WASHINGTON LAW OFFICES, INC.

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(414) 462-9525
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Paralegals
Sharita Gillespie
Miriam Vega

Legal Assistants
Shannon M. McCoy

December 12, 2003

Attorney Robert Overholt
Milwaukee City Attorney's Office
200 East Wells Street, Room 800
Milwaukee, Wisconsin 53202

RE: **Our Client:** **Cassandra White**
Date of Loss: **November 28, 2001**
Your File No.: **02-S18**

CITY OF MILWAUKEE
2003 DEC 16 AM 7:59
RONALD J. LEON
CITY CLERK

Dear Mr. Overholt:

Ms. Cassandra White appears to have completed her medical treatment for the injury she sustained with regards to the above matter. The following is our settlement demand.

Liability:

On or about November 28, 2001 Ms. White was exercising due care while walking along West Capital Drive in Milwaukee, Wisconsin when near North 19th Street she fell and was greatly injured by reason of the dangerous condition and lack of repair of a defective and unstable curb and unrepaired pothole. The curb and roadway at the place of the accident was dangerous and unsafe and in need of repair and it was solely by reason of the defects that Ms. White fell and was injured. The dangerous condition of the sidewalk was well known to the City of Milwaukee or would have been so known had it only conducted proper inspections of its public ways as it was their duty to conduct. Due to the City of Milwaukee's negligence in this matter Ms. White suffered severe bodily injuries to her person.

Damages:

Ms. White initial believed the pain in left should would subside on its own but due to the ongoing pain and discomfort she eventually went to see her personal physicians at Aurora Health Care - Downtown, North RiverCenter. Dr. Flejsierowicz found that Ms. White was suffering form a left shoulder injury and recommended ibuprofen for pain and physical therapy at least three times a week. Ms. White embarked on Dr. Flejsierowicz's recommendation but her symptoms only became worse until she was referred to see a specialist at Milwaukee Orthopedic Specialists, S.C.

Based on Ms. White's radiographic evaluation and MRI, Dr. Austin Boyle, at Milwaukee Orthopedic Specialists found compatibility with anterior instability and stripping of the anterior capsule with a Hill-Sachs lesion. Upon his examination of Ms. White's left shoulder, Dr. Boyle found that she had limitation of external rotation with positive apprehension side tenderness anteriorly and posteriorly and diagnosed her with anterior instability in her left shoulder. Because physical therapy had initially failed, Dr. Boyle recommended surgery, specifically Bankart reconstruction. The surgery occurred on January 24, 2002 at Sinai Medical Center after which Ms. White again commenced physical therapy.

By August 23, 2003 Dr. Boyle had found that Ms. White's condition had improved to the point where she had a full range of motion of the left shoulder with slight loss of external rotation. Dr. Boyle, however, did not expect her strength to return to normal for 6 -12 months and advised Ms. White to return if she has any problems.

By December 27, 2003 Ms. White was experiencing worse pain from her shoulder injury and saw Dr. Boyle. After examining a MRI and doing a physical examination of Ms. White, Dr. Boyle found that she was in significant discomfort and believed that she may be in need of post left anterior shoulder reconstruction and also that she possibly suffered form a loose suture anchor. Dr. Boyle had his associate Dr. Mark Wichman perform an additional evaluation of Ms. White for a second opinion.

After his examination of Ms. White, Dr. Wichman found that Ms. White was suffering from a possible loose suture anchor and that the integrity of the initial surgical repair of her left shoulder was in question. Finally, Dr. Wichman found that Ms. White was suffering from an inflamed rotator cuff with questionable integrity. Dr. Wichman recommended arthroscopy of the shoulder to remove the anchor, with additional repair of the anterior ligament complex and evaluation of the rotator cuff to be performed at the same time.

On February 28, 2003, at Sinai Medical Center, Dr. Wichman performed on Ms. White left shoulder arthroscopy with revision Bankart with removal of loose mini-Revo anchor. After her surgery Ms. White was again started on physical therapy. Ms. White's progressed satisfactory until May 2003 when she suffered reinjury of the left shoulder while dressing and when a door closed on her. Dr. Wichman had Ms. White continue with her physical therapy and authorized her to stay off of work for an additional six weeks.

During her recovery from the second surgery Ms. White eventually was off work from February 28, 2003 through July 1, 2003. By July 15, 2003 Dr. Wichman had found that Ms. White's condition had greatly improved with excellent stability and that she was only

complaining of some clicking of the left shoulder.

Medical Specials:

Below is a current outline of the medical specials incurred by Ms. White as the direct result of the accident that occurred in November 2001. Copies of the bills and reports are enclosed.

Aurora Medical Group	$ 1,193.00
Sinai Medical Center	$23,360.37
Milwaukee Orthopedic Specialists, S.C.	$20,542.00
TOTAL	**$45,095.37**

Wage Loss:

Listed below is Ms. White's total wage loss from United Government Service after her second surgery on February 28, 2003. A copy of Ms. White's employer's wage loss statement is enclosed.

United Government Service	**$7,365.84**

Settlement Demand:

Based upon the pain and suffering Ms. White has endured I have been authorized to accept $150,000.00 over the medical specials of $45,095.37 and wage loss of $7,365.84 for a total of $202,461.21. Please contact me within the next seven (7) days via telephone in order that we may discuss this demand in more detail.

Very truly yours,

WASHINGTON LAW OFFICES

Hazel J. Washington
Attorney at Law

Enclosures

Aurora Medical Group®

Certification of Itemized Statements

Patient name: Cassandra White,

I, Tammy Caldwell custodian of patient accounts at Aurora Health Care. I am duly qualified to make the certification with respect to said medical bills.

Attached hereto are 6 pages of an itemized bill relating to patient Cassandra White for the dates of service 11.28.01 to present. These are accurate, legible, and complete duplicates of the patient's bill. These bills contain acts, and conditions, made at or near the time by, or from information transmitted by a person with knowledge of the information contained therein.

Dated this 14th day of April 2003

By: _____

Aurora Health Care 3000 West Montana Street, P.O.Box 343910 Milwaukee, WI 53234, (414) 647-3000

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
GROSSMAN MD,RONALD			INVOICE: 9253153			
AHC DOWNTOWN			WHITE,CASSANDRA			
	11/28/01	73030	XRAY: SHOULDER			146.00
			MEDICAID HMO BILLED	12/03/01		
			MCAID HMO CLAIM NOT PAID RESENT01/20/02			
	11/28/01		MEDICAID PAYMENT AMOUNT: 03/08/02		-	30.74
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	115.26
FLEJSIEROWICZ MD,MA			INVOICE: 9280037			
AHC DOWNTOWN			WHITE,CASSANDRA			
	11/28/01	99213	OFFICE/OUTPATIENT VISIT			92.00
			MEDICAID HMO BILLED	12/03/01		
			MCAID HMO CLAIM NOT PAID RESENT01/20/02			
	11/28/01		MEDICAID PAYMENT AMOUNT: 01/22/02		-	45.35
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	46.65
FLEJSIEROWICZ MD,MA			INVOICE: 9507936			
AHC DOWNTOWN			WHITE,CASSANDRA			
	12/12/01	99213	OFFICE/OUTPATIENT VISIT			92.00
			MEDICAID HMO BILLED	12/20/01		
	12/12/01		MEDICAID PAYMENT AMOUNT: 01/22/02		-	45.35
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	46.65
FLEJSIEROWICZ MD,MA			INVOICE: 9750067			
			INSURANCE BALANCE			

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE:

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

MAKE CHECKS PAYABLE TO:

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
AHC DOWNTOWN			WHITE,CASSANDRA			
	01/03/02	99213	OFFICE/OUTPATIENT VISIT			92.00
			MEDICAID HMO BILLED	01/09/02		
	01/03/02		MEDICAID PAYMENT AMOUNT:	01/22/02	-	45.35
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	46.65
FLEJSIEROWICZ MD,MA			INVOICE: 9936775			
AHC DOWNTOWN			WHITE,CASSANDRA			
	01/17/02	99212	OFFICE/OUTPATIENT VISIT			72.00
			MEDICAID HMO BILLED	01/23/02		
	01/17/02		MEDICAID PAYMENT AMOUNT:	02/01/02	-	28.76
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	43.24
FLEJSIEROWICZ MD,MA			INVOICE: 10008498			
AHC DOWNTOWN			WHITE,CASSANDRA			
	01/22/02	36415	BLOOD DRAW			17.00
			MEDICAID HMO BILLED	01/28/02		
	01/22/02		MEDICAID PAYMENT AMOUNT:	02/11/02	-	0.00
			MCAID HMO CLAIM NOT PAID RESENT	03/17/02		
	01/22/02		MEDICAID PAYMENT AMOUNT:	04/08/02	-	0.00
	01/22/02		MEDICAID PAYMENT AMOUNT:	04/08/02	-	0.00
	01/22/02		UNBUNDLED ADJ	05/08/02	-	17.00
			PCS-P05DDOB MATRIX W/O			

INSURANCE BALANCE

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE:

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

MAKE CHECKS PAYABLE TO:

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
FLEJSIEROWICZ MD,MA			INVOICE: 10008499			
AURORA CONSOLIDATED			WHITE,CASSANDRA			
	01/22/02	80051	LAB: ELECTROLYTE PANEL			45.00
	01/22/02	84520	LAB: UREA NITROGEN			28.00
	01/22/02	85025	LAB: BLOOD COUNT			55.00
	01/22/02	82565	LAB: CREATININE			33.00
			MEDICAID HMO BILLED	01/28/02		
	01/22/02		MEDICAID PAYMENT AMOUNT:	02/11/02	-	32.95
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	128.05
FLEJSIEROWICZ MD,MA			INVOICE: 10008500			
AHC DOWNTOWN			WHITE,CASSANDRA			
	01/22/02	99242	OFFICE/OUTPATIENT CONSULT			185.00
			MEDICAID HMO BILLED	01/28/02		
	01/22/02		MEDICAID PAYMENT AMOUNT:	02/11/02	-	53.59
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	131.41
FLEJSIEROWICZ MD,MA			INVOICE: 10300503			
AHC DOWNTOWN			WHITE,CASSANDRA			
	02/14/02	99213	OFFICE/OUTPATIENT VISIT			92.00
			MEDICAID HMO BILLED	02/20/02		
	02/14/02		MEDICAID PAYMENT AMOUNT:	02/28/02	-	45.35
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	46.65

INSURANCE BALANCE

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE:

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

MAKE CHECKS PAYABLE TO:

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
DARROW NP,JULIA			INVOICE: 11138054			
AHC DOWNTOWN			WHITE,CASSANDRA			
	04/15/02	99395	PREVENTIVE EXAM			139.00
			MEDICAID HMO BILLED	04/23/02		
	04/15/02		MANAGED HEALTH PAYMENT AMOUNT:05/08/02		-	21.54
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	117.46
DARROW NP,JULIA			INVOICE: 11198148			
AURORA CONSOLIDATED			WHITE,CASSANDRA			
	04/15/02	87088	LAB: ORGANISM IDENTIFICA			54.00
	04/15/02	87491	LAB:CHLAMYDIA TRACHOMATI			80.00
	04/15/02	87591	LAB: GONORRHOEAE			80.00
	04/15/02	88142	LAB: PAP;THIN LAYER			52.00
			MEDICAID HMO BILLED	04/29/02		
			MCAID HMO CLAIM NOT PAID RESENT06/16/02			
	04/15/02		MANAGED HEALTH PAYMENT AMOUNT:06/17/02		-	136.18
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	129.82
DARROW NP,JULIA			INVOICE: 11198149			
AURORA CONSOLIDATED			WHITE,CASSANDRA			
	04/15/02	88141	INTERP. PAP			66.00
			MEDICAID HMO BILLED	04/29/02		
			MCAID HMO CLAIM NOT PAID RESENT06/16/02			
	04/15/02		MANAGED HEALTH PAYMENT AMOUNT:06/17/02		-	26.52
			INSURANCE BALANCE			

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE:

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

MAKE CHECKS PAYABLE TO:

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	39.48
WASHINGTON MD,JANIE			INVOICE: 12523955			
AHC DOWNTOWN			WHITE,CASSANDRA			
	08/05/02	99212	OFFICE/OUTPATIENT VISIT			72.00
			MEDICAID HMO BILLED	08/08/02		
	08/05/02		MANAGED HEALTH PAYMENT AMOUNT:	08/20/02	-	28.76
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	43.24
	08/05/02		REVERSAL OF MANAGED HEALTH PAYMENT	11/21/02		28.76
			REVERSAL OF INS CONTRACT DISCOUNT:			43.24
			BLUE CROSS BILLED	03/20/03		
	08/05/02		BLUE CROSS PAYMENT AMOUNT:	04/07/03	-	57.60
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	14.40
			MEDICAID HMO BILLED	04/08/03		
UBEROI MD,RUPIKA			INVOICE: 15252165			
AURORA SINAI MED CT			WHITE,CASSANDRA			
	02/21/03	99243	OFFICE/OUTPATIENT CONSULT			244.00
			BLUE CROSS BILLED	02/27/03		
	02/21/03		BLUE CROSS PAYMENT AMOUNT:	03/17/03	-	179.87
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	59.13
			MEDICAID HMO BILLED	03/18/03		
	02/21/03		MANAGED HEALTH PAYMENT AMOUNT:	04/10/03	-	0.00
			INSURANCE CONTRACT DISCOUNT AMOUNT:		-	5.00
			INSURANCE BALANCE			

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE:

STATEMENT OF PHYSICIAN SERVICES

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

CASSANDRA WHITE
APT 4
2972 N 74TH ST
MILWAUKEE,WI 53210-1016

MAKE CHECKS PAYABLE TO:

AURORA MED GRP MILWAUKEE
PO BOX 341457
MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVICE CODE	DESCRIPTION	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
LEPGOLD MD,EDITH L AHC DOWNTOWN			INVOICE: 15734237 WHITE,CASSANDRA			
	03/31/03	99214	OFFICE/OUTPATIENT VISIT BLUE CROSS BILLED	04/02/03	138.00	

INSURANCE BALANCE 138.00

ACCOUNT NUMBER: 14569156
GUARANTOR NAME: WHITE,CASSANDRA

AMOUNT DUE: 0.00

We have not received a response from your insurance carrier for the balance due.

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3100
BILLING PERIOD: 04/17/03 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY S ON 7/9/03
NO. OF PAGES 2
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
04/15/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/15/03	92739604	EVALUATION PT 0-15 MIN	(QTY OF 0001)	91.50
04/15/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
04/17/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	76.25
04/17/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/17/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/22/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/22/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
04/22/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0002)	152.50
04/24/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/24/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/29/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/29/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/29/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/01/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/01/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/01/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/06/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/06/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/06/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/08/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/08/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/13/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
05/13/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	76.25
05/13/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/15/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/15/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/20/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/20/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/03/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/03/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/05/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/10/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/10/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
06/17/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/17/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0003)	228.75
06/24/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/24/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
07/01/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-3100

SRV DATE	REF NBR	DESCRIPTION		
07/01/03	92739635	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)		163.00
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE AURORA FAM NTWRK	04/17/03 - 04/23/03	
		COMPCARE AURORA FAM NTWRK	04/24/03 - 05/22/03	
		COMPCARE AURORA FAM NTWRK	05/24/03 - 06/19/03	
05/26/03	00006913	COMPCARE PAYMENT	SERVICE ON 04/15/03	206.12-
		COMPCARE AURORA FAM NTWRK		
05/26/03	00004713	COMPCARE ADJUSTMENT	SERVICE ON 04/15/03	206.13-
		COMPCARE AURORA FAM NTWRK		

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	3396.25
NEW PAYMENTS/CREDITS	412.25-
CURRENT ACCOUNT BALANCE	2984.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:17

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-1332
BILLING PERIOD: 12/01/01 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY S ON 7/9/03
NO. OF PAGES 1
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
11/29/01	92739774	EVALUATION PT 31-45 MIN	(QTY OF 0001)	235.25
11/29/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/10/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	70.25
12/10/01	92739822	ULTRASOUND PT PER 15 MIN	(QTY OF 0001)	59.75
12/13/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/13/01	92739822	ULTRASOUND PT PER 15 MIN	(QTY OF 0001)	59.75
12/17/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	70.25
12/17/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/20/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	140.50
12/20/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/27/01	92739824	E STIM UNATT-OTHER THAN WND-PT	(QTY OF 0001)	62.50
12/27/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	140.50
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		MEDICAID MANAGED HEALTH	12/01/01 - 12/17/01	
		MEDICAID MANAGED HEALTH	12/18/01 - 12/29/01	
04/29/02	00006915	MEDICAID PAYMENT	SERVICE ON 11/29/01	330.00-
		MEDICAID MANAGED HEALTH		
04/29/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 11/29/01	235.50-
		MEDICAID MANAGED HEALTH		
09/16/02	00006915	MEDICAID PAYMENT	SERVICE ON 12/17/01	330.00-
		MEDICAID MANAGED HEALTH		
09/16/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 12/17/01	224.25-
		MEDICAID MANAGED HEALTH		

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1119.75
NEW PAYMENTS/CREDITS	1119.75-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-2026
BILLING PERIOD: 01/27/02 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY LS ON 7/9/03
NO. OF PAGES 1
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
01/26/02	04110100	BASIC METABOLIC PANEL	(QTY OF 0001)	101.25
01/26/02	04111035	TEGRETOL	(QTY OF 0001)	85.75
01/26/02	33000015	TEGRETOL 400MG 1	(QTY OF 0001)	6.49
01/26/02	87891700	DX SHOULDER COMPLETE LT	(QTY OF 0001)	242.25
01/26/02	33000011	LORAZEPAM 2MG 999	(QTY OF 0001)	34.62
01/26/02	92744821	ED LEVEL 4	(QTY OF 0001)	737.25
01/26/02	92745159	PULSE OXIMETRY, SINGLE	(QTY OF 0001)	35.50
01/26/02	92745057	PROC CARDIAC MONITORING	(QTY OF 0001)	298.50
01/26/02	92744860	INJECTION IV	(QTY OF 0001)	22.00
01/26/02	92744892	IV PHLEBOTOMY (BLOOD DRAW)	(QTY OF 0001)	16.00
01/26/02	25890015	EMERGENCY PHYS/DETAILED CR-4*	(QTY OF 0001)	256.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		BLUE CROSS WISCONSIN	01/27/02 - 04/27/02	
		MEDICAID MANAGED HEALTH	01/27/02 - 04/27/02	
04/22/02	00006901	BLUE CROSS PAYMENT BLUE CROSS WISCONSIN	SERVICE ON 01/26/02	0.00
06/10/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 01/26/02	230.00-
06/10/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 01/26/02	1606.36-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1836.36
NEW PAYMENTS/CREDITS	1836.36-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-2032
BILLING PERIOD: 02/08/02 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY CS ON 7/9/03
NO. OF PAGES 2
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
02/06/02	92739773	EVALUATION PT 16-30 MIN	(QTY OF 0001)	161.50
02/06/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/12/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/12/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/16/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/16/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/19/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/19/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
02/22/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/22/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/26/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	145.00
03/08/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
03/08/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
03/11/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/14/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
03/14/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
03/19/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/26/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/29/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/29/02	92739803	RE-EVALUATION PT 0-15 MIN	(QTY OF 0001)	75.75
04/12/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/16/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/18/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/23/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00

-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --

MEDICAID MANAGED HEALTH	02/08/02 - 02/21/02	
MEDICAID MANAGED HEALTH	02/22/02 - 03/21/02	
MEDICAID MANAGED HEALTH	03/22/02 - 04/20/02	
MEDICAID MANAGED HEALTH	04/22/02 - 04/25/02	
03/04/02 00006915 MEDICAID PAYMENT	SERVICE ON 02/06/02	440.00-
MEDICAID MANAGED HEALTH		
03/04/02 00004733 MANAGED HEALTH CARE T19 ADJS	SERVICE ON 02/06/02	301.50-
MEDICAID MANAGED HEALTH		
04/08/02 00006915 MEDICAID PAYMENT	SERVICE ON 02/22/02	220.00-
MEDICAID MANAGED HEALTH		
04/08/02 00004733 MANAGED HEALTH CARE T19 ADJS	SERVICE ON 02/22/02	70.00-
MEDICAID MANAGED HEALTH		
04/08/02 00006915 MEDICAID PAYMENT	SERVICE ON 02/22/02	440.00-
MEDICAID MANAGED HEALTH		
04/08/02 00004733 MANAGED HEALTH CARE T19 ADJS	SERVICE ON 02/22/02	140.00-
MEDICAID MANAGED HEALTH		

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-2032

SRV DATE	REF NBR	DESCRIPTION		
05/06/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 03/26/02	562.00-
05/06/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 03/26/02	238.75-
05/28/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 04/23/02	114.00-
05/28/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 04/23/02	31.00-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	2557.25
NEW PAYMENTS/CREDITS	2557.25-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3002
BILLING PERIOD: 01/04/03 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY LS ON 7/9/03
NO. OF PAGES 1
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
01/03/03	87939100	MR CONTRAST/GADOLINIUM 20CC	(QTY OF 0001)	658.25
01/03/03	87932800	MR UPPR EXT JT WO CNTRST LT	(QTY OF 0001)	540.25
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE	01/04/03 - 01/10/03	
		MEDICAID MANAGED HEALTH	01/04/03 - 01/10/03	
05/12/03	00006913	COMPCARE PAYMENT COMPCARE	SERVICE ON 01/03/03	599.25-
05/12/03	00004713	COMPCARE ADJUSTMENT COMPCARE	SERVICE ON 01/03/03	599.25-
05/15/03	00006902	COMMERCIAL INSURANCE PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 01/03/03	0.00

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1198.50
NEW PAYMENTS/CREDITS	1198.50-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3051
BILLING PERIOD: 02/22/03 07/08/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

CERTIFIED BILLING
BY SB ON 7/9/03
NO. OF PAGES 1
HOSPITAL: ASMC

SRV DATE	REF NBR	DESCRIPTION		
02/21/03	17390006	PRE-OP ASSESSMENT	(QTY OF 0001)	221.50
02/28/03	04143186	PREGNANCY QUAL URINE	(QTY OF 0001)	55.50
02/28/03	33009250	FENTANYL C #9998	(QTY OF 0002)	34.30
02/28/03	33000011	MORPHINE SULFATE 997	(QTY OF 0001)	35.52
02/28/03	33000024	SEVOFLURANE 999	(QTY OF 0001)	372.62
02/28/03	02708741	SHOULDER SURGERY	(QTY OF 0001)	6073.25
02/28/03	02701621	IMPLANTS	(QTY OF 0001)	261.00
02/28/03	17310202	SAME DAY PREP	(QTY OF 0001)	176.00
02/28/03	17310251	SAME DAY NURSE TIME 1/2 HR	(QTY OF 0009)	607.50
02/28/03	13700175	ANESTHESIA - GENERAL 1 - 4 HRS	(QTY OF 0001)	2311.75
02/28/03	02706992	OR SUPPLY, MISCELLANEOUS	(QTY OF 0001)	66.00
02/28/03	02708881	ADDITIONAL SURGERY TIME	(QTY OF 0002)	1481.50
02/28/03	33009280	ZOFRAN #9993	(QTY OF 0004)	106.80
02/28/03	33000011	PROPOFOL 200MG 990	(QTY OF 0002)	134.08
02/28/03	33000031	CEFAZOLIN/DEXTRO 991	(QTY OF 0001)	64.80
02/28/03	33000011	DEMEROL 25MG 992	(QTY OF 0001)	34.77
02/28/03	33000011	KETOROLAC TROMET 994	(QTY OF 0001)	41.59
02/28/03	33010875	ZANTAC 150MG 995	(QTY OF 0001)	3.98
02/28/03	33000041	LACTATED RINGERS 99	(QTY OF 0002)	111.30
02/28/03	92752914	PACU LEVEL 2, 1ST 30 MIN	(QTY OF 0001)	949.00
02/28/03	92752952	SURGICAL HOLDING	(QTY OF 0001)	74.75
02/28/03	92752917	PACU LEVEL 2 EA ADD'L 30 MIN	(QTY OF 0001)	34.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE	02/22/03 - 03/06/03	
		MEDICAID MANAGED HEALTH	02/22/03 - 03/06/03	
04/14/03	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 02/21/03	0.00
05/12/03	00006913	COMPCARE PAYMENT COMPCARE	SERVICE ON 02/21/03	6626.13-
05/12/03	00004713	COMPCARE ADJUSTMENT COMPCARE	SERVICE ON 02/21/03	6626.13-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	13252.26
NEW PAYMENTS/CREDITS	13252.26-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

Milwaukee Orthopedic Specialists, S.C.
1575 N. RiverCenter Drive, #160 Milwaukee, WI 53212
(414) 274-7220 fax: (414) 274-7227

WORK STATUS RECORD

Exam Date: 6/16/03

Patient Name: Cassandra White

Diagnosis: B Shoulder Sym.

Chart Number:

First date of absence:

Date of Birth:

First date of illness/injury:

Patient states medical condition is work related:
- ☐ Yes
- ☒ No

- ☒ S/he can return to work with no limitations on 6/17/03 (date).
- ☐ S/he can return to work with the limitations indicated below on _____ (date).
- ☐ S/he is totally incapacitated until _____ (date).

- ☐ Referral to the following consultant: _____

WORK LIMITATIONS

- ☐ **Sedentary Work**. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **Light Work**. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in the category when it requires walking and/or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- ☐ **Light Medium Work**. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **Medium Work**. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **Light Heavy Work**. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Heavy Work**. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

1. In an 8 hour work day patient may:
   Stand/Walk
   ☐ None ☐ 4-6 hours
   ☐ 1-4 hours ☐ 6-8 hours
   Sit
   ☐ 1-3 hours ☐ 3-5 hours ☐ 5-8 hours
   Drive
   ☐ 1-3 hours ☐ 3-5 hours ☐ 5-8 hours
2. Patient may use **right / left / both** hand(s) for repetitive:
   ☐ single grasping ☐ pushing & pulling
   ☐ fine manipulation ☐ _____
3. Patient may use foot/feet for repetitive movements as in operating foot controls:
   ☐ yes ☐ no
4. Patient may:

	Not at all	Occasionally	Frequently
bend	☐	☐	☐
twist	☐	☐	☐
squat	☐	☐	☐
climb	☐	☐	☐
reach	☐	☐	☐

OTHER INSTRUCTIONS/LIMITATIONS INCLUDING PERTINENT PRESCRIBED MEDICATIONS:
No more than 4 hrs work/day x 2 wks, then full RTW to restr.

THESE LIMITATIONS ARE IN EFFECT UNTIL:

Provider's Signature

Date 6-16-03

White - Patient Yellow - Chart

AuroraHealthCare® Milwaukee, Wisconsin
Aurora Rehabilitation Center

- [ ] St. Luke's Medical Center
- [x] Sinai Samaritan Medical Center
- [ ] Other
- [ ] West Allis Memorial Hospital
- [ ] Hartford Memorial Hospital
- [ ] The Medical-Surgical Clinic

White, Cassandra
41-96-50 Compcare
03373291
08/17/1970
Dr. Mark Wichman

REHABILITATION EVALUATION SUMMARY-Single Discipline

- [ ] O.T.
- [x] P.T.
- [ ] Speech
- [ ] Acute
- [x] Outpatient
- [ ]

Diagnosis revision (L) bankart repair (L) = left (R) = Right

Onset Date: 11/01 Surgery Date: [ ] N/A 2/28/03 Precautions: Aroma only, no strengthening

Social History: 1½-2 years ago (11/01) pt fell over a pot hole and "tore up" (L) shoulder surgery 1/02 to repair rotator cuff and bankart repair. ↓ strength + pain continued c̄ revision bankart 2/28/03

Functional limitations prior to injury: [ ] None reaching back, pulling on T shirt strength to carry + reaching up

Functional Limitations (ADL/Work): [x] See Medical History Questionnaire dressing, reaching up, carrying c̄ (L) UE

Level of Function needed to return to previous activity/ADLs/Work: Perform above limitations WNL.

Assessment: Functional Limitations Due to:

- [ ] Impaired Gait
- [x] Impaired Strength
- [x] Impaired Activity Tolerance
- [ ] Impaired Work / Leisure Tolerance
- [ ] Excessive Scar Tissue
- [ ] Impaired Balance
- [x] Impaired Joint Motion
- [ ] Impaired Skin Integrity
- [ ] Impaired Cognition
- [ ] Impaired Safety
- [x] Impaired ADL/IADL
- [x] Pain
- [ ] Edema
- [ ] Impaired Posture / Biomechanics
- [ ] Muscle Guarding
- [ ] Impaired Swallowing
- [ ] Impaired Communication
- [ ]

Number	Discharge Goals	Target Date: 18 wks	Treatment Plan
	1. Pt to demonstrate increased functional strength (L) UE to allow (B) UE lift 10 lbs overhead to lift laundry. 2. Demonstrate increased (L) shoulder flexion AROM to 160° to allow reaching overhead. 3. Demonstrate functional IR of (L) UE (L) shoulder to allow reach for low back to zip up skirt.		Therapeutic exercise / activity manual therapy, Pool exercises, flexibility home exercise program posture training.

Frequency: 3x/wk Duration: 6 weeks

Potential for Goal Achievement: [x] Good [ ] Fair [ ] Limited:

Factors related to Goal Achievement: (+) = Benefit (-) = Barriers

- ___ Family Support
- + Motivational Level
- ___ Weight Bearing Status
- ___ Safety Awareness
- ___ Activity Tolerance
- ___ Medical Status
- + Cognition / Communication
- ___ Other:

[x] **Patient agrees with treatment plan and goals**

Signature: Chad Newell, PT Date: 4/15/03 Telephone Number: 224-6424

For Physician: [ ] N/A

- [x] **For Physician Review.** This form does not need to be returned.
- [ ] **Please sign and return.**
- [ ] The above treatment plan is a change / modification from the original prescription. Your signature is required to indicate agreement with the above plan of care. **Please sign and return.**

I certify the need for these services, furnished under this plan of treatment, and while under my care.

Physician Signature / Date

05403150

REHABILITATION EVALUATION SUMMARY
SINGLE DISCIPLINE

White - Medical Record / Yell

AuroraHealthCare® Milwaukee, Wisconsin
Aurora Rehabilitation Center

- [ ] St. Luke's Medical Center
- [x] Sinai Samaritan Medical Center
- [ ] Other
- [ ] West Allis Memorial Hospital
- [ ] Hartford Memorial Hospital
- [ ] The Medical-Surgical Clinic

White, Cassandra
41-96-50 Compcare
03373291
08/17/1970
Dr. Mark Wichman

INITIAL EVALUATION - UPPER QUADRANT

- [x] P.T.
- [ ] O.T.
- [ ] Sports Medicine Institute
- [ ] Acute
- [ ] Inpatient Rehabilitation
- [x] Outpatient Rehabilitation

(L) = Left (R) = Right NT = Not Tested N/A = Not Applicable

Diagnosis: revision bankart repair (L)

Subjective/Pain: Now: 0/10 Best: 0/10 Worst: 7/10 **Precautions:** [ ] N/A AROM only. No strengthening. Hand Dominance: [ ] Left [x] Right

Had pain when sick c̄ cold - layed around alot and pain worse.

Observation: (Posture) Standing: (B) knee lateral deviation, (B) knee hyperextension,

Palpation: minimal tenderness to touch (L) biceps tendon area

Scapular Position: (L or R or B) [ ] Symmetrical ___Elevated ___Depressed (B) Anterior Tilt ___Winging ___Upward Rotation ___Downward Rotation ___Abduction ___Adduction

UE Sensation: [ ] NT [x] Intact [ ] Impaired: Pt denies numbness through (L) UE.

Functional Range of Motion: [ ] NT

	L Yes	L No	R Yes	R No		L Yes	L No	R Yes	R No
Place hand on opposite shoulder	NT		✓		Place hand behind back	NT		✓	
Touch top of head	NT		✓		Over head reach	NT		✓	
Place hand behind neck	NT		—						

Comments:

Scapulohumeral Rhythm: [x] Normal [ ] Impaired: for (R) UE during reaching over head. * = Pain

ROM / Strength:

Cervical ROM: [x] NT [ ] WFL

Elbow / Wrist / Hand: [x] NT [ ] WFL

- [ ] All motions WFL except those noted
- [x] Only those motions that were assessed are noted.
- [ ] Gross muscle strength WFL except as noted.
- [ ] Only muscle strength that was assessed are noted.

Position	MOVEMENT	(L)	(R) ROM	END FEEL	Position	MUSCLE(S)	MMT L	MMT R
L=1	Flexion	AAROM 103°	180° Sitting				/5	/5
L=1	Abduction	AAROM 62°	180° Sitting				/5	/5
L=1	Ext. Rot. (0/45/90)	45°	—				/5	/5
L=1	Int. Rot. (0/45/90)	50°	—				/5	/5
							/5	/5
							/5	/5
							/5	/5
							/5	/5

* = Painful A = Active, A/A = Active, Assist, P = Passive / Position: 1 = Supine, 2 = Prone, 3 = Sidelying, 4 = Standing, 5 = Sitting
End Feel: E = Empty, B = Bony, C = Capsular, S = Soft Tissue Approx.

Flexibility/Special Tests: —

Joint Stability/Mobility: —

Additional Comments: PT (writer) spoke c̄ MD p̄ evaluation. Pt able to perform AROM, stretches through full range. No strengthening.

Session Length: 35 minutes. **Units Billed:** Eval 20 minutes 1 therex / 5 min

Today's Treatment: Instructed pt. in performing AROM functionally at home within pain tolerance. Instructed no lifting weight c̄ (L) UE.

Signature: Chad Newell PT Date 4/15/03

INITIAL EVALUATION
UPPER QUADRANT

White - Medical Record / Yellow - Therapist

Aurora Health Care • Milwaukee, Wisconsin

Aurora Rehabilitation Center

☒ Aurora Health Center
Site: _____
☐ Aurora Medical Center, Hartford
☒ Aurora Sinai Medical Center
☐ St. Luke's Medical Center
☐ West Allis Memorial Hospital

White, Cassandra
41-96-50 Compcare
03373291
08/17/1970
Dr. Mark Wichman

DAILY PROGRESS NOTE - 4 Session

☐ Occupational ☒ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☒ Outpatient ☐ Acute # Authorized Visits (Outpatient): 17

Treatment Diagnosis: Neuritis (L) brachial plexus
Precautions: _____
Missed Appointments: 5-22-03 LM
Initial Eval Date: 4.15.03

	5/15/03 #10	5/20/03 #11	#	#
Time (min) / Units / Equipment	35 minutes 2 units	25 minutes - 2 units		
Goals: # 1 Date _____ PT to demonstrate functional strength due to 2 lbs UE 1st 10 lbs overhead lift Target Date/Visits: _____ Date Met _____	Session Outcome/Assessment: Subjective: Tooth better. I'm doing fine. Objective: UBE x 5 minutes (B) UE. Supine - Cane (B) shoulder flexion for stretch, - c pulleys up + down. - Shoulder - arm walk up the wall - wall push ups, - bounce ball on floor c (B) UE - dribble Swiss ball c (L). - 5 lb bicep curl c (L) (L) hand on ball on wall in ~120° shoulder flexion rolling ball up/down	Session Outcome/Assessment: Subjective: (L) shoulder "popped" c pain 5/16/03 and had pain for 3 days. Pain doing UBE. - Currently: 5/10 pain. Objective: UBE x 3 minutes → discussed POC. - Wall push ups x 5 reps x 3 - Walk up wall (B) UE c slight WB'ing through arms - Bounce Swiss ball (B) UE, + (L) UE	Session Outcome/Assessment	Session Outcome/Assessment
# 2 Date _____ Demonstrate increased (B) shoulder sagittal AROM to 160° to allow reach overhead Target Date/Visits: _____ Date Met _____				
# 3 Date _____ Demonstrate functional IR of (L) shoulder to allow reach low back to zip up skirt. Target Date/Visits: _____ Date Met _____				
# _____ Date _____ Target Date/Visits: _____ Date Met _____				
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☐ Pt. ☐ Caregiver: Topic: ☐ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☐ Pt. ☐ Caregiver: Topic: ☐ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	A: I can't tell I worked it. P: Advance strengthening	A: HD 5/22/03 P: Advance as HD allows		
Signature	Chad Newell, PT	Chad Newell, PT		

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

Aurora Health Care• Milwaukee, Wisconsin

Aurora Rehabilitation Center

White, Cassandra
41-96-50 Compcare
03373291
08/17/1970
Dr. Mark Wichman

☒ Aurora Health Center
Site: _____
☐ Aurora Medical Center, Hartford
☒ Aurora Sinai Medical Center
☐ St. Luke's Medical Center
☐ West Allis Memorial Hospital

DAILY PROGRESS NOTE - 4 Session

☐ Occupational ☒ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☒ Outpatient ☐ Acute

CSR # 2388863 4-16-03/5-20-03 04/16/03

Treatment Diagnosis: Revision (L) bankart repair

Authorized Visits (Outpatient): ~~11~~ 17

Missed Appointments: 5-22-03 (4)

Precautions: _____

Initial Eval Date: 4.15-03

	5/15/03 #10	5/20/03 #11	#	#
Time (min) / Units / Equipment	35 minutes 2 therapy	25 minutes - 2 therapy		
Goals:	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment
# 1 Date _____ PT to demonstrate functional strength (L) UE to 2 lbs (B) UE lift 10 lbs overhead to lift laundry. Target Date/Visits: _____ Date Met _____	Subjective: Tooth better I'm doing fine. Objective: UBE x 5 minutes (B) UE. Supine: Cane (B) Shoulder flexion for stretch, c̄ pulms up + down. - Shoulder - arm walk up the wall - wall push ups, - bounce ball on floor c̄ (B) UE - dribble Swiss ball c̄ (L). - 5 lb bicep curl c̄ (L) - (L) hand on ball on wall in ~120° shoulder flexion rolling ball up/down (L) (R)	Subjective: (L) Shoulder "popped" c̄ pain 5/16/03 and had pain for 3 days. Pain donning bra. - Currently: 5/10 pain. Objective: UBE x 3 minutes → Discussed POC. - Wall push ups x 5 reps x 3 - Walk up wall (B) UE c̄ slight WBing through arms - Bounce Swiss ball (B) UE, + (L) UE.		
# 2 Date _____ Demonstrate increased (L) shoulder flexion AROM to 160° to 2 lbs (B) UE overhead. Target Date/Visits: _____ Date Met _____				
# 3 Date _____ Demonstrate function 21 IR of (L) UE shoulder to 2 lbs (B) UE reach low back to zip up skirt. Target Date/Visits: _____ Date Met _____				
# _____ Date _____ Target Date/Visits: _____ Date Met _____				
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☒ Pt. ☐ Caregiver: _____ Topic: HEP ☒ Able to D / (V) ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: _____ Topic: HEP ☒ Able to D / (V) ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☐ Pt. ☐ Caregiver: _____ Topic: _____ ☐ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☐ Pt. ☐ Caregiver: _____ Topic: _____ ☐ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	A: I can tell I worked it. P: Advance strengthening	A: HD 5/22/03 P: Advance as HD allows		
Signature	Chad Newell, PT	Chad Newell, PT		

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

DAILY PROGRESS NOTE - 4 Session

White - Medical Record / Yellow - Therapist
AHC 05403210.j (Rev. 11/01) Front

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Dr. Mark Wichman

Case # 2558363 4/16-5/28/03

DAILY PROGRESS NOTE - 4 Session

☐ Occupational ☒ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☒ Outpatient ☐ Acute # Authorized Visits (Outpatient): 11

Treatment Diagnosis: Revision (L) Bankart repair
Precautions: _____
Missed Appointments: _____
(2/28 Surgery) Initial Eval Date: 4/15/03

	5.1.03 #6	5/6/03 #7	5/8/03 #8	5/15/03 #9
Time (min) / Units / Equipment	45 / 1 Man / 2TE	45 minutes 1 man / 2 tot	35 minutes 2 therap	3 minutes Therap / Therap
Goals: # 1 Date 4/15/03 SIG Pt to demonstrate (L) shoulder flex to 140° AROM to progress mask overhead. Target Date/Visits: 9 Date Met 5/1/03	Session Outcome/Assessment S: Most very painful. Today 4/10. O: UBE AROM 1 rnd / Review home exercises: gentle inferior glides + posterior glides - IR = 62° at 60° ABD ER (AROM) is 15 post. glide vs. prior to glides: 120° at 45° ABD (feel like it was out of place post. sin - did not mention this pain) - gentle rhythmic stabilization - Unilateral chest press AROM AROM sh. flex flex = 143° feel good. horizontal ADD AROM	Subjective: I've been feeling a little pain c̄ exercises at home. Currently: 5/10. Sore. Not so bad today. O: UBE x 3 minutes forward 3 minutes rev - Supine: Post. inferior glide (L) SH jt. Gentle stretch (L) Shoulder IR Gentle stabilization (L) Shoulder in 90° Abduct. Gentle IR / ER rotation (L) Shoulder Manual Supine A: Tis 2°	Subjective: Not too bad. Starting to lift (L) arm. Feels tired when I put pressure upon (L) shoulder. Objective: Supine: isometric holds for strengthening shoulder and shoulder elevation c̄ (L) shoulder in 120° elevation and do IR / ER (gently) Supine: (L) therap pass c̄ 3 lbs c̄ PT assisting stabilization w/ others. - Chest press in 0°, 15°, 30°, 45° abduction UBE x 2 minutes forward 1 minutes rev A: Just fair (heavy)	Sr. Dent. st yesterday. Still sore - Swelling. Haven't eaten. Sitting at DSH Shoulder (L) Elevation: 114 related: Supine: (L) shoulder AR at 90° flex: fair range, abnormal, crepitus, lack stabilization. Tri. cap press up 3 lbs c̄ PT assisting stabilize elbow. 2 sets. UBE 2 minutes forward 2 minutes rev. Gentle wall push up. A: Just fair (heavy) Ordered
Target Date/Visits: 9 Date Met 5/1/03				
# _____ Date _____				
Target Date/Visits: _____ Date Met _____				
# _____ Date _____				
Target Date/Visits: _____ Date Met _____				
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☒ Pt. ☐ Caregiver: Topic: Alignment / HEP ☒ Able to D / V ☒ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	A/P: Tol well - remains weak + painful, but range improving	P: Continue c̄ ABDH.	A: No pain, but I can't tell I've been working. P: Cont. isometrics	P: Advance strengthening
Signature	Janell Oschner PT.	Chad Newell PT	Chad Newell PT	Chad Newell PT

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

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Dr. Mark Wichman

DAILY PROGRESS NOTE - 4 Session

☐ Occupational ☒ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☒ Outpatient ☐ Acute

Case # 23586363 4/16-5/28/03

Treatment Diagnosis: lesion (L) Bankart repair

Authorized Visits (Outpatient): 11

Missed Appointments:

Precautions: (2/28 Surgery)

Initial Eval Date: 4/15/03

	5.1.03 #6	5/6/03 #7	5/8/03 #8	5/15/03 #9
Time (min) / Units / Equipment	45 (1 Man / 2 TE)	45 minutes 1 man 2 ther	35 minutes 2 ther & 30 minutes 1 therap	
Goals: # 1 Date 4/15/03	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment
S/G: Pt to demonstrate (L) shoulder flex to 140° AROM to progress reach overhead	S: Yest. very painful. Today 4/10	Subjective: I've been feeling a little pain c exercises at home. Currently: 5/10. Stated "Not so bad today"	Subjective: Not too bad. Starting to feel (L) arm. Feels better when I put pressure upon (L) shoulder.	S: Bad st yesterday. Still sore - swelling. Haven't eaten.
Target Date/Visits: 9 Date Met 5/1/03	O: UBE 1 min fwd / retro x 3 min. Gentle inferior glides + posterior glides - IR = 62° at 90° ABD - ER (AROM) c 15 post. glide vs 5° prior to glides - 120° p at 45° ABD (felt like it was out of place post. jt. - did not produce pain) - Intact rhythmic stabilization - Unilateral chest press AROM AROM shoulder flex = 143° felt good. horizontal ABD AROM	O: UBE x 3 minutes forward 1 minute retro - Supine: Post. inferior glide (L) GH jt. Gentle stretch (L) shoulder IR. Gentle stabilization (L) shoulder in 90° abduction. Gentle IR / ER. Rotating (L) arm shoulder flexion in supine. A: It's OK	Objective: Supine: isometric holds for triceps, shoulder extension and shoulder elevation c (L) shoulder in 120° elevation and for IR / ER (gently). Supine: (L) triceps press c 3 lbs c PT assisting stabilization of elbow. - Overhead press in 0°, 15°, 30°, 45° abduction. UBE x 2 minutes forward + 1 minutes retro	Sitting at edge of table: (L) shoulder: 114 abduction. Supine: (L) shoulder AROM at 90° flexion: flexion forward, abduction, circle for stabilization. Triceps press up 3 lbs c PT assisting stabilize elbow. 2 sets. UBE 2 minutes forward + 1 minutes retro. Gentle wall push ups. A: Just heavy (heavy) arm.
Target Date/Visits: 9 Date Met 5/1/03				
# ____ Date ____				
Target Date/Visits: ____ Date Met ____				
# ____ Date ____				
Target Date/Visits: ____ Date Met ____				
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☒ Pt. ☐ Caregiver: Topic: Alignment / HEP ☒ Able to D / V ☒ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: HEP ☒ Able to D / V ☐ NR ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	A/P: Tol. well - remains weak + painful, but range improving	P: Advance c ABD.	A: No pain, but I can't tell if no bean working. P: Continue isometrics	P: Advance strengthening
Signature	Lisell Oechsner PT	Chad Newell PT	Chad Newell PT	Chad Newell PT

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

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Dr. Mark Wichman

DAILY PROGRESS NOTE - 4 Session

Case #23888
4/16/03 – 5/2[illegible]

☐ Occupational ☑ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☑ Outpatient ☐ Acute

Treatment Diagnosis: Revision (L) bankart repair.

Authorized Visits (Outpatient): 11

Missed Appointments:

Precautions:

Initial Eval Date: 4/15/03

	4/17/03 #2	4/22/03 #3	4/24/03 #4	4/29/03 #5
Time (min) / Units / Equipment	45 minutes (1 hour 2 units)	2 units. 1 hour 45 min	2 units ex. 30 minutes	45' (1 man/2 PTA)
Goals: # _____ Date _____	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment	Session Outcome/Assessment
	S: About the same. No pain currently.	S: Not too bad. Driving - taking a friend home (L) shoulder c/o because of the drive.	S: Stressed out because of the drive today (15 minutes late).	S: A little pain 7/10 post. shoulder - active this am getting ready to school, active over weekend (grocery shopping) washed
Target Date/Visits: _____ Date Met _____	O: Gentle distraction at (L) UE & passive abduction, ER, IR to pt's tolerance (did not mobilize feel)	O: (L) Gentle distraction & passive abduction 0-90°, Scapula to ~110°.	O: Supine: Passive Shoulder flex, (L) Shoulder FF, IR, and abduction.	O: Sim. posi. sn./cup. ER & post. glides (really did pain) x10 reps above AROM
# _____ Date _____	- Tactile cued gentle IR & FR of (L) shoulder abducted to ~30°	- Gentle AROM (L) UE, Shoulder IR & ER	- AROM. chest press (L) UE only in ~20° abduction + 45° abduction	ER: 75% @ 45° ABD
Target Date/Visits: _____ Date Met _____	Supine: chest press up & (L) UE, chest press & hand clasped & shoulder flex to shoulder	- (L) ER ~55° Manual resist for neutral scapula during chest press and hands clasped shoulder flex	Supine: (L) Shoulder diagonal AROM (L) disp → wave).	Unilat. Chest press (L) x10 reps. - PNF - as previous unable to do AROM → needed many cues for shoulder alignment.
Target Date/Visits: _____ Date Met _____	A: Pain decreased minimal since last visit.	A: Manual cues helped decrease pain	A: Aggravation of increased pain	PROM = Flex / IR Flex - 120° glenohumeral glides
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☑ Pt. ☐ Caregiver: Topic: HEP ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☑ Pt. ☐ Caregiver: Topic: HEP, AROM ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☑ Pt. ☐ Caregiver: Topic: HEP ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: Topic: Anatomy, injured structure ☒ Able to D/V ☒ NR to do ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	P: Advance AROM, AROM.	P: Continue to advance AROM, SCP control activities	P: Setting AROM (Supine) PROM, AROM	upright - AROM sn. scaption to 90° (pain free end range) A/P: 101 well - Plan upright AROM & hypomobile scapula.
Signature	Chad Neuroth PT	Chad Neuroth PT	Chad Neuroth PT	B. Lechner PT

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

"05403210"

Aurora Health Care® Milwaukee, Wisconsin

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White, Cassandra
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08/17/1970
Dr. Mark Wichman

Case #23888
4/14/03 – 5/[illegible]

DAILY PROGRESS NOTE - 4 Session

☐ Occupational ☑ Physical ☐ Speech ☐ Recreation
☐ Sports Medicine Institute ☐ Inpatient Rehabilitation Program ☑ Outpatient ☐ Acute

Treatment Diagnosis: Bursitis (L) Rotator Cuff Repair
Authorized Visits (Outpatient): 11
Missed Appointments:
Precautions:
Initial Eval Date: 4/15/03

	4/17/03 #2	4/22/03 #3	4/24/03 #4	4/29/03 #5
Time (min) / Units / Equipment	45 minutes (1 hour) 2 hour	2 hour 1 hour 45 min	2 hr ex. 30 min	45' (1 man/2 PT)
Goals: # _____ Date _____	Session Outcome/Assessment S: Subjective: About the same. No pain currently.	Session Outcome/Assessment S: Not too bad. Driving making it worse but (L) shoulder is fine because of the drive.	Session Outcome/Assessment S: Subjective: Stressed because of the drive today (5 minutes late).	Session Outcome/Assessment S: A little pain 7/10 post. shoulder – active this am getting ready to school, active over weekend (grocery shopping) washed
Target Date/Visits: _____ Date Met _____	O: Objective: Gentle distraction at (L) UE & passive abduction, ER, IR to pt tolerance (did not meet end feel)	O: (L) Gentle distraction & passive abduction 0–90°, Scaption to ~110°. Gentle MOBs (L) UE/Shoulder IR, ER	O: Objective: Improve: Passive Stretches to: (L) Shoulder ER, IR, and abduction. Add. chest press (L) UE only in ~20° abduction + 45° abduction. Improve (L) Shoulder diagonal ADL (L) hip → (L) wave).	O: Sim. post. sh./cuff. ER c post. glides x 10 reps active AAROM. ER: 75% @ 45° ABD. Unilat. chest press (L) x 10 reps.
Target Date/Visits: _____ Date Met _____	– Tactile/verbal gentle IR, ER, ER (L) shoulder abducted to ~30°. Supine chest press up c (L) UE, chest press c hand clasped c shoulder flex to 90°.	– (L) ER 55°. Manual resistance for neutral capsule during chest press and hands clasped shoulder flex.		– PNF – as previous unable to do AROM → needed many cues for shoulder alignment. PROM = flex / IR. Flex ~120°. Gentle post. glides
Target Date/Visits: _____ Date Met _____	A: Pain level improved. Same p.t.	A: Handout helped decrease pain.	A: Achieved goals. Decreased pain.	
Education *Home Exercise Program D/V=Demonstrate/Verbalize NR = Needs Reinforcement	☑ Pt. ☐ Caregiver: _____ Topic: HEP ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☑ Pt. ☐ Caregiver: _____ Topic: HEP / AROM ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☑ Pt. ☐ Caregiver: _____ Topic: HEP ☑ Able to D/V ☐ NR ☐ See Interdisc. Pt. Teach Rec.	☒ Pt. ☐ Caregiver: _____ Topic: Overhead pulley / posture ☒ Able to D/V ☒ NR to do ☐ See Interdisc. Pt. Teach Rec.
Plan for next session:	P: Advance AROM.	P: Continue to advance AROM. Stop Cortisol injection.	P: Setting AROM (Supine: PROM + AROM)	upgrade: AROM sh. scaption to 90° (pain free end range) AP: 101 well – Pain upright. Review exercises.
Signature	Chad Wendt PT	Chad Wendt PT	Chad Wendt PT	K. Lechner PT

Updated Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____

CERTIFICATION OF MEDICAL RECORDS

PATIENT: Cassandra White

DATE OF TREATMENT: 01-03-02 TO 02-14-02

I, Jackie Bagrowski Correspondence Technician at

Aurora Health Center - River Center,

hereby certify that the documents annexed hereto, and consisting of 8 pages, constitute an accurate and legible duplicate of the medical records in our possession regarding the above named patient, as requested, and for which authorization was granted.

November 11, 2002
Date

Jackie Bagrowski
Correspondence Technician

REDISCLOSURE NOTICE

Please be advised that Wisconsin Statutes 146.81 - 146.84, Wisconsin Statute 51.30, and PL 93-282 regulate the confidentiality of and access to patient health records. Redisclosure of the confidential information which is being provided to you is prohibited as specified below.

All patient health records

This information has been disclosed to you from patient health care records whose confidentiality is protected by Wisconsin Statutes 146.81 - 146.84. Unless authorized, the recipient shall keep this information confidential and may not disclose identifying information about the patient whose records are being released.

Records Involving Treatment for Mental Illness, Developmental Disabilities, Alcohol Abuse, or Drug Abuse.

This information which has been disclosed to you is confidential. Disclosure without patient consent or statutory authorization is prohibited by law.

Records Involving Treatment for Alcohol or Drug Abuse

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (PL 93-282) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB: **08/17/70**
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

February 14, 2002

This is a 30--year-old African-American female who just underwent a left shoulder surgery by Dr. Boyle and she is now getting extensive physical therapy. She is here for follow-up.

She does complain of about a few day history of cough and congestion.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 110/80.
HEENT: Throat looks clear.
LUNGS: There was rhonchi present in the right mid lung field and scattered wheezing present. No rales.
CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs or gallops appreciated.
MUSCULOSKELETAL: Her left shoulder, she has good range of motion. She is able to comb her hair. There is a scar present medially but it is well healed. There is no open areas present and not a lot of tenderness to palpation.

ASSESSMENT AND PLAN:
1. Left shoulder surgery. Patient is recovering uneventfully. She does see Dr. Boyle every two weeks for regular follow-up.
2. Bronchitis, acute with a bronchospasm. I am giving her Z-Pak for five days plus Robitussin-AC for the cough. She was warned about possible side effects.

M. Flejsierowicz

M. Flejsierowicz, M.D.
DD: 02/14/02
DT: 02/20/02

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB:
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

January 22, 2002

PREOPERATIVE EVALUATION: Left shoulder arthroscopic surgery done by Dr. Austin Boyle on 01/25/02.

HISTORY OF PRESENT ILLNESS: This a 31-year-old African-American female who is her for preoperative evaluation for left shoulder injury due to a fall back in November.

PAST MEDICAL HISTORY: Includes a history of seizure disorder.

ALLERGIES: Denies drug allergies.

MEDICATIONS: Tegretol.

FAMILY HISTORY: Significant for high blood pressure and epilepsy.

SOCIAL HISTORY: Patient is a smoker, smokes a few cigarettes a day. Denies alcohol.

REVIEW OF SYSTEMS: Unremarkable except for her left shoulder pain. She denies chest pain, shortness of breath, abdominal pain, nausea or vomiting. No blood in her stool.

PHYSICAL EXAMINATION: She is alert and oriented.
HEENT: External ear canals are clear. Tympanic membranes are intact. There is a little bit of left-sided ptosis, but this is not new.
NECK: Supple. No thyromegaly. No nodules. No lymphadenopathy.
LUNGS: There is good air movement. No crackles. No wheezes.
CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs, gallops or rubs appreciated.
ABDOMEN: Soft, nontender. Normal bowel sounds. No CVA tenderness.
EXTREMITIES: Normal peripheral circulation with good pedal pulses.
SKIN: Normal.
NEUROLOGIC: Normal without focal deficit.

ASSESSMENT AND PLAN: Preoperative evaluation for left shoulder surgery. We will obtain CBC, BUN, creatinine and electrolytes.

Please call me if you have any questions.

M. Flejsierowicz, M.D.
DD: 01/22/02
DT: 01/23/02

FAXED

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB: **08/17/70**
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

January 17, 2002

This patient is here to follow-up on her left shoulder injury from her fall in the beginning of November. She did see Dr. Boyle and she is thinking about the surgery that he suggested. She still complains about episodes of instability of her left shoulder and pain.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 120/80.
EXTREMITIES: Left shoulder, there is limited range of motion on rotation anteriorly and posteriorly. No swelling, warmth or deformity. No impingement sign. Normal muscle strength and pulses.

ASSESSMENT AND PLAN: Left shoulder injury due to fall. The patient was reassured that surgery is probably a very good idea. I did review the MRI results with her. She does have some concerns, but I would like her to address all her concerns with Dr. Boyle, and I think she should proceed with the surgery since she does continue to have the left shoulder problem. She was going to get back to me if she needs a preoperative clearance.

M. Flejsierowicz

M. Flejsierowicz, M.D.
DD: 01/17/02
DT: 01/22/02

Aurora Sinai Medical Center

AuroraHealthCare®

945 North 12th Street
Milwaukee, WI 53233
414-219-2000

Patient: WHITE, CASSANDRA L
MRN: SSMC-419650
DOB: 08/17/1970
Case #: SSMC-05052092
Pt. Loc/Type: ER-SSMC Emergency Department

RADIOLOGY REPORT

Exam	Exam Date/Time	Accession Number	Ordering MD
DX Shoulder 2 View Min LEFT	01/26/2002 09:40:47	DX-02-0017445	Silkey, John

DX Report

CLINICAL HISTORY: Surgery on Thursday for tendon muscle repair, seizure, injury.

There is no evidence of acute fracture or dislocation.

file

Dictating MD: Glazer, Mark
Electronically Signing MD: Mark Glazer

Transcribed Date/Time: 01/26/2002 17:15
Transcribed By: KT
Signed Date/Time: 01/26/2002 19:14

Aurora Sinai Medical Center
Aurora Health Care
Milwaukee, Wisconsin

WHITE, CASSANDRA L
000000-41-96-50
SCE
Austin J. Boyle, III, M.D.
000003054649
DOB: 08/17/1970

PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left shoulder.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31- year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

OPERATIVE PROCEDURE: The patient was given general anesthesia while supine and received Cefazolin 2 gm IV. The left upper extremity was then prepped with Betadine scrub and solution from the midline to the wrist and then draped free in the usual fashion. The proposed incision site was infiltrated with Bupivacaine/Epinephrine solution. An incision was then made from the coracoid process extending distally towards the axillary fold. Hemostasis was accomplished with electrocautery. The cephalic vein was identified and retracted laterally, a few communicating vessels coagulated. The clavipectoral fascia was divided and a self-retaining retractor was placed. There was noted to be an accessory ossicle at the tip of the coracoid, somewhat lateral, with a lateral position of the conjoined tendon. This ossicle was excised. The subscapularis muscle was then detached just medial to its insertion and a humeral head retractor placed, as well as a retractor on the neck of the glenoid. There was a large Bankart lesion extending from 10 o'clock to approximately 6 o'clock. This was cleaned with a curet and three drill holes were made and three mini-Revo anchors placed. The labrum was then sutured down to the rim with #2 polyester through these anchors. Excellent repair was accomplished. No other abnormalities were noted in the joint. The area was copiously irrigated and the subscapularis reattached with interrupted figure of eight #2 polyester suture as well. Excellent repair was accomplished. After further irrigation, the deltoid split was closed with 0 Vicryl, subq. with 0 Vicryl and 3-0 Vicryl, skin with running subcuticular 3-0 nylon. Benzoin and Steri-Strips were placed, followed by a sterile dressing and a shoulder immobilizer. The patient was then transferred to the recovery area in good condition. The patient tolerated the procedure well.

Needle and sponge counts were reported as correct.

Send To: Edith L. Lepgold, M.D.

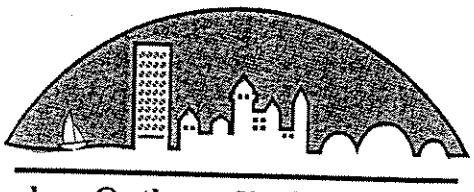
Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

Austin J. Boyle, III, M.D.

AJB/dmm 000019632
d. 01/24/2002
t. 01/29/2002 8:35 P
Document #: 886203

cc: Austin J. Boyle, III, M.D.
Edith L. Lepgold, M.D.

Harvey M. Wichman, M.D.
Steven J. Kaplan, M.D.
Austin J. Boyle III, M.D.
Mark T. Wichman, M.D.



Telephone (414) 274-7220
Fax (414) 274-7227

www.milwortho.com

Milwaukee Orthopedic Specialists, S.C.
Orthopedic Surgery and Sports Medicine
1575 N. RiverCenter Drive • Suite 160 • Milwaukee, Wisconsin 53212

January 15, 2002

Dr. E. Lepgold
1575 N. RiverCenter Drive
Milwaukee WI 53212

Re: Cassandra White

Dear Dr. Lepgold:

Ms. Cassandra White was evaluated on 01/14/02 in our office at your request. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

Very truly yours,

Austin J. Boyle III, M.D.
AJB/jaa

Aurora Health Center®
1575 North RiverCenter Drive • Milwaukee, WI 53212
Tel (414) 283-8483 • Fax (414) 238-8465

DIAGNOSTIC IMAGING REQUISITION

Patient: Cassandra White Date: 1/3/02
Date of Birth: 8/12/70

X-Ray

☐ Chest X-ray
☐ Mammogram
☐ X-ray, Other: MRI - left shoulder

Date of Appointment: ____/____/____

Ultrasound

Date of Appointment: ____/____/____

☐ Obstetric
☐ Abdomen
☐ Renal / Urinary Tract
☐ Pelvic with Transvaginal
☐ Carotid Doppler
☐ Breast: ☐ Left ☐ Right
☐ Ultrasound, Other: ____

Other Studies

Describe: ____

Diagnosis: Pain, decreased range of motion ☐ **Screening**
History: Sp. fall.

Comments:
Monday January 7 2002
3 pm
Sinai Samaritan

Ordering Physician Signature: [signature]

Milwaukee Orthopedic Specialists, S.C.
1575 N. RiverCenter Drive, #160
Milwaukee, WI 53212
(414) 274-7220
fax (414) 274-7227
Tax ID# 39-1149693

CERTIFICATION OF AUTHENTICITY OF DUPLICATED MEDICAL AND/OR BILLING RECORDS

Pt Name: Cassandra L White

DOB: 08/17/1970

Physician: Austin J Boyle MD

Chart #: 07-63-45

Dates of Service: 1/10/02 - present

I, custodian of the medical records/bills for Milwaukee Orthopedic Specialists, S.C., do hereby certify that the attached photographic copy of the medical records and/or bills of the patient listed above constitute a complete, accurate, and legible duplicate of the original on file.

Please note that it is our office policy to not release third-party medical records. These records must be obtained from where they originated.

Signature, Records Custodian: Ann Marie Sindelar

Printed Name: Ann Marie Sindelar

Date: 11/4/02

AUSTIN J. BOYLE III, M.D.

WHITE, Cassandra
DOB: 08/17/70

01/14/02

Ms. White is seen at the request of Dr. Lepgold. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

AJB/jaa
cc: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

01/24/02 – SSMC – Bankart reconstruction, left shoulder.

01/31/02

Ms. White returns, about a week out. Her sutures were removed. There were no signs of infection. She did sustain a seizure post-surgery.

Radiographs obtained today demonstrated good position of her suture anchors with no evidence of recurrent dislocation.

Diagnosis: Status post-Bankart reconstruction, left shoulder.

01/31/02 (continued)

Plan: Ms. White was given a prescription for a new sling, which she may discontinue in two weeks. Physical therapy has been scheduled. We will see her in three weeks. She did not require any additional analgesic medication.

AJB/ram
cc: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

02/19/02

Ms. White returns, in very good spirits. Her incision is healing well. She has excellent motion. She has no sense of instability. She is attending physical therapy. She is three and a half weeks out.

Diagnosis: Status post anterior reconstruction, left shoulder.

Plan: Ms. White will continue with physical therapy and return to see us in four weeks. She requested no additional analgesics.

AJB/ram
C: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

03/19/02

Ms. White returns, 7 ½ weeks out. She is doing very well. She wants to start looking for work. She will finish physical therapy this month.

Exam demonstrated near full range of motion with slight loss of external rotation. Rhythm was good.

Diagnosis: Status post anterior reconstruction, left shoulder.

Plan: Ms. White will finish up physical therapy and continue with a home program. She may look for light-medium work. We will see her back in 6 weeks for probable final evaluation.

AJB/nrs C: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

4/30/02 NS

6/7/02 Appt Cancel | No Current Ins. /mw

08/23/02

Ms. White returns, 7 months out. She is working. She feels that she has improved 70%. She did note that the anchors in her left shoulder set off a metal detector 3 times.

Exam demonstrated a full range of motion of the left shoulder with slight loss of external rotation. Apprehension test was negative.

Radiographs were not repeated.

Diagnosis: Status post left anterior shoulder reconstruction.

Plan: Ms. White will continue home exercises. I expect that her strength, which she states she lacks, will improve over the next 6-12 months. We will see her back on an as needed basis. She will contact us if she needs anything in writing regarding the metal in her shoulder.

AJB/nrs
cc: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

Radiology Exam Report

Patient Name: WHITE, CASSANDRA
MRN: 419650
Patient Type: Outpatient Services
Accession No: MR-02-0006425
Exam Date/Time: 1/10/02 2:35 PM
Ordering Physician: Flejsierowicz, Magdalena
Transcribed Date/Time: 1/10/02 6:58 PM
Radiologist: Lawson, Thomas L
Reason for Exam: Pain

DOB/Age/Sex: 8/17/70 31 Years Female
Location: IMAGING-SSMC
Exam: MR Shoulder LEFT
Exam Status: Completed
Transcriptionist: Pawlak, Karen L
Report Status: Final
Resident:

MR Report

CLINICAL HISTORY: The patient is a 31-year-old female who fell one month ago and injured her left shoulder. She now has pain and decreased range of motion.

Multiplanar, multisequence MRI of the left shoulder is obtained.

There is a prominent left shoulder joint effusion. There is anterior capsular stripping. There also is an abnormality along the posterior left femoral head with associated bone marrow edema. This most likely represents a Hill-Sachs deformity and a fracture.

The anterior labrum is somewhat rounded and there is high signal intensity at the base of the anterior labrum. This is highly suggestive of an anterior labral injury.

The rotator cuff is normal and is intact. There is normal signal intensity and normal appearance of the subscapularis, supraspinatus and infraspinatus tendons. There is no subacromial or subdeltoid bursal effusion.

The long head of the biceps tendon is intact.

IMPRESSION:

1. No rotator cuff tear.

2. Joint effusion and what appears to be sequelae of anterior capsular stripping, and injury to the anterior glenoid labrum, and a probable Hill-Sachs deformity of the posterior humeral head with a suggestion of associated bone marrow edema.

cc: Dr. Boyle

1 14 02

*** END OF REPORT ***

U+6545

Aurora Sinai Medical Center
Aurora Health Care
Milwaukee, Wisconsin

WHITE, CASSANDRA L
000000-41-96-50
SCE
Austin J. Boyle, III, M.D.
000003054649
DOB: 08/17/1970

PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left shoulder.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31-year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

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Needle and sponge counts were reported as correct.

Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

Austin J. Boyle, III, M.D.

AJB/dmm 000019632
d. 01/24/2002
t. 01/29/2002 8:35 P
Document #: 886203

cc: Austin J. Boyle, III, M.D.
Edith L. Lepgold, M.D.

MILWAUKEE ORTHOPEDIC SPECIALISTS, S.C.
1575 N RIVERCENTER DRIVE, SUITE 160
MILWAUKEE, WI 53212
PH 414 274 7220

MOS DOWNTOWN OFFICE PT-0006 1

CASSANDRA L WHITE
2972 N 74TH STREET
APT 4
MILWAUKEE WI 53210

11/04/02

0.00

WHITE CASSANDRA 07-63-45

		Patient:	C WHITE		
		Doctor:	AUSTIN J BOYLE MD		
08/23/02	12	99213	OFFICE/OUTPATIENT VISIT, EST, I 111.00*		111.00
08/26/02			COMPCARE # 346551 Filed		
10/14/02			MANAGED HEALTH SERVICES T19 # 346552 Filed		
10/11/02			PAYMENT CCCOVERAGE TERMED 5c# 346551	0.00	111.00
		Patient:	C WHITE		
		Doctor:	AUSTIN J BOYLE MD		
01/14/02	12	99243	OFFICE CONSULTATION, INTERMEDIA 192.00		303.00
01/15/02			MANAGED HEALTH SERVICES T19 # 208791 Filed		
02/01/02			PAYMENT MANAGED HEALTH SERVc# 208791	74.58-	228.42
02/01/02			WRITE-OFF MANAGED HE c# 208791	117.42-	111.00
		Patient:	C WHITE		
		Doctor:	STEPHEN D MEISSNER PAC		
01/24/02		23455	CAPSULORRHAPHY, ANTERIOR (BANKA 796.00		907.00
01/25/02			MANAGED HEALTH SERVICES T19 # 224681 Filed		
02/11/02			PAYMENT MANAGED HEALTH SERVc# 224681	796.00-	111.00
		Patient:	C WHITE		
		Doctor:	AUSTIN J BOYLE MD		
01/24/02		23455	CAPSULORRHAPHY, ANTERIOR (BANKA 3,182.00		3293.00
01/25/02			MANAGED HEALTH SERVICES T19 # 224671 Filed		
02/11/02			PAYMENT MANAGED HEALTH SERVc# 224671	1,133.90-	2159.10
02/11/02			WRITE-OFF MANAGED HE c# 224671	2,048.10-	111.00
		Patient:	C WHITE		
		Doctor:	AUSTIN J BOYLE MD		
01/31/02	12	73030	X-RAY EXAM, SHOULDER, COMPLETE, 108.00		219.00
02/05/02	12		MANAGED HEALTH SERVICES T19 # 223051 Filed		

MILWAUKEE ORTHOPEDIC SPECIALISTS, S.C.
1575 N RIVERCENTER DRIVE, SUITE 160
MILWAUKEE, WI 53212
PH 414 274 7220

MOS DOWNTOWN OFFICE PT-0006 2

CASSANDRA L WHITE
2972 N 74TH STREET
APT 4
MILWAUKEE WI 53210

11/04/02

0.00

WHITE CASSANDRA 07-63-45

02/25/02	PAYMENT MANAGED HEALTH SERVc# 223051	30.74-	188.26
02/25/02	WRITE-OFF MANAGED HE c# 223051	77.26-	111.00

0.00	0.00	111.00	0.00	111.00	111.00	0.00

MILWAUKEE ORTHO
1575 N RIVERCENTER DR
07-63-45 MILWAUKEE WI 53212

MOS DOWNTOWN OFF

414 274 7220 LEPGOLD MD

Aurora Health Care

3000 West Montana Street
P.O. Box 343910
Milwaukee, WI 53234-3910

T (414) 647-3000
www.AuroraHealthCare.org

Date: 10-9-03

Attorney: Shannon McCoy

Please find the enclosed copy (ies) of the bill(s) you requested for:

Patient's Name: Cassandra White

Facility: Sinai

Account Number: 105133414

The fee for this service is: **$8.40**

Please return your check along with this letter to the attention of:

Aurora Health Care
Hospital Cash Posting
3031 West Montana Avenue
Milwaukee, WI 53215

Please apply to account number : 05/413/3770

Thank you,

Patient Service Representative
Aurora Health Care

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:14

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-1332
BILLING PERIOD: 12/01/01 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
11/29/01	92739774	EVALUATION PT 31-45 MIN	(QTY OF 0001)	235.25
11/29/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/10/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	70.25
12/10/01	92739822	ULTRASOUND PT PER 15 MIN	(QTY OF 0001)	59.75
12/13/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/13/01	92739822	ULTRASOUND PT PER 15 MIN	(QTY OF 0001)	59.75
12/17/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	70.25
12/17/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/20/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	140.50
12/20/01	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	70.25
12/27/01	92739824	E STIM UNATT-OTHER THAN WND-PT	(QTY OF 0001)	62.50
12/27/01	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	140.50
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		MEDICAID MANAGED HEALTH	12/01/01 - 12/17/01	
		MEDICAID MANAGED HEALTH	12/18/01 - 12/29/01	
04/29/02	00006915	MEDICAID PAYMENT	SERVICE ON 11/29/01	330.00-
		MEDICAID MANAGED HEALTH		
04/29/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 11/29/01	235.50-
		MEDICAID MANAGED HEALTH		
09/16/02	00006915	MEDICAID PAYMENT	SERVICE ON 12/17/01	330.00-
		MEDICAID MANAGED HEALTH		
09/16/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 12/17/01	224.25-
		MEDICAID MANAGED HEALTH		

Tim 10-9-03
9
Sinai

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1119.75
NEW PAYMENTS/CREDITS	1119.75-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:14

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-2026
BILLING PERIOD: 01/27/02 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
01/26/02	04110100	BASIC METABOLIC PANEL	(QTY OF 0001)	101.25
01/26/02	04111035	TEGRETOL	(QTY OF 0001)	85.75
01/26/02	33000015	TEGRETOL 400MG 1	(QTY OF 0001)	6.49
01/26/02	87891700	DX SHOULDER COMPLETE LT	(QTY OF 0001)	242.25
01/26/02	33000011	LORAZEPAM 2MG 999	(QTY OF 0001)	34.62
01/26/02	92744821	ED LEVEL 4	(QTY OF 0001)	737.25
01/26/02	92745159	PULSE OXIMETRY, SINGLE	(QTY OF 0001)	35.50
01/26/02	92745057	PROC CARDIAC MONITORING	(QTY OF 0001)	298.50
01/26/02	92744860	INJECTION IV	(QTY OF 0001)	22.00
01/26/02	92744892	IV PHLEBOTOMY (BLOOD DRAW)	(QTY OF 0001)	16.00
01/26/02	25890015	EMERGENCY PHYS/DETAILED CR-4*	(QTY OF 0001)	256.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		BLUE CROSS WISCONSIN	01/27/02 - 04/27/02	
		MEDICAID MANAGED HEALTH	01/27/02 - 04/27/02	
04/22/02	00006901	BLUE CROSS PAYMENT BLUE CROSS WISCONSIN	SERVICE ON 01/26/02	0.00
06/10/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 01/26/02	230.00-
06/10/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 01/26/02	1606.36-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1836.36
NEW PAYMENTS/CREDITS	1836.36-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-2032
BILLING PERIOD: 02/08/02 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
02/06/02	92739773	EVALUATION PT 16-30 MIN	(QTY OF 0001)	161.50
02/06/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/12/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/12/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/16/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/16/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/19/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/19/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
02/22/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
02/22/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
02/26/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	145.00
03/08/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
03/08/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
03/11/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/14/02	92739789	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	72.50
03/14/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	72.50
03/19/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/26/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/29/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
03/29/02	92739803	RE-EVALUATION PT 0-15 MIN	(QTY OF 0001)	75.75
04/12/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/16/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/18/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00
04/23/02	92739819	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	145.00

-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --

MEDICAID MANAGED HEALTH	02/08/02 - 02/21/02	
MEDICAID MANAGED HEALTH	02/22/02 - 03/21/02	
MEDICAID MANAGED HEALTH	03/22/02 - 04/20/02	
MEDICAID MANAGED HEALTH	04/22/02 - 04/25/02	
03/04/02 00006915 MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 02/06/02	440.00-
03/04/02 00004733 MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 02/06/02	301.50-
04/08/02 00006915 MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 02/22/02	220.00-
04/08/02 00004733 MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 02/22/02	70.00-
04/08/02 00006915 MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 02/22/02	440.00-
04/08/02 00004733 MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 02/22/02	140.00-

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-2032

SRV DATE	REF NBR	DESCRIPTION		
05/06/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 03/26/02	562.00-
05/06/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 03/26/02	238.75-
05/28/02	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 04/23/02	114.00-
05/28/02	00004733	MANAGED HEALTH CARE T19 ADJS MEDICAID MANAGED HEALTH	SERVICE ON 04/23/02	31.00-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	2557.25
NEW PAYMENTS/CREDITS	2557.25-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3002
BILLING PERIOD: 01/04/03 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
01/03/03	87939100	MR CONTRAST/GADOLINIUM 20CC	(QTY OF 0001)	658.25
01/03/03	87932800	MR UPPR EXT JT WO CNTRST LT	(QTY OF 0001)	540.25
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE	01/04/03 - 01/10/03	
		MEDICAID MANAGED HEALTH	01/04/03 - 01/10/03	
05/12/03	00006913	COMPCARE PAYMENT COMPCARE	SERVICE ON 01/03/03	599.25-
05/12/03	00004713	COMPCARE ADJUSTMENT COMPCARE	SERVICE ON 01/03/03	599.25-
05/15/03	00006902	COMMERCIAL INSURANCE PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 01/03/03	0.00

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1198.50
NEW PAYMENTS/CREDITS	1198.50-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3051
BILLING PERIOD: 02/22/03 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
02/21/03	17390006	PRE-OP ASSESSMENT	(QTY OF 0001)	221.50
02/28/03	04143186	PREGNANCY QUAL URINE	(QTY OF 0001)	55.50
02/28/03	33009250	FENTANYL C #9998	(QTY OF 0002)	34.30
02/28/03	33000011	MORPHINE SULFATE 997	(QTY OF 0001)	35.52
02/28/03	33000024	SEVOFLURANE 999	(QTY OF 0001)	372.62
02/28/03	02708741	SHOULDER SURGERY	(QTY OF 0001)	6073.25
02/28/03	02701621	IMPLANTS	(QTY OF 0001)	261.00
02/28/03	17310202	SAME DAY PREP	(QTY OF 0001)	176.00
02/28/03	17310251	SAME DAY NURSE TIME 1/2 HR	(QTY OF 0009)	607.50
02/28/03	13700175	ANESTHESIA - GENERAL 1 - 4 HRS	(QTY OF 0001)	2311.75
02/28/03	02706992	OR SUPPLY, MISCELLANEOUS	(QTY OF 0001)	66.00
02/28/03	02708881	ADDITIONAL SURGERY TIME	(QTY OF 0002)	1481.50
02/28/03	33009280	ZOFRAN #9993	(QTY OF 0004)	106.80
02/28/03	33000011	PROPOFOL 200MG 990	(QTY OF 0002)	134.08
02/28/03	33000031	CEFAZOLIN/DEXTRO 991	(QTY OF 0001)	64.80
02/28/03	33000011	DEMEROL 25MG 992	(QTY OF 0001)	34.77
02/28/03	33000011	KETOROLAC TROMET 994	(QTY OF 0001)	41.59
02/28/03	33010875	ZANTAC 150MG 995	(QTY OF 0001)	3.98
02/28/03	33000041	LACTATED RINGERS 99	(QTY OF 0002)	111.30
02/28/03	92752914	PACU LEVEL 2, 1ST 30 MIN	(QTY OF 0001)	949.00
02/28/03	92752952	SURGICAL HOLDING	(QTY OF 0001)	74.75
02/28/03	92752917	PACU LEVEL 2 EA ADD'L 30 MIN	(QTY OF 0001)	34.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE	02/22/03 - 03/06/03	
		MEDICAID MANAGED HEALTH	02/22/03 - 03/06/03	
04/14/03	00006915	MEDICAID PAYMENT MEDICAID MANAGED HEALTH	SERVICE ON 02/21/03	0.00
05/12/03	00006913	COMPCARE PAYMENT COMPCARE	SERVICE ON 02/21/03	6626.13-
05/12/03	00004713	COMPCARE ADJUSTMENT COMPCARE	SERVICE ON 02/21/03	6626.13-

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	13252.26
NEW PAYMENTS/CREDITS	13252.26-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3100
BILLING PERIOD: 04/17/03 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
04/15/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/15/03	92739604	EVALUATION PT 0-15 MIN	(QTY OF 0001)	91.50
04/15/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
04/17/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	76.25
04/17/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/17/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/22/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/22/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
04/22/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0002)	152.50
04/24/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/24/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/29/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
04/29/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
04/29/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/01/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/01/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/01/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/06/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/06/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/06/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/08/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/08/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/13/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
05/13/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	76.25
05/13/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/15/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/15/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/20/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/20/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/03/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/03/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/05/03	92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/10/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/10/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
06/17/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/17/03	92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0003)	228.75
06/24/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/24/03	92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
07/01/03	92739636	THERAPY VISIT	(QTY OF 0001)	0.00

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-3100

SRV DATE	REF NBR	DESCRIPTION		
07/01/03	92739635	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)		163.00
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE AURORA FAM NTWRK	04/17/03 - 04/23/03	
		COMPCARE AURORA FAM NTWRK	04/24/03 - 05/22/03	
		COMPCARE AURORA FAM NTWRK	05/24/03 - 06/19/03	
		COMPCARE AURORA FAM NTWRK	06/24/03 - 07/02/03	
05/26/03	00006913	COMPCARE PAYMENT	SERVICE ON 04/15/03	206.12-
		COMPCARE AURORA FAM NTWRK		
05/26/03	00004713	COMPCARE ADJUSTMENT	SERVICE ON 04/15/03	206.13-
		COMPCARE AURORA FAM NTWRK		
08/11/03	00006913	COMPCARE PAYMENT	SERVICE ON 06/03/03	399.62-
		COMPCARE AURORA FAM NTWRK		
08/11/03	00004713	COMPCARE ADJUSTMENT	SERVICE ON 06/03/03	399.63-
		COMPCARE AURORA FAM NTWRK		
08/11/03	00006913	COMPCARE PAYMENT	SERVICE ON 06/24/03	203.75-
		COMPCARE AURORA FAM NTWRK		
08/11/03	00004713	COMPCARE ADJUSTMENT	SERVICE ON 06/24/03	203.75-
		COMPCARE AURORA FAM NTWRK		

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	3396.25
NEW PAYMENTS/CREDITS	1619.00-
CURRENT ACCOUNT BALANCE	1777.25

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3183
BILLING PERIOD: 07/08/03 10/09/03

BILL TO
MS CASSANDRA L WHITE
2972 N 74TH ST
APT 4
MILWAUKEE WI 532101016
USA

SRV DATE	REF NBR	DESCRIPTION		
07/03/03	92747582	OB US <14 WKS, SINGLE FETUS	(QTY OF 0001)	311.50
07/03/03	92747572	OB US TRANSVAGINAL	(QTY OF 0001)	304.25
09/10/03	54761650	OB US DETAILED SINGLE FETUS	(QTY OF 0001)	452.75
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		COMPCARE AURORA FAM NTWRK	07/08/03 - 07/11/03	
		MEDICAID MANAGED HEALTH	07/08/03 - 07/11/03	
07/31/03	00006913	COMPCARE PAYMENT	SERVICE ON 07/03/03	307.87-
		COMPCARE AURORA FAM NTWRK		
07/31/03	00004713	COMPCARE ADJUSTMENT	SERVICE ON 07/03/03	307.88-
		COMPCARE AURORA FAM NTWRK		
08/06/03	00006902	COMMERCIAL INSURANCE PAYMENT	SERVICE ON 07/03/03	0.00
		MEDICAID MANAGED HEALTH		

REMIT TO
AURORA SINAI MEDICAL CTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1068.50
NEW PAYMENTS/CREDITS	615.75-
CURRENT ACCOUNT BALANCE	452.75

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

CERTIFICATION OF MEDICAL RECORDS

PATIENT: Cassandra White

DATE OF TREATMENT: 01-03-02 TO 02-14-02

I, Jackie Bagrowski Correspondence Technician at Aurora Health Center - River Center,

hereby certify that the documents annexed hereto, and consisting of 8 pages, constitute an accurate and legible duplicate of the medical records in our possession regarding the above named patient, as requested, and for which authorization was granted.

November 11, 2002
Date

Jackie Bagrowski
Correspondence Technician

REDISCLOSURE NOTICE

Please be advised that Wisconsin Statutes 146.81 - 146.84, Wisconsin Statute 51.30, and PL 93-282 regulate the confidentiality of and access to patient health records. Redisclosure of the confidential information which is being provided to you is prohibited as specified below.

All patient health records

This information has been disclosed to you from patient health care records whose confidentiality is protected by Wisconsin Statutes 146.81 - 146.84. Unless authorized, the recipient shall keep this information confidential and may not disclose identifying information about the patient whose records are being released.

Records Involving Treatment for Mental Illness, Developmental Disabilities, Alcohol Abuse, or Drug Abuse.

This information which has been disclosed to you is confidential. Disclosure without patient consent or statutory authorization is prohibited by law.

Records Involving Treatment for Alcohol or Drug Abuse

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (PL 93-282) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB: **08/17/70**
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

February 14, 2002

This is a 30--year-old African-American female who just underwent a left shoulder surgery by Dr. Boyle and she is now getting extensive physical therapy. She is here for follow-up.

She does complain of about a few day history of cough and congestion.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 110/80.
HEENT: Throat looks clear.
LUNGS: There was rhonchi present in the right mid lung field and scattered wheezing present. No rales.
CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs or gallops appreciated.
MUSCULOSKELETAL: Her left shoulder, she has good range of motion. She is able to comb her hair. There is a scar present medially but it is well healed. There is no open areas present and not a lot of tenderness to palpation.

ASSESSMENT AND PLAN:
1. Left shoulder surgery. Patient is recovering uneventfully. She does see Dr. Boyle every two weeks for regular follow-up.
2. Bronchitis, acute with a bronchospasm. I am giving her Z-Pak for five days plus Robitussin-AC for the cough. She was warned about possible side effects.

M. Flejsierowicz

M. Flejsierowicz, M.D.
DD: 02/14/02
DT: 02/20/02

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB:
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

January 22, 2002

PREOPERATIVE EVALUATION: Left shoulder arthroscopic surgery done by Dr. Austin Boyle on 01/25/02.

HISTORY OF PRESENT ILLNESS: This a 31-year-old African-American female who is her for preoperative evaluation for left shoulder injury due to a fall back in November.

PAST MEDICAL HISTORY: Includes a history of seizure disorder.

ALLERGIES: Denies drug allergies.

MEDICATIONS: Tegretol.

FAMILY HISTORY: Significant for high blood pressure and epilepsy.

SOCIAL HISTORY: Patient is a smoker, smokes a few cigarettes a day. Denies alcohol.

REVIEW OF SYSTEMS: Unremarkable except for her left shoulder pain. She denies chest pain, shortness of breath, abdominal pain, nausea or vomiting. No blood in her stool.

PHYSICAL EXAMINATION: She is alert and oriented.
HEENT: External ear canals are clear. Tympanic membranes are intact. There is a little bit of left-sided ptosis, but this is not new.
NECK: Supple. No thyromegaly. No nodules. No lymphadenopathy.
LUNGS: There is good air movement. No crackles. No wheezes.
CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs, gallops or rubs appreciated.
ABDOMEN: Soft, nontender. Normal bowel sounds. No CVA tenderness.
EXTREMITIES: Normal peripheral circulation with good pedal pulses.
SKIN: Normal.
NEUROLOGIC: Normal without focal deficit.

ASSESSMENT AND PLAN: Preoperative evaluation for left shoulder surgery. We will obtain CBC, BUN, creatinine and electrolytes.

Please call me if you have any questions.

M. Flejsierowicz, M.D.
DD: 01/22/02
DT: 01/23/02

AURORA HEALTH CENTER – DOWNTOWN
1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT: **WHITE, CASSANDRA**
DOB: **08/17/70**
CHART:
ATTENDING: **M. Flejsierowicz, M.D.**

January 17, 2002

This patient is here to follow-up on her left shoulder injury from her fall in the beginning of November. She did see Dr. Boyle and she is thinking about the surgery that he suggested. She still complains about episodes of instability of her left shoulder and pain.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 120/80.
EXTREMITIES: Left shoulder, there is limited range of motion on rotation anteriorly and posteriorly. No swelling, warmth or deformity. No impingement sign. Normal muscle strength and pulses.

ASSESSMENT AND PLAN: Left shoulder injury due to fall. The patient was reassured that surgery is probably a very good idea. I did review the MRI results with her. She does have some concerns, but I would like her to address all her concerns with Dr. Boyle, and I think she should proceed with the surgery since she does continue to have the left shoulder problem. She was going to get back to me if she needs a preoperative clearance.

M. Flejsierowicz

M. Flejsierowicz, M.D.
DD: 01/17/02
DT: 01/22/02

Aurora Sinai Medical Center

AuroraHealthCare®

945 North 12th Street
Milwaukee, WI 53233
414-219-2000

Patient: WHITE, CASSANDRA L
MRN: SSMC-419650
DOB: 08/17/1970
Case #: SSMC-05052092
Pt. Loc/Type: ER-SSMC Emergency Department

RADIOLOGY REPORT

Exam	Exam Date/Time	Accession Number	Ordering MD
DX Shoulder 2 View Min LEFT	01/26/2002 09:40:47	DX-02-0017445	Silkey, John

DX Report

CLINICAL HISTORY: Surgery on Thursday for tendon muscle repair, seizure, injury.

There is no evidence of acute fracture or dislocation.

file

Dictating MD: Glazer, Mark
Electronically Signing MD: Mark Glazer

Transcribed Date/Time: 01/26/2002 17:15
Transcribed By: KT
Signed Date/Time: 01/26/2002 19:14

PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left shoulder.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31- year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

OPERATIVE PROCEDURE: The patient was given general anesthesia while supine and received Cefazolin 2 gm IV. The left upper extremity was then prepped with Betadine scrub and solution from the midline to the wrist and then draped free in the usual fashion. The proposed incision site was infiltrated with Bupivacaine/Epinephrine solution. An incision was then made from the coracoid process extending distally towards the axillary fold. Hemostasis was accomplished with electrocautery. The cephalic vein was identified and retracted laterally, a few communicating vessels coagulated. The clavipectoral fascia was divided and a self-retaining retractor was placed. There was noted to be an accessory ossicle at the tip of the coracoid, somewhat lateral, with a lateral position of the conjoined tendon. This ossicle was excised. The subscapularis muscle was then detached just medial to its insertion and a humeral head retractor placed, as well as a retractor on the neck of the glenoid. There was a large Bankart lesion extending from 10 o'clock to approximately 6 o'clock. This was cleaned with a curet and three drill holes were made and three mini-Revo anchors placed. The labrum was then sutured down to the rim with #2 polyester through these anchors. Excellent repair was accomplished. No other abnormalities were noted in the joint. The area was copiously irrigated and the subscapularis reattached with interrupted figure of eight #2 polyester suture as well. Excellent repair was accomplished. After further irrigation, the deltoid split was closed with 0 Vicryl, subq. with 0 Vicryl and 3-0 Vicryl, skin with running subcuticular 3-0 nylon. Benzoin and Steri-Strips were placed, followed by a sterile dressing and a shoulder immobilizer. The patient was then transferred to the recovery area in good condition. The patient tolerated the procedure well.

Needle and sponge counts were reported as correct.

Send To: Edith L. Lepgold, M.D.

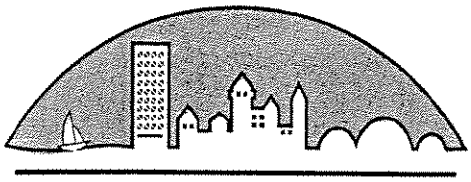
Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

Austin J. Boyle, III, M.D.

AJB/dmm 000019632
d. 01/24/2002
t. 01/29/2002 8:35 P
Document #: 886203

cc: Austin J. Boyle, III, M.D.
Edith L. Lepgold, M.D.

Harvey M. Wichman, M.D.
Steven J. Kaplan, M.D.
Austin J. Boyle III, M.D.
Mark T. Wichman, M.D.



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Orthopedic Surgery and Sports Medicine
1575 N. RiverCenter Drive • Suite 160 • Milwaukee, Wisconsin 53212

January 15, 2002

Dr. E. Lepgold
1575 N. RiverCenter Drive
Milwaukee WI 53212

Re: Cassandra White

Dear Dr. Lepgold:

Ms. Cassandra White was evaluated on 01/14/02 in our office at your request. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

Very truly yours,

Austin J. Boyle III, M.D.
AJB/jaa

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DIAGNOSTIC IMAGING REQUISITION

Patient: Cassandra White Date: 1/3/02
Date of Birth: 8/12/70

X-Ray

☐ Chest X-ray
☐ Mammogram
☐ X-ray, Other: MRI - left shoulder

Date of Appointment: ___/___/___

Ultrasound

Date of Appointment: ___/___/___

☐ Obstetric
☐ Abdomen
☐ Renal / Urinary Tract
☐ Pelvic with Transvaginal
☐ Carotid Doppler
☐ Breast: ☐ Left ☐ Right
☐ Ultrasound, Other: ___

Other Studies

Describe: ___

Diagnosis: Pain, decreased range of motion ☐ **Screening**

History: Sp. fall.

Comments:
Monday January 7 2002
3 pm
Sinai Samaritan

Ordering Physician Signature: [signature]