ☐ Other

Skin Integrity Upon Removal: ☒ Clear ☐ Other N/A

RF Cannula: EXP: N/A

RK / RX Needle: EXP: N/A

Catheter: EXP: N/A

Tuohy: EXP: N/A

Quincke: EXP: N/A

Short Bevel: EXP: N/A

Coude: 117-2000 EXP: 2018

Stellate: EXP: N/A

Nerve Root Kit: EXP: N/A

NAME	DOSE mg/ml	QTY	NAME	DOSE	QTY
ISOVUE	200mg	<u>3ml</u>	KENALOG	Lot # <u>0329-20130</u>	
KENALOG	40mg	<u>2ml + 2ml</u>	Exp: <u>9-25-13</u>		
BETAMETHASONE	12mg		BETAMETHASONE Lot#		
HYPERTONIC SALINE	14.6%		Exp:		
DEHYDRATED ALCOHOL					
BUPIVACAINE	<u>PLAIN</u> <u>0.25%</u> 0.50%	w/EPI <u>2ml + 2ml</u>			
LIDOCAINE	<u>PLAIN</u> <u>1%</u> 1.50% 2%	w/EPI <u>10ml</u>			
NAROPIN	0.50%				

SURGEON RACZ MD

CRNA Tacek CRNA

ANESTHESIOLOGIST

CIRCULATOR WILSON RN

SCRUB KISELICA CST

X-RAY MANQUERO RT

REPRESENTATIVE:

PREP BY: ☐ MD ☒ STAFF

PREP: ☒ Betadine

☐ DuraPrep

☐ Chloraprep

☐ Other

Fluro: ☒

DRESSING: ☒ Band Aids x 2

☐ Tegaderm

☐ Other

RINSE: ☒ Alcohol

☐ Sterile Water

☐ Normal Saline

☐ Other

Room IN: 1159

Room OUT: 1210

Procedure START: 1202

Procedure END: 1207

Discharged to PACU via: ☒ Stretcher ☐ Wheelchair ☐ Other

Report Given To: Black RN

COMMENTS

SASC Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SEX: I
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013

Physician Orders

Date: 5/29/13 Time: 1120

Pre-Operative Orders:

- ☒ Admit Patient to center and obtain routine vital signs
- ☒ Obtain peripheral intravenous access
 - ☒ Lock with saline lock
 - ☐ LR 500 cc TKO
 - ☐ Ancef 1gram or 2gram IVPB if patient has NKDA
- If patient is Diabetic nea
 - ☐ Obtain capillary blood glucose if patient is diabetic
- If patient is of childbearing age nea
 - ☐ Perform pregnancy test
- ☒ Obtain signed consent from patient
- ☐ Other: _____

Post-Operative Orders

- ☒ Routine vital signs
- ☒ Continue with saline lock until discharge criteria met
- ☒ Diet as tolerated
- ☒ Ambulation as tolerated
- ☒ For BP +/-30% of operative BP initiate LR 500 cc bolus
- For nausea or vomiting
 - ☐ Zofran 4mg IM or IVP
 - ☐ Phenergan 25mg IVP or IM
- For pain greater than 6/10 on pain scale:
 - ☐ Demerol 12.5mg IVP PRN for pain >6/10
 - ☐ Demerol 25mg IVP PRN for pain >6/10
 - ☐ Morphine 2-5mg IVP PRN for pain >6/10
 - ☐ Fentanyl 25mcg IVP q 5 minutes for pain >6/10
 - ☐ Phenergan 25mg IVP or IM
 - ☐ Demerol 25mg IM
 - ☐ Demerol 50mg IM
 - ☐ Demerol 75mg IM
 - ☐ Hydrocodone 7.5mg x 1 or 2 PO
- ☐ Other: _____

Discharge Orders:

Date: 5/29/13 Time: 1240

- ☒ Discharge when stable and meets criteria
- ☐ Additional instructions: _____

Physician Signature: _____

*noted
by
5/29/13 1240*

ACCOUNT NUMBER: 2341966

PLOCK, ROBERT

DOB: 07/26/1968 AGE: 44 Y SEX: M

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/2013

PATIENT INFORMATION

PATIENT NAME: ROBERT PLOCK
ADDRESS: 6827 LATTA PARKWAY

CITY, ST, ZIP: DALLAS TX 75227
HOME PHONE#: (214) 799-7775
SOCIAL SECURITY #: 456-53-3292

EMPLOYER NAME: HVAC
WORK#: ()

DOB: 07/26/68
SEX: M AGE: 44
MARITAL STATUS: W

SPOUSE:
NOK/EMERGENCY CONTACT:

PHONE#: (214) 799-1296

BILLING INFORMATION

BILLING NAME: ROBERT PLOCK
ADDRESS: 6827 LATTA PARKWAY

CITY, ST, ZIP: DALLAS TX 75227
HOME PHONE#: (214) 799-7775

PRIMARY INSURANCE INFORMATION

INSURANCE NAME: (CM18) UMR
ADDRESS: PO BOX 30541

SUBSCRIBER CITY, ST, ZIP: SALT LAKE CITY UT 84130-0541
NAME: ROBERT PLOCK
GROUP#: 76-410892
POLICY# / SS#: 13280912 / 456-53-3292
DOB / SEX: 07/26/68 M

EMPLOYER NAME:
WORK#: ()

SECONDARY INSURANCE INFORMATION

INSURANCE NAME: ()
ADDRESS:

SUBSCRIBER CITY, ST, ZIP:
NAME:
GROUP#:
POLICY# / SS#: /
DOB / SEX:

EMPLOYER NAME:
WORK#: ()

ADJ NAME:
PRECERT PH#:
DOI/COMP INJ

ADJ PH#:
GEN INS PH#:

15min

5/29/13 @ 11:30

TFK 15/51

104483-50

724.4

(TR)

Swiss Avenue Surgicenter

PLOCK, ROBERT

MRN: 0101011

DOS: 05/29/2013

DOB: 07/26/1968

DISCLOSURE AND INFORMED CONSENT TO MEDICAL AND SURGICAL PROCEDURES

TO OUR PATIENT:

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr. TIBOR RACZ as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: 1) 724.4 LUMBOSACRAL NEURITIS

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures: 1) (Bilateral) Transforaminal Lumbar Epidural Steroid Injection - L5-S1

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (do) (do not) consent to the use of blood and blood products as deemed necessary. I understand the risks and hazards associated with the use of blood and blood products are: fever, transfusion reaction, which may include kidney failure or anemia, heart failure, hepatitis, AIDS (Acquired Immune Deficiency System) and other infections.

For the purpose of advancing medical education, I (do) (do not) consent to the admittance of students and persons required for technical support to the room in which the procedure is performed.

I understand that each patient is admitted under the care of the patient's attending physician. I understand that although all physicians practicing at the facility are members of the facility's medical staff, they are not agents or employees of the facility and are not authorized to make representations on behalf of the facility. Specifically, I understand radiologists, pathologists, anesthesiologists, and all other physicians, are independent contractors and are not agents or employees of the facility. I further understand and agree that the facility is not liable or responsible for the care and treatment rendered to the patient by the physician.

I understand that no warranty or guarantee has been made to me as to a result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

Risks and hazards discussed by my physician: severe headache, continued pain symptoms, bleeding, bruising, infection, nerve damage, dizziness, weakness, numbness, allergic reaction, backache, paralysis.

I understand that anesthesia involves additional risks and hazards but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the anesthesia may have to be changed possibly without explanation to me.

I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain, bleeding, and/or infection.

I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I understand that I am scheduled to go home after my procedure and I must have a responsible adult drive me home and stay with me as advised by my physician.

I have not eaten or drank since 9 PM.

I understand the procedure is to be performed on an outpatient basis. I consent to my transfer to a hospital or other facility should my physician(s) deem it to be advisable or necessary.

I understand the facility is not responsible or liable for the loss of or damage to any article of value that I have brought to this facility.

I understand that Texas law provides and I agree, that if any healthcare worker is exposed to my blood or other body fluid, to allow the facility to perform tests on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to, hepatitis and human immunodeficiency virus (which is the causative agent of AIDS). I understand that such testing is necessary to protect those who will be caring for me while I am a patient of the facility. I understand that the results of such tests do not become a part of my medical record.

The nature, purpose and possible complications of the procedure and medical services described above; risks and benefits reasonably expected; and the alternative methods of treatment have been explained to me by the physician; and I understand the explanation I have received.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

I have explained the procedure, risks, hazards and benefits to the patient and have obtained informed consent.

Physician Signature

Date

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGN:

WITNESS:

Date: 5/29/13 Time: 11:25 a.m. / p.m.

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SEX:
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013



DISCLOSURE AND CONSENT - ANESTHESIA and/or PERIOPERATIVE PAIN MANAGEMENT (ANALGESIA)

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended anesthesia/analgesia to be used so that you may make the decision whether or not to receive the anesthesia/analgesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the anesthesia/analgesia.*

I voluntarily request that anesthesia and/or perioperative pain management care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or the operating practitioner, and such other health care providers as necessary. Perioperative means the period shortly before, during and shortly after the procedure.

I understand that anesthesia/analgesia involves additional risks and hazards but I request the use of anesthetics/analgesia for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to:

Check planned anesthesia/analgesia method(s) and have the patient/other legally responsible person initial.

TUA

☒ GENERAL ANESTHESIA - injury to vocal cords, teeth, lips, eyes; awareness during the procedure; memory dysfunction/memory loss; permanent organ damage; brain damage.

☐ REGIONAL BLOCK ANESTHESIA/ANALGESIA - nerve damage; persistent pain; bleeding/hematoma; infection; medical necessity to convert to general anesthesia; brain damage.

☐ SPINAL ANESTHESIA/ANALGESIA - nerve damage; persistent back pain; headache; infection; bleeding/epidural hematoma; chronic pain; medical necessity to convert to general anesthesia; brain damage.

☐ EPIDURAL ANESTHESIA/ANALGESIA - nerve damage; persistent back pain; headache; infection; bleeding/epidural hematoma; chronic pain; medical necessity to convert to general anesthesia; brain damage.

DOB: 07/26/1968 AGE: 44 Y SEX

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/2013

☐ MONITORED ANESTHESIA CARE (MAC) or SEDATION/ANALGESIA - memory dysfunction/memory loss; medical necessity to convert to general anesthesia; permanent organ damage; brain damage.

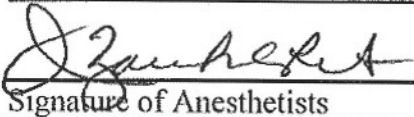
Additional comments/risks:

I understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

I have been given an opportunity to ask questions about my anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I believe that I have sufficient information to give this informed consent.

This form has been fully explained to me, I have read it or have had it read to me, the blank spaces have been filled in, and I understand its contents.

Anesthesia was discussed with the patient and questions were answered



5/29/13

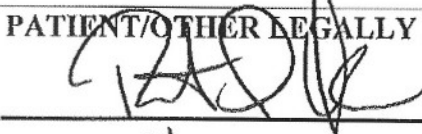
1133

Signature of Anesthetists

Date/Time

Anesthetist Printed Name

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON (signature required)



Witness:



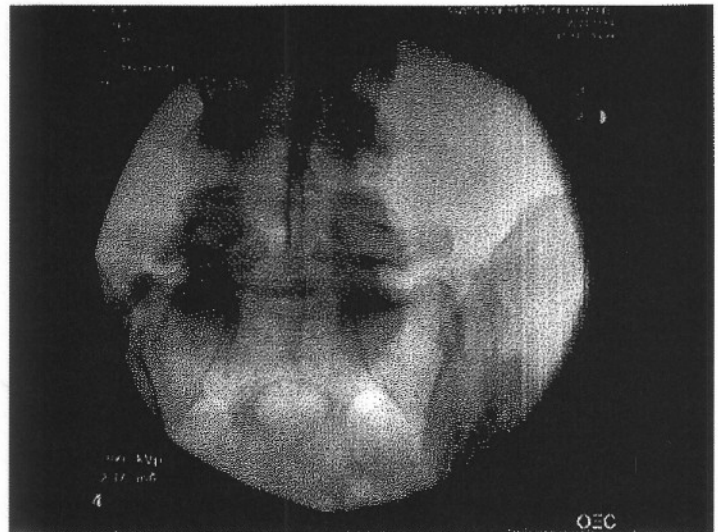
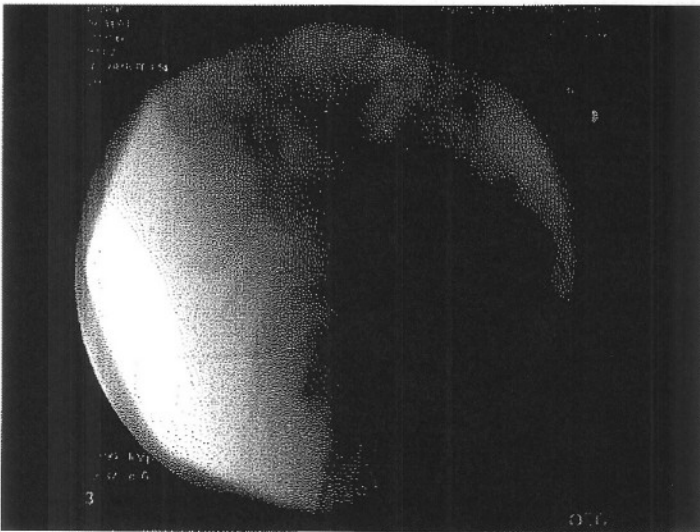
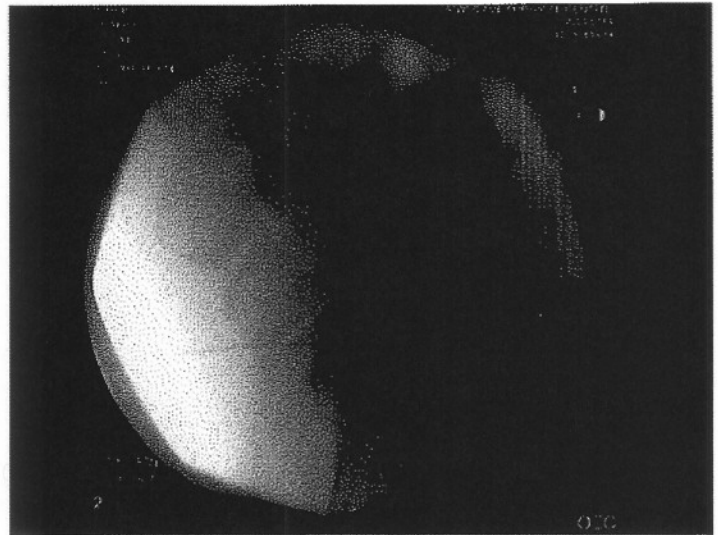
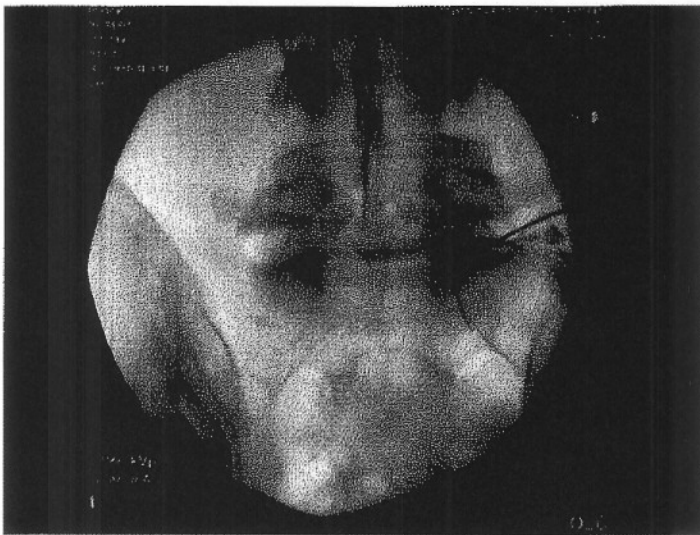
Date:

5/29/13

Time:

1128

(a.m./p.m.)



PLOCK, ROBERT		#0090413
0101011		RACZ
(3) 10/27/13		
Generator Mode	Time	Cumulative Dose
Fluoro	25.7 s	100.0 %
HLF-Snapshot	0.0 s	0.0 %
Film	0.0 s	0.0 %
Totals	25.7 s	0.13630 * mGy/m2
		8.82 mGy
Hi-Lo View	Time	Cumulative Dose
Normal	25.7 s	100.0 %
Mag 1	0.0 s	0.0 %
Mag 2	0.0 s	0.0 %
Mode	Time	Cumulative Dose
Continuous	25.7 s	100.0 %
Pulsed	0.0 s	0.0 %
DOSE SUMMARY		

1081

PLOCK, ROBERT

DOB: 07/26/1968 AGE: 44 Y SEX:M

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/2013

Patient Discharge Instructions

You have had the following procedure:

Selective Nerve Root Block
Stellate Ganglion Block
Lumbar Sympathetic Block

Lumbar Epidural Steroid-Injection

Cervical Epidural Steroid Injection Other
Cervical Facet Injection
Lumbar Facet Injection

Transforaminal Steroid Injection
Rhizotomy

Post Procedure Pain:

Soreness at the injection site is expected. This may also lead to localized muscle spasm and pain referred to other areas away from the injection site.

When steroids are used in the injection, soreness may increase over the following 24-72 hours after the procedure. The original pain may return to its former intensity, or occasionally it may be worse soon after the treatment. This may occur even if the pain was completely relieved for a period of time. This can be expected to gradually improve over the next 5 to 10 days.

You may use ice at the injection site rotating each 20 minutes apart. You also may take over the counter analgesics.

You should contact your physician: Dr. Tibor Racz @ 972-572-6101, if the following occurs:

Infection = include fever > 101 degrees, chills, excessive swelling/redness at the wound site

Neurological Changes = new onset of numbness or weakness (that was not present before your procedure), lasting more than 12 hours after your procedure.

Urinary Retention = inability to urinate over 8 hours

Adverse Reaction = Rash, swelling, excessive itching, persistent headaches, nausea & vomiting (if persistent and unable to tolerate clear liquids for over 8 hours), shortness of breath or painful breathing – proceed directly to the nearest Emergency Room

Sedation

Do not drive or operate machinery for 24 hours

Do not sign any legal documents or make any important decisions in the next 24 hours

Do not drink alcoholic beverages for 24 hours, or while taking prescribed medications

Activity

Rest for the remainder of the day after your procedure, resume normal activities the next day

Avoid strenuous activities i.e.: bending, stooping, heavy lifting and prolonged sitting

Avoid using stairwells without assistance the day of your procedure

Walk with assistance until normal sensation returns and weakness is gone

Diet

Resume your normal diet

Medication

Take all prescribed medications as directed. If you take a blood thinner or are on Aspirin, you should resume these medications the next day after your procedure.

If you have been referred for an injection/ procedure and are getting pain medications from the referring physician that physician will continue to prescribe your medication.

Additional controlled medications will not be prescribed over the phone under any circumstances. If additional medication is needed after the procedure, they must be prescribed after evaluation in the physician's office.

Wound Care

Band-aids may be removed the afternoon of your procedure. You may shower 24 hours after your procedure, no bath for 3 days.

If catheters or leads are left in place DO NOT change the dressing unless otherwise instructed. Contact Dr. Racz's office if you notice excessive bleeding or signs of infection (fever, swelling, redness, warmth, pus).

I HAVE READ THE ABOVE DISCHARGE INSTRUCTIONS & HAVE NO FURTHER QUESTIONS

Patient Signature

Date: 8/29/13

Witness Signature

Date: 8/29/13

CHIEF COMPLAINT: ☒ SEE H&P

PRE-OP DX: ☒ SEE H&P

PLAN: ☐ CERVICAL ESI ☐ THORACIC ESI ☐ LUMBAR ESI ☐ SACRAL ESI ☐ CAUDAL ESI ☐ SI INJECTION ☐ TRANSFORAMINAL
☐ FACET JOINT INJECTION ☐ FACET NERVE BLOCK ☐ NUCECLOPLASTY ☐ SNRB ☐ STELLATE INJECTION
☐ EPIDURAL NEUROLYTIC INJECTION ☐ RHIZOTOMY ☐ RADIO FREQUENCY ☐ IDET ☐ ANNULOPLASTY
☐ EPIDURAL ADHESION LYSIS ☐ TRIGGER POINT INJECTIONS ☐ AA / AO INJECTION ☐ SPHENOPALATINE BLOCK
☐ STIMULATOR TRIAL ☐ STIMULATOR IMPLANT / REMOVAL ☐ STIMULATOR LEAD REVISION / REPLACEMENT
☐ PAIN PUMP TRIAL ☐ PAIN PUMP IMPLANT / REMOVAL ☐ PAIN PUMP REVISION / REMOVAL ☐ BATTERY CHANGE
☐ ☐ RIGHT ☐ LEFT ☐ BILATERAL

ANESTHESIA PLAN: ☒ MAC ☐ GEN ☐ IV MOD SED ☐ NONE

HISTORY of PRESENT ILLNESS: ☒ SEE H&P

ALLERGY: ☐ NKDA ☒ PCN ☐ SULFA ☐ CODEINE ☐ ASA ☐ IODINE
☐ OTHER

CURRENT MEDS: ☐ NONE ☒ SEE H&P ☐ SEE ADMISSION NURSING NOTES

SEE PRIOR H&P: (DATE WITHIN 30 DAYS) (Skip to PROGRESS NOTES)

PREVIOUS MEDICAL HISTORY:

MEDICAL: ☐ NON-CONTRIBUTORY

SURGICAL: ☐ NON-CONTRIBUTORY

FAMILY: ☐ NON-CONTRIBUTORY

PHYSICAL EXAM:

SKIN: ☐ INTACT ☐ CLEAR ☐ OTHER
C-V SYSTEM: ☐ NHS
LUNGS: ☐ CLEAR, SYMMETRICAL
ABDOMEN: ☐ SOF, NON-TENDER, NORMAL BS
M-S SYSTEM: ☐ INCREASED PAIN WITH: ☐ FLEXION ☐ EXTENSION ☐ LATERAL BENDING
☐ LEFT ☐ RIGHT
☐ TRIGGER POINTS OF: ☐ CERVICAL ☐ THORACIC ☐ LUMBAR
☐ NORMAL BULK, TONE ☐ DECREASED ROM:
NEUROLOGIC: ☐ NO SENSORY DEFICITS ☐ DECREASED SENSATION IN:

PROGRESS NOTES: ☒ PT TOLERATED PROCEDURE WITH NO UNTOWARD RESULTS:

DISCHARGE SUMMARY: ☒ SEE DICTATION

DIAGNOSIS: ☒ SEE DICTATION

CONDITION: ☐ STABLE

☐ ADMIT

MEDICATIONS: ☐ RESUME HOME MEDS

☐ NEW RX:

INSTRUCTIONS: ☐ INSTRUCTION SHEET GIVEN TO PATIENT AT DISCHARGE

FOLLOW-UP: ☐ CALL OFFICE AS NEEDED

ACTIVITY: ☐ AD LIB NO INCREASE

☐ AMBULATE WITH ASSISTANCE ONLY

DIET: ☐ AS TOLERATED

☐ NPO FOR HOURS

MD SIGNATURE:

Scott A. Berlin, MD
Andrew J. Cottingham, MD
Aaron T. Lloyd, MD
Michael S. Phillips, MD
Tibor A. Racz, MD
Jeffrey L. Wasserman, MD



Gwen E. Brown, NP
Gary L. Baines, NP
Pina R. Sori, NP
Sherreine D. Wilson, NP
Peggy Wright, NP

Page 1

Home: (214)799-7775

ROBERT PLOCK

Male DOB: 07/26/1968 9655-2903002

Referring: ANDREW E MD, PARK

05/24/2013 - Office Visit: New patient Rm

Provider: Tibor Racz, MD

Location of Care: Heath 6435 S FM 549 #102 HEATH, TX. 75032

Visit Type: Initial Visit

Referring Provider: ANDREW E MD, PARK

History of Present Illness:

The patient is a pleasant 44-year-old gentleman who works in air conditioning who reports having a motor vehicle accident January 25 which she was hit from behind. Patient now with pain in his low back and legs he also has pain between his shoulders and his neck. Patient reports also having fallen from his bike in November.

He now has pain in his back in a bandlike distribution described as a burning dull sometimes electric shock shooting in his lower extremities with tingling at times. Your describes pain with activities such as twisting and lifting and cooking he states he is better when he tries to keep active and using stretching and ice relaxation massage and heat. He is finishing up a round of physical therapy. Using hydrocodone only at night and tramadol during the day he states that he is on light duty since his injury. He does complain of intermittent neck intermittent numbness and tingling in his arms and legs but the weakness sensation is gotten better over time he denies any bowel or bladder con's problems. He complains of pain worse in the morning and at night he denies any other previous surgeries or other medical problems, he has done a round of a Medrol dose pack that did help initially

Current Allergies (reviewed this update):

* NONE (Critical)

Past Medical History:

Reviewed history and no changes required:
none reported

Past Surgical History:

Reviewed history and no changes required:
Hernia

Family History:

Reviewed history and no changes required:
FH Diabetes
FH Heart Disease
FH Thyroid Disease

Social History:

Reviewed history from 05/23/2013 and no changes required:

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013

Scott A. Berlin, MD
Andrew J. Collingham, MD
Aaron T. Lloyd, MD
Michael S. Phillips, MD
Tibor A. Racz, MD
Jeffrey L. Wasserman, MD



Gwen E. Brown, NP
Gary L. Barnes, NP
Pina R. Soni, NP
Sherraine D. Wilson, NP
Peggy Wright, NP

Page 2

Home: (214)799-7775

ROBERT PLOCK

Male DOB: 07/26/1968 9655-2903002

Referring: **ANDREW E MD, PARK**

HVAC Technician: Spencer A.C Heating
Married
Non-Smoke
Alcohol Use - yes
Drug Use - no

Risk Factors:

Tobacco use: never smoker
Drug use: no
Alcohol use: yes

Review of Systems**General**

Denies fever, sweats, fatigue, and insomnia/sleep disorder.

GU

Denies incontinence.

The patient complains of anxiety, allergic rash, fatigue, headaches, insomnia/sleep difficulty, itching, pain at night, rash, restless legs, sexual dysfunction, unusual weight loss, urinary frequency, vision loss, and weakness. The patient denies abnormal bruising, bleeding, chest pain, cold intolerance, confusion, constipation, cough, cramps, depression, diarrhea, diplopia/double vision, edema, fever, hearing loss, heat intolerance, incontinence, indigestion/heartburn, joint pain, memory loss, nausea, palpitations, recurrent infections, shortness of breath, sore throat, sweats, syncope/dizziness, tinnitus/ringing in ears, tremors, unusual weight gain, urinary hesitancy, vertigo, and wheezing.

Vital Signs:

Patient Profile: 44 Years Old Male
Height: 71 inches
Weight: 204 pounds
BMI: 28.56
Pulse rate: 84 / minute
Resp: 20 per minute
BP sitting: 142 / 85 (left arm)

Pt. in pain? yes
Location: lower back
Intensity: 7
Type: aching

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 44 Y SEX: M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 05/29/2013

Scott A. Berlin, MD
Andrew J. Cottingham, MD
Aaron T. Lloyd, MD
Michael S. Phillips, MD
Tibor A. Racz, MD
Jeffrey L. Wasserman, MD



Gwen E. Brown, NP
Gary L. Baines, NP
Pina R. Soni, NP
Sharraine D. Wilson, NP
Peggy Wright, NP

Page 3

Home: (214)799-7775

ROBERT PLOCK

Male DOB: 07/26/1968 9655-2903002

Referring: **ANDREW E MD, PARK**

Vitals Entered By: Tanya Mendez, MA (May 24, 2013 8:40 AM)

Problems list reviewed today with patient during this visit. Done

Allergies:

* NONE (Critical)

Allergies were reviewed with the patient during this visit.

Physical Exam

Psych:

alert and cooperative; normal mood and affect; normal attention span and concentration

Detailed Neurologic Exam

General Neurologic Exam:

Speech:

Speech is fluent.

Cognition:

Cognition is intact.

CN 2-12:

Pupils are equal, round, and reactive to light. The fundi are normal and spontaneous venous pulsations are present. Extraocular movements are intact. Visual fields are full to visual confrontation. Trigeminal sensation is intact and the muscles of mastication are normal. The face is symmetric. Weber is in the midline. The tympanic membranes are clear. Palate elevates in the midline. Voice is normal. Shoulder shrug is normal. The tongue has normal motion without fasciculations.

Lumbosacral Exam:

Inspection-deformity: Abnormal

range of motion decreased all planes

Palpation-spinal tenderness: Abnormal

Quadratus Lumborum bilateral

Sitting Straight Leg Raise:

Right: positive

Left: positive

Sciatic Notch:

There is bilateral sciatic notch tenderness.

PLOCK, ROBERT

DOB: 07/26/1968 AGE: 44 Y SEX: M

DR: RACZ, TIBOR

MRN: 0101011 DOS: 05/29/2013

Scott A. Berlin, MD
Andrew J. Collingham, MD
Aaron T. Lloyd, MD
Michael S. Phillips, MD
Tibor A. Racz, MD
Jeffrey L. Wasserman, MD



Gwen E. Brown, NP
Gary L. Barnes, NP
Pina R. Sont, NP
Sherraine D. Wilson, NP
Peggy Wright, NP

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ROBERT PLOCK

Male DOB: 07/26/1968 9655-2903002

Referring: ANDREW E MD, PARK

Motor Exam:**Gait:**

Gait is normal.

Posture:

hyperlordotic.

Spasm:

bilateral cervical and bilateral lumbar.

Strength:

decreased LLE and decreased RLE.

Sensory Exam:**Light Touch:**

No evidence for sensory loss.

Reflex Exam:**Deep Tendon Reflexes:**

Deep tendon reflexes in the lower extremities are decreased but equal.

Diagnostic Testing Review**All Tests Reviewed:**

Date: 05/24/2013

May 17, 2013

Cervical MRI shows multilevel predominantly mild cervical spondyl, minimal thoracic spondylosis with central focal disc protrusion T1 to, lumbar spondylosis most pronounced at L5-S1 with anterolisthesis of L5-S1 with bilateral pars intericularis defects resulting in severe bilateral neural foramen stenosis

Problems:**Medical Problems Added:**

- 1) Dx of Radiculitis-lumbosacral 724.4 (ICD-724.4)
- 2) Dx of Back Pain With Radiculopathy (ICD-729.2)
- 3) Dx of Neck Pain 723.1 (ICD-723.1)
- 4) Dx of Cervical Spondylosis With Myelopathy (ICD-721.1)
- 5) Dx of Spondylosis Without Myelopathy, Lumbar (ICD-721.3)
- 6) Dx of Spondylolisthesis 738.4 (ICD-738.4)

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Impression & Recommendations:**Problem # 1: BACK PAIN WITH RADICULOPATHY (ICD-729.2)**

As discussed with the patient, we will now initiate interventional therapy and patient will continue with physical therapy at home as he is trying to put off low back surgery over the summer if able

Bilateral L5-S1 transforaminal epidural steroid injections

Risks and benefits of procedure reviewed with patient, who wishes to proceed. Inquiries invited. discussed possible series of injections if indicated or necessary

Orders:

99204 NP Mod Complex (45 min) (CPT-99204)

Fluoro prof comp (77003-26)

Transforam lumb 1st (64483)

Problem # 2: CERVICAL SPONDYLOSIS WITH MYELOPATHY (ICD-721.1)

Discussed consider interventional therapy for his neck if indicated and necessary

Orders:

99204 NP Mod Complex (45 min) (CPT-99204)

Fluoro prof comp (77003-26)

Transforam lumb 1st (64483)

Medications Added to Medication List This Visit:

- 1) Tramadol Hcl 50 Mg Tabs (Tramadol hcl)
- 2) Norco 5-325 Mg Tabs (Hydrocodone-acetaminophen)
- 3) Ibuprofen 600 Mg Tabs (Ibuprofen)

]

Electronically Signed by Tibor Racz, MD on 05/24/2013 at 9:14 AM

PLOCK, ROBERT
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MRN: 0101011 DOS: 05/29/2013

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ROBERT PLOCK

Male DOB: 07/26/1968 9655-2903002

Referring: **ANDREW E MD, PARK**

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05/29/2013 - Procedure Notes: TFL

Provider: **Tibor Racz, MD**

Location of Care: **SWISS AVENUE SURGERY CENTER, 4103 SWISS AVE, STE B, DALLAS, TX 75204**

Pre-op diagnosis:

1. Lumbar Radiculitis
2. Lumbar Pain

Procedure:

1. Transforaminal Epidural Steroid Injection L5-S1 Bilateral
2. Lumbar Epidurogram under Fluoroscopy

Anesthesia: IV sedation and local

Complications: None

Summary of procedure:

Patient was brought to the procedure suite with informed consent and IV access were obtained. The patient was taken to the OR and placed in the prone position, where the back was prepped and draped in a sterile manner. Utilizing left oblique fluoroscopic guidance to identify the L5-S1 interspace. The skin was anesthetized with 3cc of lidocaine 1.5% with a 25 gauge needle. A 20g Coude Blunt needle was placed using direction-depth-direction technique in AP and Lateral projection. Using a Pulsator syringe for loss-of-resistance, there was LOR without heme, pain, CS fluid or paresthesia.

After negative aspiration using the loss of resistance technique, Epidurogram performed by injecting 1cc Isovuc contrast : showing good epidural spread over the left L5-S1 nerve root. Once proper placement was confirmed, after negative aspiration, and negative test dose, a total of 4cc mix of 2cc of 0.25% Marcaine mixed with 2cc of Kenalog 40mg was injected slowly.

The procedure was repeated on the right at the same level without difficulty.

Following this the needle was removed, wounds were bandaged in a sterile manner. Patient recovered without incident and was discharged in stable condition.

Patient Instructions:

- 1) Patient to repeat 6/12 @ 11:30am

Electronically Signed by Tibor Racz, MD on 05/29/2013 at 11:44 AM

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