Swiss Avenue Surgicenter			Authorization and Financial Agreement		
Patient Information:	Race	Birth date	Age	Sex	Account Number
ROBERT PLOCK		07/26/1968	45Y	M	0101011
Address			City, State, Zip code		
6827 LATTA PARKWAY			DALLAS, TX 75227		
Home Phone					
214-799-7775					
Social Security Number			Work Phone		
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 P Plock — 06/07/2013

Patient Signature — Date

Patient/Parent/Guardian/ or Conservator — Date

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

Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

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.

Robert P Plock — 08/07/2013

Signature — Date

SASC Swiss Avenue SurgiCenter

ADMIT TIME: 800

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

ADMISSION

IDENTIFIED BY: ☐ I.D. Band ☑ Chart ☑ Verbal
CONSENT SIGNED: ☑ PATIENT ☑ SURGEON ☐ ANESTHESIA ☑ WITNESS
PRESENT ON: ☑ History / Physical ☑ Pain Relief Info Given ☑ Pain Site Verification ☑ Personal History Reviewed ☑ Site Verified
ALLERGIES: NKDA
ALLERGY BAND: ☐ Yes ☑ NA
NPO STATUS: ☑ NPO since 9pm Clear liquids 0630
PREGNANCY: ☑ N/A male ☐ Yes ☐ No ☐ LMP Date: ____ ☐ Urine Pregnancy Test ☐ Positive ☐ Negative
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 ☐ Arthritis ☐ Autoimmune Disease ☐ Thyroid / Adrenal Problems
☐ Hypertension ☐ Cancer ☑ GI Problems ☐ Seizures / Epilepsy
☑ Sleep Apnea ☐ Hepatitis ☐ HIV ☐ Bleeding Disorders
☐ Vitamins/ Herbal Supplemants ☐ Gyn Problems ☐ Stroke ☑ Other: T Chol
☐ Glasses / Contact Lenses / Hearing Aids
☑ Prosthesis Mesh (Hernia)
☐ Bridges, Caps, Crowns, Partials
MENTAL STATUS: ☑ Alert ☐ Confused ☐ Other____
ALCOHOL: ☑ Yes ☐ No
TOBACCO: ☐ Yes ☑ No
Hernia repair
CPAP

Previous Surgeries / Hospitalizations / Pertinent Illnesses: ☐ See Attached Sheet
Hernia Repair
Wisdom Teeth Excision

MEDICATIONS: ☑ See Attached Sheet
DRUG NAME: 0630 Ibuprofen LD — DATE / TIME LAST DOSE: 8/4/2013

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: 8/7/10 Admission Interview: ☑ Patient ☐ Family Member ☐ Signficant Other
☐ Translator ☑ N/A Translator Name: ____

PRE-OPERATIVE HOLDING

VITAL SIGNS: ☑ BP 134/89 ☑ PULSE 81 ☑ RESP 16 ☑ TEMP 99.0 ☑ O2 SAT 98
HEIGHT: 5'9" WEIGHT: 198 BLOOD SUGAR: N/A
BMI = 29.3

PAIN SCALE:

0	2	4	6	7	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More		Hurts Whole Lot	Hurts Worst
NO PAIN	MILD PAIN	MODERATE PAIN	SEVERE PAIN		VERY SEVERE PAIN	WORST PAIN POSSIBLE

PAIN LOCATION: Back / both legs
IV Started By: P. Hawkley RT RN ☐ 500 ml LR IV Site ☐ LT ☑ RT
IV Start Time: 0820 Needle Gauge: 22g ☑ Saline Lock ☐ LOCAL ONLY ☐ NO IV STARTED

EDUCATION

LEARNER: ☑ Patient ☐ Family Member ☐ Other
BARRIERS: ☑ NONE ☐ Cognitive Limitations ☐ Values / Beliefs Barriers ☐ Financial Barrier ☐ Physical Limitations ☐ Religious / Cultural Barrier ☐ Language Barrier ☐ Emotional Barrier ☐ Desire / Motivation to Learn
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: Kimberly
☑ Need to call 523.4986 ☐ Ride will return at: ☑ Person in waiting room

NOTES: 8/6/2013 @ 1521 Spoke with the patient. Pre op instructions given Pt voiced understanding. T. Howard RN

RN Signature: Teresa Howard RN

SWISS AVENUE SURGICENTER

Medical Reconciliation Form

Plock, Robert
314-799-7775
Patient Sticker

Medication Name	Dosage	Frequency	Discontinued Date	
Ibuprofen	600mg ~~800mg~~ TH	÷	3x Daily	
Tramadol	50 mg	÷	4x Daily	
Norco	5/325 mg	÷ @ HS	~	PRN
Amoxicillin	PC 7 TH			

2
100
70.

724.4

AGE	WT.	B.P.	H.R.	R	SaO2
45	5'5" 198#	134/81	81	16	98%

ASA PHYSICAL STATUS: 1 (2) 3 4 5 E

☑ NPO ☐ FULL STOMACH

OPERATION: (B) L5-S1 TF ESI

SURGEON: Racz

PREVIOUS ANESTHETICS: ☐ NONE ☑ NO PREVIOUS ANES. COMPLICATIONS

LAB

MEDICATIONS: ☐ NONE
Ibuprofen last 8/4/13
Tramadol
HTC

ALLERGIES: ☐ DENIED
NKDA

TEETH: ☐ LOOSE ☐ MISSING ☐ CHIPPED ☐ DENTURES

AIRWAY

PULMONARY: ☐ TOBACCO PPD ☐ ASTHMA ☐ CXR
OSA ø CPAP

CARDIOVASCULAR EKG: ↑chol

CNS: UBP

RENAL: ø

GI: ☐ LIVER ☐ HEPATITIS
BMI = 29.3

ENDOCRINE: ☐ DIABETES ☐ THYROID
ø

PREGNANCY LMP: ☐ PT. DENIES POSSIBILITY OF PREGNANCY

OTHER

ANESTHESIA PLAN: ☑ GENERAL ☐ SPINAL ☐ EPIDURAL ☐ MAC ☐ BLOCK
RISKS, BENEFITS, INDICATIONS, ALTERNATIVES TO ABOVE DISCUSSED WITH:
☑ PATIENT ☐ SPOUSE ☐ OTHER

PREMEDICATION TIME
☐ NONE
☐ HISTORY NEGATIVE FOR ASA 1 PATIENTS ☐ ANTIBIOTIC

AGENTS/TIME

Versed	2								V = 2 mg	
Fent	100								F = 100 mcg	
Propofol	150/30								P = 80 mg	
%										
AIR / N2O L/M										
O2 L/M	6L/NC									
EKG	SR									
ETCO2	(P)									
IN O2	NC									
SaO2	96									
TEMP										

☐ PRE-OP EVALUATION REVIEWED ☐ Surgical Site Verified
☐ Anesthesia Machines, Monitor, Gas Check ☐ CHART REVEIWED
☐ Intermediate Pre-Anesthesia Evaluation ☐ PATIENT ID'd
No Changes ☐ O.R. # ____ 1 ____ 2

☑ ECG NIBP ☐ R ☑ L STETHOSCOPE ☐ P ☐ E
☐ O2 ANALYZER ☑ PULSE OX ☑ CAPNOGRAPHY
☐ NERVE STIM ☐ TEMP ____ ☐ URINE ____
☐ AGENT MONITOR

I.V.'s SIZE SITE
☑ SALINE LOCK 20g R hand

☐ LMA SIZE ____ AVAIL
☐ ETT SIZE ____ ☐ STYLET BLADE ____
☐ RAPID SEQUENCE/CRICOID PRES. ☐ ATRAUMATIC
☐ DIRECT VISION ☐ BLIND ☐ ORO ☐ NASAL ☐ R ☐ L
☐ CUFF ☐ BBS ☐ ETCO2 WAVES
TAPED AT ____ AT ____ CM
AIRWAY: ORAL ____ NASAL ____ ☐ MASK
CIRCUIT ☐ SCCA ☐ NRB ANES. MACHINE

☑ EYES PROTECTED: ☐ TAPED ☐ OINTMENT

	START	STOP
ANES.	0842	0850
SURG.	0846	~~0850~~ 0846

CODE
V A B.P.
• PULSE

210 200 180 160 140 120 100 80 60 40 20 10 0

POSITION
☐ SUPINE
☑ PRONE
☐ LATERAL L R
☐ LITHOTOMY
☐ TRENDEL
☐ SITTING
☐ OTHER
☑ ARMS AT SIDE
☑ ARMS OUT < 90°
☑ ELBOWS PADDED WITH FOAM
☑ FOAM HEADREST

EBL	
IV FLUIDS	

☑ PT. UNRESPONSIVE FOR > 50% OF PROCEDURE TO PAINFUL OR VERBAL STIMULI

PACU 0850 ☑ REPORT GIVEN
H.R. 93
R.R. 16
B.P.
SaO2 96%
☑ ALERT
☑ ORIENTED

POST ANESTHESIA DISCHARGE:
CAROMOPULMONARY STATUS ☑ STABLE
LEVEL OF CONSCIOUSNESS ☑ AWAKE
COMPLICATIONS ☐ NONE

9/7/13 DATE / TIME
SIGNATURE

TECHNIQUE
☑ GENERAL ☐ MAC ☐ OINTMENT ☐ EPIDURAL
☐ SAB ☐ REGIONAL

TN

SURGEON

Swiss Avenue SurgiCenter

ANESTHESIA RECORD

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX: M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

Swiss Avenue SurgiCenter

OR ROOM 1
OR ROOM 2

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

ASSESSMENT

Identified by: ☑ I.D. Band ☑ Chart ☐ Verbal

Allergies: NKDA

History: ☐ Cardiac ☐ Anticoagulants ☐ DM ☐ Respiratory ☐ Hypertension ☑ Other Sleep Apnea

TIME OUT: ☑ Yes ☐ No Time: 0845

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

Procedure: Bilateral Transforaminal Lumbar Epidural Steroid Injection L5/S1

POTENTIAL FOR INJURY

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

		EXP:
RF Cannula:		
RK / RX Needle:		
Catheter		
Tuohy		
Quincke		
Short Bevel		
Coude	117-7060	2018-2
Stellate		
Nerve Root Kit		

MEDICATIONS

NAME	DOSE mg/ml	QTY
ISOVUE	200mg	5ml
KENALOG	40mg	1ml
BETAMETHASONE	12mg	
HYPERTONIC SALINE	14.6%	
DEHYRATED ALCOHOL		
BUPIVACAINE	0.25% 0.50% w/EPI	4ml
LIDOCAINE (PLAIN)	1% 1.50% 2% w/EPI	10ml
NAROPIN	0.50%	

NAME	DOSE	QTY
KENALOG	Lot# 0627720138	
	Exp: 12-24-13	
BETAMETHASONE	Lot#	
	Exp:	

DOCUMENTATION

SURGEON: RACZ MD
CRNA: Hyde
ANESTHESIOLOGIST:
CIRCULATOR: WILSON RN
SCRUB: KISELICA CST
X-RAY: MANQUERO RT
REPRESENTATIVE:

PREP BY: ☐ MD ☑ STAFF
PREP: ☑ Betadine ☐ DuraPrep ☐ Chloraprep ☐ Other
RINSE: ☑ Alcohol ☐ Sterile Water ☐ Normal Saline ☐ Other
Fluro: ☑
DRESSING: ☑ Band Aids x 2 ☐ Tegaderm ☐ Small ☐ Large ☐ Other

Room IN: 0843
Room OUT: 0853

Procedure START: 0846
Procedure END: 0850

Discharged to PACU via: ☑ Stretcher ☐ Wheelchair ☐ Other

Report Given To: Hawley RN

COMMENTS

SASC Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SE
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/201

PACU ADMIT TIME: 0853 | DATE: 8/7/13 | RN SIGNATURE:

PACU RECORD

TIME	0853	0908
240		
220		
200		
180		
160		
140		
120	121	86/56
100	86/51	
80	73	
60		
40		
20		
O_2	RA	RA
LOC	X2	X3
AIRWAY	Patent	Patent
TEMP	98.4	
RESP	12	14
O_2 SAT	94	95
PADSS VITAL SIGN	0	2
ACTIVITY	0	2
NAUSEA/VOMITING	0	2
BLEEDING	2	2
PAIN	0	2
PADSS SCORE	8	10

ADMISSION ASSESSMENNT

O2	☑ NA RA	☐ MASK ___ L	☐ Nasal Cannula
AIRWAY	☑ NA	☐ EFT	☐ ORAL
		☐ LMA	☐ NASAL
EKG	☑ NA	☐ NSR	☐ OTHER ___
NUERO VASC STATUS	☐ NA	☐ SITE	
	☐ ICE	TEMP ___	
	CAP REFILL 1/2	COLOR WDL	
	PULSES 1/2	LEVEL WDL	
	MOVEMENT X 4	SENSATION WDL	
IV	SOL / AMT 52	TIME ___	SITE: ___
	SALINE LOCK: ☑ YES ☐ NO	DISCONTINUED 0929	

POST-ANESTHESIA DISCHARGE SCORING SYSTEM (PADSS)

OXYGEN:	VITAL SIGNS	PAIN:
O_2 ☑ = ON	2 = BP +/- 20% of Pre-op	2 = Adequate control (0-3)
O_2 X = OFF	1 = BP +/- 20 - 50% of Pre-op	1 = Moderate (level 4-6)
	0 = BP +/- 50% of Pre-op	0 = Severe (level 7-10)

LOC:	NAUSEA	VOMITING	BLEEDING
2 = RESPONSIVE	2 = Minimal / None		2 = Minimal / None
1 = REACTIVE	1 = Moderate (N/V controlled w/Rx)		1 = Moderate amount
0 = UNRESPONSIVE	0 = Severe		0 = Large amount

AIRWAY	ACTIVITY
X = DISCONTINUED	2 = Steady gait / no dizziness or activity level appropriate for procedure
	1 = With assistance
	0 = None / Dizziness

MEDICATION NAME / AMOUNT	TIMES	REASON	EFFECT (TIME)		SIGNATURE	

NOTES:

DISCHARGE INSTRUCTIONS/SUMMARY

Given to: Patient ☑
Pain Management Review: ☐ Yes ☐ No
RX: —
IV / Saline Lok Discontinued at: 0929 (am) pm
Total Fluid Intake: — ml
Site OK: ☑ Yes ☐ No

Discharge Criteria Met: ☑
PO Fluids Tolerated: ☑
PADSS score ≥ 9 ☑
Oriented x3 ☑
Voided N/A ☐
Operative Site Checked ☑
Neurovascular Status ☑ Unchanged

Pt Discharged to: ☐ Home ☐ Other
Pt Discharged via: ☐ Ambulated ☑ Wheelchair
Pt Discharged with Adult: ☐ Yes ☐ No
Name: Kimberly
If NO, reason:

Teaching Tool and Outcome

☐ Written Material
☑ Perfoms/ Answers Independently
☐ Perfoms/ Answers with Assisatnce
☐ Explanation

DISCHARGE SIGNATURES

RN
MD
Discharge Date:
Time: 0930

Discharge Notes:

SASC Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

Physician Orders

Date: 8/7/2013 Time: 0814

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 untill 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 12.5mgIVP 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: _____

< Novell. / c Xanax 1 @ 0814 8/7/2013

Discharge Orders:

Date: 8/7/2013 Time: 0930

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

Physician Signature: _____

SWISS

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

ACCOUNT NUMBER: 2341966

PATIENT INFORMATION

PATIENT	NAME:	ROBERT PLOCK	
	ADDRESS:	6827 LATTA PARKWAY	
	CITY, ST, ZIP:	DALLAS TX 75227	
	HOME PHONE#:	(214) 799-7775	DOB: 07/26/68
	SOCIAL SECURITY #:	456-53-3292	SEX: M AGE: 44
EMPLOYER	NAME:	HVAC	MARITAL STATUS:W
	WORK#:	( )	
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
	CITY, ST, ZIP:	SALT LAKE CITY UT 84130-0541
SUBSCRIBER	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:	
	CITY, ST, ZIP:	
SUBSCRIBER	NAME:	
	GROUP#:	
	POLICY# / SS#:	/
	DOB / SEX:	
EMPLOYER	NAME:	
	WORK#:	( )

ADJ NAME:
PRECERT PH#:
DOI/COMP INJ

ADJ PH#:
GEN INS PH#:

15min

8/7/13 @ 8:15am

#3 TFL (Bilat) L5/S1

L.4483-50

724.4

TW

Swiss Avenue Surgicenté.

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SE
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/201

PLOCK,ROBERT MRN: 0101011 DOS: 08/07/

DISCLOSURE AND INFORMED CONSENT TO MEDICAL AND SU

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 4pm/sips water-meds 0630am

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 by 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 8/7/13.

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGN: _____

WITNESS: _____ Date: 8/7/13 Time: 805 a.m. / p.m.

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SE
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/201

Swiss Avenue SurgiCenter

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.

☑ 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.

☐ MONITORED ANESTHESIA CARE (MAC) or SEDATION/AI
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 of Anesthetists	Date/Time	Anesthetist Printed Name
	8/7/13 @ 457	Hyde

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON (signature required)

Witness: Date: 8/7/13 Time: 808 (a.m./p.m.)

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. Baines, NP
Pina R. Soni, NP
Sharraine D. Wilson, NP
Peggy Wright, NP

ROBERT PLOCK
Male DOB: 07/26/1968 9655-2903002
Referring: **ANDREW E MD, PARK**

Home: (214)799-7775

08/07/2013 - Procedure Notes: TFL #3 Bilat L5/S1
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 Isovue 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 follow up as needed
2) Patient to follow up with Dr. Park

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

Pinnacle Pain Medicine

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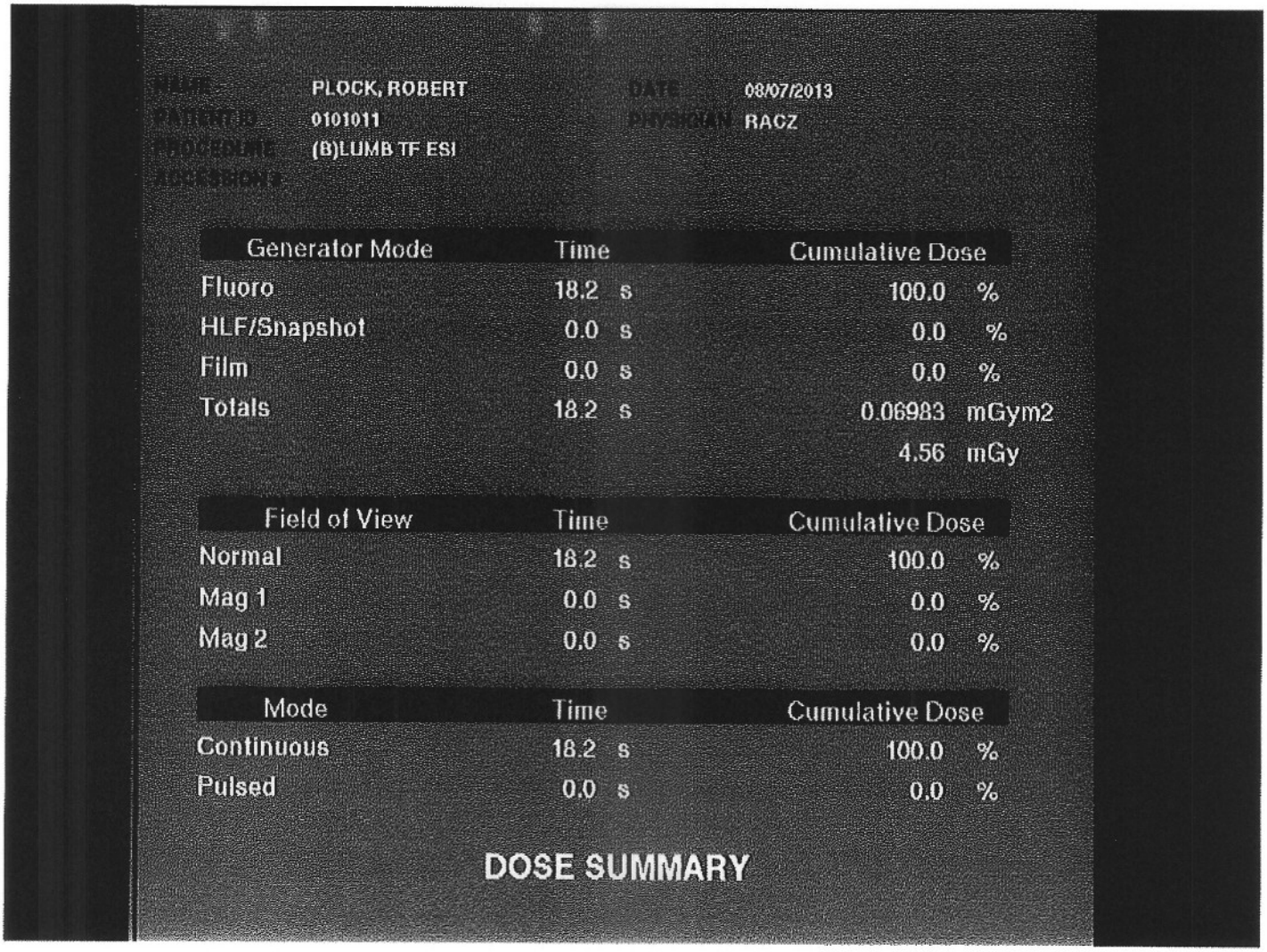
Shairaine D. Wilson, NP
Peggy Wright, NP

ROBERT PLOCK
Male DOB: 07/26/1968 9655-2903002
Referring: **ANDREW E MD, PARK**

Home: (214)799-7775

Electronically Signed by Tibor Racz, MD on 08/07/2013 at 8:56 AM

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX: M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013



NAME: PLOCK, ROBERT
PATIENT ID: 0101011
PROCEDURE: (B)LUMB TF ESI
ACCESSION #:
DATE: 08/07/2013
PHYSICIAN: RACZ

Generator Mode	Time	Cumulative Dose
Fluoro	18.2 s	100.0 %
HLF/Snapshot	0.0 s	0.0 %
Film	0.0 s	0.0 %
Totals	18.2 s	0.06983 mGym2
		4.56 mGy

Field of View	Time	Cumulative Dose
Normal	18.2 s	100.0 %
Mag 1	0.0 s	0.0 %
Mag 2	0.0 s	0.0 %

Mode	Time	Cumulative Dose
Continuous	18.2 s	100.0 %
Pulsed	0.0 s	0.0 %

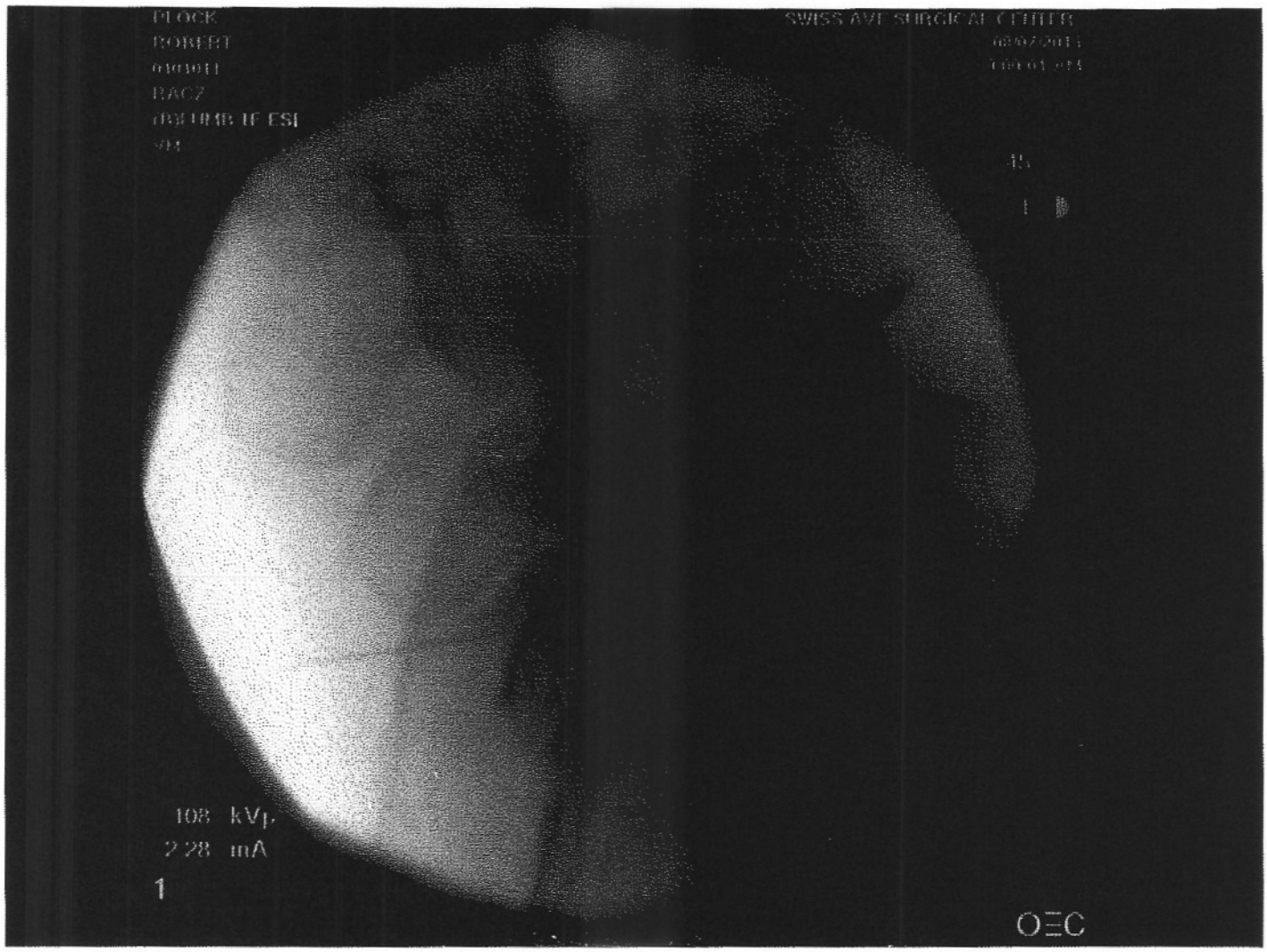
DOSE SUMMARY

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

3 of 3

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

283



PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
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MRN: 0101011 DOS: 08/07/2013

Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

Patient Discharge Instructions

You have had the following procedure: ~~Lumbar Epidural Steriod Injection~~

Selective Nerve Root Block	Cervical Epidural Steroid Injection	Other _____
Stellate Ganglion Block	Cervical Facet Injection	Transforaminal Steroid Injection
Lumbar Sympathetic Block	Lumbar Facet 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 _____ Date: 8/7/13

Witness Signature _____ Date: 8/7/13

SASC Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/2013

PAIN MANAGEMENT HISTORY & PHYSICAL

CHIEF COMPLAINT: ☐ SEE H&P _____

PRE-OP DX: ☐ SEE H&P _____

PLAN: ☐ CERVICAL ESI ☐ THORACIC ESI ☐ LUMBAR ESI ☐ SACRAL ESI ☐ CAUDAL ESI ☐ S I INJECTION ☐ TRANSFORAMINAL
☐ FACET JOINT INJECTION ☐ FACET NERVE BLOCK ☐ NUECLOPLASTY ☐ 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 REVISON / 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)

MEDICAL HISTORY & PHYSICAL EXAM

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 ☐ THROACIC ☐ LUMBAR
☐ NORMAL BULK, TONE ☐ DECREASED ROM:

NEUROLOGIC: ☐ NO SENSORY DEFICITS ☐ DECREASED SENSATION IN:

PROGRESS NOTES

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 ASSITANCE 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

Pinnacle Pain Medicine

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Sharraine D. Wilson, NP
Peggy Wright, NP

ROBERT PLOCK
Male DOB: 07/26/1968 9655-2903002
Referring: **ANDREW E MD, PARK**

Home: (214)799-7775

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

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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: 45 Y SEX:M
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/

Scott A. Berlin, MD
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Aaron T. Lloyd, MD
Michael S. Phillips, MD
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Home: (214)799-7775

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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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 rvical 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 bilatral neural fol 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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Male DOB: 07/26/1968 9655-2903002
Referring: **ANDREW E MD, PARK**

Home: (214)799-7775

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

Swiss Avenue Surgicenter

PATIENT	DATE	ACCOUNT#
ROBERT PLOCK	08/07/13	0101011

PATIENT INFORMATION

SOCIAL SECURITY #	DATE OF BIRTH	AGE	SEX	MARITAL STATUS	RACE	RELIGION
456-53-3292	07/26/1968	45Y	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
		Kimberly Schlueter	Sister	9725234986

GUARANTOR

NAME	SOCIAL SECURITY #
PLOCK, ROBERT	456-53-3292

STREET ADDRESS	CITY, STATE, ZIP CODE	RELATIONSHIP TO PATIENT
6827 LATTA PARKWAY	DALLAS, TX 75227	01-Self

HOME PHONE	WORK PHONE	CELL PHONE
214-799-7775		

PATIENT EMPLOYER

NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	OCCUPATION	PHONE

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 ☐	Auto ☐	Other ☐
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 ☐	Auto ☐	Other ☐

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 ☐	Auto ☐	Other ☐

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 L5/S1	

PRIMARY DIAGNOSIS	OTHER DIAGNOSIS
724.4 LUMBOSACRAL NEURITIS	

PATIENT SIGNATURE: Robert Plock DATE: 08/07/2013

Admit Form Box

Swiss Avenue SurgiCenter

PLOCK, ROBERT
DOB: 07/26/1968 AGE: 45 Y SE
DR: RACZ, TIBOR
MRN: 0101011 DOS: 08/07/20

Pain Management Procedure & Supply List

PROCEDURES:

EPID/FACET:			INTRATHECAL THERAPY:			SUPPLIES:			MUSCULOSKELETAL:		
ESI LUMB/SACRAL	62311		BACLOFEN/MORPH TRIAL	62318		DEPO MEDROL 80 MG	J1040		SACROILITIS	720.2	
ESI CERV/THOR	62310		INJECTION W CATH PLCMT	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	733.90	
CERV FACET 2ND LVL	64491		PUMP REFILL	96530		ISOVUE M 200 PER 10ML	Q9966		CHEST-MUSC	786.59	
CER FACET 3RD LVL	64492		DYE STUDY W FLUORO	62284		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	63650		FENTANYL PER 1MG	J3010		PDPH	349.0	
LUMBAR FACET 3RD LVL	64495		EPID LEAD - REV REM	63660		ZOFRAN 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		MIGRANE	346.10	
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, EACH	L8680		GLUCOSE TEST	82962		PH TRIG NEUR	053.12	
MAJOR JT BURSA INJ	20610		EXT PT PROGRAMMER	L8681		PREGNANCY TEST	81025		ATYPICAL FACIAL	350.2	
SACROILIAC JT INJ	27096		DUAL ARRAY RCHRG BAT	L8687					LEG:		
EPIDURAL BLOOD PATCH	62273		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 BURSITIS	726.5	
INTERCOSTAL SINGLE	64420		PERC LEAD IMPLANT	64575		OCCIPITAL NEURALGIA	723.8		MERALG PARESTH	355.1	
INTERCOSTAL ADD LEVEL	64421		BATTERY IMPLANT	64590		SPONDYLOSIS	721.0		NEUROPATHY:		
SCIATIC NERVE	64445		REV/REMVL OF LEAD	64585		NECK PAIN	723.1		SPASTICITY	781.0	
ILIOINGUINAL NERVE	64425		REV/REMVL 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	62284		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	356.0	
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:	64999, 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		BURSITIS	727.3	
DISCOGRAPHY (LUMBAR)	72295					POST-LAM SYNDROME	722.83		SUBCROM BURSITIS	729.19	
						SCIATICA	724.3		PREPATELLAR BURSITIS	726.65	
						FORAM STEN	324.9		DEVICE CODE	V53.02	
						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 CERIBRI	348.2	
						BR PLEXOPATHY	353.0		CHRONIC PAIN SYND	338.4	
						THOR OUT SYND	353.0		ILIOINGUINAL NEURO	355.79	

OTHER PROCEDURES:

PROCEDURE DICTATED _____
PHYSICIAN SIGNATURE