

# Swiss Avenue Surgicenter

robplock@gmail.com

PATIENT

ROBERT PLOCK

DATE

07/03/13

ACCOUNT#

0101011

## PATIENT INFORMATION

SOCIAL SECURITY #	DATE OF BIRTH	AGE	SEX	MARITAL STATUS	RACE	RELIGION
456-53-3292	07/26/1968	44Y	M			
STREET ADDRESS (CITY, STATE, ZIP CODE)					EMAIL	HOME PHONE
6827 LATTA PARKWAY DALLAS, TX 75227						214-799-7775
CELL PHONE	WORK PHONE	EMERGENCY CONTACT			RELATIONSHIP TO PATIENT	PHONE NUMBER
		Clarence Abner			Partner	214 799 7774

GUARANTOR		PATIENT EMPLOYER	
NAME	SOCIAL SECURITY #	NAME	
PLOCK, ROBERT	456-53-3292		
STREET ADDRESS		STREET ADDRESS	
6827 LATTA PARKWAY			
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DALLAS, TX 75227			
HOME PHONE	WORK PHONE	CELL PHONE	OCCUPATION
214-799-7775			

PRIMARY INSURANCE			
INSURER	POLICY #	AUTHORIZATION #	
UMR	13280912		
ADDRESS	SUBSCRIBER	DATE OF BIRTH	RELATIONSHIP TO PATIENT
PO BOX 30541	ROBERT PLOCK	07/26/1968	18-Self
CITY, STATE, ZIP CODE	SUBSCRIBER PHONE NUMBER	W/C <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>	
SALT LAKE CITY, UT 84130	214-799-7775		
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT
	76-410892		

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"/>	
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT

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"/>	
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT

PROCEDURE			
SURGEON		PHONE NUMBER	ASSISTANT
TIBOR RACZ			
ANESTHESIOLOGIST		PHONE NUMBER	ANESTHESIA TYPE
			MAC
PRIMARY PROCEDURE		SECOND PROCEDURE	
64483 Transforaminal Lumbar Epidural Steroid Injection		77003 Fluoroscopy	
L5/S1			
PRIMARY DIAGNOSIS		OTHER DIAGNOSIS	

PATIENT SIGNATURE:

Robert Plock

DATE:

07/03/2013

# SASC Swiss Avenue SurgiCenter

## Pain Management Procedure & Supply List

PLOCK, ROBERT  
DOB: 07/26/1968 AGE: 44 Y SEX  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

PROCEDURES:				SUPPLIES:				MUSCULOSKELETAL:			
EPID/FACET:		INTRATHECAL THERAPY:									
ESI LUMB/SACRAL	62311	BACLOFEN/MORPH TRIAL	62318	DEPO MEDROL 80 MG	J1040			SACROILIITIS	720.2		
ESI CERV/THOR	62310	INJECTION W CATH PLMT	62319	BUPIV. 0.25% 10 CC	J3490			MYFASC SYND	729.1		
TRANSFORAM EPID CT	64479	TUNN EPID CATH	62350	VERSED PER 1 MG	J2250			ARTHRITIS UNSPEC	716.90		
TRANSF CT ADD LEVEL	64480	TUNN CATH REV REM	62355	LIDOCAINE PF 1% PER 10 MG	J2001			SCOLIOSIS	737.30		
TRANSF LS SINGLE	64483	IMPLANT PUMP	62362	LIDOCAINE PF 2% PER 10 MG	J2001			MULTPL SCLEROSIS	340		
TRANSF LS ADD LEVEL	64484	REM PROG PUMP	62365	KENALOG PER 10 MG	J3301			OSTEO ARTH	715.00		
CERVICAL FACET	64490	ELEC ANALYSIS W PROG	62368	TORADOL PER MG	J1885			BONE PAIN	733.00		
CERV FACET 2ND LVL	64491	PUMP REFILL	66530	ISOVUE M 200 PER 10ML	Q9966			CHEST-MUSC	788.59		
CER FACET 3RD LVL	64492	DYE STUDY W FLUORO	62264	WYDASE UP TO 150 UNITS	J3470			PAIN-MULTI SITE	719.49		
LUMBAR FACET	64493	SCS THERAPY:		ANCEF PER 1MG	J3010			HEAD:			
LUMBAR FACET 2ND LVL	64494	PERC EPID LEAD	63850	FENTANYL PER 1MG	J3010			PDPH	349.0		
LUMBAR FACET 3RD LVL	64495	EPID LEAD - REV REM	63660	ZOFTRAN PER 1MG	J2405			HEAD/FACIAL	784.0		
BLOCKS:		PULSE GEN IMPLANT	63685	TUN-L KATH (120)	C1754			TRIGEMINAL NEUR	350.1		
SUPERIOR HYPOGASTRIC	64517	PULSE GEN REV REM	63688	BREVI KATH (120)	C1754			MIGRAINE	348.10		
TPI 1 OR 2 MUSCLE GRPS	20552	ANALYSIS W REPROG	95972	VERSA KATH (120)	C1754			TENSION HA	307.81		
TPI 3 OR MORE MUSC GRPS	20553	PERC LEAD ELEC, FACH	L8680	GLUCOSE TEST	82962			PH TRIG NEUR	053.12		
MAJOR JT BURSA INJ	20810	EXT PT PROGRAMMER	L8681	PREGNANCY TEST	81025			ATYPICAL FACIAL	350.2		
SACROILIAC JT INJ	27096	DUAL ARRAY RCHRG BAT	L8687					LEG:			
EPIDURAL BLOOD PATCH	52273	CHARGING KIT	L8689					LEG/FOOT PAIN	729.5		
FACIAL NERVE	64402	LEAD EXTENSIONS	E1399					HIP PAIN	719.45		
OCCIPITAL NERVE	64405	PERIPHERAL NERVE STIM:		DIAGNOSIS:				KNEE PAIN	719.46		
BRACHIAL PLEXUS	64415	PERC LEAD TRIAL	64555	CERVICAL:				TROCH BURSTITIS	720.6		
INTERCOSTAL SINGLE	64420	PERC LEAD IMPLANT	64575	OCCIPITAL NEURALGIA	723.8			NERALG PARESTH	355.1		
INTERCOSTAL ADD LEVEL	64421	BATTERY IMPLANT	64590	SPONDYLOSIS	721.0			NEUROPATHY:			
SCIATIC NERVE	64445	REV/REMLV OF LEAD	64585	NECK PAIN	723.1			SPASTICITY	781.0		
ILIOINGUINAL NERVE	64425	REV/REMLV OF BAT	64595	DEG DISC DZ	722.4			ARACHNOIDITIS	322.9		
OTHER PERIPHERAL	64450	MISCELLANEOUS:		HNP	722.0			CAUSALGIA	355.9		
CELIAC PLEXUS BLOCK	64530	PERC DECOMPRESSION	62287	RADICULOPATHY	723.4			RSD-UPPER	337.21		
SUPRASCAPULAR NERVE	64418	LYSIS EPID ADHESIONS	62264	SPINAL STENOSIS	723.0			RSD-LOWER	337.22		
		BLOOD PATCH	62273	POST-LAM SYNDROME	722.81			RSD-UNSPEC	337.20		
SYMPATHETIC:		LUMBAR PUNCTURE	62270	CERVICAL STRAIN	847.0			PERIPH NEUROP	358.0		
SPHENOPALATINE GANGL	64505	CSF ANALYSIS	62272	FACET JT SYNDROME	722.91			DIABETIC NEUROP	250.60/357.2		
STELLATE GANGL	64510	IV SEDATION	99141	THORACIC:				PH NEUROP	053.13		
LUMB/THOR SYMPATH	64520	BOTOX FACIAL	64612	THORACIC STRAIN	724.1			NEURALGIA	729.2		
CELIAC PLEX HYPOGAST	64530	BOTOX CERV/TORTICOLIS	64613	HNP	722.11			ABDOMINAL:			
GANGLION IMPAR	64520	NUCLEOPLASTY:	62287, A4649	INTERCOSTAL NEURALGIA	354.8			ABDOMINAL	789.00		
UNLISTED PROC - NERVE	64999	ANNULOPLASTY:	64990, A4649	SPINAL STENOSIS	724.01			PANCREATITIS	577.0		
RADIO-FREQUENCY TC:		CERVICAL NEUROLYTIC INJ	62281	DEG DISC DZ	722.51			RECTAL PAIN	569.42		
FACET CT SINGLE	64633	LUMBAR NEURO INJ	62282	POST-LAM SYNDROME	722.82			PELV PAIN-FEM	625.9		
FACET CT ADD LEVEL	64634	SEL NRV ROOT BLK LUM	64483	SPONDYLOSIS	721.2			GROIN PAIN	789.09		
FACET LS SINGLE	64635	DISCOGRAM CERV/THOR	62290	FACET JT SYNDROME	724			CANCER:			
FACET LS ADD LEVEL	64636	DISCOGRAM LUMB/SACRAL	62291	LUMBAR:				PROSTATE	185.0		
INTERCOSTAL NRV CRYO	64620			RADICULOPATHY	724.4			LUNG	162.9		
OTHER PERIPHERAL RF	64640			SPONDYLOSIS	721.3			BREAST-FEM	174.9		
NEUROLYTIC CELIAC PLEX	64680			SPINAL STENOSIS	724.02			COLON	153.9		
TRIGEMINAL PULSE RF	64600			LOW BACK PAIN	724.2			PANCREAS	157.9		
SUPPLEMENTAL CPT CODES				COCCYGODYNIA	724.79			MISC:			
EPIDUROGRAM	72275			DEG DISC DZ	722.52			CRANIOCERV SYND	723.2		
FLUOROSCOPY	77003			FACET JT SYNDROME	724.8			VERT FRAC	733.13		
DISCOGRAPHY (CERV/THOR)	72285			HNP	722.10			BURSTITIS	727.3		
DISCOGRAPHY (LUMBAR)	72295			POST-LAM SYNDROME	722.83			SUBCROM BURSTITIS	729.19		
OTHER PROCEDURES:				SCIATICA	724.3			PREPATELLAR BURSTITIS	726.65		
				FORAM STEN	324.9			DEVICE CODE	V63.02		
				SI JT PAIN	724.6			PATH FRAC	733.13		
				LUMBAR STRAIN	847.2			GAIT ABNORM	781.2		
				SUPRASCAP NEURALGIA	723.4			VIRAL MENINGITIS	047.9		
				ARM/SHOULDER:				HERNIATED DISC	722.2		
				ARM PAIN	729.5			CROHNS DIS	555.9		
				SHOULDER PAIN	719.41			SCIATICA	724.3		
				CARPAL TUNNEL	354.0			PSEUDOTUMOR CER/IBRI	348.2		
				BR PLEXOPATHY	353.0			CHRONIC PAIN SYND	338.4		
				THOR OUT SYND	353.0			ILIOINGUINAL NEURO	355.79		

PROCEDURE DICTATED

PHYSICIAN SIGNATURE

# Swiss Avenue Surgicenter

## Authorization and Financial Agreement

<b>Patient Information:</b>	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

07/03/2013

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 SEX: M  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

### 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.

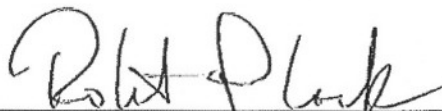
Pleased be advised that Select Pain is not an in-network provider with your insurance plan but will honor your in-network benefits as follows: Our office will notify your insurance plan that we are honoring your in-network benefits thus giving them the opportunity to discount our charges. Your insurance 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.

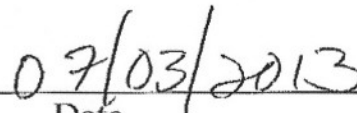
Following your procedure, you will receive an "explanation of benefits" notice (EOB) from your insurance carrier. This EOB may outline your out-of-network deductible. Remember, Select Pain will only hold you responsible for any in-network co-insurance and/or remaining in-network deductible. Since we 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

740

PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/05/20

ADMISSION

IDENTIFIED BY: ☒ ID Band ☐ Chart ☒ Verbal  
 ALLERGIES: NRDA  
 ALLERGY BAND: ☐ Yes ☐ NA  
 NPO STATUS: ☒ NPO since 12 AM / 5/1 p water meds 0630  
 PREGNANCY: ☒ N/A ☐ Yes ☐ No ☐ LMP Date: \_\_\_\_\_  
☐ Urine Pregnancy Test ☐ Positive ☐ Negative

CONSENT SIGNED: ☒ PATIENT ☐ History / Physical ☐ Personal  
☒ SURGEON ☐ Pain Relief Info Given ☐ History  
☒ ANESTHESIA ☐ Pain Site Verification ☐ Reviewed  
☒ WITNESS ☐ Site Verified  
 Admission Ambulatory: ☐ Yes ☐ No ☐ Other:

MEDICAL HISTORY

HISTORY: ☐ Cardiac: Chest Pain / MI / CHF / Murmur / Palpitations / Heart Surgery  
☐ Respiratory: Asthma / COPD / Emphysema / Bronchitis / URI / Wheezes / TB  
☐ DM ☐ Liver Disease ☒ Back / Neck Problems ☐ Kidney / Bladder  
☐ Anticoagulants ☐ Anthritis ☐ Autoimmune Disease ☐ Thyroid / Adrenal Problems  
☐ Hypertension ☐ Cancer ☒ GI Problems ☐ Seizures / Epilepsy  
☒ Sleep Apnea ☐ Hepatitis ☐ HIV ☐ Bleeding Disorders  
☐ Vitamins / Herbal Supplement ☐ Gyn Problems ☐ Stroke  
☐ Glasses / Contact Lenses / Hearing Aids  
☒ Prosthesis Wish (Hernia Repair)  
☐ Bridges, Caps, ☒ Crowns Partials  
☐ Other: Augurion Tooth - on Ax  
☐ Other: P chel

Previous Surgeries / Hospitalizations / Pertinent Illnesses: ☐ See Attached Sheet  
Hernia Repair 2005  
Wisdom Tooth Removal  
 MEDICATIONS: ☐ See Attached Sheet  
 DRUG NAME A 0630am DATE / TIME LAST DOSE 6/30/13  
Ibuprofen 600mg po  
Namadol 50mg po prn pain  
Narce 5/325 mg po prn pain  
Ibuprofen 600mg po prn pain  
Amoxicillin

REACTIONS RELATED TO ANESTHESIA: ☒ NOSE ☐ NAUSEA / VOMITING ☐ LETHARGY ☐ BP ☐ RESPIRATORY ☐ FEVER ☐ OTHER  
 FAMILY HISTORY OF ANESTHETIC REACTIONS: ☐ YES ☒ NO ☐ MALIGNANT HYPERTHERMIA ☐ OTHER

PRE-OPERATIVE HOLDING

Pre OP Phone Interview: ☒ Y ☐ N DATE: 7/3/13 Admission Interview: ☒ Patient ☐ Family Member ☐ Significant Other  
☐ Translator ☐ N/A Translator Name: \_\_\_\_\_

VITAL SIGNS: ☒ BP 143/87 ☒ PULSE 72 ☒ RESP 16 ☒ TEMP 98.6 ☒ SAT 97  
 HEIGHT: 5'9" WEIGHT: 196 BLOOD SUGAR: N/A  
 BMI = 29.2  
 PAIN SCALE: ☐ No Hurt ☐ Hurts Little Bit ☐ Hurts Little More ☒ Hurts Even More ☐ Hurts Who's 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, left leg, cramping  
 IV Started By: A. Sclenar RN ☐ 500 ml LR ☐ Saline Lock  
 IV Start Time: 0630 Needle Gauge: 28 IV Site: left wrist  
☐ LOCAL ONLY ☐ NO IV STARTED

EDUCATION

LEARNER: ☒ Patient ☐ Family Member ☐ Other  
 BARRIERS: ☒ NONE ☐ Physical Limitations ☐ Religious / Cultural Barrier  
☐ Cognitive Limitations ☐ Language Barrier ☐ Emotional Barrier  
☐ Values / Beliefs Barriers ☐ Financial Barrier  
 TEACHING TOOLS: ☒ Written Material ☐ Explanation ☐ 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: Frank  
☐ Need to call #: ☐ Ride will return at: ☒ Person in waiting room  
 NOTES: 6/11/13 @ 1118 - Pre-op instructions given to pt via telephone, verb. & understanding. Black  
7/1/2013 @ 1330 Unable to reach the patient, LHM with preop instructions.  
Chen RN Signature: J. Sclenar

**ASC** Swiss Avenue  
SurgiCenter

MRN: 0101011 DOS: 07/03/2013

# Swiss Avenue SurgiCenter

PLOCK, ROBERT  
 OR ROOM 1  
 DOB: 07/26/1968 AGE: 44 Y SEX  
 DR: RACZ, TIBOR  
 OR ROOM ②  
 MRN: 0101011 DOS: 07/03/2013

ASSESSMENT	Identified by: <input type="checkbox"/> I.D. Band <input checked="" type="checkbox"/> Chart <input checked="" type="checkbox"/> Verbal Allergies: <u>NKA</u>		TIME OUT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: <u>0831</u> Verified patient, procedure, site and consent with Dr. <u>RACZ</u> Procedure: <u>Bilateral Lumbar Transforaminal Epidural Steroid Injection L5/S1</u>																																											
	History: <input type="checkbox"/> Cardiac <input type="checkbox"/> Anticoagulants <input type="checkbox"/> DM <input type="checkbox"/> Respiratory <input type="checkbox"/> Hypertension <input type="checkbox"/> Other																																													
POTENTIAL FOR INJURY	<b>POSITIONING:</b> SUPINE <input type="checkbox"/> PRONE <input checked="" type="checkbox"/> LATERAL <input type="checkbox"/> LT <input type="checkbox"/> RT SPINAL PLATFORM <input type="checkbox"/> PILLOWS <input checked="" type="checkbox"/> CHEST <input checked="" type="checkbox"/> ABDOMINAL <input checked="" type="checkbox"/> ANKLE BOLSTERS <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> ANKLE		<b>SAFETY STRAP:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, reason _____ <b>TABLE LOCK:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, reason _____ <b>ESU UNIT</b> Grounding Pad Location: _____ Thigh: <input type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt <u>N/A</u> <input type="checkbox"/> Other																																											
			<b>PAIN MANAGEMENT GENERATOR</b> Grounding Pad Location: Thigh: <input type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt <input type="checkbox"/> Other Skin Integrity Upon Removal: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Other <u>N/A</u> RF Cannula: _____ EXP: _____ RK / RX Needle: _____ EXP: _____ Catheter: _____ EXP: _____ Tuohy: _____ EXP: _____ Quincke: _____ EXP: _____ Short Bevel: _____ EXP: _____ Coude: <u>117-2060</u> EXP: <u>2018-01</u> Stellate: _____ EXP: _____ Nerve Root Kit: _____ EXP: _____																																											
MEDICATIONS	<table border="1"> <thead> <tr> <th>NAME</th> <th>DOSE mg/ml</th> <th>QTY</th> </tr> </thead> <tbody> <tr> <td>ISOVUE</td> <td>200mg</td> <td><u>3ml</u></td> </tr> <tr> <td>KENALOG</td> <td>40mg</td> <td><u>2ml + 2ml</u></td> </tr> <tr> <td>BETAMETHASONE</td> <td>12mg</td> <td></td> </tr> <tr> <td>HYPERTONIC SALINE</td> <td>14.6%</td> <td></td> </tr> <tr> <td>DEHYDRATED ALCOHOL</td> <td></td> <td></td> </tr> <tr> <td>BUPIVACAINE</td> <td><u>0.25%</u> 0.50%</td> <td><u>4ml</u></td> </tr> <tr> <td>LIDOCAINE</td> <td><u>1%</u> 1.50% 2%</td> <td><u>10ml</u></td> </tr> <tr> <td>NAROPIN</td> <td>0.50%</td> <td></td> </tr> </tbody> </table>		NAME	DOSE mg/ml	QTY	ISOVUE	200mg	<u>3ml</u>	KENALOG	40mg	<u>2ml + 2ml</u>	BETAMETHASONE	12mg		HYPERTONIC SALINE	14.6%		DEHYDRATED ALCOHOL			BUPIVACAINE	<u>0.25%</u> 0.50%	<u>4ml</u>	LIDOCAINE	<u>1%</u> 1.50% 2%	<u>10ml</u>	NAROPIN	0.50%		<table border="1"> <thead> <tr> <th>NAME</th> <th>DOSE</th> <th>QTY</th> </tr> </thead> <tbody> <tr> <td>KENALOG</td> <td>Lot # <u>0429 W1301</u></td> <td></td> </tr> <tr> <td></td> <td>Exp: <u>10-26-13</u></td> <td></td> </tr> <tr> <td>BETAMETHASONE</td> <td>Lot#</td> <td></td> </tr> <tr> <td></td> <td>Exp:</td> <td></td> </tr> </tbody> </table>		NAME	DOSE	QTY	KENALOG	Lot # <u>0429 W1301</u>			Exp: <u>10-26-13</u>		BETAMETHASONE	Lot#			Exp:	
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BETAMETHASONE	Lot#																																													
	Exp:																																													
DOCUMENTATION	SURGEON: <u>RACZ MD</u> CRNA: _____ ANESTHESIOLOGIST: _____ CIRCULATOR: <u>WILSON RN</u> SCRUB: <u>KISELICA CST</u> X-RAY: <u>MANQUERO RT</u> REPRESENTATIVE: _____		PREP BY: <input checked="" type="checkbox"/> MD <input type="checkbox"/> STAFF PREP: <input checked="" type="checkbox"/> Betadine <input type="checkbox"/> DuraPrep <input type="checkbox"/> Chloraprep <input type="checkbox"/> Other Rinse: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Sterile Water <input type="checkbox"/> Normal Saline <input type="checkbox"/> Other Fluro: <input checked="" type="checkbox"/> DRESSING: <input checked="" type="checkbox"/> Band Aids x <u>2</u> <input type="checkbox"/> Tegaderm <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Other																																											
	Room IN: <u>0830</u> Procedure START: <u>0835</u> Discharged to PACU via: <input checked="" type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other Report Given To: <u>Coleman</u> RN		Room OUT: <u>0842</u> Procedure END: <u>0839</u>																																											
COMMENTS																																														

PLACE PLOCK, ROBERT  
DOB: 07/26/1968 AGE: 44 Y SEX:  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

MEDICATION NAME / AMOUNT	TIMES	REASON	EFFECT (TIME)		SIGNATURE	

[illegible]

S:\Business Office\Surgery Packs\Chart Forms for Printing.xls PACU Documentation

# Swiss Avenue SurgiCenter

PLOCK, ROBERT  
DOB: 07/26/1968 AGE: 44 Y SEX: M  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

## Physician Orders

Date: 7/3/13

Time: 805

### 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
  - ☐ Obtain capillary blood glucose if patient is diabetic
- If patient is of childbearing age
  - ☐ 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: 7/3/13

Time: 0910

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

Physician Signature: \_\_\_\_\_

*Handwritten signature and date*  
7/3/13

06/10/2013 13:48

#495 P.001/001

From:

PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/2013

ACCOUNT NUMBER: 2341966

SWISS

PATIENT INFORMATION

PATIENT NAME: ROBERT PLOCK  
ADDRESS: 6827 LATTA PARKWAY

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

EMPLOYER SOCIAL SECURITY #: 456-53-3292

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#:

7/3/13 @ 8:15

TPL #2

Bilateral 05/51

[x]

# Swiss Avenue Surgicenter

PLOCK, ROBERT

MRN: 0101011

DOS: 07/03/

PLOCK, ROBERT

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

## DISCLOSURE AND INFORMED CONSENT TO MEDICAL AND SURGICAL PROCEDURES

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/2013

### TO OUR PATIENT:

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, and/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:

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

2) Fluoroscopy

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 12AM.

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:

Time: 7:45 A.M. / p.m.

PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/201



## **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.*

*TJA*

☒ 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.

PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/2013

☐ MONITORED ANESTHESIA CARE (MAC) or SEDATION/AN  
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**

*[Signature]*

7/3/13 0827

Signature of Anesthetists

Date/Time

Anesthetist Printed Name

**PATIENT/OTHER LEGALLY RESPONSIBLE PERSON (signature required)**

*Robert Plock*

Witness: *Cu*

Date: 7/3/13

Time: 745 6 a.m/p.m.

PLOCK  
ROBERT  
0101011  
BAC2  
(P) LUMB T F ES  
24

SWISS AVE SURGICAL CENTER  
07/03/2013  
8:47:35 AM



110 kVp  
2.99 mA

1

OEC

PLOCK, ROBERT  
DOB: 07/26/1968 AGE: 44 Y SEX:M  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

1083

PLOCK  
ROBERT  
0101011  
RACZ  
(B) LUMB T F ES  
V14

SWISS AVE SURGICAL CENTER  
07/03/2013  
8:49:45 AM

45  
14

110 kVp  
3.01 mA

3

0.2 min  
0.00 mGy/min  
7.13 mGy

0.00689 mGym2 OEC

PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/2013

283

PNAME PLOCK, ROBERT  
PATIENT ID 0101011  
PROCEDURE (B)LUMB TF ESI  
ACCESSION

DATE 07/03/2013  
DR: RACZ

Generator Mode	Time	Cumulative Dose
Fluoro	15.7 s	100.0 %
HLF/Snapshot	0.0 s	0.0 %
Film	0.0 s	0.0 %
Totals	15.7 s	0.11320 mGym2 7.13 mGy

Field of View	Time	Cumulative Dose
Normal	15.7 s	100.0 %
Mag 1	0.0 s	0.0 %
Mag 2	0.0 s	0.0 %

Mode	Time	Cumulative Dose
Continuous	15.7 s	100.0 %
Pulsed	0.0 s	0.0 %

## DOSE SUMMARY

PLOCK, ROBERT  
DOB: 07/26/1968 AGE: 44 Y SEX:M  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/2013

3083

## Patient Discharge Instructions

PLOCK, ROBERT  
F DOB: 07/26/1968 AGE: 44 Y SE  
DR: RACZ, TIBOR  
MRN: 0101011 DOS: 07/03/201

### You have had the following procedure: Lumbar Epidural Steroid Injection

Selective Nerve Root Block  
Stellate Ganglion Block  
Lumbar Sympathetic Block

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 perscribed 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

Robert Plock

Date: 7/3/13

Witness Signature

CU

Date: 7/3/13

PLOCK, ROBERT  
 DOB: 07/26/1968 AGE: 44 Y SEX: M  
 DR: RACZ, TIBOR  
 MRN: 0101011 DOS: 07/03/2013

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 ☐ NUCCLOPLASTY ☐ 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: 

PAIN MANAGEMENT HISTORY & PHYSICAL

MEDICAL HISTORY & PHYSICAL EXAM

PROGRESS NOTES

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

 **Pinnacle  
Pain Medicine**

Gwen E. Brown, NP  
Gary L. Barnes, NP  
Pina R. Soni, NP  
Sharaine 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:  
HVAC Tehcnician: Spencer A.C Heating

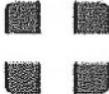
PLOCK, ROBERT

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

DR: RACZ, TIBOR

MRN: 0101011 DOS: 07/03/2013

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

 **Pinnacle  
Pain Medicine**

Gwen E. Brown, NP  
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Page 2

Home: (214)799-7775

**ROBERT PLOCK**

Male DOB: 07/26/1968 9655-2903002

Referring: **ANDREW E MD, PARK**

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/doublevision, 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

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

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

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

 **Pinnacle  
Pain Medicine**

Gwen E. Brown, NP  
Gary L. Barnes, 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

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 symetric. 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.

Motor Exam:

**Gait:**

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Pain Medicine**

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Page 4

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**ROBERT PLOCK**

Male DOB: 07/26/1968 9655-2903002

Referring: ANDREW E MD, PARK

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)

**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

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**ROBERT PLOCK**

Male DOB: 07/26/1968 9655-2903002

Referring: ANDREW E MD, PARK

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

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