

Today's Date: 01/30/2020  
Claimant's Name: John Doe  
Insurance Claim Number: 0000000000  
Date of Accident: 07/04/2000  
Date(s) of Service: 01/07/2020

07/04/19, Patient Care Report, Wilton Emergency.

07/04/19, ED Physician Assessment, Saratoga Hospital, Signed by Betsy Becker, P.A., Carsten Stracke, M.D.

07/04/19, X-Ray Report of the Right Ribs, Signed by Damon Deteso, M.D., Impression: No fracture.

07/04/19, Laboratory Report, The Saratoga Hospital, Signed by William E. Field II, M.D.

07/05/19, Application for Motor Vehicle No-Fault Benefits.

07/08/19, Application for Motor Vehicle No-Fault Benefits.

07/11/19, Follow-Up Evaluation Report, Primary Care – Milton, Signed by Susan M. Muller, M.D.

07/12/19, X-Ray Report of the Lumbar Spine, Signed by Kevin Lau, M.D., Impression: No evidence of fracture.

07/12/19, X-Ray Report of the Cervical Spine, Signed by Kevin Lau, M.D., Impression: No obvious fracture demonstrated. There are degenerative changes.

08/01/19 - 10/31/19, Bills for Physical Therapy Evaluation and Treatment, The Saratoga Hospital.

08/01/19 - 10/31/19, Physical Therapy Treatment Records, Saratoga Hospital, Signed by Paula Hill, M.S.P.T., Katherine S. Schliff, P.T., Albert Small, P.T., Terry Bassett, P.T., Gabriella Frittelli, P.T.

08/08/19, ED Physician Assessment, Saratoga Hospital, Signed by Lauren McWhorter, P.A., Jason Bernad, M.D.

08/08/19, CT Scan Report of the Abdomen & Pelvis, Signed by David Hindson, M.D., Impression: No visceral abnormality. Severe left hip degenerative disease which may explain the patient's symptoms.

08/08/19, Laboratory Report, The Saratoga Hospital, Signed by William E. Field II, M.D.

09/06/19, Chiropractic Initial Evaluation Report, Signed by Patrick J. Szurek, D.C.

09/09/19 - 11/25/19, Chiropractic S.O.A.P. Progress Notes, Signed by Patrick J. Szurek, D.C.

09/09/19, Prescription & Medical Necessity for Zynex NexWave Electrical Stimulator, Signature Illegible.

09/27/19, Prescription & Letter of Medical Necessity for Comfortland CV-900, Venum Hybrid, Elite Multi-Mode Stimulator, Signature Illegible.

10/02/19, MRI Report of the Lumbar Spine, Saratoga, Signed by Joseph M. Giampa, M.D., Impression: Disc bulging with left central annular fissure and dorsal epidural lipomatosis at L4-L5 result in moderate narrowing of the thecal sac and mild encroachment upon the left subarticular zone. Epidural lipomatosis at the mid L5 level extends through the sacral spinal canal surrounding the thecal sac and cauda equine nerve roots.

10/25/19, Initial Evaluation Report, Medical Pain Management Services, P.L.L.C., Signed by Dr. Teresa Popovitch.

10/25/19, Initial Consultation Report, The Albany and Saratoga Centers for Pain Management, Signed by Julie Cuneo, N.P.

11/13/19, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: Midline LESI @ L4/L5. Preoperative Diagnosis: Other intervertebral disc degeneration, lumbar region. Postoperative Diagnosis: Other intervertebral disc degeneration, lumbar region.

12/03/19, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: Diabetic left trochanteric bursa hip injection. Preoperative Diagnosis: Trochanteric bursitis, left hip. Postoperative Diagnosis: Trochanteric bursitis, left hip.

12/17/19, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: Diabetic right trochanter bursa hip injection. Preoperative Diagnosis & Postoperative Diagnosis: Diagnosis code only given.

12/17/19, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: Diabetic right trochanter bursa hip injection. Preoperative Diagnosis: Trochanteric bursitis, left hip. Postoperative Diagnosis: Trochanteric bursitis, left hip.

12/24/19, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: Diabetic no steroid (Set A) RT CMBB C3-C6. Preoperative Diagnosis: Spondylosis without myelopathy or radiculopathy, cervical region. Postoperative Diagnosis: Spondylosis without myelopathy or radiculopathy, cervical region.

01/07/20, Operative Report, Northway Surgery and Pain Center, Signed by Martin G. Ferrillo, D.O., Procedure: No steroid LT CMBB C3-C6. Preoperative Diagnosis: Spondylosis without

myelopathy or radiculopathy, cervical region. Postoperative Diagnosis: Spondylosis without myelopathy or radiculopathy, cervical region.

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RexNDox Starter Chronology Sample

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