(15)

CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

CHANTEL R. BIELSKIS ANDREW T. SMITH RECO SEP 6 s

September 4, 20

2012

TEL: (815) 226-7700

SEP 1 9 2012

SEP 1 9 2012

Release of Information/Medical Records Custodian c/o Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050

Paul Dulberg v. Carolyn McGuire and Bill McGuire
McHenry County Case No. 12 LA 178
Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

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SEP 14 2012

COPY-RITE MRV

RB:mj/subltr.records

encis.

cc:

Attorney Hans A. Mast

4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:SI

P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11

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APIWAT W FORD

PAUL R DULBERG		601067	PAUL DULBERG	/ACCIDENT
MCHENRY IL	60051-7918	99999	999999999	09/14/12

	CODE	DESCRIPTION	QTY	
06/28	***250	PHARMACY		
06/28	000196	CEFADROXIL MONOH 500MG, CAPSUL	1	19.00
06/28	002870	HYDROCODONE-AC 10-325MG, TABLE	1	7.50
06/28	000630	BUPIVACAINE HCL 0. 0.25%,30 M	1,	26.50
		AREA TOTAL ***		53.00
	***258	PHARMACY IV SOLUTIONS		
06/28	012251	SODIUM CHLORIDE 0.9% 1000ML IRRIG	2.	184.00
		AREA TOTAL ***	4	184.00

06/28	***272	STERILE SUPPLIES		
00/28	012458	TRAY LACERATION	1	125.00
		AREA TOTAL ***		125.00
	***320	RADIOLOGY		
06/28	010135	FOREARM XR	1	205 20
		AREA TOTAL ***	7.	225.00
		***************************************		225.00
	***450	EMERGENCY DEPARTMENT		
06/28	012004	REPAIR SIMPLE 12.5 CM	1	271.25
06/28	019283	ED LEVEL III	1	310.00
		AREA TOTAL ***	_	581.25
25/22	***636	QUANTIFIED DRUGS		
06/28	003507	DIPHTHERIA-PERTUSSIS-TE, .5 ML	1	155.50
		AREA TOTAL ***		155.50
		•		
		TOTAL CHARGES		1,323.75
				-,000.75
		TOTAL PAYMENTS/ADJUSTMENTS		0.00
				0.00

1,323.75

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1,323.75

4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

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P/T:EDB

CODE

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG 4606 HAYDEN CT

MCHENRY IL

60051-7918

601067 PAUL DULBERG/ACCIDENT

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CODE	DESCR	RIPTION	OTY	
	250 258 272 320	PHARMACY PHARMACY IV SOLUTIONS STERILE SUPPLIES RADIOLOGY	53.00 184.00 125.00 225.00	
	450 636	EMERGENCY DEPARTMENT QUANTIFIED DRUGS	581.25 155.50	
	TOTAL	CHARGES	1,323.75	
	TOTAL	PAYMENTS/ADJUSTMENTS	0.00	

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4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

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DULBERG, PAUL R

11179-00323

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APIWAT W FORD

PAUL R DULBERG 4606 HAYDEN CT

MCHENRY IL

601067 PAUL DULBERG/ACCIDENT

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09/14/12

CODE	DESCRIPTION	QTY
	Total Charges:	*
	250 PHARMACY	53.00
	258 PHARMACY IV SOLUTIONS	184.00
	272 STERILE SUPPLIES	125.00
	320 RADIOLOGY	225.00
	450 EMERGENCY DEPARTMENT	581.25
	636 QUANTIFIED DRUGS	155.50

Insurance Benefits	601067 COB. 1		
Total Charges Non-Covered Chgs Deductibles/Co-Ins	1,323.75 0.00 0.00		Patient
COB/Plan Amt Due	1,323.75		0.00
Payments Adjs/Refunds Balance Transfers	0.00 0.00 1,323.75CR		0.00 0.00 1,323.75
Balance Due	0.00		1,323.75
Third Party Excess Account Balance		0.00 1,323.75	

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-Centegral-lealthSystem

Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 815-344-5000

State of Illinois)	
)	SS
County of McHenry)	

CERTIFICATION

The affiants, being duly sworn, do hereby state and certify that

- 1. Vicki Wheaton is employed by Centegra Health System, as Director of the Health Information Services.
- 2. Vicki Wheaton, as part of her employment duties in Medical Records Department, is authorized by the hospital to certify and/or testify concerning the hospital's medical record-keeping procedures, including customary practices and the completeness, accuracy, and/or authenticity of any original or copy of a hospital medical record.
- 3. The documents enclosed are medical records made in the regular course of the business of Centegra Health System and that it was in the regular course of such business to make such records, at the time of the act, transaction, occurrence, or event, or within a reasonable time thereafter.
- 4. With the exception of any documents excluded pursuant to court order, the documents enclosed are any and all records within our possession responsive to the subpoena under which the documents are being released.

Subscribed to and swom before me this

Notary

OFFICIAL SEAL SUSAN HENN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMUSSION EXPIRESONAMA icki Wheaton RHIT

Director, HIS

Centegra Health System

C CENTEGRA		,			DISCHARGE	
Health System		,			DATE	THE
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MCHENRY IL 60051-7918						
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DATE DELBURG (2 CONT.	INSURANCE I		"	· · · · · ·		
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SIGNATUREMD DA						

RESTRICTIONS / RELEASE FORM

Northern Illinois Medical Center Emergency Department 4201 Medical Center Drive McHenry, Illinois 60050 (815) 344–5000	Memorial Medical Center 3701 Doty Rd. Woodstock, Illinois 60098 (815) 334-3900
PHYSICIAN SIGNATURE May return to work school gym without restriction. May not return to work school gym for day(s). May return to school with the following restrictions: Gym/Sports restrictions are Must take prescription medication for day(s). May return to work with the following restrictions: No lifting greater than lbs. for day(s). Machinery/Driving restriction while on medication that can cause dr	DATE_U
No continuous □ standing □ sitting for	LIMITED WORK WITH NO WORK WITH Right Left Hand Hand Arm Arm Foot Foot Leg Leg For Days
Other days for reevaluation. All patients are referred to their personal physicians or a doctor on the staff be obtained from that doctor and not the Emergency Department. I (or responsible person) have/has received and understand(s) the instruction of the staff of the person of th	

MEDICAL RECORDS COPY

Patient: PAUL DULBERG, Med. Rec. #: 80000109381, Visit #: 81117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

iMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W...

After your visit to our Emergency Department, you may receive a survey in the mall. We want to be sure we have given you yery good care and we ask that you please fill out the survey and return it in the mall.

After you leave, please follow the instructions below.

This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department In 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information is About Your Illness and Diagnosis

WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

Call your doctor if:

- you have redness, pain, or swelling in the area of your slitches.
- · your wound drains pus.
- · your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is information About Your New Medications - Start taking as prescribed.

HYDROGODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- · sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. <u>Allergy would show up as;</u> rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine;
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - · Include extra fiber in your diet.
 - · Exercise daily.
- Watch for signs of dependence:
 - feeling that you "cannot live without this medicine".
 - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this
 medicine affects you.
- · Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other modicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- any sign of dependence or allergy.
- Increased pain not helped by the pain medicine.
- · slow, weak breathing.
- · seizures.
- · slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

Portions Copyrighted 1967-2077, VOGE ARE Corporation Page 1 of 2 DATE PROBLEM DAUL R

Account Number, B1117900323

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor. Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelling, wheezing or shortness of breath.

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions,
- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women; itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
 - ongoing diarrhea
 - stomach pain or cramping
 - blood or mucus in your bowel movements
- any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re; pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medicaton.
- What If I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department Immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."/

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

Ponish Copyrighted 1987-20 P. MOGRE RE Corporation

DATE Pairthaga Paul R

Account Number, B1117900323

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

- 1. How are you and/or your family doing today?
- 2. Is your pain/or symptoms better today?
- 3. Did you understand your discharge instructions?
- 4. Are you following up with a Doctor?

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PRINTED BY: MRV0127
Patient Name PAUL R
Account Number, B1117900323

5. C	om	me	ani	S.	•

Signature	of nurse	making	phone	call;
Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_Time;_		

FORM GOES TO MEDICAL RECORDS

CentegraHealthSystem CH - M □ CH - W 1117900323 ☐ Other (Specify) DULBERG, PAUL R M 41Y 09/19/1970 06/28/2011 B 0000109381 GENERAL CONSENT AND ACKNOWLEDGMENT Account Number/Effective Date: CONSENT FOR MEDICAL TREATMENT I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests,

and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and

other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of OHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treament with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS Initials

I acknowledge the independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are independent medical practitioners who have been permitted to use its facilities for the care and treatment of their palients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek pare is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other independent professional services and I understand I will receive a separate bill directly from the independent professional. I have read and understand the above terms and confirm I am the patient or am authoritied to sign on the patient's behalf.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES Initials

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers. I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and

Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be Financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and semiployees from any liability that may arise from the use or disclosure of my health information.

PICTURES/IMAGES

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, videotapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization,

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ADC10000-00 01/07 01/08 10/08 04/09 "3CNTG"

DATE 09/14/2012 GENERAL CONSENT AND ACKNOWLEDGMENT Page 1 of 2





1117900323 DULBERG, PAUL R M \$41Y 03/19/1970 06/28/2011 B 0000109381

Thitlais RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hospital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the Independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.
PATIENT INFORMATION OFFERED
 Patient Rights/Responsibilities Advance Directive Information Notice of Privacy Practices Patient Billing Information Yes Declined If No, Explain:
PATIENT CERTIFICATION
By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.
I NPATIENTS ONLY:
TRICARE (Military) Insurance PATIENTSYes, I have received TRICARE "Important Message"
Patient Authorized Person Relationship Date
have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.
Interpreter/Translator (Please Print Name) Language Interpretation/Translation Provider (Company name or Relationship to Patient

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GENERAL CONSEMBAND AND AND MUNICIPALED GMENT
Page 2 of 2

Northern Illinois Medical Center

NIMC Radiology

Patient Name: DULBERG, PAUL R Account Number: B1117900323

Northern Illinois Medical Center

06/28/2011

10135 RIGHT FOREARM 2139703

HISTORY:

Chain saw versus forearm, forearm laceration.

IMPRESSION:

Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid

forearm.

FINDINGS:

This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc:

Apiwat W. Ford, D.O. Donald R Kennard, M.D. Frank Sek, M.D.

> Electronically Authenticated Donald R Kennard, M.D. 06/28/2011 18:18 815-759-4683

D 06/28/2011 T 06/28/2011 5:19 P / LBA Northern Illinois Medical Center

NIMC Radiology

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Centegra Hospital - McHenry

B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

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Pain Scale used: Wong Baker ALCOHOL INTAKE: Never Type: Type: Amount: Type: TOBACCO HISTORY: Aquount:	res (1-10)	Chronic ☐ New Onset Sharp ☐ Achy	Mark drawing wi 1. Abrasion 2. Amputation 3. Avulsion 4. Bleeding 5. Burn 6. Bruise 7. Deformity 8. Fracture 9. GSW 10. Hematoma 11. Laceration 12. Pain 13. Stab wound 14. Foreign bod 15. Pressure uk 15. Leg ulcer	Right Right
Consolous Unconscious Consolous Unconscious Alert Oriented X Crying Lethargic MAE Slurred speech Irritable Combative Combative Pupils NA PERL R Ractive Combative Sluggish Comparison Fixed Comparison Nonreactive Comparison Fixed Comparison Fixed Comparison Fixed Comparison Sluggish Comparison Fixed Comparison Comp	Absent □ □ Cap Refill □ 2Sec □ >2 Sec Ankle edema □ Yes □ No Monitor:	☐ Correction Ear Drainage: ☐ Y Describe: ☐ NA R Controlled ☐ Uncontrolled ☐ THROAT: ☐ Diff, swallowing ☐ Diff, speaking ☐ Droolling	R:	GI/Abdominal: □ NA □ Denies □ Soft □ Distended □ Firm □ Nontender □ Tender Bowel sounds: □ Present □ Absent □ Hypoactive □ Hyperactive Last BM: □ Diarrhea x □ Denies □ Vomiting x □ Denies □ Nousea □ Yes □ No Last oral intake: □ Comments; □ □ Genito-Urinary: □ NA □ Denies URINARY □ NA □ Frequency □ Pain □ Hematuria □ Incontinent □ Unable to void □ CUD VAGINAUPENILE □ NA □ Discharge □ Bleeding Character: Amount:
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DATEMERGENDY/ADM/SSIGN ASSESSMENT Page 3 of 4

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Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/VIM	Monitor	Intake	Outpu
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	Orthostatic Lylns):	Sitting:		Standing			.l.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
☐ O; Ther ☐ Chest to ☐ NG tube ☐ Lumbar ☐ Pelvic e Blood Gluc Normal Val	s/Procedures: rapy; ube: # @ puncture: rxam: rose value: luos Age 60 or more lue: Age newborn to	(80-99 n	paled	Time Out: _ aight Cath/C 	Respiratory Eye irrigation CUD @ 1 mo13 yr.	treatment: _ n: Gastr G0-99) Cri	Neb D Ear ic lavage: D See D Blac C Cor tical Value less the	Tx: l irrigation: neuro assessi dder scan Amx tilnuous Cardia an 40 or more	Cont Pulse Ox	
Wound	care, UV	NS	□ Dressing: □ Antibiotic		Ortho Care;_		□ Cast	☐ Crutches		
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LEFT WITH Discharge Discharge	WC (SWalk □ Carr H: □ Self □ Family ge Instructions glyer ge Pain Level: ————————————————————————————————————	D Expir y D Amb D-Frien n-express (0-10)	d D Police		☐ Mod ☐ ER / ☐ To u ☐ No o ☐ Disc	e: rold from nit/room #_ Id chart harge Pain GCS:	oservation Surgi	Accompani	5¢t	
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*+ Centegra HealthSystem	DULBERG, PAUL R M 41Y 03/19/1970
EMERGENCY PHYSICIAN RECORD	06/28/2011 0000109381
Upper Extremity Injury (4)	Sem LACERA
DATE: 6/28/11 TIME: 1457 Don arrival	RITION PARM B
ROOM: 25 EMS Arrival	FOREARM /see diagram
EMS treatments ordered	nmi inspection swelling / ecchymosis
HISTORIAN: (patient spouse paramedics	non-tenderlimited ROM
HPI	ARM /see diagram
chief complaint: Injury to: / right./ left	religeriters roll-drage \ b00\langle
hand wrist lorearm elbow arm	
shoulder collar-bone area duration / occurred: where:	_mil ROM*deformity
just prior to arrival home school	111
today	
days ago	
severity of pain: worse / persistent since	
mild moderate severe pain intermittent / lasting	
context: fall blow incised crushed burn	
associated symptoms: tingling / numbness distally	
	1((4))
ROS	(5/1 /2)
suspected FB (skin lac) trouble breathing / chest pain loss feeling / power arms / legs loss of bladder function	
headache / neck paln recent fever / illness	~ \
double vision / hearing loss other injuries nausea / vomiting all systems neg except as marked	\(\frac{1}{2}\)
SOCIAL HX smoker drug use / abuse	
recent ETOH lives alone	
FAMILY HX negative lives in nursing home	
PAST HX negative R/L HANDED prior injury diabetes Type 1 Type 2 diet / oral / insulin_	(7/(1/
HTN heart disease 1 2 State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Medsnone_isee nurses note	/ .V
Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun, UTD	WI, I I UV
PHYSICAL EXAM GENERAL APPEARANCE c-collar (PTA / in ED) / backboard	T-Tenderness PtT-Paint Tenderness S-Swelling E-Ecchymasis B-Burn C-Cantusian
_no acute distressmild (moderater) severe distress	L-Laceration A-Abrasion M-Muscle spasm PW-Puncture Wound (O= without m=mild mod=nuderate rv=severe)
EXTREMITIES anxious	Example: Two Tenderness on pulpation (severe)
HANDsee diagram	NEURO / VASC / TENDON Sensation intact sensory / motor deficit
nml inspection tenderness soft-tissue / bony	motor intact sensory / motor deficit
non-tenderswelling / ecchymosisdeformity	
WRISTsee diagram	compromisepallor / cool skin / abnml cap refill tendon functionoulse deficit radial ulner
nml inspection tenderness soft-tissue / bony non-tender tenderness in anatomical snuff box	normaldeficit in tendon function
mmi KOM*wrist pain on axial thumb load	
_swelling / ecchymosislimited ROM	
deformity	
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DATE 09/1599	POES

SKIN



SKIN Warm day	diaphoretic / cool / cyanotic		B1117900323
Warm, dry	****		DULBERG, PAUL R M 41Y 03/19/1970
_nml inspection	tendernassswelling / ecchymosis		M 41Y 03/19/1970 06/28/2011
pharynx nml			0000109381
NECK / BACK	tenderness		
nml Inspection	swelling / ecchymosis	VOAVO EL	
RESPIRATORY	A	XRAYS [Interp	b. by me Reviewed by me Discad w/ radiologist
thest non-tender	tendernessswelling / ecchymosis / abrasions	normal/NAD	foregun-elbow humerus shoulder
breath snds nml	crepitus / subcutaneous emphysema	Do fracture	DJD
i [*] I	decreased breath sounds	nml alignment	soft-tissue swelling
	wheezes / rales / rhonchl	no foreign body	_positive anterior fat-pad sign
CVS heart sounds nml	tachycardia / bradycardia		positive posterior fat-pad sign
GI (ABDOMEN)			foreign body
non-tender	tenderness / guarding		transverse ablique comminuted angulated
no organomegaly		}	impacted torus
nml bowel snds*		aning ma pas pasteops as nestes intermeded associated mass	imp my ang tak panyi at jul 1 mahan 1 mahan 1 inchan inchan inchan ang manang balang panglang ang panglang ang
PROCEDURES		Other study:	
Wound Description	************************	See separate repo	ort
length Man	location REARCHER BIElly	PROGRESS	
linear (irregul	ar flap stellate	Time	unchanged improved re-examined
superficial *subci	an angli angli angli		
contused tissue	lip laceradon		
with	nated minimally I moderately / "heavily	l	
distal NVT; neuro	& vascular status intact no tendon injury	initial fracture care Rx given	provided: follow-up on
anesthesia: Jocal	LET / tetracaine / adrenaline / cocaine /5 ml.	_referred to / discus	sed with Dr
marcaine 0.25% 0.59	6 Ildoc 1% 2% epi/bicarb digital/metacarpal block	will see patient in:	ED / hospital / office indays
prep:	equired; see attached 23d template TURCLENS TOTAL	CLINICALI	MPRESSION Fall Alleged Assault
. Detadina / trruk		Contusion R	
trigated washed wk	saline 14 MA Gebrided	Hematoma	arm elbow hand
minimal / mod. / *	audamatica to the terms	!	
	Contract of the contract of th	Sprain / Strain	
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wound explored foreign material remo	undermined oved minimal/mod./extensive ely wound margins revised extensive multiple flaps aligned	Dislocation (Laceration	- radius distal / shaft / proximal ulna distal / shaft / proximal / uinar styloid
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Northern Illinois Medical Center

Patient Name: DULBERG, PAUL R Account Number: B1117900323 NIMC Radiology

Northern Illinois Medical Center

06/28/2011

10135 RIGHT FOREARM 2139703

HISTORY:

Chain saw versus forearm, forearm laceration.

IMPRESSION:

Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid

forearm.

FINDINGS:

This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc:

Apiwat W. Ford, D.O. Donald R Kennard, M.D. Frank Sek, M.D.

Electronically Authenticated Donald R Kennard, M.D. 06/28/2011 18:18 815-759-4683

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NIMC Radiology

PRINTED BY: SJS0422
DATE 12/08/2011

CentegraHealthSystem

Centegra Hospital - McHenry



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ADMISSION ASSESSMENT

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DATEMERGENCY/ADMISSION ASSESSMENT Page 3 of 4



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EMERGENCY ADMISSION ASSESSMENT

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i irrigation		. ///	☐ Antibiotic	Πk	e Time:		_ 🛘 Cast	☐ Patient's	own crutches	
ISoak:	<u> </u>		□ Adaptic	CI E	levate Time:		🗆 Silng	Crutch w	alking instr/ret dem	r)
htisepti			□ 4X4	បាន	plint:		_ 🗓 Tubi Grip	□ Veloro Sp	plint:	
Other: _	· · · · · · · · · · · · · · · · · · ·		□ Kling	ПK	nee immobili	zer:			mold:	
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iolation T	'ype;		D Burn dress		MV's after in	ımobilizatio	n			•
EFT WITH Discharg Discharg	ON: NHome iclility: WC NAME in Carr Self in Family ge Instructions given ge Pain Level:	Prien n-express (0-10)	d D Police		□ Mod □ ER / □ To u □ No o □ Disc	e: lold from nit/room #_ ld chart harge Pain GCS:	to □ Old chart in E Level:RTS;_	Accompani		
	Vital Signs:		17	713	okin inti	symy mact	☐ Yes ☐ No (s	ee oocumentati	on)	
ischarge N. V	COIO 7	701:	-uz	alai Osc	l bu		· · · · · · · · · · · · · · · · · · ·			
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EMERGENCY ADMISSION ASSESSMENT PRINTED BY: \$150422

DATE

12/08/2011

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D 1996 - 2006 T-System, Inc.	Circle or check affirmatives, backslash () negotives.		B1117900323
06 ++		1	DULBERG, PAUL R M 41Y 03/19/1970
+-Cent	egra HealthSystem		06/28/2011
	CY PHYSICIAN RECORD		0000109381
			COM / AT ENA
	Extremity injury (4)]	SCM LACERAL SOLUTION BARMB
DATE: 6/28/11		FOREARM/	See diagram COR BROWN 03
ROOM:	EMS Arrival	ELBOW	tenderness soft-tissue / bony
EMS treatments ordered		nml inspection	swelling / ecchymosis
HISTORIAN: (patier	spouse paramedics	non-tender	fimited ROM
HX /EXAM LÌMITE	ÐBÝ:	∠fīm! ROM*	deformity
HPI		ARM /	see diagram
chief complaint: In	jury to: right./left	SHOULDER	tenderness soft-tissue / bony
hand	wrist forearm elbow arm	mini inspection mon-tender	swelling / ecchymosis
shoulder		mil ROM*	limited ROMdeformity
duration / occurred;	where:		
just prior to arrival	home school		111
today	neighbor's park		
yesterday	work street		
	_ days ago		
severity of pain:	worse / persistent since		11.
mild moderate	severe pain intermittent / lasting		1 / 1 / 1
	Now incised crushed burn		
ADITERNE. INI	tion alcised citizating potat		1 1/ 1
associated symptom	s: tingling / numbness distally		
Made and the salitation	es. Griging Hambress distany		
ROS			18.01 + 1/3.1
suspected FB (skin lac)_	trouble breathing / chest pain	! !	\(\(\(\)\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\
Abss feeling / power arms	/ legs loss of bladder function		w \
neadache / neck pain	recent fever / illness	i 1	, (
double vision / hearing to	other injuries		
nausea / vomiting	l 🔲 all systems neg except as marked	i	
		1	.)
SOCIAL HX smoke			1 2
recent ETOH	lives alone	1 1	
	lives in nursing home	1 1	
FAMILY HXnega	[[46]	;	/ (
PAST HX negat	tive R/LHANDED prior injury		171,111
diabetes Type / Type 2	diet / orol / insulin		\ // ` ' \\ /
HTN heart disease_	DESIMENTIANTO)	3	1 (/ ' ' ' \}
Meds none see r	urses note		/ .V
Allergies NKDA	see nurses note		
Chursing Assessment Re	viewed Vitals Reviewed Tetanus Immun. UTD	•	WY , ' ' , PW
PHYSICAL EXA		T-T-14	
GENERAL ADDEAD	NCE succline (DTA / in EDA / hardshawed	1-10ndernest Y11-Yd	lini Tenderaces S-Swelling E-Ecchymasis B-Burn C-Cautusian an A-Ahrasian M-Muscle spasm PW-Puncture Wound
no acute distress	NCEc-collar (PTA / in ED) / backboard_ mild Cmodorate / severe distress	(4	8= without m=mild mod=moderate n=severe)
alert	anxious		Example- Tw - Tenderness on palpation (severe)
EXTREMITIES		NEURO / VASC	/ TENDON
HAND	see diagram	Sensation Intact	sensory / motor deficit
nml inspection	tenderness soft-tissue / bony	motor intact	
non-tender	_swelling / ecchymosis	no vascular	
WRIST	deformity	compromise	pallor / cool skin / abnml cap refill
nml inspection	see diagramtenderness soft-tissue / bony	tendon function	pulse deficit radial ulnar
non-tender	tenderness in anatomical snuff box	normal	deficit in tendon function
nml ROM*	wrist pain on axial thumb load		
-	swelling / ecchymasis		
	limited ROM		
	deformity		
3EDTSN / Rev. 08 / 07	PRINTED UBY Extrem	DIAZZ OF MINO	f in bin a thense states such be new rever pt
	DATE 12/0%		
	DAIR TA/AA	ていれ	F BB WEIDER (1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1/10/10 1

B1117900323 SKIN diaphoretic / cool / cyanotic_ DULBERG, PAUL R warm, dry M 41Y 03/19/1970 06/28/2011 HEAD / ENT tenderness nml inspection swelling / ecchymosis 0000109381 pharynx nml NECK / BACK tenderness __nml inspection swelling / ecchymosis non-tender XRAYS Interp. by me Reviewed by me Discad w/ radiologist RESPIRATORY R/L hand wrigh foreacm-elbow humerus shoulder _tenderness_ chest non-tender swelling / ecchymosis / abrasions_ normal / NAD DID. breath snds nml crepitus / subcutaneous emphysema po fracture dislocation. decreased breath sounds nml alignment soft-tissue swelling wheezes / rales / rhonchi_ _no foreign body positive anterior fat-pad sign. **CVS** tachycardia / bradycardia positive posterior fat-pad sign heart sounds nml foreign body. fracture non-displaced displaced, GI (ABDOMEN) tenderness / guarding. non-tender transverse oblique comminuted angulated impacted _no organomegaly torus nmi bowel snds* Other study: **PROCEDURES** See separate report Wound Description / Repair **PROGRESS** Marm location unchanged improved re-examined linear flap irregular etellate superficial muscle subcut through-and-through contused tissue lip laceration clean contaminated minimally moderately / *heavily initial fracture care provided: follow-up on distal NVT: neuro & vascular status intact no tendon injury Rx given. anesthesia: Jocaf LET / tetracaine / adrenaline / cocaine referred to / discussed with Dr. marcaine 0.25% 0.5% Ildoc 1% 2% epi/bicarb digital/metacarpal block will see patient in: ED / hospital / office in days Imoderate redation required; see attached 23d template prep: SWURCLENS CLINICAL **IMPRESSION** Alleged Assault Betadine / scrub Contusion shoulder (Torearm wrist Frigated washed wksaline 14 Mac debrided Hematoma elbow arm hand minimal / mod. / *extensive minimal 1 mod. / * ' *extensive Sprain / Strain wound explored undermined Dislocation foreign material removed minimal / mod. / *extensive Lacerationpartially completely wound margins revised Fracture R / L. radius distal / shaft / proximal minimal / mod. / *extensive multiple flaps aligned distal / shaft / praximal / ulmar styloid ulna no foreign body identified humerus distal / shaft / proximal / supracondylar Colles fracture stabilized / restorative repair: Wound closed with: wound adhesive / steri-strips. 4-0 nylon / prolene staples SKIN-DISPOSITION transferred I home admitted expired running simple mettress (h/v) 4-0 (vicryl / chromic) interrupted #_______ *SUBCUT-# Time good fair poor critical improved CONDITIONsimple mattress (h/v) interrupted running 🔲 stable 🔲 unchanged OTHER--0 material_ interrupted running simple mattress (h/y) *mny indicate intermediate repair *may indicate complex repair RESIDENT / PA / NP SIGNATURE Velcro OCL / Ontho-glass / Plaster Aluminum-fourt ATTENDING NOTE: Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles Resident / PA / NP's history reviewed, patlent interviewed and examined. Briefly, pertinent HPI is:_ applied by ED Physician / Orthopedist / Tech_ My personal exam of patient reveals: examined post splint application NV intact alignment good Assessment and plan reviewed with resident / midlevel. Lab and ancillary deformity reduced no compartment syndrome studies show: confirm the diagnosis of: sling. Care plan reviewed. Patient will need: nursemald's elbow reduced with supination_ Please see resident / midlevel note for details. foreign body removed with forceps with incision closed reduction finger traps traction. VIEW Physician Signature

Physician Signature

SJS04Z2 Template Complete Additional T-Sheet

turned care over at

assumed care at

RT1#

Upper Extremity Injury - 06 Page 2 of 2 DATE & v12/08/2011c

equivalent or minimum required for organ system RanNTED BY:

Underline indicates organ system

RESTRICTIONS / RELEASE FORM

Northern Illinois Medical Center Emergency Department 4201 Medical Center Drive McHenry, Illinois 60050 (815) 344–5000	Memorial Medical Center 3701 Doty Rd. Woodstock, Illinois 60098 (815) 334-3900
PHYSICIAN SIGNATURE May return to work school gym without restriction. May not return to work school gym for day(s). May return to school with the following restrictions: Gym/Sports restrictions are	DATE U 28 2011 1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 B D000109391
Must take prescription medication for day(s).	forday(s).
	wsiness.
Must keep	LIMITED WORK WITH NO WORK WITH Right Left Hand Hand Arm Arm Foot Foot Leg Leg For Days
All patients are referred to their personal physicians or a doctor on the staff of be obtained from that doctor and not the Emergency Department. I (or responsible person) have/has received and understand(s) the instruction Patient signature (or responsible person): PRINTED BY: SJS04422 DATE 12/08/2011 EMCARE, INC	

MEDICAL RECORDS COPY

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #: B1117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W...

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose...

This Information is About Your Illness and Diagnosis

WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Pul a light dressing on it if it rubs or there is drainage.

Call your doctor if:

- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to refieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- sleapiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. <u>Alleray would show up as:</u> rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or aflergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or julce each day.
 - Include extra fiber in your diet.
 - · Exercise daily,
- Watch for signs of dependence:
 - · feeling that you "cannot live without this medicine".
 - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- any sign of dependence or allergy,
- increased pain not helped by the pain medicine.
- · slow, weak breathing.
- · seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- · any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 filmes a day for 5 days.

Portions Copyrighted 1987-2811 S. OGICARE Corporation Page 1 of 2 DATE PAIGRIMAGE PAUL R

Account Number, B1117900323

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor. Side effects may include:

- diarrhea
- · upset stomach, nausea or vomiting
- héadache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelling, wheeling or shortness of breath.

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture
 or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use,
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- · any sign of allergy,
- no improvement after you've taken all the medicine.
- a seizure
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- · ongoing nausea, vomiting or stomach pain.
- · white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- Inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
 - · ongoing diarrhea
 - · stomach pain or cramping
 - blood or mucus in your bowet movements
- · any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (677-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medicaton.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/coid, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconcillation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Petson has received this information and tells me that all questions have been answered.

RN Staff Signature

Portions Topyfighted 1987-28-1, Stock ARE Corporation Page 2 of 2

DATE Pay6618N506 PAUL R

Account Number, B1117900323

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC).

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

- 1. How are you and/or your family doing today?
- 2. Is your pain/or symptoms better today?
- 3. Did you understand your discharge instructions?
- 4. Are you following up with a Doctor?

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Patient Name PAUL R

Account Number, B1117900323

5. Comments:

Signature Date:	of nurse	making Time;	phone	call;	
					FORM GOES TO MEDICAL RECORDS

•	
CentegraHealthSystem CH-M CH-W Other (Specify)	1117900323 DULBERG, PAUL R M 41Y 09/19/1870
GENERAL CONSENT AND ACKNOWLEDGMENT	06/28/2011 B 0000109381
Account Number/Effective Date:	
CONSENT FOR MEDICAL TREATMENT	
I have come to Centegra Health System (CHS) for medical treatment and procedures performed on patients in my condition. I understand and comy attending physician, on-call physicians, emergency medicine physicians surgeons, obstetricians, consultants, nurse practitioners, physician assistant other specialists) may participate in my care as deemed necessary. I agree to follow the Patient Rights & Responsibilities of CHS and to partipers onnel in my care and treatment. I understand the practice of Medicine is not an exact science and, therefore the likelihood of success or outcomes of any diagnosis, treatment, test, surger in understand this General Consent and Acknowledgement will remain in to the ose areas of DHS where I receive care. I understand the language in this Consent guides and controls all other formed with Centegra Health System and any inconsistencies shall be interested to the consent and the patients of the independent professional(s) who provide services to but are independent medical practitioners who have been permitted to us patients. They include but are not limited to, my attending physician, on addiclogists, anesthesiologists, patiologists, suggestions about the language in the limited to, my attending physician, on addiclogists, anesthesiologists, patiologists, suggestions and appropriate and patients.	onsent that independent professionals (such as a radiologists, anesthesiologists, pathologists, ants, certified registered nurse anesthetists and rticipate with independent professionals and CHS fore, no guarantees have been made regarding gery or examination performed at CHS. effect for this episode of care and will be provided forms and consents I may sign during my terpreted consistent with terms of this document.
certified registered nurse anesthetists and other specialists. My decision to contemporary the independent professionals and I understand they and include physician, surgeon, or other independent professional service directly from the independent professional. I have read and understand the patient's behalf.	sultants, nurse practitioners, physician assistants, o seek care is not based upon any representation are not employees or agents of CHS. CHS bills do
PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES	
During the course of my hospital stay, my physician may determine I request care at an alternate facility. I acknowledge that all transportation seanot her facility are provided by an independent third party and I will receive for which I may be responsible.	atvices intovided in connection with my transfer to
JSE AND DISCLOSURE OF HEALTH INFORMATION	
Unless I request otherwise, CHS will provide my room location or telephone understand CHS will use and disclose my health information for the purper ations, as permitted by law as described in the CHS Notice of Privacy Foundations, as permitted by law as described in the CHS Notice of Privacy Foundations, as permitted by law as described in the CHS Notice of Privacy Foundations, as permitted by law as described in the use or disclosure of Privacy Foundation in the use of disclosure of my health information to the use of disclosure of my health information to man class from any liability that may arise from the use or disclosure of my	poses of treatment, payment, and health care Practices. Certain Information can be used f my health information may include history, abilities conditions, alcohol or drug abuse and o process my insurance claim, I may be
PICTURES/IMAGES	

Lunderstand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, video tapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization.

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ADC10-000-00 01/07 01/08 10/08 04/09 *3CNTG*

DATE 12/08/2011
GENERAL CONSENT AND ACKNOWLEDGMENT Page 1 of 2



++**Centegra**l-lealthSystem

1117900323 DULBERG, PAUL R M 241Y 03/19/1970 06/28/2011 8 0000109381

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hos pital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any order balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

		• •	1
PATIENT INFORMATION OFFERED	•		·
Patient Rights/Responsibilities Advance Directive Information Notice of Privacy Practices. Patient Billing Information	es Declace	If No, Explain: If No, Explain: If No, Explain: If No, Explain:	
PATTENT CERTIFICATION	·		
By signing this General Consent and Acknow contained in this form and accept its terms.	vledgement Form, I I also acknowledge	acknowledge I ha I have received a	ave read and understand the Information copy of this form for my records.
INPATIENTS ONLY:			
TRICARE (Military) Insurance PATIENTS	Yes, I have rec	eived TRICARE "Imp	ortant Message"
Patient/ Authorized Person Witness	Relationsh	ip	Date (0) 281
l, patle nt has informed me he/she fully unders	, have intands and agrees to	terpreted/translate the terms set out	d the above form to the patient. The in this consent form.
Inter preter/Translator (Please Print Name)	Language	Interpret	ation/Translation Provider (Company name or Relationahlp to Patient)

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GENERAL CONSENT AND AZUNOWLEDGMENT
Page 2 of 2

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