Findings

Mr. Dulberg was cut on the forearm (bottom) by a chainsaw while helping Mr. Gagnon limb a pine tree on the property of Mr. Gagnon's parents – Bill and Carol McGuire. While power tools such as this chainsaw make work more efficient, they carry hazards such as experienced in this incidence. Manufacturers and retailers of power equipment go to great lengths to reduce the dangers associated with such equipment through training and warnings listed in owners manuals. The chainsaw in this incident appears from a photograph to be a EFCO MT3500 purchased by the McGuires close to the date of the incident and probably was a new saw and probably equipped with an owners manual. Depositions from both Mr. Gagnon and Mr. Dulberg indicated that they received no chainsaw training. Therefore, the owners manual and their experience were the primary sources of instructions for the safe use of the saw.

Mr. Gagnon was the only operator of the saw and, therefore, was responsible for its use. While the saw was appropriate for the tasks involved, there are safe and unsafe activities that could have taken place. The owners manual shows 2 bar lengths for this saw – 14 and 16 inches. It appears that the McGuires chose the 16 inch bar. For the work involved, the shorter bars would have been safer. It appears that Mr. Gagnon performed some unsafe acts which lead to Mr. Dulberg being cut. Mr. and Mrs. McGuire who owned the saw apparently did not heed the warnings posted on page 2 of the owners manual which states "Allow persons only who understand this manual to operate your chainsaw."

Cuts with chainsaws cause more damage than those caused by power or hand tools having a thinner blade such as that of a table saw. Chainsaws are designed to take out a "kerf" of about ¼ -inch, so if someone is cut, the sides of the cut are separated by this gap (or kerf) removing a chunk of meat.

From the depositions, there is no mention of safety apparel – hard hat with ear and eye protection, safety chaps or pants nor safety gloves. (See page 7 of the owners manual for proper safety apparel.)

Mr. Gagnon and the McGuire's goal was to remove a tall pine tree (40 – 50 feet in height) in their yard without damaging their buildings. From depositions, Mr. Gagnon chose to delimb this tree as it stood in a vertical position. According to Mr. Dulberg, Mr. Gagnon did this by climbing and cutting off limbs as he climbed the tree using limb stubs as a ladder where he placed his feet. In the owners manual on page 9, it tells to never cut limbs from a ladder or a tree and always cut from a firm foundation or platform. Not having seen the exact circumstances, it cannot be stated unequivocally, but my recommendations would have been to fell the tree first before trying to remove any limbs higher than could be reached safely from the ground. Once the tree has been felled on the ground the secondary limbs could have been removed while the primary limbs were still attached to the main bole. Bucking the primary limbs into firewood lengths could also be done in a safer fashion with them attached to the bole. Doing the work in this fashion would have eliminated the conditions of where Mr. Dulberg was cut. From Mr. Gagnon's deposition, there was room to fell the pine tree with its described height.

The EFCO MT3500 has a number of features designed to operate it safely. The handle where the accelerator trigger is located has a throttle trigger lockout device that must be depressed before the engine can accelerate which means that Mr. Gagnon had a tight control on the trigger handle when the saw accelerated before cutting Mr. Dulberg.

Next, there was no mention of the chain brake being used. The MT3500 has a lever mounted just

forward of the front handle. This lever serves to stop and lock the cutting chain movement when pushed forward; when in the rear position, the chain travels freely on the bar. On page 8 of the owners manual, it is recommended that the chain brake be set whenever the operator moves and the bar should be facing to the rear of the direction of travel. This applies directly to this incident. If Mr. Gagnon had set his chain brake and put the bar in a rearward position as he finished cutting the last secondary limb, Mr. Dulberg would not have been cut.

Next, the MT3500 comes with a saw chain designed to reduce kickback. Kickback is a violent upward action of a chainsaw bar when the chain on the upper quadrant of the bar's tip comes in contact with an object. While this chain does not completely eliminate kickback, it helps. It is assume here that the chain supplied by the manufacturer had not been replaced.

Page 7 of the owners manual recommends that other people be kept at least 35 feet from someone operating a chainsaw. This is because the chainsaw operator should be focusing his attention on his task, not bystanders. Chainsaws are noisy and anyone around them should be wearing ear protection. It is recommended that bright clothing be worn by all bystanders to help operators see people who might inadvertently move into the danger zones. The operator is the person in control of his saw and responsible for whatever results from his cutting. When trees are being felled bystanders should be 2 tree heights away from the chainsaw operator. If this rule had been followed, Mr. Dulberg would not have been cut.

Page 7 of the owners manual has some additional recommendations that might apply to this incident. Cutting with chainsaws is fatiguing even for professional sawyers who use their saws everyday. For the occasional operator, chainsaw work can be very exhaustive. In this incident, Mr. Gagnon not only used a chainsaw which he was not accustomed to using one, but he also climbed a tree and delimbed it as he climbed. By the time Mr. Gagnon stop limbing and started removing secondary limbs from the primary limbs, he must have been very fatigued even with frequent breaks as described by Mr. Dulberg. The warning of the owners manual not to cut when fatigued is very important in that fatigue impairs judgment, reduces response time and probably impairs reflexive actions. Simply put, we make mistakes when we are tired.

Another occurrence of this incident may have been a loose chain. New saw chains stretch when first used. This saw was probably new; this may have been its first application. The owners manual discussed how to tension the chain on page 17 and describes proper break-in of the chain. The chain should have been tightened after the engine had become warm and later after some use. A loose chain might jump off the bar. Pertinent to this incident was that a loose chain will not decelerate as fast as a properly tightened one. Without the chain brake engaged, the chain continues to travel along the bar until it naturally comes to a stop. Mr. Dulberg said he tried to move away from the saw chain put could not escape its travel path. With a properly tensioned chain, it may have stopped before contacting his arm.

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FAXED

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FOURTH AMENDED NOTICE OF DISCOVERY DEPOSITION

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
Fax: 815/226-7701

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092
Fax: 312/558-9357

YOU ARE HEREBY NOTIFIED that on **FEBRUARY 4, 2013,** at **1:00 p.m.** we shall for the purpose of discovery, take the deposition of **DAVID GAGNON** at the **LAW OFFICES OF SCOTT A. HIERA, 3421 W. ELM STREET, MCHENRY, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice via facsimile and by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on January 25, 2013 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Discovery\4th Notice of Def Gagnon's dep 1-2513.wpd

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
18152267701	Normal	25:03:21pm	0'31"	1	* O K	Brdcast
13125589357	Normal	25:03:22pm	0'18"	1	# O K	Brdcast

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

vs. No. 12 LA 178

DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

FOURTH AMENDED NOTICE OF DISCOVERY DEPOSITION

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Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
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HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

S:\Mast\DULBERG, PAUL\Discovery\4th Notice of Dep Gagnon's dep 1-2513.wpd

CASH ONLY | ALL CHECKS SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR CUTTING

BRAD J. BALKE, P.C.
542 S DEARBORN ST, STE 310
CHICAGO, IL 60605-1508

CITIBANK, N.A.
CHICAGO, IL 60604
02-7080/2710

2545

7/22/2015

PAY TO THE ORDER OF PAUL DULBERG $ **3,333.34

Three Thousand Three Hundred Thirty-Three and 34/100********** DOLLARS

PAUL DULBERG

MEMO Full and final settlement of all claims vs the McGuires

⑈002545⑈ ⑆271070801⑆8006753941⑈

BRAD J. BALKE, P.C. / IOLTA ACCOUNT 2545

PAUL DULBERG	7/22/2015	
606 · CLIENT SETTLEMENT EXPENSE		3,333.34

Client Iolta Trust Accoun	Full and final settlement of all claims vs the McGuires	3,333.34

BRAD J. BALKE, P.C. / IOLTA ACCOUNT 2545

PAUL DULBERG	7/22/2015	
606 · CLIENT SETTLEMENT EXPENSE		3,333.34

Client Iolta Trust Accoun	Full and final settlement of all claims vs the McGuires	3,333.34

SUMMONS – 30 DAY
IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

(Name all parties)

PAUL DULBERG,

Plaintiff(s)

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually

Defendant(s)

Case Number 12LA178

Amount Claimed $ 50,000.00+

Please Serve:
David Gagnon
39010 90th Plaza
Powers Lake, WI 53159

SUMMONS

To each Defendant:

YOU ARE SUMMONED and required to file an answer in this case, or otherwise file your appearance, in the office of the Clerk of this court, McHenry County Government Center, 2200 N. Seminary Avenue, Woodstock, Illinois, 60098, within 30 days after service of this summons, not counting the day of service. **IF YOU FAIL TO DO SO, A JUDGMENT OR DECREE BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.**

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed. This summons may not be served later than 30 days after its date.

TWENTY-SECOND JUDICIAL CIRCUIT COURT
McHENRY COUNTY ILLINOIS

WITNESS MAY 15 2012 20

Katherine M Keefe

Clerk of the Circuit Court

Plaintiff's attorney or plaintiff if he is not represented by an attorney

Name Law Offices of Thomas J Popovich

Attorney for Plaintiff

Address 3416 W. Elm Street

City, State Zip McHenry, IL 60050

Telephone 815-344-3797

Prepared by Hans A. Mast

Attorney for Plaintiff

Attorney Registration No. 06203684

AFFIDAVIT OF SERVICE

STATE OF ILLINOIS
In the
Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois
Paul Dulberg vs David Gagnon
CASE NO: **12LA178**

On Thursday, June 14, 2012, at 4:26 PM, I served the within described Summons Together With A Copy Of The Complaint In This Action in the manner described below;

I served the within named David Gagnon by leaving a true copy of the Summons Together With A Copy Of The Complaint In This Action at the usual place of abode of the defendant with Pam Gagnon, wife a co-resident.

Said service was effected at 39010 90th Pl, Powers Lake, WI 53159 David Gagnon's last and usual abode.

Pam Gagnon is a White Female approximately 40 years of age, 5' 6" Tall and approximately 120-130 pounds with Blonde hair.

I know the person I served was Pam Gagnon, wife because she so stated it.

An additional copy of the within Summons Together With A Copy Of The Complaint In This Action was mailed to David Gagnon at the within service address (first class, postage prepaid).

I Mark R. Schneider, swear that I am an adult over the age of 18 years and I am not a party to the above entitled action. Furthermore, I am employed as a Private Detective under Illinois Licensed Agency number 117-000870.

Mark R. Schneider, Licensed Private Detective

MDS INVESTIGATIONS, INC.
P.O. Box 309
McHenry, IL, 60051
(815) 344-4657 (800) 988-6374 , (815) 344-4831

Subscribed and Sworn to before me, June 15, 2012,

Notary Public, State of ~~Wisconsin~~ ILLINOIS
My Commission Expires :

Our Job Serial Number: 59137

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
DAWN SCHNEIDER
MY COMMISSION EXPIRES
APRIL 8, 2014

GENERAL RELEASE AND SETTLEMENT AGREEMENT

NOW COMES PAUL DULBERG, and in consideration of the payment of Five-Thousand ($5,000.00) Dollars to him, by or on behalf of the WILLIAM MCGUIRE and CAROLYN MCGUIRE (aka Bill McGuire; improperly named as Caroline McGuire) and AUTO-OWNERS INSURANCE COMPANY, the payment and receipt of which is hereby acknowledged, PAUL DULBERG does hereby release and discharge the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, and any agents or employees of the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, of and from any and all causes of action, claims and demands of whatsoever kind or nature including, but not limited to, any claim for personal injuries and property damage arising out of a certain chain saw incident that allegedly occurred on or about June 28, 2011, within and upon the premises known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.

IT IS FURTHER AGREED AND UNDERSTOOD that there is presently pending a cause of action in the Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois entitled "Paul Dulberg, Plaintiff, vs. David Gagnon, Individually, and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, Individually, Defendants", Cause No. 2012 LA 178, and that this settlement is contingent upon WILLIAM McGUIRE and CAROLYN McGUIRE being dismissed with prejudice as parties to said lawsuit pursuant to a finding by the Circuit Court that the settlement between the parties constitutes a good faith settlement for purposes of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 100/0.01, *et seq.*

IT IS FURTHER AGREED AND UNDERSTOOD that as part of the consideration for this agreement the undersigned represents and warrants as follows (check applicable boxes):

- ☐ I was not 65 or older on the date of the occurrence.
- ☐ I was not receiving SSI or SSDI on the date of the occurrence.
- ☐ I am not eligible to receive SSI or SSDI.
- ☐ I am not currently receiving SSI or SSDI.

IT IS FURTHER AGREED AND UNDERSTOOD:

a. That any subrogated claims or liens for medical expenses paid by or on behalf of PAUL DULBERG shall be the responsibility PAUL DULBERG, including, but not limited to, any Medicare liens. Any and all reimbursements of medical expenses to subrogated parties, including Medicare's rights of reimbursement, if any, shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released herein.

b. That any outstanding medical expenses are PAUL DULBERG's responsibility and all payment of medical expenses hereafter shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released

c. That PAUL DULBERG agrees to save and hold harmless and indemnify the parties released herein against any claims made by any medical providers, including, but not limited to Medicare or parties subrogated to the rights to recover medical or Medicare payments.

IT IS FURTHER AGREED AND UNDERSTOOD by the parties hereto that this agreement contains the entire agreement between the parties with regard to materials set forth herein, and shall be binding upon and inure to the benefit of the parties hereto, jointly and severally, and the executors, conservators, administrators, guardians, personal representatives, heirs and successors of each.

IT IS FURTHER AGREED AND UNDERSTOOD that this settlement is a compromise of a doubtful and disputed claim and no liability is admitted as a consequence hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

Dated: _____

_____
PAUL DULBERG

STATE OF ILLINOIS)
) SS.
COUNTY OF MCHENRY)

PAUL DULBERG personally appeared before me this date and acknowledged that she executed the foregoing Release and Settlement Agreement as his own free act and deed for the uses and purposes set forth therein.

Dated this _____ day of January, 2014.

_____
Notary Public

ORD

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

FILED
McHenry County, Illinois
JAN 2 2 2014

GOOD FAITH FINDING AND ORDER OF DISMISSAL

THIS CAUSE coming on to be heard on the Motion for Good Faith Finding and for Order of Dismissal with Prejudice filed by Defendants Bill McGuire and Carolyn McGuire, and the Court being fully advised in the premises,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

1. That settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire (improperly named Caroline) constitutes a fair and reasonable and good faith settlement within the meaning of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 0.01 et seq.

2. That the good faith settlement shall henceforth constitute a bar to any and all claims that Plaintiff Paul Dulberg and Defendant David Gagnon and other known or unknown tortfeasors may have against Defendants Bill McGuire and Carolyn McGuire on account of or arising out of the injuries, if any, sustained by Plaintiff Paul Dulberg as a result of the alleged chain saw accident that occurred on June 28, 2011, whether by way of original action, third party claim, cross-claim, counterclaim, claim for contribution or otherwise.

3. That Defendants Bill McGuire and Carolyn McGuire be and are hereby dismissed from the above-captioned lawsuit as party defendants and cross-claimants, with prejudice, and in bar of further suit.

4. That that there is no just reason to delay the enforcement or appeal of this good faith finding and order of dismissal.

DATED: _____

JUDGE Thomas A. Meyer

Prepared by:
Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700

ORD

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

FILED
McHenry County, Illinois
JAN 2 2 2014

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EXHIBIT
tabbies
D

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4. That that there is no just reason to delay the enforcement or appeal of this good faith finding and order of dismissal.

DATED: _____

JUDGE Thomas A. Meyer

Prepared by:
Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700

Hand Surgery Associates SC

515 W Algonquin Road Arlington Heights IL 60005
Tel: (847) 956-0099 Fax: (847) 956-0433

ACCOUNT INQUIRY **12/06/2016 2:35 PM (CST)**

Account# 80330

Guarantor Information:

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60051

Home Tel#: (847) 497-4250
Work Tel#:

Patient Information:
Patient# 80330

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60051

Home Tel#: (847) 497-4250
Work Tel#:

Payor	Current	31-60 Days	61-90 Days	Over 90	Balance
Self	$0.00	$0.00	$0.00	$0.00	$0.00
Insur	$0.00	$0.00	$0.00	$0.00	$0.00
Collect	$0.00	$0.00	$0.00	$0.00	$0.00
				Unassigned:	$0.00
				Total Balance:	$0.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
02/27/2012	706060	SDS	$200.00	$200.00	$0.00	Self-Pay		05/09/2012	0	Paul Dulberg

Location	Practice	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
HSAVH	HSASC	HSA VH		022712HSAKGM01	Updated	03/06/2012	Paul Dulberg	$0.00	$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
0		SDS		706060	Self-Pay	05/09/2012	

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
02/27/2012	99203		Office Outpt New 30 Min	782.0	Symp disturbance of skin sensation	MEDICAL	1.00	$200.00	$200.00	$0.00

Diag2	Description	Diag3	Description	Diag4	Description
354.2	Lesion, ulnar nerve				

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
02/29/2012	RECEIPT #11992		Self-Pay	Self Pay Credit Card Payment	$200.00			022912HSAKGM06	Updated	03/06/2012			

Hand Surgery Associates, SC.
Hand • Shoulder • Elbow • Wrist

515 W. ALGONQUIN RD ♦ ARLINGTON HEIGHTS, IL 60005 ♦ 847/956-0099 ♦ FAX 847/956-0433

Fax

To: Kelly

Fax: 312-800-7494 **Date:** 12/6/16

Phone: **Pages:** 3 **(including cover)**

From: Faith Lake, Legal Assistant, Ext: 155

Re: Dulberg Case

☐ **Urgent** ☐ **For Review** ☐ **As Requested** ☐ **Please Reply / Comment** ☐ **Please Recycle**

• **Comments**

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ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

October 4, 2016

Perry Accardo
Law Office of Steven A. Lihosit
200 North Lasalle Street, Suite 2550
Chicago, IL

RE:	DULBERG, PAUL
DOB:	03/19/1970
Case/File No.:	0245281968.1 SKO
Location:	Illinois Bone and Joint Institute, LLC
Patient ID:	P1510776

Dear Mr. Accardo:

I was asked to perform an independent medical evaluation on Mr. Dulberg on October 4, 2016. This examination took place in my office in Glenview, Illinois.

As part of this independent medical evaluation, Mr. Dulberg's identifying documentation was obtained, xeroxed, and placed into the medical records. The information from these documents appeared to corroborate with his appropriate information.

I explained to Mr. Dulberg, with his mother Barbara as well as his attorney Randy present, the purpose of the independent medical evaluation as well as the fact that no patient-physician relationship was established with him during today's visit. Additionally, I explained to them that no treatment, outcomes or diagnoses would be discussed with him during this evaluation.

All opinions expressed in this report are made to a reasonable degree of medical and surgical certainty as a board certified orthopedic surgeon with a certificate of added qualification in hand and upper extremity surgery.

I spent 65 minutes with Mr. Dulberg in face-to-face time today obtaining a history and performing a physical examination.

HISTORY:
Mr. Dulberg is a 46-year-old right-hand dominant gentleman who previously worked in graphic design who is here for evaluation of his right upper extremity. He states that he had no symptoms referable to his right upper extremity prior to an injury that occurred in June 2011. He states he is not sure of the exact date, but on the date in question he was holding a tree branch at his neighbor's house to help David, his neighbor's son, cut the tree branch with a chainsaw. He stated he was holding a pine tree branch, which was a few inches thick, still attached to the tree and while David was cutting the branch, he inadvertently cut Mr. Dulberg's right forearm. Mr. Dulberg went to NIMC ER where the wound was irrigated and sutured. He had radiographs there which showed no fractures. He followed-up with his primary care physician, Dr. Sek, who removed the sutures two weeks later. Mr. Dulberg noticed

significant pain in his forearm after the injury. Due to persistent symptoms, Dr. Sek referred him to see Dr. Levin, who Mr. Dulberg states is a neurologist, who performed a nerve conduction study and Mr. Dulberg was told the study was normal he had no nerve injury, but was told that the superficial branches of the nerves were severed. Due to ongoing significant pain, he was referred to a hand specialist. He initially saw a hand specialist, although he is not sure of the name but per the medical records that I reviewed was Dr. Talerico, who referred him for occupational therapy. He states that he performed occupational therapy for multiple months which provided him with no benefit. He states that he was still having significant problems with his right forearm and hand and so he returned to see Dr. Levin. Dr. Levin referred him for a second opinion to see Dr. Sagerman in 2012, although he is not sure of the date. Dr. Sagerman prescribed more occupational therapy, which he states was "somewhat helpful". Dr. Sagerman also repeated the nerve studies as he stated the initial nerve study was not complete. Mr. Dulberg does not remember the date of the repeat nerve studies. Subsequently, he followed-up with. Sagerman but is not sure of the results of this nerve study, but thereafter Dr. Sagerman suggested exploring the nerve. He wanted to think about this and returned a month later after discussing this with Dr. Sek and elected to undergo surgery. He underwent surgery by Dr. Sagerman in June or July 2012 whereby he states he underwent a cubital tunnel release, and was told that the "nerve was okay." He also underwent exploration of the ulnar nerve in the forearm and tells me that Dr. Sagerman told him "this was the most scarred tissue, I have ever seen." (This is interesting as the MRI was normal and the operative report states that no scar was noted around the nerve and the muscle belly that covers the nerve was pristine only with sutures in the fascia covering the muscle). He was then enrolled in more occupational therapy, which he did for another two months. He states that this helped his forearm temporarily. He followed up with Dr. Sagerman and ultimately plateaued. His complaint at that point as well as prior to the surgery was numbness and tingling in his fourth and fifth finger as well as pain and spasms in his left forearm. Due to a plateau in his improvement after surgery, Dr. Sagerman referred him to Dr. Kujawa. Mr. Dulberg states that he was referred for "cramping" and "spasms of the muscles in the forearm." Dr. Kujawa has treated him from after this surgery until the present time. Mr. Dulberg states that Dr. Kujawa tied injecting Botox in the muscles of the forearm twice. The first time he states it provided him with no benefit and the second time he states that the muscles in his forearm got significantly weaker, which he states Dr. Kujawa confirmed that the Botox was in the correct area; however, besides having temporary weakness in the arm, did not change the cramps and spasms that he was complaining of at that time. He states that both Botox injections were performed within a year of his surgery. He has continued to follow up with Dr. Kujawa who started him on Gabapentin. He states that the Gabapentin has helped the smaller and minor cramps, spasms and pain in his forearm; however, the larger and more significant cramps and spasms in the forearm have not been affected by the Gabapentin. He sees Dr. Kujawa every six months. He did follow up to see Dr. Sagerman for left lateral epicondylitis in 2012, who performed a cortisone injection into the elbow, which cured this problem. Of note, Mr. Dulberg had previously seen Dr. Sagerman in early 2000 for "pain in the left elbow" as well as "numbness and tingling in the fingers." He underwent a cubital tunnel release on the left at that time, which helped tremendously. He currently has no similar symptoms in the left upper extremity

I asked Mr. Dulberg about a motor vehicle accident in early 2000 in which he was involved. He states he sustained a whiplash injury and he hit his left elbow against the inside of the car and developed pain in the left elbow and numbness in the fingers. He was diagnosed with left cubital tunnel syndrome. He had nerve studies and a year later underwent a cubital tunnel release. He was also diagnosed with degenerative disk disease in his cervical spine after the motor vehicle accident affecting him from C3 to C7. He takes occasional Naproxen for his neck, which he states helps somewhat. He is not sure whether the Naproxen really helps his right arm.

Mr. Dulberg states that he is currently able to drive, although he has to drive with his right hand at the 6 o'clock position as when he holds the steering wheel at the 10 or 12 o'clock position, he develops spasms in his forearm. He states any vibration causes spasming in his right forearm.

CURRENT COMPLAINTS WITH REGARDS TO THE RIGHT UPPER EXTREMITY:

I asked Mr. Dulberg to list all complaints referable to his right arm:

Mr. Dulberg's primary complaint is that he describes "cramps" in the forearm. He states the cramps happen at least 12 times a day. He states they frequently happen with no activities. He states the cramps last a few seconds to a few minutes. Thereafter, he notices that the fingers are weak and he frequently drops objects due to the cramps. He does not describe any finger spasms. He states that activities exacerbate the frequency and severity of the cramps "a lot." He occasionally wakes up with these symptoms at night, which he states is maybe once a week. He states the cramping is his biggest problem subsequent to the injury. He states the cramps began within six months of the injury. He states he had "a lot going on at that time" and he had to figure out what was causing his problem. When asked specifically, Mr. Dulberg states that the acute pain that he had in the forearm immediately after the injury is gone.

Mr. Dulberg's second complaint with the right arm is that he has occasional tingling in the fifth finger. It bothers him once or hen he develops these symptoms they last for a few seconds. It does not wake hir

He also describes burning in and is unpredictable, similar to the tingling in the small finger. Wh the palm begins to burn. The duration of the palmar symptoms are t. g.

He rates his pain currently as 0/10, bu urt, and rates the cramping as a 7-10/10. The pain from the cramps lasts a few secon tes.

OCCUPATION HISTORY:

Mr. Dulberg states that he has worked as a graphic designer since he was 16 years old. Subsequent to his right forearm injury, he states that he was unable to work. He tried returning to graphic design 2 months after the injury, but states that he could not type because he would develop the forearm cramps. He states any activity whether it be typing or mousing for any period of time whether it be minutes or hours, would increase his symptoms. He has no symptoms when he drives as he has modified where he grasps the steering column.

HOBBIES:

Mr. Dulberg states that he previously would fish, drive motorcycles and ATVs, canoe, camp and bicycle. He states he cannot do any of these activities as his right forearm cramps. He tried bicycling after the surgery, but he could not hold onto the handlebars without cramping. His new hobby includes maintaining a home fish aquarium. He states he is able to change the water without difficulty but his friend Mike helps him with the maintenance.

PAST MEDICAL AND SURGICAL HISTORY:

Mr. Dulberg states that he has no medical problems. He states he has no history of diabetes or thyroid

disorder. He has no history of arthritis or inflammatory arthropathy; specifically, no history of rheumatoid arthritis, gout, pseudogout, psoriasis, or colitis. He has no history of fibromyalgia. He states that he was diagnosed with anxiety and depression a year after the accident, but takes no medication for this. He does not see a psychologist.

Mr. Dulberg's only medication is Gabapentin.

Mr. Dulberg's surgeries include the right forearm wound closure in the emergency room after his right forearm chainsaw injury as well as the subsequent cubital tunnel release and ulnar nerve exploration in the right forearm. He also had a left cubital tunnel release with anterior transposition of the nerve in early 2000s.

Mr. Dulberg denies drug allergies. He has never had a bone density study and he does not have sleep apnea.

SOCIAL HISTORY:
Mr. Dulberg smokes currently 10 cigarettes a day, but previously a pack a day, since he was 18 years old. He does not consume alcohol.

PHYSICAL EXAMINATION:
On examination today, Mr. Dulberg is noted to be 5 feet 8 inches tall, weighing 165 pounds. He is in no distress today and has normal affect. He is alert and oriented. He is afebrile. He demonstrates no suspicious pain behavioral characteristics.

With regards to his right upper extremity, he is able to remove his sweater, albeit mostly using his left arm. After the examination when he put his sweater on, he was able to pull out the sleeves using his right hand, manipulating the sweeter and sleeves using his right hand normally. He holds the hand in a normal position, although the small finger is in a constantly abducted position. On inspecting of his right forearm and hand, he does have a transverse laceration in the mid forearm measuring 6 cm. The incision is healed and is stable and supple. He also has a longitudinal incision, from his surgery, over the ulnar forearm, which measures 6 cm long. This incision is healed, stable, supple and asymptomatic. He also has an incision posterior to the medial epicondyle measuring 5.5 cm, which is healed, stable, supple and asymptomatic.

With regards to his right hand, as mentioned, he holds the small finger in an abducted position. I can passively adduct the finger to sit adjacent to the fourth finger, but he cannot actively maintain this position of the small finger. He flexes the thumb normally and extends it normally. He actively flexes the index, middle and ring finger to the palm, but with active composite flexion, he lacks about 3 cm of tip to palm distance of the small finger. His hand shakes when he flexes the fingers. Am able to passively flex his small finger to his palm, which he is then able to maintain in this position, which is concerning for symptom magnification as this implies subjective voluntary manipulation. He expresses that pain does not limit his inability to flex the small finger. After performing repetitive active and passive flexion and extension motions of all fingers, he was then able to flex his small finger to his palm with 5/5 strength with no pain. He extends all fingers to neutral with robust extensor tone in the MP, PIP, and DIP joints of all digits including the thumb. He has no evidence of flexor or extensor tenosynovitis of his fingers. He has no triggering or locking of the digits. He has no trophic changes. His hair and nail growth is normal in all digits. Subjectively, he states that he is numb in the small finger and half the ring finger to touch.

With regards to his right wrist, he extends his wrist normally to 60 degrees with 5/5 strength and flexes to 55 degrees with 5/5 strength, but complains of some forearm discomfort diffusely but not localized to any specific aspect of his forearm. His wrist motion parameters are symmetric. He has no pain with radial and ulnar deviation of the wrist. His passive forearm rotation is to 90 degrees of pronation and supination respectively without pain or crepitus and he actively pronates to 90 degrees with 5/5 strength without pain and actively supinates to 90 degrees with 5/5 strength with pain around the laceration over the mid medial forearm; again concerning for non-organic pathology as his supinator muscle is on the radial side (opposite to where he has pain) of his proximal forearm and he had no pain with passive pronation or supination. He has no intercarpal laxity on stress testing. He has no pain over the basilar joint of his thumb, with a negative grind and distraction test. He has a negative Finkelstein test. He has no instability of the first CMC joint. His ulna is stable and reduced. He has no ulnar-sided wrist pain. He is not tender over the radiocarpal or ulnocarpal joint.

With regards to his forearm, as mentioned, he has 2 incisions over the mid forearm, one transverse and one longitudinal as described above. The incisions are all healed and asymptomatic. He has no induration or tethering of the skin over the muscles at the site of the laceration or incision. His muscle bulk appears to be intact and appropriate. He is not tender to palpation around the muscles of the medial forearm. He is not tender to palpation over the tendons in the distal forearm or the muscles in the distal, middle, or proximal forearm ulnarly, or radially, volarly or dorsally. He is able to make a full fist, now recruiting all fingers, with good strength. His profundus tendons function normally to each finger when tested individually. His sublimis function, when tested independently, activate normally including to the small finger albeit with some discomfort in his forearm. He has no gross atrophy of the muscles in his forearm.

With regards to his elbow, he has 5.5cm incision posterior to the medial epicondyle, which is healed, stable, supple and asymptomatic. He has full elbow flexion and extension, which is symmetric and asymptomatic without crepitus. He has full forearm rotation as mentioned. He has no evidence of medial or lateral epicondylitis to palpation or with provocative testing. He has no instability of the elbow to varus or valgus stress at 30 and 60 degrees of flexion. He demonstrates no posterolateral rotatory insufficiency of the elbow to stress.

With regards to the peripheral nervous system of his right upper extremity, as mentioned, he states he has subjectively numbness in the small in ulnar half of the ring finger. His active motion was as mentioned limited in the small finger at times, but at times he had full active flexion of all fingers. With regards to the median nerve, he palmarly abducts his thumb with normal strength. Sensation was normal in the digits innervated by the median nerve. He has a negative Tinel over the carpal tunnel, and a negative wrist compression test. With regards to the ulnar nerve, he notes the aforementioned numbness. He has normal sensation over the dorsal radial and dorsal ulnar aspect of the wrist. He has normal sensation over the forearm radially and ulnarly. He was able to activate his first dorsal interosseous normally, and he abducts and adducts the fingers albeit with shaking of the hand and fingers and variable strength with abduction and adduction. At times he could abduct normally and at times he was extremely weak and this waxed and waned throughout the examination. He does hold the small finger in an abducted position, which can passively be placed back at the side of the ring finger, but then automatically assumes an abducted position. His extensor tendon functions normally and does not subluxate over the MP joint with active or passive flexion of the MP joint. He has no triggering in the small finger. He has a negative Tinel over the Guyon's canal. He has normal pulses. He has no splinter hemorrhages. He has no masses palpable around the ulnar artery at Guyon's

canal. He has a positive Tinel from 2 inches proximal to the medial epicondyle to 4 inches distal to the medial epicondyle radiating into the fourth and fifth fingers. Tinel over the forearm laceration elicit only local tingling that did not extend into the fourth and fifth fingers. Elbow flexion test elicits increased numbness and tingling in the fourth and fifth fingers. He has no instability of the ulnar nerve with elbow flexion and extension. His flexor pronator muscle bulk is asymptomatic with normal strength and without pain when stressed or with gentle and deep palpation.

Cross sectional area was measured at the level of his wrist, his mid forearm, and his proximal forearm. The values obtained at all levels were symmetric to within 1mm.

Grip strength using a Jamar dynamometer in position three on the right dominant side elicited 98 pounds of strength without pain and 80 pounds of strength without pain. On the left side, he was able to elicit 115 and 122 pounds of strength without pain. Performing rapid exchange grip strength testing, 4 times in each upper extremity, elicited up to 85 pounds of strength on the right side and 109 pounds of strength on the left side. He denied any pain or symptoms of cramping or spasming during grip despite performing the aforementioned gripping 6 times on each side.

Two-point discrimination measured with a discriminator on the right side elicited 5 mm two-point discrimination on the radial and ulnar aspect of the thumb, index, middle, and ring finger. In the small finger, he had 5 mm 2-point discrimination on the radial aspect and 6 mm on the ulnar aspect.

With regards to the left side, he has 6 cm incision over the medial elbow posterior to the medial epicondyle, which is healed and is stable and asymptomatic. He has full elbow flexion, extension, full forearm rotation. He has normal sensation in all digits. His median, and ulnar nerve motor and sensory function in his hand is normal. He has negative Tinel's over the ulnar nerve at the cubital tunnel or over the transposed ulnar nerve. He has a negative elbow flexion test.

QuickDASH score completed by Mr. Dulberg today elicited a score of 38. He completed all 11 items. Given his physical examination, I was quite surprised by high QuickDASH score. I therefore asked him about each of the items. He states he cannot open a jar with his right hand because he develops cramping and he has weakness when he twists the lid of a jar. He states that he develops cramping within seconds of twisting the jar. He states he cannot do household chores or carry a shopping bag for the same reason. He stated that he had severe difficulty washing his back, scored at 4/5, and when I asked him about this, he states that he had made an error and in fact he had no difficulty with this activity. He also stated severe difficulty when using a knife to cut food or perform any recreational activities. He notices severe difficulty with most activities throughout the week and noted that tingling in his arm was a moderate problem. He stated he had mild difficulty in the last week sleeping at night.

MEDICAL RECORD REVIEW:
As part of this independent medical evaluation, I was forwarded about 8 inches of medical records to review. The medical records that were forwarded to me for review included the following:

1. Medical records from Centegra Northern Illinois Medical Center.
2. Medical records from Moraine Emergency Physicians.
3. Medical records from Open Advanced MRI of Round Lake.
4. Medical records from Associates of Neurology.
5. Medical records from McHenry Radiologists Imaging.
6. Medical records from Neuroscience Institute.

7. Medical records from Hand Surgery Associates.
8. Medical records from Alexian Brothers.
9. Medical records from MidAmerica Hand to Shoulder Clinic.
10. Deposition transcript of Mr. Dulberg, Dr. Talerico, Dr. Levin, Dr. Ford, Dr. Sagerman and Dr. Kujawa as well as the plaintiff's answers to all the questions.

NIMC:
According to the medical records from Centegra Northern Illinois Medical Center, Mr. Dulberg was seen in the emergency room on June 28, 2011. According to the emergency room admission assessment he was seen stating that he had a chain saw injury to the right arm 15 minutes ago and he was feeling lightheaded. He is noted to smoke a pack a day. He is alert and oriented x3. He was accompanied by a coworker with the laceration by chainsaw to the right forearm. He had radiographs, which showed no bony abnormalities other than a soft tissue injury. The wound was irrigated and cleaned and sutured. He had 3 subcutaneous stitches placed of 4-0 Vicryl and 11 4-0 Prolene sutures placed in the skin. He was given discharge instructions for follow-up. He was discharged home.

According to the radiologist's report of radiographs performed of the right forearm dated June 28, 2011. The findings were dictated as two views of the right forearm, which demonstrated a deep laceration on the ventral aspect of the mid forearm, best visualized on the lateral view. No fractures or radiopaque foreign body is identified.

According to the Moraine emergency room physician records, Mr. Dulberg was seen on November 11, 2005 for right foot injury. He states he was fighting with home invaders at that time.

He was seen again on June 28, 2011 for the aforementioned chainsaw injury, which has previously been described above.

Dr. Talerico:
According to the medical records from MidAmerica Hand to Shoulder, Mr. Dulberg was seen by Dr. Talerico on December 2, 2011. His history is a 41-year-old male, right hand dominant, referred by Dr. Levin, MD, neurologist, for evaluation of an injury sustained to the right medial forearm in June 2011. He was using a chainsaw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound and muscle were sewn together and the skin was closed. He followed up with his PCP and was noted to have persistent pain, which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy. He had nerve studies performed by Dr. Levin in August 2011, which per the patient, were normal. Did not have the study available. He is not working, but he is a graphic designer by training. He uses a computer mouse for 20 minutes causing significant forearm pain. He previously had an ulnar nerve transposition on the left side. He is single. Smokes everyday. He has a family history of diabetes. ROS negative. Examination showed him in no distress. Examination of the right upper extremity reveals his elbow has normal, painless range of motion. He has no focal tenderness to palpation. His collateral ligaments are intact. Forearm compartments are soft. He has a well-healed transverse laceration at the volar medial forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. He has no tenderness to palpation. He has some apparent muscle incongruity. Distally, his hand demonstrates no atrophy. He has 5/5 intrinsic strength, 5/5 APB strength. He can make a full fist with full extension of all digits. He

does not demonstrate a clawed position. He has a negative Froment's sign. He has a positive Wartenberg's sign. Wrist flexion and extension 5/5 strength. He has a palpable FCU and ECU tendon at the level of the wrist. He has appropriate tension. No radiographs performed. Dr. Talerico wanted to get the nerve studies. His complaints appear to be "likely muscular origin." He may have some "superficial sensory complaints as well." Dr. Talerico did not feel that he required surgical intervention. He was recommended occupational therapy to work on strengthening and conditioning of his forearm muscles. They can also perform pain modalities and he was told to follow up in four to six weeks and the nerve studies would be obtained.

He was seen back on January 6, 2012 for right forearm pain. He does not feel the occupational therapy is helping. He complains of pain/soreness and loss of strength. His history is reiterated. He has attended one or two sessions of therapy thus far. Nerve studies were obtained. He feels he is getting weaker. He feels a burning in the forearm. He asked about disability paperwork. Examination is unchanged. Of note, at this visit that he had no intrinsic or thenar atrophy with 5/5 intrinsic strength. His FDP to the small finger had 5/5 strength. He had light touch, which was intact to all digits. Nerve studies were reviewed, which were normal. No evidence of ulnar nerve injury. Given the location of the injury, this is the only significant problem that Dr. Talerico could imagine from this wound. He has no evidence of nerve or tendon injury. "He may have some residual soreness and some superficial sensory abnormalities, but this should improve over time." Dr. Talerico suggested he continued therapy with no need for surgical intervention. He felt he did not have anything further to offer.

Dr. Sek:
According to the medical records from Dr. Frank Sek, Mr. Dulberg had been seen since 1978. These are handwritten notes and difficult to decipher, but he was seen multiple times in 1984 and 1985 for lower extremity injuries. In 1984 and 1985, he injured his right thumb playing football. His x-rays were negative. He was seen again in 1998 for a fever and in 2002 for low back pain as well as pain in the trapezius after an auto accident 6 days prior. He went to NIMC ER. X-rays of the neck reported as a fracture and he went back for a CT scan, which was negative. He is taking Tylenol and Skelaxin. He has tenderness in the left trapezius and the left lower chest and lumbar area. He was seen again in March 2002, for pain in his back, and later in March 2002 for pain in his lumbar spine.

He was seen again on March 19, 2002 for the same problems in the lumbar spine and then on March 25, 2002 with pain in his buttock and leg with numbness and tingling in his left foot. He was seen back on March 30, 2002 for similar symptoms. He was seen back on April 6, 2002 for pain in his upper trapezius and his lumbar area. He was seen back on April 13, 2002 for spasms in his neck 3 days ago. He was seen back on April 20, 2002 for spasms in his left upper trapezius. On April 27, 2002, he was feeling better with "minor spasms here and there." On May 4, 2002, seen for spasms in the low back and left trapezius. On May 11, 2002, he was seen for muscle spasm again. On May 25, 2002, he was seen for pain in his buttock and leg. He was seen back on June 8, 2002 for similar symptoms. On June 13, 2002, he was released for office work. On June 22, 2002, he was seen for a "pinching sensation in the left upper trapezius and soreness in the lumbosacral area and buttock." On July 6, 2002, he was seen again for similar symptoms and then on April 27, 2007 for headache.

On July 1, 2011, he was seen after his forearm chainsaw injury that occurred on June 28, 2011. He was on Cefadroxil and Norco. His right forearm was slightly swollen and tender. On July 8, 2011, he was seen for suture removal. On January 14, 2012, he was seen because he was feeling depressed as his right hand is weak. On February 13, 2012, he was seen after an MRI of his right forearm was

negative. He was seen on April 24, 2012 for non-arm issues. On August 6, 2012, he was seen after surgery on his right arm.

Mr. Dulberg had an MRI of his low back, ordered by Dr. Sek on April 12, 2002. This is documented as a normal MRI of his lumbar spine.

Nerve studies performed on May 29, 2002 were performed of the left upper extremity. These nerve studies revealed cubital tunnel syndrome without denervation in the ulnar innervated muscles. Of note, the EMG component of the study was completely normal.

Nerve studies performed on December 23, 2002 by Dr. Grobman for persistent left hand symptoms with the previous study of May 29, 2016 showing ulnar neuropathy. The results of this study revealed left ulnar neuropathy at the elbow. .

MRI of the cervical spine was performed on September 5, 2012. Per the radiologist, showed multilevel degenerative disk disease, and a possible atypical hemangioma.

He had radiographs of his right foot performed on November 11, 2005.

Medical records from Michael Grobman are present within Dr. Sek's notes. Dr. Grobman saw Mr. Dulberg on May 8, 2002, for pain and sensory disturbances since a motor vehicle accident. He is noted to be a 32-year-old right-hand dominant gentleman with no significant medical history. He was involved in an MVA on March 1, 2002. He states he stopped to make a turn and another car tried to pass him and then turned back quickly into his lane. The other car's front passenger side impacted into his rear driver's side. He states he had turned all the way towards the left to find the car that was passing him. He states his left arm was between his seat and the door frame. His neurological examination did not show any weakness in his upper extremity with normal reflexes. He was diagnosed with musculoskeletal pain due to a flexion/extension injury and sensory disturbance in the left arm consistent with ulnar neuropathy described as due to the position of the arm at the time of accident, and is likely to be directly related to the accident. He also has sensory disturbances in his left leg consistent with an L5 radiculopathy.

Hand Associates:
According to the medical records from Hand Associates, Mr. Dulberg was seen by Dr. Sagerman on February 27, 2012. He was seen for consultation with regards to his right arm. He sustained a laceration to his forearm from a chainsaw accident on June 28, 2011. He developed symptoms of numbness in the small finger with weakness. He has treated with therapy. He had an EMG and MRI scan. Past medical history remarkable for arthritis and cervical disk disease. He is taking naproxen, Tramadol, Cyclobenzaprine, and Fluoxetine. Examination shows a 7 cm transverse scar at the ulnar aspect of the mid forearm. He has local tenderness and sensitivity to percussion with positive Tinel's sign and paresthesia radiating into the small finger. He has sensitivity at the cubital tunnel. Wrist and elbow motion are unrestricted. No atrophy. He is unable to adduct the small finger. Flexion strength is normal. Sensation is decreased to light touch in the small finger only with inconsistent two-point discrimination. Radiographs of the right forearm performed on June 20, 2011 were reviewed with no fractures or foreign body. MRI form of the right forearm performed on February 3, 2012 was reviewed with no abnormality seen. Nerve studies performed by Dr. Levin on August 10, 2011 showed no evidence of neuropathy. He was diagnosed with a right forearm laceration with probable partial ulnar nerve injury. He was referred for additional nerve study testing. He was told that he may need surgery.

He was seen back on April 2, 2012 after the nerve study was repeated on March 13, 2012. The records state that this shows no evidence of neuropathy. The EMG portion showed no denervation and the ulnar nerve conduction was within normal limits. Examination was unchanged. Treatment options were discussed with him and he does not wish to pursue with surgery. He was therefore prescribed physical therapy, told to follow up in six weeks or p.r.n.

He was seen back Dr. Sagerman on May 14, 2012. He has persistent pain with use of his arm, especially with gripping activities. He had additional therapy, which has been beneficial. He has no change in his symptoms of numbness, which is bothersome. His function is limited due to his pain. Examination unchanged. He has full finger composite flexion with no triggering or locking and no clawing. Wartenberg sign positive. Intrinsic strength is slightly weak. His possible surgical options were discussed and he was suggested to see Dr. Biafora for a second opinion.

Mr. Dulberg saw Dr. Biafora for a second opinion on May 17, 2012. His history is outlined. His examination is similar to that described by Dr. Sagerman. It was noted that he has good strength in the first dorsal interosseous with negative Froment's test, positive Wartenberg's sign. He has full digital motion. He has pain at the scar in his most distal and ulnar border with resisted DIP flexion of the small finger. FCU function is intact, however, with pain at the scar. Nerve studies have been reviewed. He has a positive Tinel around the scar. He has tenderness at the scar to deep palpation on his most ulnar and distal border near the ulna. He is assessed as being almost a year after forearm laceration with probable partial ulnar nerve injury with ulnar neuritis. Surgery was discussed with him.

He was seen back by Dr. Sagerman on June 6, 2012. He has no change in his symptoms. His medication interferes with his functioning. He wanted to proceed with surgery. It was noticed that his scar is stable with tenderness and sensitivity to percussion. He has pain with gripping localized to the forearm region with increased numbness in the ring and small finger with weakness of his grip. His prognosis was noted to be guarded in terms of symptom improvement. He was told to discuss his side effects from the Neurontin with his neurologist. He was scheduled for surgery.

He was seen back on July 11, 2012. He has had surgery. His wounds were healing. Operative findings were reviewed. He was given a prescription for therapy for motion.

He was seen back on July 23, 2012, recovering appropriately after surgery.

He was seen back on July 30, 2012. He is noted to be doing well. His arm feels better. His hand function is increased and he feels his symptoms improved. Examination showed mild diffuse swelling from the scar, but no evidence of infection. Wrist, elbow, and finger motion is satisfactory. Sensation is intact in all distributions. He has improved independent finger flexion compared to his preoperative function. He was told to continue therapy and follow up in a month.

He was seen back on August 27, 2012. He is described as doing well, but his elbow is sore. He is doing therapy. His grip strength is increased. His hand function has improved. Examination shows mild tenderness around the incisions. Elbow and wrist motion unrestricted. He has no ulnar nerve subluxation. Intrinsic strength is increased. Sensation is intact in all distributions. He was continued in therapy for scar management and strengthening. He was told to advance activities. He was limited in work in terms of limited forceful gripping and no lifting, pushing or pulling.

He was seen back on October 22, 2012. His function improved. He is doing therapy. Sensation has improved. He grasps objects better than before surgery. Examination is essentially unchanged. He could maximally grip 112 pounds according to the most recent therapy report. He has less pain with gripping, but tenderness at the dorsal aspect of the forearm scar. He was told to continue home exercises. He is currently unemployed and wanted to pursue with disability. He was told to follow up in six weeks.

Dr. Kujawa:
According to the medical records from Alexian Brothers Neurosciences Institute, Mr. Dulberg was seen on September 25, 2013 documented as being a 43-year-old male with a history of depression as well as an MVA over 10 years ago with resultant cervical DJD and left ulnar nerve transposition, BPH, and migraines. He was seen for evaluation of his right arm dystonia. He had significant trauma to his right forearm after a chainsaw accident two years ago after he was holding a branch when the arm was nearly severed by his neighbor using a chainsaw. Fortunately, the bone was not damaged. He has complaints of burning pain in his right forearm that is worse when he tried to stop Gabapentin. Second complaint is "curling" on his right hand with activity, which started approximately 18 months ago, lasts several minutes, and can occur independent of forearm pain, but usually follows pain episodes. Curling occurs many times a day and can awaken him at night. He also complains of numbness in the medial aspect of the forearm and intermittent tingling. Examination showed he has 5/5 motor in all extremities except right hand grip is 4/5. He has sustained (several minutes) involuntary flexion of the right wrist and three to five fingers at the PIP joint after voluntarily clenching of the fist. Sensation not tested. Diagnosed with posttraumatic dystonia of the right upper extremity and chronic pain syndrome that may be related to intermittent right hand dystonia. He was managed with Gabapentin and was suggested to have Botox injections. There are multiple handwritten notes as well, which are difficult to decipher.

Mr. Dulberg was seen on February 6, 2014 by Dr. Kujawa. The chief complaint is that he has "organic writer's cramp." He is here for follow-up from his initial intake on September 25, 2013. He wants to proceed with Botox injections. He has right forearm pain only with activity, not worse since he stopped Neurontin. He ran out. He drops objects (dinner plates), occasionally has difficulty using utensils. He has migraines much improved after Zomig nasal spray. His problem is that he has organic writer's camp and acquired torsion dystonia. He is also diagnosed as having chronic pain syndrome that may be related to intermittent right hand dystonia. He was given Botox.

Neurology:
I reviewed the medical records from Associates in Neurology. This includes the multiple nerve studies as well as cervical spine MRI. He had a brachial plexus MRI performed on August 26, which was normal. Nerve studies from 2002 are present. MRI of his forearm from January 3, 2012 is present, which was documented as normal. Nerve studies from March 13, 2012, which are documented as normal are present.

He was seen by Dr. Grobman on May 8, 2002 after his motor vehicle accident not pertaining to the right side. He has multiple handwritten notes, prior to this, which are hard to decipher.

It would appear Mr. Dulberg was seen by Dr. Grobman on February 4, 2003. He was diagnosed with ulnar neuropathy at the elbow. It was felt that he could return to work with lifting restrictions.

He was seen back on July 28, 2011 by Dr. Levin. His history of left cubital tunnel syndrome in 2002 was outlined. He states he became asymptomatic by 2007 and he never had difficulty in the right arm.

He states a month prior he was involved in a chainsaw injury as mentioned above. He went to NIMC ER where he had stitches. He had "very significant pain, but as the pain was getting better, he started noticing that he had numbness in the fifth digit and in the inner aspect of his forearm. He has not been dropping things. It was mostly just a tingling and numb feeling. He denies previous symptoms. Examination showed a healed scar in his right forearm with decreased light touch, pinprick, and temperature in the ulnar distribution of the right arm. Strength is normal. It was felt that he had a branch neuropathy of the sensory nerves. He was suggested to undergo nerve studies and see a hand surgeon.

Rehab:
I reviewed the medical records from Fox Lake dynamic hand therapy, which are extensive.

Diagnostic tests relevant to the right arm:
MRI performed at Open Advanced MRI on February 3, 2012 of the right forearm with and without intravenous contrast showed no forearm abnormality appreciated. The radiologist states that this does not exclude the possibility of ulnar nerve impingement, but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Nerve conduction studies performed on August 10, 2011 by Associates in Neurology were reviewed. The conclusion is that there is no evidence of nerve dysfunction

Nerve conduction studies performed on March 13, 2012 by Associates in Neurology were reviewed. This is both a nerve conduction study and an EMG. Both components are noted to be normal with no evidence of ulnar nerve dysfunction.

Operative report:
An operative report was authored by Dr. Sagerman with a preoperative diagnosis of right cubital tunnel syndrome and right ulnar nerve injury at the forearm. Dr. Biafora assisted with the procedure. The procedure was a right cubital tunnel release and right ulnar neurolysis of the forearm. The patient underwent a standard cubital tunnel release with no documented gross abnormalities noted except "the nerve was mobilized from adhesions". A longitudinal incision was made over the ulnar aspect of the mid forearm. He was noted to have some retained suture material that was removed (interesting as per the ER note, he had Vicryl placed which usually dissolves over 3 months). The muscle fibers were found to be in continuity. The ulnar nerve was exposed in its normal position. The nerve was dissected proximally and distally and was completely intact with no visible scarring or adhesions.

Depositions:
I reviewed the discovery deposition of Marcus Talerico taken on October 16, 2013. It should be noted that on page #10, when asked about the physical examination, Dr. Talerico states it was basically a normal exam except for the fact that he has a well-healed laceration in the area of the forearm where the chainsaw hit him. He had some apparent muscle incongruity meaning some scarring of the muscle belly level deep to the skin. He had no tenderness to palpation in the forearm. He has intact strength with normal wrist flexion and extension strength with normal grip strength and normal intrinsic strength. He had a negative Froment's sign. He has a positive Wartenberg's sign documented on page 12. Dr. Talerico states that a Wartenberg's sign is an objective test. On page #13, Dr. Talerico states that he had a healed laceration in the forearm with no appreciable nerve, tendon or artery injury. He had some scarring and he suggested he do therapy. He felt that he might have had a superficial sensory

complaint given the history. On page 17, Dr. Talerico did not feel he was suffering from any type of disability. He felt he had some scarring in the forearm and he had a lot of complaints, but Dr. Talerico did not feel he had any real objective findings that he could come up with a diagnosis that he could treat. Dr. Talerico states on page #19 that he felt that he had a laceration to the muscle belly of his forearm that healed and he did not have any objective weakness or real abnormalities other than his subjective complaints of shooting, burning pain in the forearm area.

Dr. Karen Levin's, deposition taken on October 1, 2013 was reviewed. It would appear that she is a neurologist. On page 12, Dr. Levin outlines the subjective numbness that he had to touch. On page 24, Dr. Levin states that cutting the nerve can cause permanent numbness. On page 32, Dr. Levin states that the MRI of the forearm was negative. She states "I don't know why the patient has continued symptoms, not sure why he bends his little finger. Things get worse with pain in the entire arm. I suggested he get a third opinion with Dr. Scott Sagerman." On page 46. Dr. Levin states that she was confused on August 14, 2013. She did not know why he was still having these dystonia symptoms. He was placed back on Gabapentin and sent back to the hand surgeon.

The deposition of Dr. Ford taken on November 20, 2013 was reviewed. Dr. Ford is an emergency department physician.

I reviewed the deposition of Dr. Scott Sagerman taken on October 15, 2013. Dr. Sagerman states on page 39 that Mr. Dahlberg has some scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction at the flexor pronator aponeurosis. This relates to his cubital tunnel syndrome. On page 41, Dr. Sagerman states that the laceration from the chain saw was "relatively deep - below the skin, below the fat, and into the muscle covering "but the muscle fibers were intact. There was suture material, presumably from where the laceration was originally repaired at the time of the injury. The nerve was not cut or visibly scarred in that area". Dr. Sagerman opined on page 41 that the scarring from the laceration would account for his symptoms, but fortunately the nerve itself was not cut.

I reviewed the deposition of Dr. Kathy Kujawa performed on July 23, 2014. She is a neurologist with an apparent specialty in movement disorders. Dr. Kujawa states on page 18 that after the injury she felt the brain is trying to rewire itself. Not only is the brain trying to rewire itself, the nerves are trying to regrow. Any nerves can regrow, but very slowly. Unfortunately, a lot of times the connections made are incorrect to the wrong muscle and to the wrong place. "So the man may say voluntary I want to squeeze my hand and the wrong muscle contracts, if they can contract at all." She felt these were permanent deficits.

I reviewed the deposition of Mr. Dulberg performed on January 24, 2013.

DISCUSSION: Mr. Dulberg is a 46-year-old right-hand dominant unemployed, graphic designer who on June 28, 2011 sustained a laceration to the ulnar aspect of his right midforearm. He was seen in the emergency room where the laceration was cleaned and sutured. He had 3-0 Vicryl sutures and 11 Prolene sutures in the skin. After the injury, he saw his primary care physician, followed by multiple hand surgeons. He initially saw Dr. Talerico who felt that his symptoms were not substantiated by his physical examination. He had two sets of nerve conduction studies with the second set including an EMG component, which were negative for any ulnar nerve injury. Dr. Talerico did not feel any surgery would be helpful. He had an MRI with and without IV contrast of his right forearm, which showed no gross abnormalities. Ultimately he saw Dr. Sagerman for another opinion who, after no benefit with further occupational therapy, performed a cubital tunnel release and explored his ulnar nerve in his mid

forearm. He did find some adhesions in the cubital tunnel, which Dr. Sagerman opined is what one sees in cubital tunnel syndrome. As to the area of the forearm laceration, the muscle belly was noted to be intact and there was noted to be no injury, nor scar around the ulnar nerve. Mr. Dulberg had previously had his contralateral cubital tunnel release performed multiple years prior after a MVA. Mr. Dulberg currently has multiple symptoms that I cannot substantiate based on his physical examination or the medical records. His primary problem is that he describes cramps in his forearm. He states these occur at rest and with activities multiple times a day and are significantly exacerbated by activities. Despite seeing him and personally interacting with him for over an hour in the office today and having him perform multiple activities including squeezing a Jamar dynamometer at least six times on either side, I could not elicit any cramping or spasms in his forearm. Additionally, he had multiple red flags for symptom magnification, including shaking and weakness with abduction and adduction of his fingers, which waxed and waned. He could only actively flex his small finger to his palm; however, passively I could flex his small finger easily and pain-free to his palm, which he could then maintain, as well as after multiple flexion and extension movements of his fingers, he was able to flex his small finger to his palm actively. He describes weakness in his hand and states that he can't type or perform most activities. His examination showed that his grip strength on the right was between 80, 85, and 98 pounds, with no pain in his forearm and no spasming or cramps. His scar was not sensitive or tender and he demonstrated no irregularity in the area. The cross sectional area of his wrist, his mid forearm, and his proximal forearm were symmetric, which would not be the case had he injured the muscle, or nerve and if he was not using his arm normally.

I do feel that Mr. Dulberg sustained a laceration to the right forearm, which did not involve the muscle belly or the ulnar nerve, as proven on MRI, nerve studies and operative exploration. I do not feel that his current symptoms are supported by his physical examination. A laceration as described would not cause focal dystonic signs based on the fact that it did not involve any motor nerve fibers or muscle fibers.

Summary:
I believe that Mr. Dulberg sustained a forearm laceration involving the right mid forearm in the injury on June 28, 2011. This required emergency room care with irrigation and suture. Thereafter, he has developed multiple symptoms, which I cannot base on local anatomy or structural pathology in his right forearm. He has focal dystonic symptoms, which I disagree with Dr. Kujawa, as are not related to any structural abnormalities in his arm. As documented on his nerve studies his motor and sensory nerves were intact in the entire forearm. His muscle belly was intact as proven on MRI as well as seen at the time of surgery. Multiple physicians had stated that the muscle belly and/or sensory nerve branches has caused his problems, but in fact his muscle belly was never violated at the time of the injury as proven by the MRI and found at the surgery performed by Dr. Sagerman. Additionally, his ulnar nerve was found not to be injured by the chainsaw, also based on 2 sets of nerve studies and operative exploration. I believe the reason the providers made the statements above is because there was no structural cause for his symptoms. Obviously, Mr. Dulberg did have a peripheral superficial sensory nerve laceration, based on the fact that he had a laceration just as any laceration or surgery would violate the superficial sensory nerves to the skin. These would heal and stabilize, which they have based on his examination today. On his current examination, he demonstrates no evidence or muscle or nerve dysfunction around the laceration area and no evidence of any residual sensory dysfunction.

I believe that medical treatment that he received was necessitated by the accident. Subsequent treatment has been based on the temporal relationship between his symptoms and the injury, yet he currently has obvious nonorganic findings. He relates the focal dystonia to the accident; however, from

a structural standpoint his focal dystonic symptoms have nothing to do with his structure in his forearm. Nothing in his forearm could account for his symptoms.

As to any preexisting medical problems, Mr. Dulberg's has a history of prior left cubital tunnel syndrome, which has been attributed to a motor vehicle accident. He developed cubital tunnel syndrome on the right side after a forearm laceration, distant to the cubital tunnel. He does have a strong smoking history. Chronic smoking has been associated with nerve pathology, diminished capacity for nerves to heal and increased risk of nerve irritation.

1. ***What if any disability relates to the accident?***

   I feel Mr. Dulberg was debilitated for four to six weeks after the accident. After the laceration had healed, his symptoms began to be nonorganic, as described by Dr. Talerico in his deposition

2. ***What if any permanency is related to the accident?***

   At the present time from a structural standpoint, Mr. Dulberg has no structural deficit in his right upper extremity. He has no structural cause in his right arm that is causing him any dysfunction. The described focal dystonic symptoms are not due to any structural pathology within his upper extremity.

If you have any questions beyond the scope of this report, please do not hesitate to contact me.

Sincerely,

Craig S. Phillips, MD

Hand and Upper-Extremity Surgery
Microvascular Surgery
The Illinois Bone & Joint Institute
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Fellowship Director
Hand & Upper-Extremity Surgery
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Associate Editor
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The University of Chicago, Pritzker School of Medicine

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October 4, 2016

Perry Accardo
Law Office of Steven A. Lihosit
200 North Lasalle Street, Suite 2550
Chicago, IL

RE:	DULBERG, PAUL
DOB:	03/19/1970
Case/File No.:	0245281968.1 SKO
Location:	Illinois Bone and Joint Institute, LLC
Patient ID:	P1510776

Dear Mr. Accardo:

I was asked to perform an independent medical evaluation on Mr. Dulberg on October 4, 2016. This examination took place in my office in Glenview, Illinois.

As part of this independent medical evaluation, Mr. Dulberg's identifying documentation was obtained, xeroxed, and placed into the medical records. The information from these documents appeared to corroborate with his appropriate information.

I explained to Mr. Dulberg, with his mother Barbara as well as his attorney Randy present, the purpose of the independent medical evaluation as well as the fact that no patient-physician relationship was established with him during today's visit. Additionally, I explained to them that no treatment, outcomes or diagnoses would be discussed with him during this evaluation.

All opinions expressed in this report are made to a reasonable degree of medical and surgical certainty as a board certified orthopedic surgeon with a certificate of added qualification in hand and upper extremity surgery.

I spent 65 minutes with Mr. Dulberg in face-to-face time today obtaining a history and performing a physical examination.

HISTORY:
Mr. Dulberg is a 46-year-old right-hand dominant gentleman who previously worked in graphic design who is here for evaluation of his right upper extremity. He states that he had no symptoms referable to his right upper extremity prior to an injury that occurred in June 2011. He states he is not sure of the exact date, but on the date in question he was holding a tree branch at his neighbor's house to help David, his neighbor's son, cut the tree branch with a chainsaw. He stated he was holding a pine tree branch, which was a few inches thick, still attached to the tree and while David was cutting the branch, he inadvertently cut Mr. Dulberg's right forearm. Mr. Dulberg went to NIMC ER where the wound was irrigated and sutured. He had radiographs there which showed no fractures. He followed-up with his primary care physician, Dr. Sek, who removed the sutures two weeks later. Mr. Dulberg noticed

[redacted]

significant pain in his forearm after the injury. Due to persistent symptoms, Dr. Sek referred him to see Dr. Levin, who Mr. Dulberg states is a neurologist, who performed a nerve conduction study and Mr. Dulberg was told the study was normal he had no nerve injury, but was told that the superficial branches of the nerves were severed. Due to ongoing significant pain, he was referred to a hand specialist. He initially saw a hand specialist, although he is not sure of the name but per the medical records that I reviewed was Dr. Talerico, who referred him for occupational therapy. He states that he performed occupational therapy for multiple months which provided him with no benefit. He states that he was still having significant problems with his right forearm and hand and so he returned to see Dr. Levin. Dr. Levin referred him for a second opinion to see Dr. Sagerman in 2012, although he is not sure of the date. Dr. Sagerman prescribed more occupational therapy, which he states was "somewhat helpful". Dr. Sagerman also repeated the nerve studies as he stated the initial nerve study was not complete. Mr. Dulberg does not remember the date of the repeat nerve studies. Subsequently, he followed-up with. Sagerman but is not sure of the results of this nerve study, but thereafter Dr. Sagerman suggested exploring the nerve. He wanted to think about this and returned a month later after discussing this with Dr. Sek and elected to undergo surgery. He underwent surgery by Dr. Sagerman in June or July 2012 whereby he states he underwent a cubital tunnel release, and was told that the "nerve was okay." He also underwent exploration of the ulnar nerve in the forearm and tells me that Dr. Sagerman told him "this was the most scarred tissue, I have ever seen." (This is interesting as the MRI was normal and the operative report states that no scar was noted around the nerve and the muscle belly that covers the nerve was pristine only with sutures in the fascia covering the muscle). He was then enrolled in more occupational therapy, which he did for another two months. He states that this helped his forearm temporarily. He followed up with Dr. Sagerman and ultimately plateaued. His complaint at that point as well as prior to the surgery was numbness and tingling in his fourth and fifth finger as well as pain and spasms in his left forearm. Due to a plateau in his improvement after surgery, Dr. Sagerman referred him to Dr. Kujawa. Mr. Dulberg states that he was referred for "cramping" and "spasms of the muscles in the forearm." Dr. Kujawa has treated him from after this surgery until the present time. Mr. Dulberg states that Dr. Kujawa tied injecting Botox in the muscles of the forearm twice. The first time he states it provided him with no benefit and the second time he states that the muscles in his forearm got significantly weaker, which he states Dr. Kujawa confirmed that the Botox was in the correct area; however, besides having temporary weakness in the arm, did not change the cramps and spasms that he was complaining of at that time. He states that both Botox injections were performed within a year of his surgery. He has continued to follow up with Dr. Kujawa who started him on Gabapentin. He states that the Gabapentin has helped the smaller and minor cramps, spasms and pain in his forearm; however, the larger and more significant cramps and spasms in the forearm have not been affected by the Gabapentin. He sees Dr. Kujawa every six months. He did follow up to see Dr. Sagerman for left lateral epicondylitis in 2012, who performed a cortisone injection into the elbow, which cured this problem. Of note, Mr. Dulberg had previously seen Dr. Sagerman in early 2000 for "pain in the left elbow" as well as "numbness and tingling in the fingers." He underwent a cubital tunnel release on the left at that time, which helped tremendously. He currently has no similar symptoms in the left upper extremity

I asked Mr. Dulberg about a motor vehicle accident in early 2000 in which he was involved. He states he sustained a whiplash injury and he hit his left elbow against the inside of the car and developed pain in the left elbow and numbness in the fingers. He was diagnosed with left cubital tunnel syndrome. He had nerve studies and a year later underwent a cubital tunnel release. He was also diagnosed with degenerative disk disease in his cervical spine after the motor vehicle accident affecting him from C3 to C7. He takes occasional Naproxen for his neck, which he states helps somewhat. He is not sure whether the Naproxen really helps his right arm.

Mr. Dulberg states that he is currently able to drive, although he has to drive with his right hand at the 6 o'clock position as when he holds the steering wheel at the 10 or 12 o'clock position, he develops spasms in his forearm. He states any vibration causes spasming in his right forearm.

CURRENT COMPLAINTS WITH REGARDS TO THE RIGHT UPPER EXTREMITY:

I asked Mr. Dulberg to list all complaints referable to his right arm:

Mr. Dulberg's primary complaint is that he describes "cramps" in the forearm. He states the cramps happen at least 12 times a day. He states they frequently happen with no activities. He states the cramps last a few seconds to a few minutes. Thereafter, he notices that the fingers are weak and he frequently drops objects due to the cramps. He does not describe any finger spasms. He states that activities exacerbate the frequency and severity of the cramps "a lot." He occasionally wakes up with these symptoms at night, which he states is maybe once a week. He states the cramping is his biggest problem subsequent to the injury. He states the cramps began within six months of the injury. He states he had "a lot going on at that time" and he had to figure out what was causing his problem. When asked specifically, Mr. Dulberg states that the acute pain that he had in the forearm immediately after the injury is gone.

Mr. Dulberg's second complaint with regards to the right arm is that he has occasional tingling in the fifth finger. It bothers him once or twice a day and when he develops these symptoms they last for a few seconds. It does not wake him up at night.

He also describes burning in his palm, which comes and goes and is unpredictable, similar to the tingling in the small finger. When he develops the finger tingling, the palm begins to burn. The duration of the palmar symptoms are the same as the small finger tingling.

He rates his pain currently as 0/10, but states the cramps hurt, and rates the cramping as a 7-10/10. The pain from the cramps lasts a few seconds to a few minutes.

OCCUPATION HISTORY:
Mr. Dulberg states that he has worked as a graphic designer since he was 16 years old. Subsequent to his right forearm injury, he states that he was unable to work. He tried returning to graphic design 2 months after the injury, but states that he could not type because he would develop the forearm cramps. He states any activity whether it be typing or mousing for any period of time whether it be minutes or hours, would increase his symptoms. He has no symptoms when he drives as he has modified where he grasps the steering column.

HOBBIES:
Mr. Dulberg states that he previously would fish, drive motorcycles and ATVs, canoe, camp and bicycle. He states he cannot do any of these activities as his right forearm cramps. He tried bicycling after the surgery, but he could not hold onto the handlebars without cramping. His new hobby includes maintaining a home fish aquarium. He states he is able to change the water without difficulty but his friend Mike helps him with the maintenance.

PAST MEDICAL AND SURGICAL HISTORY:
Mr. Dulberg states that he has no medical problems. He states he has no history of diabetes or thyroid

disorder. He has no history of arthritis or inflammatory arthropathy; specifically, no history of rheumatoid arthritis, gout, pseudogout, psoriasis, or colitis. He has no history of fibromyalgia. He states that he was diagnosed with anxiety and depression a year after the accident, but takes no medication for this. He does not see a psychologist.

Mr. Dulberg's only medication is Gabapentin.

Mr. Dulberg's surgeries include the right forearm wound closure in the emergency room after his right forearm chainsaw injury as well as the subsequent cubital tunnel release and ulnar nerve exploration in the right forearm. He also had a left cubital tunnel release with anterior transposition of the nerve in early 2000s.

Mr. Dulberg denies drug allergies. He has never had a bone density study and he does not have sleep apnea.

SOCIAL HISTORY:
Mr. Dulberg smokes currently 10 cigarettes a day, but previously a pack a day, since he was 18 years old. He does not consume alcohol.

PHYSICAL EXAMINATION:
On examination today, Mr. Dulberg is noted to be 5 feet 8 inches tall, weighing 165 pounds. He is in no distress today and has normal affect. He is alert and oriented. He is afebrile. He demonstrates no suspicious pain behavioral characteristics.

With regards to his right upper extremity, he is able to remove his sweater, albeit mostly using his left arm. After the examination when he put his sweater on, he was able to pull out the sleeves using his right hand, manipulating the sweeter and sleeves using his right hand normally. He holds the hand in a normal position, although the small finger is in a constantly abducted position. On inspecting of his right forearm and hand, he does have a transverse laceration in the mid forearm measuring 6 cm. The incision is healed and is stable and supple. He also has a longitudinal incision, from his surgery, over the ulnar forearm, which measures 6 cm long. This incision is healed, stable, supple and asymptomatic. He also has an incision posterior to the medial epicondyle measuring 5.5 cm, which is healed, stable, supple and asymptomatic.

With regards to his right hand, as mentioned, he holds the small finger in an abducted position. I can passively adduct the finger to sit adjacent to the fourth finger, but he cannot actively maintain this position of the small finger. He flexes the thumb normally and extends it normally. He actively flexes the index, middle and ring finger to the palm, but with active composite flexion, he lacks about 3 cm of tip to palm distance of the small finger. His hand shakes when he flexes the fingers. Am able to passively flex his small finger to his palm, which he is then able to maintain in this position, which is concerning for symptom magnification as this implies subjective voluntary manipulation. He expresses that pain does not limit his inability to flex the small finger. After performing repetitive active and passive flexion and extension motions of all fingers, he was then able to flex his small finger to his palm with 5/5 strength with no pain. He extends all fingers to neutral with robust extensor tone in the MP, PIP, and DIP joints of all digits including the thumb. He has no evidence of flexor or extensor tenosynovitis of his fingers. He has no triggering or locking of the digits. He has no trophic changes. His hair and nail growth is normal in all digits. Subjectively, he states that he is numb in the small finger and half the ring finger to touch.

With regards to his right wrist, he extends his wrist normally to 60 degrees with 5/5 strength and flexes to 55 degrees with 5/5 strength, but complains of some forearm discomfort diffusely but not localized to any specific aspect of his forearm. His wrist motion parameters are symmetric. He has no pain with radial and ulnar deviation of the wrist. His passive forearm rotation is to 90 degrees of pronation and supination respectively without pain or crepitus and he actively pronates to 90 degrees with 5/5 strength without pain and actively supinates to 90 degrees with 5/5 strength with pain around the laceration over the mid medial forearm; again concerning for non-organic pathology as his supinator muscle is on the radial side (opposite to where he has pain) of his proximal forearm and he had no pain with passive pronation or supination. He has no intercarpal laxity on stress testing. He has no pain over the basilar joint of his thumb, with a negative grind and distraction test. He has a negative Finkelstein test. He has no instability of the first CMC joint. His ulna is stable and reduced. He has no ulnar-sided wrist pain. He is not tender over the radiocarpal or ulnocarpal joint.

With regards to his forearm, as mentioned, he has 2 incisions over the mid forearm, one transverse and one longitudinal as described above. The incisions are all healed and asymptomatic. He has no induration or tethering of the skin over the muscles at the site of the laceration or incision. His muscle bulk appears to be intact and appropriate. He is not tender to palpation around the muscles of the medial forearm. He is not tender to palpation over the tendons in the distal forearm or the muscles in the distal, middle, or proximal forearm ulnarly, or radially, volarly or dorsally. He is able to make a full fist, now recruiting all fingers, with good strength. His profundus tendons function normally to each finger when tested individually. His sublimis function, when tested independently, activate normally including to the small finger albeit with some discomfort in his forearm. He has no gross atrophy of the muscles in his forearm.

With regards to his elbow, he has 5.5cm incision posterior to the medial epicondyle, which is healed, stable, supple and asymptomatic. He has full elbow flexion and extension, which is symmetric and asymptomatic without crepitus. He has full forearm rotation as mentioned. He has no evidence of medial or lateral epicondylitis to palpation or with provocative testing. He has no instability of the elbow to varus or valgus stress at 30 and 60 degrees of flexion. He demonstrates no posterolateral rotatory insufficiency of the elbow to stress.

With regards to the peripheral nervous system of his right upper extremity, as mentioned, he states he has subjectively numbness in the small in ulnar half of the ring finger. His active motion was as mentioned limited in the small finger at times, but at times he had full active flexion of all fingers. With regards to the median nerve, he palmarly abducts his thumb with normal strength. Sensation was normal in the digits innervated by the median nerve. He has a negative Tinel over the carpal tunnel, and a negative wrist compression test. With regards to the ulnar nerve, he notes the aforementioned numbness. He has normal sensation over the dorsal radial and dorsal ulnar aspect of the wrist. He has normal sensation over the forearm radially and ulnarly. He was able to activate his first dorsal interosseous normally, and he abducts and adducts the fingers albeit with shaking of the hand and fingers and variable strength with abduction and adduction. At times he could abduct normally and at times he was extremely weak and this waxed and waned throughout the examination. He does hold the small finger in an abducted position, which can passively be placed back at the side of the ring finger, but then automatically assumes an abducted position. His extensor tendon functions normally and does not subluxate over the MP joint with active or passive flexion of the MP joint. He has no triggering in the small finger. He has a negative Tinel over the Guyon's canal. He has normal pulses. He has no splinter hemorrhages. He has no masses palpable around the ulnar artery at Guyon's

canal. He has a positive Tinel from 2 inches proximal to the medial epicondyle to 4 inches distal to the medial epicondyle radiating into the fourth and fifth fingers. Tinel over the forearm laceration elicit only local tingling that did not extend into the fourth and fifth fingers. Elbow flexion test elicits increased numbness and tingling in the fourth and fifth fingers. He has no instability of the ulnar nerve with elbow flexion and extension. His flexor pronator muscle bulk is asymptomatic with normal strength and without pain when stressed or with gentle and deep palpation.

Cross sectional area was measured at the level of his wrist, his mid forearm, and his proximal forearm. The values obtained at all levels were symmetric to within 1mm.

Grip strength using a Jamar dynamometer in position three on the right dominant side elicited 98 pounds of strength without pain and 80 pounds of strength without pain. On the left side, he was able to elicit 115 and 122 pounds of strength without pain. Performing rapid exchange grip strength testing, 4 times in each upper extremity, elicited up to 85 pounds of strength on the right side and 109 pounds of strength on the left side. He denied any pain or symptoms of cramping or spasming during grip despite performing the aforementioned gripping 6 times on each side.

Two-point discrimination measured with a discriminator on the right side elicited 5 mm two-point discrimination on the radial and ulnar aspect of the thumb, index, middle, and ring finger. In the small finger, he had 5 mm 2-point discrimination on the radial aspect and 6 mm on the ulnar aspect.

With regards to the left side, he has 6 cm incision over the medial elbow posterior to the medial epicondyle, which is healed and is stable and asymptomatic. He has full elbow flexion, extension, full forearm rotation. He has normal sensation in all digits. His median, and ulnar nerve motor and sensory function in his hand is normal. He has negative Tinel's over the ulnar nerve at the cubital tunnel or over the transposed ulnar nerve. He has a negative elbow flexion test.

QuickDASH score completed by Mr. Dulberg today elicited a score of 38. He completed all 11 items. Given his physical examination, I was quite surprised by high QuickDASH score. I therefore asked him about each of the items. He states he cannot open a jar with his right hand because he develops cramping and he has weakness when he twists the lid of a jar. He states that he develops cramping within seconds of twisting the jar. He states he cannot do household chores or carry a shopping bag for the same reason. He stated that he had severe difficulty washing his back, scored at 4/5, and when I asked him about this, he states that he had made an error and in fact he had no difficulty with this activity. He also stated severe difficulty when using a knife to cut food or perform any recreational activities. He notices severe difficulty with most activities throughout the week and noted that tingling in his arm was a moderate problem. He stated he had mild difficulty in the last week sleeping at night.

MEDICAL RECORD REVIEW:
As part of this independent medical evaluation, I was forwarded about 8 inches of medical records to review. The medical records that were forwarded to me for review included the following:

1. Medical records from Centegra Northern Illinois Medical Center.
2. Medical records from Moraine Emergency Physicians.
3. Medical records from Open Advanced MRI of Round Lake.
4. Medical records from Associates of Neurology.
5. Medical records from McHenry Radiologists imaging.
6. Medical records from Neuroscience Institute.

7. Medical records from Hand Surgery Associates.
8. Medical records from Alexian Brothers.
9. Medical records from MidAmerica Hand to Shoulder Clinic.
10. Deposition transcript of Mr. Dulberg, Dr. Talerico, Dr. Levin, Dr. Ford, Dr. Sagerman and Dr. Kujawa as well as the plaintiff's answers to all the questions.

NIMC:
According to the medical records from Centegra Northern Illinois Medical Center, Mr. Dulberg was seen in the emergency room on June 28, 2011. According to the emergency room admission assessment he was seen stating that he had a chain saw injury to the right arm 15 minutes ago and he was feeling lightheaded. He is noted to smoke a pack a day. He is alert and oriented x3. He was accompanied by a coworker with the laceration by chainsaw to the right forearm. He had radiographs, which showed no bony abnormalities other than a soft tissue injury. The wound was irrigated and cleaned and sutured. He had 3 subcutaneous stitches placed of 4-0 Vicryl and 11 4-0 Prolene sutures placed in the skin. He was given discharge instructions for follow-up. He was discharged home.

According to the radiologist's report of radiographs performed of the right forearm dated June 28, 2011. The findings were dictated as two views of the right forearm, which demonstrated a deep laceration on the ventral aspect of the mid forearm, best visualized on the lateral view. No fractures or radiopaque foreign body is identified.

According to the Moraine emergency room physician records, Mr. Dulberg was seen on November 11, 2005 for right foot injury. He states he was fighting with home invaders at that time.

He was seen again on June 28, 2011 for the aforementioned chainsaw injury, which has previously been described above.

Dr. Talerico:
According to the medical records from MidAmerica Hand to Shoulder, Mr. Dulberg was seen by Dr. Talerico on December 2, 2011. His history is a 41-year-old male, right hand dominant, referred by Dr. Levin, MD, neurologist, for evaluation of an injury sustained to the right medial forearm in June 2011. He was using a chainsaw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound and muscle were sewn together and the skin was closed. He followed up with his PCP and was noted to have persistent pain, which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy. He had nerve studies performed by Dr. Levin in August 2011, which per the patient, were normal. Did not have the study available. He is not working, but he is a graphic designer by training. He uses a computer mouse for 20 minutes causing significant forearm pain. He previously had an ulnar nerve transposition on the left side. He is single. Smokes everyday. He has a family history of diabetes. ROS negative. Examination showed him in no distress. Examination of the right upper extremity reveals his elbow has normal, painless range of motion. He has no focal tenderness to palpation. His collateral ligaments are intact. Forearm compartments are soft. He has a well-healed transverse laceration at the volar medial forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. He has no tenderness to palpation. He has some apparent muscle incongruity. Distally, his hand demonstrates no atrophy. He has 5/5 intrinsic strength, 5/5 APB strength. He can make a full fist with full extension of all digits. He

does not demonstrate a clawed position. He has a negative Froment's sign. He has a positive Wartenberg's sign. Wrist flexion and extension 5/5 strength. He has a palpable FCU and ECU tendon at the level of the wrist. He has appropriate tension. No radiographs performed. Dr. Talerico wanted to get the nerve studies. His complaints appear to be "likely muscular origin." He may have some "superficial sensory complaints as well." Dr. Talerico did not feel that he required surgical intervention. He was recommended occupational therapy to work on strengthening and conditioning of his forearm muscles. They can also perform pain modalities and he was told to follow up in four to six weeks and the nerve studies would be obtained.

He was seen back on January 6, 2012 for right forearm pain. He does not feel the occupational therapy is helping. He complains of pain/soreness and loss of strength. His history is reiterated. He has attended one or two sessions of therapy thus far. Nerve studies were obtained. He feels he is getting weaker. He feels a burning in the forearm. He asked about disability paperwork. Examination is unchanged. Of note, at this visit that he had no intrinsic or thenar atrophy with 5/5 intrinsic strength. His FDP to the small finger had 5/5 strength. He had light touch, which was intact to all digits. Nerve studies were reviewed, which were normal. No evidence of ulnar nerve injury. Given the location of the injury, this is the only significant problem that Dr. Talerico could imagine from this wound. He has no evidence of nerve or tendon injury. "He may have some residual soreness and some superficial sensory abnormalities, but this should improve over time." Dr. Talerico suggested he continued therapy with no need for surgical intervention. He felt he did not have anything further to offer.

Dr. Sek:
According to the medical records from Dr. Frank Sek, Mr. Dulberg had been seen since 1978. These are handwritten notes and difficult to decipher, but he was seen multiple times in 1984 and 1985 for lower extremity injuries. In 1984 and 1985, he injured his right thumb playing football. His x-rays were negative. He was seen again in 1998 for a fever and in 2002 for low back pain as well as pain in the trapezius after an auto accident 6 days prior. He went to NIMC ER. X-rays of the neck reported as a fracture and he went back for a CT scan, which was negative. He is taking Tylenol and Skelaxin. He has tenderness in the left trapezius and the left lower chest and lumbar area. He was seen again in March 2002, for pain in his back, and later in March 2002 for pain in his lumbar spine.

He was seen again on March 19, 2002 for the same problems in the lumbar spine and then on March 25, 2002 with pain in his buttock and leg with numbness and tingling in his left foot. He was seen back on March 30, 2002 for similar symptoms. He was seen back on April 6, 2002 for pain in his upper trapezius and his lumbar area. He was seen back on April 13, 2002 for spasms in his neck 3 days ago. He was seen back on April 20, 2002 for spasms in his left upper trapezius. On April 27, 2002, he was feeling better with "minor spasms here and there." On May 4, 2002, seen for spasms in the low back and left trapezius. On May 11, 2002, he was seen for muscle spasm again. On May 25, 2002, he was seen for pain in his buttock and leg. He was seen back on June 8, 2002 for similar symptoms. On June 13, 2002, he was released for office work. On June 22, 2002, he was seen for a "pinching sensation in the left upper trapezius and soreness in the lumbosacral area and buttock." On July 6, 2002, he was seen again for similar symptoms and then on April 27, 2007 for headache.

On July 1, 2011, he was seen after his forearm chainsaw injury that occurred on June 28, 2011. He was on Cefadroxil and Norco. His right forearm was slightly swollen and tender. On July 8, 2011, he was seen for suture removal. On January 14, 2012, he was seen because he was feeling depressed as his right hand is weak. On February 13, 2012, he was seen after an MRI of his right forearm was

negative. He was seen on April 24, 2012 for non-arm issues. On August 6, 2012, he was seen after surgery on his right arm.

Mr. Dulberg had an MRI of his low back, ordered by Dr. Sek on April 12, 2002. This is documented as a normal MRI of his lumbar spine.

Nerve studies performed on May 29, 2002 were performed of the left upper extremity. These nerve studies revealed cubital tunnel syndrome without denervation in the ulnar innervated muscles. Of note, the EMG component of the study was completely normal.

Nerve studies performed on December 23, 2002 by Dr. Grobman for persistent left hand symptoms with the previous study of May 29, 2016 showing ulnar neuropathy. The results of this study revealed left ulnar neuropathy at the elbow. .

MRI of the cervical spine was performed on September 5, 2012. Per the radiologist, showed multilevel degenerative disk disease, and a possible atypical hemangioma.

He had radiographs of his right foot performed on November 11, 2005.

Medical records from Michael Grobman are present within Dr. Sek's notes. Dr. Grobman saw Mr. Dulberg on May 8, 2002, for pain and sensory disturbances since a motor vehicle accident. He is noted to be a 32-year-old right-hand dominant gentleman with no significant medical history. He was involved in an MVA on March 1, 2002. He states he stopped to make a turn and another car tried to pass him and then turned back quickly into his lane. The other car's front passenger side impacted into his rear driver's side. He states he had turned all the way towards the left to find the car that was passing him. He states his left arm was between his seat and the door frame. His neurological examination did not show any weakness in his upper extremity with normal reflexes. He was diagnosed with musculoskeletal pain due to a flexion/extension injury and sensory disturbance in the left arm consistent with ulnar neuropathy described as due to the position of the arm at the time of accident, and is likely to be directly related to the accident. He also has sensory disturbances in his left leg consistent with an L5 radiculopathy.

Hand Associates:
According to the medical records from Hand Associates, Mr. Dulberg was seen by Dr. Sagerman on February 27, 2012. He was seen for consultation with regards to his right arm. He sustained a laceration to his forearm from a chainsaw accident on June 28, 2011. He developed symptoms of numbness in the small finger with weakness. He has treated with therapy. He had an EMG and MRI scan. Past medical history remarkable for arthritis and cervical disk disease. He is taking naproxen, Tramadol, Cyclobenzaprine, and Fluoxetine. Examination shows a 7 cm transverse scar at the ulnar aspect of the mid forearm. He has local tenderness and sensitivity to percussion with positive Tinel's sign and paresthesia radiating into the small finger. He has sensitivity at the cubital tunnel. Wrist and elbow motion are unrestricted. No atrophy. He is unable to adduct the small finger. Flexion strength is normal. Sensation is decreased to light touch in the small finger only with inconsistent two-point discrimination. Radiographs of the right forearm performed on June 20, 2011 were reviewed with no fractures or foreign body. MRI form of the right forearm performed on February 3, 2012 was reviewed with no abnormality seen. Nerve studies performed by Dr. Levin on August 10, 2011 showed no evidence of neuropathy. He was diagnosed with a right forearm laceration with probable partial ulnar nerve injury. He was referred for additional nerve study testing. He was told that he may need surgery.

He was seen back on April 2, 2012 after the nerve study was repeated on March 13, 2012. The records state that this shows no evidence of neuropathy. The EMG portion showed no denervation and the ulnar nerve conduction was within normal limits. Examination was unchanged. Treatment options were discussed with him and he does not wish to pursue with surgery. He was therefore prescribed physical therapy, told to follow up in six weeks or p.r.n.

He was seen back Dr. Sagerman on May 14, 2012. He has persistent pain with use of his arm, especially with gripping activities. He had additional therapy, which has been beneficial. He has no change in his symptoms of numbness, which is bothersome. His function is limited due to his pain. Examination unchanged. He has full finger composite flexion with no triggering or locking and no clawing. Wartenberg sign positive. Intrinsic strength is slightly weak. His possible surgical options were discussed and he was suggested to see Dr. Biafora for a second opinion.

Mr. Dulberg saw Dr. Biafora for a second opinion on May 17, 2012. His history is outlined. His examination is similar to that described by Dr. Sagerman. It was noted that he has good strength in the first dorsal interosseous with negative Froment's test, positive Wartenberg's sign. He has full digital motion. He has pain at the scar in his most distal and ulnar border with resisted DIP flexion of the small finger. FCU function is intact, however, with pain at the scar. Nerve studies have been reviewed. He has a positive Tinel around the scar. He has tenderness at the scar to deep palpation on his most ulnar and distal border near the ulna. He is assessed as being almost a year after forearm laceration with probable partial ulnar nerve injury with ulnar neuritis. Surgery was discussed with him.

He was seen back by Dr. Sagerman on June 6, 2012. He has no change in his symptoms. His medication interferes with his functioning. He wanted to proceed with surgery. It was noticed that his scar is stable with tenderness and sensitivity to percussion. He has pain with gripping localized to the forearm region with increased numbness in the ring and small finger with weakness of his grip. His prognosis was noted to be guarded in terms of symptom improvement. He was told to discuss his side effects from the Neurontin with his neurologist. He was scheduled for surgery.

He was seen back on July 11, 2012. He has had surgery. His wounds were healing. Operative findings were reviewed. He was given a prescription for therapy for motion.

He was seen back on July 23, 2012, recovering appropriately after surgery.

He was seen back on July 30, 2012. He is noted to be doing well. His arm feels better. His hand function is increased and he feels his symptoms improved. Examination showed mild diffuse swelling from the scar, but no evidence of infection. Wrist, elbow, and finger motion is satisfactory. Sensation is intact in all distributions. He has improved independent finger flexion compared to his preoperative function. He was told to continue therapy and follow up in a month.

He was seen back on August 27, 2012. He is described as doing well, but his elbow is sore. He is doing therapy. His grip strength is increased. His hand function has improved. Examination shows mild tenderness around the incisions. Elbow and wrist motion unrestricted. He has no ulnar nerve subluxation. Intrinsic strength is increased. Sensation is intact in all distributions. He was continued in therapy for scar management and strengthening. He was told to advance activities. He was limited in work in terms of limited forceful gripping and no lifting, pushing or pulling.

He was seen back on October 22, 2012. His function improved. He is doing therapy. Sensation has improved. He grasps objects better than before surgery. Examination is essentially unchanged. He could maximally grip 112 pounds according to the most recent therapy report. He has less pain with gripping, but tenderness at the dorsal aspect of the forearm scar. He was told to continue home exercises. He is currently unemployed and wanted to pursue with disability. He was told to follow up in six weeks.

Dr. Kujawa:
According to the medical records from Alexian Brothers Neurosciences Institute, Mr. Dulberg was seen on September 25, 2013 documented as being a 43-year-old male with a history of depression as well as an MVA over 10 years ago with resultant cervical DJD and left ulnar nerve transposition, BPH, and migraines. He was seen for evaluation of his right arm dystonia. He had significant trauma to his right forearm after a chainsaw accident two years ago after he was holding a branch when the arm was nearly severed by his neighbor using a chainsaw. Fortunately, the bone was not damaged. He has complaints of burning pain in his right forearm that is worse when he tried to stop Gabapentin. Second complaint is "curling" on his right hand with activity, which started approximately 18 months ago, lasts several minutes, and can occur independent of forearm pain, but usually follows pain episodes. Curling occurs many times a day and can awaken him at night. He also complains of numbness in the medial aspect of the forearm and intermittent tingling. Examination showed he has 5/5 motor in all extremities except right hand grip is 4/5. He has sustained (several minutes) involuntary flexion of the right wrist and three to five fingers at the PIP joint after voluntarily clenching of the fist. Sensation not tested. Diagnosed with posttraumatic dystonia of the right upper extremity and chronic pain syndrome that may be related to intermittent right hand dystonia. He was managed with Gabapentin and was suggested to have Botox injections. There are multiple handwritten notes as well, which are difficult to decipher.

Mr. Dulberg was seen on February 6, 2014 by Dr. Kujawa. The chief complaint is that he has "organic writer's cramp." He is here for follow-up from his initial intake on September 25, 2013. He wants to proceed with Botox injections. He has right forearm pain only with activity, not worse since he stopped Neurontin. He ran out. He drops objects (dinner plates), occasionally has difficulty using utensils. He has migraines much improved after Zomig nasal spray. His problem is that he has organic writer's camp and acquired torsion dystonia. He is also diagnosed as having chronic pain syndrome that may be related to intermittent right hand dystonia. He was given Botox.

Neurology:
I reviewed the medical records from Associates in Neurology. This includes the multiple nerve studies as well as cervical spine MRI. He had a brachial plexus MRI performed on August 26, which was normal. Nerve studies from 2002 are present. MRI of his forearm from January 3, 2012 is present, which was documented as normal. Nerve studies from March 13, 2012, which are documented as normal are present.

He was seen by Dr. Grobman on May 8, 2002 after his motor vehicle accident not pertaining to the right side. He has multiple handwritten notes, prior to this, which are hard to decipher.

It would appear Mr. Dulberg was seen by Dr. Grobman on February 4, 2003. He was diagnosed with ulnar neuropathy at the elbow. It was felt that he could return to work with lifting restrictions.

He was seen back on July 28, 2011 by Dr. Levin. His history of left cubital tunnel syndrome in 2002 was outlined. He states he became asymptomatic by 2007 and he never had difficulty in the right arm.

He states a month prior he was involved in a chainsaw injury as mentioned above. He went to NIMC ER where he had stitches. He had "very significant pain, but as the pain was getting better, he started noticing that he had numbness in the fifth digit and in the inner aspect of his forearm. He has not been dropping things. It was mostly just a tingling and numb feeling. He denies previous symptoms. Examination showed a healed scar in his right forearm with decreased light touch, pinprick, and temperature in the ulnar distribution of the right arm. Strength is normal. It was felt that he had a branch neuropathy of the sensory nerves. He was suggested to undergo nerve studies and see a hand surgeon.

Rehab:
I reviewed the medical records from Fox Lake dynamic hand therapy, which are extensive.

Diagnostic tests relevant to the right arm:
MRI performed at Open Advanced MRI on February 3, 2012 of the right forearm with and without intravenous contrast showed no forearm abnormality appreciated. The radiologist states that this does not exclude the possibility of ulnar nerve impingement, but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Nerve conduction studies performed on August 10, 2011 by Associates in Neurology were reviewed. The conclusion is that there is no evidence of nerve dysfunction

Nerve conduction studies performed on March 13, 2012 by Associates in Neurology were reviewed. This is both a nerve conduction study and an EMG. Both components are noted to be normal with no evidence of ulnar nerve dysfunction.

Operative report:
An operative report was authored by Dr. Sagerman with a preoperative diagnosis of right cubital tunnel syndrome and right ulnar nerve injury at the forearm. Dr. Biafora assisted with the procedure. The procedure was a right cubital tunnel release and right ulnar neurolysis of the forearm. The patient underwent a standard cubital tunnel release with no documented gross abnormalities noted except "the nerve was mobilized from adhesions". A longitudinal incision was made over the ulnar aspect of the mid forearm. He was noted to have some retained suture material that was removed (interesting as per the ER note, he had Vicryl placed which usually dissolves over 3 months). The muscle fibers were found to be in continuity. The ulnar nerve was exposed in its normal position. The nerve was dissected proximally and distally and was completely intact with no visible scarring or adhesions.

Depositions:
I reviewed the discovery deposition of Marcus Talerico taken on October 16, 2013. It should be noted that on page #10, when asked about the physical examination, Dr. Talerico states it was basically a normal exam except for the fact that he has a well-healed laceration in the area of the forearm where the chainsaw hit him. He had some apparent muscle incongruity meaning some scarring of the muscle belly level deep to the skin. He had no tenderness to palpation in the forearm. He has intact strength with normal wrist flexion and extension strength with normal grip strength and normal intrinsic strength. He had a negative Froment's sign. He has a positive Wartenberg's sign documented on page 12. Dr. Talerico states that a Wartenberg's sign is an objective test. On page #13, Dr. Talerico states that he had a healed laceration in the forearm with no appreciable nerve, tendon or artery injury. He had some scarring and he suggested he do therapy. He felt that he might have had a superficial sensory

complaint given the history. On page 17, Dr. Talerico did not feel he was suffering from any type of disability. He felt he had some scarring in the forearm and he had a lot of complaints, but Dr. Talerico did not feel he had any real objective findings that he could come up with a diagnosis that he could treat. Dr. Talerico states on page #19 that he felt that he had a laceration to the muscle belly of his forearm that healed and he did not have any objective weakness or real abnormalities other than his subjective complaints of shooting, burning pain in the forearm area.

Dr. Karen Levin's, deposition taken on October 1, 2013 was reviewed. It would appear that she is a neurologist. On page 12, Dr. Levin outlines the subjective numbness that he had to touch. On page 24, Dr. Levin states that cutting the nerve can cause permanent numbness. On page 32, Dr. Levin states that the MRI of the forearm was negative. She states "I don't know why the patient has continued symptoms, not sure why he bends his little finger. Things get worse with pain in the entire arm. I suggested he get a third opinion with Dr. Scott Sagerman." On page 46. Dr. Levin states that she was confused on August 14, 2013. She did not know why he was still having these dystonia symptoms. He was placed back on Gabapentin and sent back to the hand surgeon.

The deposition of Dr. Ford taken on November 20, 2013 was reviewed. Dr. Ford is an emergency department physician.

I reviewed the deposition of Dr. Scott Sagerman taken on October 15, 2013. Dr. Sagerman states on page 39 that Mr. Dahlberg has some scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction at the flexor pronator aponeurosis. This relates to his cubital tunnel syndrome. On page 41, Dr. Sagerman states that the laceration from the chain saw was "relatively deep - below the skin, below the fat, and into the muscle covering "but the muscle fibers were intact. There was suture material, presumably from where the laceration was originally repaired at the time of the injury. The nerve was not cut or visibly scarred in that area". Dr. Sagerman opined on page 41 that the scarring from the laceration would account for his symptoms, but fortunately the nerve itself was not cut.

I reviewed the deposition of Dr. Kathy Kujawa performed on July 23, 2014. She is a neurologist with an apparent specialty in movement disorders. Dr. Kujawa states on page 18 that after the injury she felt the brain is trying to rewire itself. Not only is the brain trying to rewire itself, the nerves are trying to regrow. Any nerves can regrow, but very slowly. Unfortunately, a lot of times the connections made are incorrect to the wrong muscle and to the wrong place. "So the man may say voluntary I want to squeeze my hand and the wrong muscle contracts, if they can contract at all." She felt these were permanent deficits.

I reviewed the deposition of Mr. Dulberg performed on January 24, 2013.

DISCUSSION: Mr. Dulberg is a 46-year-old right-hand dominant unemployed, graphic designer who on June 28, 2011 sustained a laceration to the ulnar aspect of his right midforearm. He was seen in the emergency room where the laceration was cleaned and sutured. He had 3-0 Vicryl sutures and 11 Prolene sutures in the skin. After the injury, he saw his primary care physician, followed by multiple hand surgeons. He initially saw Dr. Talerico who felt that his symptoms were not substantiated by his physical examination. He had two sets of nerve conduction studies with the second set including an EMG component, which were negative for any ulnar nerve injury. Dr. Talerico did not feel any surgery would be helpful. He had an MRI with and without IV contrast of his right forearm, which showed no gross abnormalities. Ultimately he saw Dr. Sagerman for another opinion who, after no benefit with further occupational therapy, performed a cubital tunnel release and explored his ulnar nerve in his mid

forearm. He did find some adhesions in the cubital tunnel, which Dr. Sagerman opined is what one sees in cubital tunnel syndrome. As to the area of the forearm laceration, the muscle belly was noted to be intact and there was noted to be no injury, nor scar around the ulnar nerve. Mr. Dulberg had previously had his contralateral cubital tunnel release performed multiple years prior after a MVA. Mr. Dulberg currently has multiple symptoms that I cannot substantiate based on his physical examination or the medical records. His primary problem is that he describes cramps in his forearm. He states these occur at rest and with activities multiple times a day and are significantly exacerbated by activities. Despite seeing him and personally interacting with him for over an hour in the office today and having him perform multiple activities including squeezing a Jamar dynamometer at least six times on either side, I could not elicit any cramping or spasms in his forearm. Additionally, he had multiple red flags for symptom magnification, including shaking and weakness with abduction and adduction of his fingers, which waxed and waned. He could only actively flex his small finger to his palm; however, passively I could flex his small finger easily and pain-free to his palm, which he could then maintain, as well as after multiple flexion and extension movements of his fingers, he was able to flex his small finger to his palm actively. He describes weakness in his hand and states that he can't type or perform most activities. His examination showed that his grip strength on the right was between 80, 85, and 98 pounds, with no pain in his forearm and no spasming or cramps. His scar was not sensitive or tender and he demonstrated no irregularity in the area. The cross sectional area of his wrist, his mid forearm, and his proximal forearm were symmetric, which would not be the case had he injured the muscle, or nerve and if he was not using his arm normally.

I do feel that Mr. Dulberg sustained a laceration to the right forearm, which did not involve the muscle belly or the ulnar nerve, as proven on MRI, nerve studies and operative exploration. I do not feel that his current symptoms are supported by his physical examination. A laceration as described would not cause focal dystonic signs based on the fact that it did not involve any motor nerve fibers or muscle fibers.

Summary:
I believe that Mr. Dulberg sustained a forearm laceration involving the right mid forearm in the injury on June 28, 2011. This required emergency room care with irrigation and suture. Thereafter, he has developed multiple symptoms, which I cannot base on local anatomy or structural pathology in his right forearm. He has focal dystonic symptoms, which I disagree with Dr. Kujawa, as are not related to any structural abnormalities in his arm. As documented on his nerve studies his motor and sensory nerves were intact in the entire forearm. His muscle belly was intact as proven on MRI as well as seen at the time of surgery. Multiple physicians had stated that the muscle belly and/or sensory nerve branches has caused his problems, but in fact his muscle belly was never violated at the time of the injury as proven by the MRI and found at the surgery performed by Dr. Sagerman. Additionally, his ulnar nerve was found not to be injured by the chainsaw, also based on 2 sets of nerve studies and operative exploration. I believe the reason the providers made the statements above is because there was no structural cause for his symptoms. Obviously, Mr. Dulberg did have a peripheral superficial sensory nerve laceration, based on the fact that he had a laceration just as any laceration or surgery would violate the superficial sensory nerves to the skin. These would heal and stabilize, which they have based on his examination today. On his current examination, he demonstrates no evidence or muscle or nerve dysfunction around the laceration area and no evidence of any residual sensory dysfunction.

I believe that medical treatment that he received was necessitated by the accident. Subsequent treatment has been based on the temporal relationship between his symptoms and the injury, yet he currently has obvious nonorganic findings. He relates the focal dystonia to the accident; however, from

a structural standpoint his focal dystonic symptoms have nothing to do with his structure in his forearm. Nothing in his forearm could account for his symptoms.

As to any preexisting medical problems, Mr. Dulberg's has a history of prior left cubital tunnel syndrome, which has been attributed to a motor vehicle accident. He developed cubital tunnel syndrome on the right side after a forearm laceration, distant to the cubital tunnel. He does have a strong smoking history. Chronic smoking has been associated with nerve pathology, diminished capacity for nerves to heal and increased risk of nerve irritation.

1. ***What if any disability relates to the accident?***

   I feel Mr. Dulberg was debilitated for four to six weeks after the accident. After the laceration had healed, his symptoms began to be nonorganic, as described by Dr. Talerico in his deposition

2. ***What if any permanency is related to the accident?***

   At the present time from a structural standpoint, Mr. Dulberg has no structural deficit in his right upper extremity. He has no structural cause in his right arm that is causing him any dysfunction. The described focal dystonic symptoms are not due to any structural pathology within his upper extremity.

If you have any questions beyond the scope of this report, please do not hesitate to contact me.

Sincerely,

Craig S. Phillips, MD

Hand and Upper-Extremity Surgery
Microvascular Surgery
The Illinois Bone & Joint Institute
Chicago, Illinois

Fellowship Director
Hand & Upper-Extremity Surgery
NorthShore University Medical Center

Associate Editor
The Journal of Hand Surgery

Clinical Assistant Professor of Surgery,
Department of Surgery,
Section of Orthopaedic Surgery

The University of Chicago, Pritzker School of Medicine

Trained, certified and credentialed in Permanent Impairment rating
According to the AMA Guides to the Evaluation of Permanent Impairment 6th Edition

CSP/SCH JOB 135309687

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178 **INTERROGATORIES TO PLAINTIFF**

TO: Paul Dulberg
c/o Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by Cicero, France, Barch & Alexander, PC, their attorneys, hereby propound the following written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to the Plaintiff.

INTERROGATORY NO. 1): State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER:

INTERROGATORY NO. 2): State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER:

INTERROGATORY NO. 3): State the full name and present or last known address (indicating which) of each person who:

(a) Witnessed or claims to have witnessed the occurrence in question.

ANSWER:

(b) Was present or claims to have been present at the scene immediately before said occurrence.

ANSWER:

(c) Was present or claims to have been present immediately after said occurrence.

ANSWER:

(d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER:

INTERROGATORY NO. 4): State specifically and with certainty the personal injuries and property damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

ANSWER:

INTERROGATORY NO. 5): With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

ANSWER:

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

ANSWER:

(c) The amount to date of their respective bills for services.

ANSWER:

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER:

INTERROGATORY NO. 6): As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries?

ANSWER:

If so, state:

(a) The name and address of your employer at the time of the occurrence.

ANSWER:

(b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER:

INTERROGATORY NO. 7): State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER:

INTERROGATORY NO. 8): State the name and address of PAUL DULBERG's family practice physician.

ANSWER:

INTERROGATORY NO. 9): State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER:

INTERROGATORY NO. 10): State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER:

INTERROGATORY NO. 11): State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER:

INTERROGATORY NO. 12): State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER:

INTERROGATORY NO. 13): State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER:

INTERROGATORY NO. 14): State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER:

INTERROGATORY NO. 15): State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER:

INTERROGATORY NO. 16): State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER:

INTERROGATORY NO. 17): State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises, as further alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 18): State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 19): State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 20): State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 21): State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 22): State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER:

INTERROGATORY NO. 23): Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.

(b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.

(c) For each controlled expert witness, identify:

(i) the subject matter on which the witness will testify;

(ii) the conclusions and opinions of the witness and the bases therefor;

(iii) the qualifications of the witness; and

(iv) any reports prepared by the witness about the case.

ANSWER:

Pursuant to Illinois Supreme Court Rule 213(i), please seasonably supplement or amend any answer or response to the preceding interrogatories and to the interrogatories previously answered in this case whenever new or additional information subsequently becomes known to you or your attorneys.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

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

TEL: (815) 226-7700
FAX: (815) 226-7701

November 18, 2013

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich, PC
3416 West Elm Street
McHenry, IL 60050

Case: *Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire*
(McHenry County Case No. 12 LA 178)

Issued For Settlement Purposes Only

Dear Mr. Mast:

I am writing to confirm our telephone conversation earlier this morning, wherein I advised you that I was authorized to propose settlement of Mr. Dulberg's claim against Carolyn and Bill McGuire for a lump-sum total of $5,000.00. The settlement would of course be contingent upon customary settlement documents, including a release, a good faith settlement finding and dismissal.

Pursuant to your request, I searched my file materials for lien notices. The only notice of lien contained in my file at this time is your Attorney's Lien (enclosed). I have asked my contact at Auto-Owners Insurance Company to confirm no lien notices have arrived on his end since Mr. Dulberg's case was assigned to me for the defense of Mr. and Mrs. McGuire. I do not anticipating any lien notices, but just wanted to be safe.

I understand that you intend to run my settlement proposal by Mr. Dulberg. I look forward to hearing from you once you have had a chance to confer with him.

Very truly yours,

RONALD A. BARCH

RB:mj\37ltr.HAM
cc Tom Malatia (Claim No. 13-2779-11)
Encl.

0245281968.1/SKO/ACCARDO/mr

STATE OF ILLINOIS)
) **SS**
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

FILED
SEP 05 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12 LA 178

AMOUNT CLAIMED: $50,000

JURY DEMAND
12 PERSON JURY

The Defendant(s), DAVID GAGNON, demand(s) a trial by jury.

LAW OFFICE OF M. GERARD GREGOIRE

By: _____
PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

Ehrmann Gehlbach Badger Lee & Considine, LLC

Attorneys At Law

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P.O. Box 447
215 E. First Street
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telephone: (815) 288-4949
facsimile: (815) 288-3068
e-mail: heeq@eqblc.com

Gary R. Gehlbach
David W. Badger
Douglas E. Lee
also admitted in Iowa, Virginia, & the District of Columbia
Dana M. Considine
Megan G. Heeq
Darla A. Foulker
Sarwat B. Hanif

Rolfe F. Ehrmann
1949 - 2011
Warren H. Badger
1911-2005

May 22, 2015

BY EMAIL
Brad J. Balke, Esq.
542 S. Dearborn, Suite 310
Chicago, IL 60605

Re: Paul R. Dulberg
Bankruptcy Case No. 14 83578

Dear Attorney Balke:

Following up on matters we recently discussed, the Bankruptcy Estate seeks to employ you to assist the Estate in pursuing Mr. Dulberg's pending personal injury claim.

It is my understanding that you do not have a conflict of interest, and that you can represent the Bankruptcy Estate. As a caution, I enclose a copy of Debtor's list of creditors (Schedules D through F). In light of this information, if you do not have a conflict, I would be most appreciative if you would review the enclosed Affidavit of Disinterest for accuracy and completeness.

Also, please know if you are able to settle the pending personal injury claim, before any settlement can be finalized, I will need to file with the Bankruptcy Court a motion approving the Debtor's settlement, along with approval of the payment of your attorney fees and costs, and the fees to be paid to any third party. In that motion and order, we can ask that your firm's fees and costs and any third party fees paid out of the gross proceeds, with the net proceeds tendered to the Estate.

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

Megan G. Heeg

MGH/kme
Enclosures

B6D (Official Form 6D) (12/07)

In re **Paul R Dulberg**, Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. **xxxxx7987** **ABN AMRO Mortgage Group**		-	**Opened 11/30/01 Last Active 8/14/14** **Location: 4606 Hayden Court, McHenry IL 60051-7918** Value $ **140,000.00**				**124,358.00**	**0.00**
Account No. 			Value $					
Account No. 			Value $					
Account No. 			Value $					

0 continuation sheets attached

Subtotal (Total of this page)	**124,358.00**	**0.00**
Total (Report on Summary of Schedules)	**124,358.00**	**0.00**

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B6F (Official Form 6F) (12/07)

In re **Paul R Dulberg**, Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxxA380** **Alexian Brothers Medical Group** **PO Box 5588** **Belfast, ME 04915-5500**		-	**Medical services**				**153.00**
Account No. **xxxxx # x8062** **Associated Neurology SC** **1900 Hollister Drive** **Suite 250** **Libertyville, IL 60048-5249**		-	**Medical services - Attn: Dr. Levin**				**3,015.00**
Account No. **xxxx xxxxxx x6060** **Bank of America** **PO Box 982235** **El Paso, TX 79998**		-	**Opened 12/01/00 Last Active 7/02/14** **Credit Card - Accelerated**				**6,660.24**
Account No. **xxxx xxxx xxxx 6628** **Capital One Bank** **Attn: General Correspondence** **PO Box 30285** **Salt Lake City, UT 84130**		-	**Opened 5/01/00 Last Active 7/01/14** **Charge Account - Visa Business Card**				**10,043.35**
						Subtotal (Total of this page)	**19,871.59**

3 continuation sheets attached

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B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**, Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Dr. Frank W. Sek** **4606 W. Elm Street** **McHenry, IL 60050**		-	**Medical services**				**590.00**
Account No. **xxxxxx0185** **Dynamic Hand Therapy & Rehab** **498 S. US Highway 12** **Suite C** **Fox Lake, IL 60020**		-	**Medical services**				**30,190.00**
Account No. **x0330** **Hand Surgery Associates, SC** **Dr. Sagerman / Dr. Blafora** **515 W. Algonquin Road** **Arlington Heights, IL 60005**		-	**Medical services**				**9,319.00**
Account No. **xxxxxx-xMRIG** **McHenry Radiologists & Imaging** **PO Box 220** **McHenry, IL 60051**		-	**Medical services**				**50.00**
Account No. **xxx2464** **MidAmerica Hand to Shoulder Clinic** **Dr. Talerico** **75 Remittance Drive, Suite 6035** **Chicago, IL 60675**		-	**Medical services**				**390.00**
Sheet no. **1** of **3** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				**40,539.00**

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B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**, Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxxxxxx3233** **Moraine Emergency Physicians** **PO Box 8759** **Philadelphia, PA 19101-8759**		-	**Medical services**				**1,346.00**
Account No. **xxxxx-x0323** **Northern Illinois Medical Center** **4201 Medical Center Drive** **McHenry, IL 60050**		-	**Medical services**				**1,323.75**
Account No. **xxxx5382** **Northwest Community Hospital** **25709 Network Place** **Chicago, IL 60673**		-	**Medical services**				**6,366.00**
Account No. **xxxx5382** **Northwest Surburban Anesthesiologis** **8163 Solutions Center** **Chicago, IL 60677-8001**		-	**Medical services**				**1,365.00**
Account No. **xxxxx-x59 00** **Oak Trust Credit Union** **1 South 450 Summit Avenue** **Oakbrook Terrace, IL 60181**		-	**Opened 3/01/97 Last Active 7/23/14** **Credit Card**				**716.00**
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				**11,116.75**

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B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**, Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xx5065** **Open Advanced MRI of Round Lake** **Medchex** **PO Box 502** **Katonah, NY 10536**		-	**Medical services**				**3,390.00**
Account No. **Walgreens** **3925 W. Elm Street** **McHenry, IL 60050**		-	**Medical services**				**48.68**
Account No. **Walmart Pharmacy** **3801 Running Brook Farms Boulevard** **Johnsburg, IL 60051**		-	**Medical services**				**821.29**
Account No. **xxxx xxxx xxxx 3318** **Worlds Foremost Bank NA** **4800 NW 1st Street** **Suite 300** **Lincoln, NE 68521**		-	**Opened 5/01/01 Last Active 6/19/14** **Credit Card - Cabelas Visa**				**12,501.00**
Account No.							

Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **16,760.97**

Total (Report on Summary of Schedules) **88,288.31**

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Perry A. Accardo
Mary Jo Bonanino
Joseph P. Callahan
Christine Chrobak-Wastyn
Adam J. Coombe
Valerie E. Davis
Tammy S. Doran
Martin D. Kennelly
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Law Office of M. Gerard Gregoire
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Chicago, Illinois 60601-1092
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Sal C. Tramontana
Stacy B. Walker
Stewart M. Zelmar

Attorney
312-558-9821

Administrative Assistant
312-558-9849

Paralegal
312-558-9846

January 31, 2013

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd
Rookford, IL 61114

Re: Dulberg vs. Gagnon, et al.
Court Number: 12LA000178
Date of Loss: June 28, 2011
Our File Number: 0245281968.1 SKO

Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

1. None other than those received via Compex subpoena; parties had notice of said subpoena.
2. Please see response to request number 1 above.
3. None.
4. None.
5. Please see response to request number 1 above.
6. None.
7. None.
8. None.
9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A.Barch.

Sincerely,

Perry A. Accardo

PAA

cc: Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.*
3416 W Elm St
McHenry, IL 60050

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9. None.

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Sincerely,

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PAA

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James J. Rosemeyer
Mark A. Sukacz
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January 31, 2013

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd
Rockford, IL 61114

Re: Dulberg vs. Gagnon, et al.
Court Number: 12LA000178
Date of Loss: June 28, 2011
Our File Number: 0245281968.1 SKO

Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

1. None other than those received via Compex subpoena; parties had notice of said subpoena.
2. Please see response to request number 1 above.
3. None.
4. None.
5. Please see response to request number 1 above.
6. None.
7. None.
8. None.
9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A.Barch.

Sincerely,

Perry A. Accardo

PAA

cc: Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.*
3416 W Elm St
McHenry, IL 60050

MORSE BOLDUC & DINOS, LLC

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File No. 9384

August 3, 2016

Ms. Kelly N. Baudin
The Baudin Law Group, Ltd.
304 South McHenry Avenue
Crystal Lake, Illinois 60014

Re:	*Insured:*	*David Gagnon*
	Plaintiff:	*Paul Dulberg*
	Allstate Claim No.:	*0245281968*
	McHenry Co. Cause No.:	*12 LA 178*
	D/O/L:	*6-28-11*

Dear Ms. Baudin:

Our firm represents Allstate Property and Casualty Insurance Company with respect to the insurance coverage issues raised by the lawsuit filed against Allstate's insured, David Gagnon, in McHenry County cause number 12 LA 178. It is our understanding that you have asserted Allstate's liability limits are 20% greater than what is stated on the policy's declarations page, because document number X71644-1, which is attached hereto, states that Allstate's policy provides its insured with "Coverage Cushion" that "extend[s] protection that provides reimbursement of up to 120% of [Allstate's] policy limit for covered losses." Your assertion is incorrect for a number of reasons and thus, there is only $300,000 of liability limits available to Mr. Gagnon for the 6-28-11 incident.

First, document number X71644-1 is not part of the policy itself. The document makes that clear at the end of page 2 where it states as follows:

> "[T]his document provides general information about the features of the Gold Protection package you selected. The specific details, which govern how the features apply, are shown in Allstate's rates, rules, and/or forms currently in effect..."

As you clearly could see, the document you have asserted increases Allstate's liability limits is not part of the policy. Instead, it is the policy declarations, the body of the policy and its endorsements that provide the specific details that govern the policy. Thus, the document you reference does nothing to increase Allstate's liability limits beyond what is stated on the policy declarations page.

Second, the policy, which is also attached, is void of any provision, condition or endorsement that increases Allstate's liability insurance policy limits beyond what is listed on the policy declarations page. The only place in the policy that discusses extended protection that provides reimbursement of up to 120% of Allstate policy limit is in endorsement APC270. That endorsement however makes it clear that this extended protection you are referring to only applies to first-party property damage claims for "Building Structure Reimbursement".

Accordingly, there is $300,000 of liability limits available to Mr. Gagnon under his Allstate homeowner's policy for the 6-28-11 incident giving rise to McHenry County cause number 12 LA 178.

If you have any questions or comments, please advise.

Very truly yours,

MORSE BOLDUC & DINOS, LLC

Dean Haritos

Enclosures

cc: Shoshan Reddington
Karen O'Neil

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
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Thomas J. Popovich
Hans A. Mast
John A. Kornak†
Diana M. Reiter

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

July 24, 2012

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. Barch:

Pursuant to your Rule 214 Request for Production directed to the Plaintiff, please be advised as follows:

1. See medical expense report itemizing bills (with bills attached) in the amount of $7,313.43. Plaintiff is still treating and bills are coming treaters including Associates in Neurology, Dr. Frank Sek, Fox Lake Dynamic Hand Therapy, Hand Surgery Associates and Dr. Sagerman/Biafora, Mid-America Hand to Shoulder Clinic and Dr. Talerico, Northern Illinois Medical Center and Northwest Community Hospital. Investigation continues.

2. See response to No. 1 above.

3. Attached are photographs of the injuries and/or defendants or parties in the case. Investigation continues.

4. See response to No. 1 above. Medical records are attached obtained thus far from Drs. Karen Levin at Associated Neurology, Northern Illinois Medical Center, Mid-America Hand to Shoulder Clinic and Open Advanced MRI. Investigation continues.

5. See response to No. 4 above.

6. Objection, improper 214 request.

7. None known at this time. Investigation continues.

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

†*Also Licensed in Wisconsin*

8. See response to No. 1 above.

9. None, other than the recorded statement of the Defendant, David Gagnon - transcription attached.

10. The undersigned attorney verifies and certifies that the above-responses are true and correct to the best of his belief and knowledge except where investigation continues.

Very truly yours,

HANS A. MAST

smq
Enclosures

Dulberg

Perry A. Accardo
Mary Jo Bonamino
Joseph P. Callahan
Christine Chrobak-Wastyn
Korinne C. Collier
Valerie E. Davis
Tammy S. Doran
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Kristy M. Gonowon

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March 1, 2016

W. Randal Baudin II
P.O. Box 1678
Crystal Lake, IL 60039

Re: Dulberg vs. Gagnon, et al.
Court Case Number: 12LA000178
Date of Loss: June 28, 2011
Our File Number: 0245281968.1 SKO

Dear Counsel:

Attached please find a copy of Defendant's policy effective at the time of the occurrence.

Sincerely,

Shoshan E. Reddington

rmh

Dulberg

Perry A. Accardo
Mary Jo Bonamino
Joseph P. Callahan
Christine Chrobak-Wastyn
Korinne C. Collier
Valerie E. Davis
Tammy S. Doran
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March 17, 2016

W. Randal Baudin II
P.O. Box 1678
Crystal Lake, IL 60039

Re: Dulberg vs. Gagnon, et al.
Court Case Number: 12LA000178
Date of Loss: June 28, 2011
Our File Number: 0245281968.1 SKO

Dear Counsel,

Kindly accept this as Defendant supplemental discovery disclosure. Attached please find Dr. Garg's supplemental report.

Sincerely,

Shoshan E. Reddington

rmh

RECEIVED
MAR 10 2016
STAFF COUNSEL

Rishi Garg, MD
2005 South Meyers Road, Apt 319
Oak Brook Terrace, IL 60181

ADDENDUM

March 4, 2016

Perry A. Accardo
Law Offices of Steven A. Lihosit
Attorney at Law
200 North LaSalle Street, Suite 2550
Chicago, Illinois 60601

Mr. Accardo,

1. **Facts derived from medical review:**

I have reviewed the discovery deposition of Dr. Ford dated 11/20/13.
I have reviewed the discovery deposition of Dr. Karen Levin taken on 10/23/13.
I have reviewed the discovery deposition of Dr. Marcus Talerico dated 10/16/13.
I have reviewed the discovery deposition of Dr. Scott Sagerman dated 10/15/13.

Discussion:

My opinion in this matter has not changed. Please let me know if I can assist you any further in this matter.

I thank you very much for allowing me to participate in the evaluation of this claimant.

Rishi Garg, MD
Board Certified, Neurology

RG/kkj/rjk

FISHER COURT REPORTING
922 North Lyford Road Rockford, IL 61107

November 22, 2013

Law Office of Thomas Popovich
3415 West Elm Street
McHenry, IL 60050

Re: Dulberg vs. Gagnon, et al.

Dear Sir:

Enclosed please find Exhibits 1 through 3 which were marked during the course of Paul Dulberg's deposition. The exhibits should have been attached to the transcript when it was sent to your office but were inadvertently left behind. My apologies for any inconvenience this has caused.

Sincerely,

Deb Fisher

Deb Fisher

Enclosures

PHONE (815) 226-9755 FAX (815) 395-9510 E-mail fisherreporting@sbcglobal.net

February 17, 2016

To: Mr. W. R. Baudin II, Plaintiff Attorney
PO Box 1678
Crystal Lake, IL 60039-1678
lawbaudin@gmail.com
(815) 307-6197

From: Dr. Bobby L. Lanford, PhD
2066 Girls Ranch Road
Camp Hill, AL 36850
bob@lanfordintl.com
(406) 531-3541

Subject: Findings and Conclusions for Dulberg v. Gagnon and McGuire

After reviewing the Depositions of Mr. Dulberg and Mr. Gagnon and the chainsaw owner's manual, the following observations and conclusions were made:

Mr. Dulberg was cut on the forearm (bottom) by a chainsaw while helping Mr. Gagnon limb a pine tree on the property of Mr. Gagnon's parents – Bill and Carol McGuire. While power tools such as this chainsaw make work more efficient, they carry hazards such as experienced in this incident. Manufacturers and retailers of power equipment go to great lengths to reduce the dangers associated with such equipment through training and warnings listed in owner's manuals. The chainsaw in this incident appears from a photograph to be a EFCO MT3500 purchased by the McGuires close to the date of the incident and probably was a new saw and probably equipped with an owner's manual. Depositions from both Mr. Gagnon and Mr. Dulberg indicated that they received no additional chainsaw training. Therefore, the owner's manual and their field experience were the primary sources of instructions for the safe use of the saw.

Mr. Gagnon was the only operator of the saw and, therefore, was responsible for its use. While the saw was appropriate for the tasks involved, there are safe and unsafe activities that could have taken place. The owner's manual shows 2 bar lengths for this saw – 14 and 16 inches. It appears that the McGuires chose the 16 inch bar. For the work involved, the shorter bars would have been safer and might have prevented or reduced the injury. It appears that Mr. Gagnon performed some unsafe acts which lead to Mr. Dulberg being cut. Also, Mr. and Mrs. McGuire who owned the saw apparently did not heed the warnings posted on page 2 of the owners manual which states: "Allow persons only who understand this manual to operate your chainsaw."

Cuts with chainsaws cause more damage than those caused by power or hand tools having a thinner blade such as that of a table saw. Chainsaws are designed to take out a "kerf" of about ¼ -inch, so if someone is cut, the sides of the cut are separated by this gap (or kerf) removing a chunk of meat and causing excessive bleeding and organ damage.

From the depositions, there is no mention of safety apparel – hard hat with ear and eye protection, safety chaps or pants nor safety gloves. (See page 7 of the owners manual for proper safety apparel.)

Proper safety apparel may have eliminated or reduced the severity of the injury.

Mr. Gagnon and the McGuires' goal was to remove a tall pine tree (40 – 50 feet in height) in their yard without damaging their buildings. From depositions, Mr. Gagnon chose to delimb this tree as it stood in a vertical position. According to Mr. Dulberg, Mr. Gagnon did this by climbing and cutting off limbs as he climbed the tree using limb stubs as a ladder where he placed his feet. In the owner's manual on page 9, it tells to never cut limbs from a ladder or a tree and always cut from a firm foundation or platform. Not having seen the exact circumstances, it cannot be stated unequivocally, but my recommendations would have been to fell the tree first before trying to remove any limbs higher than could be reached safely from the ground. Once the tree has been felled on the ground, the secondary limbs could have been removed while the primary limbs were still attached to the main bole. Bucking the primary limbs into firewood lengths could also be done in a safer fashion with them attached to the bole. Doing the work in this fashion would have eliminated the conditions of where Mr. Dulberg was cut. From Mr. Gagnon's deposition, there was room to fell the pine tree with its described height.

The EFCO MT3500 has a number of features designed to operate it safely. The handle where the accelerator trigger is located has a throttle trigger lockout device that must be depressed before the engine can accelerate which means that Mr. Gagnon had a tight hold on the trigger handle when the saw accelerated before cutting Mr. Dulberg. Mr. Dulberg states in his deposition that he was holding the butt end of a primary limb, and Mr. Gagnon was removing the secondary limbs moving from the tip of that primary limb toward the butt. The accident occurred after Mr. Gagnon removed the last secondary limb and was moving toward him with the saw. The saw accelerated with the bar and chain moving upward contacting the bottom of Mr. Dulberg's arm.

There was no mention of the chain brake being used. The MT3500 has a lever mounted just forward of the front handle. This lever serves to stop and lock the cutting chain movement when pushed forward; when in the rear position, the chain travels freely on the bar. On page 8 of the owners manual, it is recommended that the chain brake be set whenever the operator moves from place to place. Also, the bar should be facing to the rear of the direction of travel so that the sawyer would not fall on the bar and chain if he were to trip and fall. This applies directly to this incident. If Mr. Gagnon had set his chain brake and/or put the bar in a rearward position as he finished cutting the last secondary limb, Mr. Dulberg would not have been cut.

The MT3500 comes with a saw chain designed to reduce kickback. Kickback is a violent upward action of a chainsaw bar when the chain on the upper quadrant of the bar's tip comes in contact with an object. While this chain does not completely eliminate kickback, it helps. It is assumed here that the chain supplied by the manufacturer had not been replaced. In addition, if the saw chain had come in contact with some object that caused a kickback, the chain brake would have instantly stopped the chain as the bar traveled vertically and Mr. Gagnon's hand activated the chain brake. This brake activation would probably have protected Mr. Dulberg. Therefore, it is doubtful that a kickback occurred.

Page 7 of the owner's manual recommends that other people (bystanders) be kept at least 35 feet from someone operating a chainsaw. This is because the chainsaw operator should be focusing his attention on his task, not bystanders. Chainsaws are noisy and anyone around them should be wearing ear protection thus muffling emergency calls for help. It is recommended that bright clothing be worn by all bystanders and operators to help operators see people who might inadvertently move into the danger

zones. This distance of 35 feet may be a bit overcautious, but the intent is to keep bystanders beyond the reach of the saw, limbs or trees being cut. The operator is the person in control of his saw and responsible for whatever results from his cutting. When trees are being felled, bystanders should be beyond the height of the tree; 2 tree heights is the recommended distance. If this rule had been followed, Mr. Dulberg would not have been cut.

Page 7 of the owner's manual has some additional recommendations that might apply to this incident. Cutting with chainsaws is fatiguing even for professional sawyers who use their saws everyday. For the occasional operator, chainsaw work can be very exhaustive. In this incident, Mr. Gagnon not only used a chainsaw when he was not accustomed to using one, but he also climbed a tree and delimbed it as he climbed. By the time Mr. Gagnon stop limbing and started removing secondary limbs from the primary limbs, he must have been very fatigued even with frequent breaks as described by Mr. Dulberg. The warning of the owner's manual not to cut when fatigued is very important in that fatigue impairs judgment, reduces response time and probably impairs reflexive actions. Simply put, we make mistakes when we are tired.

Another factor of this incident may have been a loose chain. New saw chains stretch when first used. This saw was probably new; this may have been its first application. The owner's manual discussed how to tension the chain on page 17 and describes proper break-in of the chain. The chain should have been tightened after the engine had become warm and later after some use. A loose chain might jump off the bar. Pertinent to this incident was that a loose chain will not decelerate as fast as a properly tightened one. Without the chain brake engaged, the chain continues to travel along the bar until it naturally comes to a stop. Mr. Dulberg said he tried to move away from the saw chain but could not escape its travel path. With a properly tensioned chain, it may have stopped before contacting his arm or at least been traveling at a slower speed and caused less damage to his arm.

After the review of the above evidence, it is my opinion that Mr. Gagnon was fully responsible for this accident and his parents – the McGuires – were also somewhat responsible by letting their son, Mr. Gagnon, use their chainsaw – a potentially dangerous tool – without enforcing the warnings and instructions available in the owner's manual. Mr. Gagnon was in full control of the saw and Mr. Dulberg was his assistant. Mr. Gagnon could have prevented this accident by following the instructions given in the owner's manual. The instructions in the owner's manual are quite clear and unambiguous, and if followed, would have prevented this accident. Mr. Gagnon admits that he was relatively inexperienced in the use of chainsaws, and therefore, should have been more careful while using such a potentially dangerous tool.

Respectfully submitted,

Bobby L. Lanford

Dr. Bobby L. Lanford, PhD

Ehrmann Gehlbach Badger Lee & Considine, LLC

Attorneys At Law

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Rolfe F. Ehrmann
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Warren H. Badger
1911-2005

February 16, 2015

FAXED 2-16-15

BY FAX
Hans A. Mast, Esq.
The Law Offices of Thomas J. Popovich P.C.
3416 W. Elm Street
McHenry, IL 60050

Re: Your File: Paul Dulberg v. David Gagnon, et al
My File: Bankruptcy Estate of Paul Dulberg; Case No. 14-82297

Dear Attorney Mast:

Thank you for the information you sent on January 23rd. At this point in time, I am unable to determine if my bankruptcy case may be an asset case. (If it might be an asset case, my Estate needs to retain you to continue the pending pi case -- assuming you can be and want to be retained.)

I received from you a list of medical bills (which bills total over $58,000.) In addition, I just received from Debtor's counsel a copy of a letter from US Phy, by which this creditor claims a medical lien.

Can you please advise:

1) What is the total amount of medical liens filed against the pending pi case? (I received a copy of a document, listing medical bills totaling $58,387.33, but I don't know if any of these bills are unpaid and, if so, if the unpaid providers timely filed a medical lien).

2) As to the medical lien apparently claimed by US Phy (via its letter of January 8, 2015 - a copy of which is attached for your ready reference) is this letter the first lien claim it made against the personal injury cause of action? If so, based upon the little research I've done, to date, I don't think this letter is sufficient to claim a lien -- post-bankruptcy filing -- on Debtor's right to recover in his pi case. (It may be that I need to file

something in the bankruptcy case to cause this lien to be removed. Investigation continues.)

3) Once I know the above facts, I will need to know the potential range of recovery, and, assuming the potential recovery is large enough, if you want to be retained by the Bankruptcy Estate to continue to represent the Debtor/Estate in the pending personal injury cause of action.

I look forward to hearing from you again soon.

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

Megan G. Heeg

MGH/kme

Ehrmann Gehlbach Badger Lee & Considine, LLC

Attorneys At Law
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Gary R. Gehlbach
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Darla A. Foulker
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Rolfe F. Ehrmann
1949 – 2011
Warren H. Badger
1911-2005

January 6, 2015

BY FAX
Thomas J. Popovich, P.C.
Law Offices of Thomas J. Popovich, P.C.
3416 West Elm Street
Lake, Illinois 60050

Re: Your File: Paul Dulberg v. David Gagnon, et al
My File: Bankruptcy Estate of Paul Dulberg; Case No. 14-82297

Dear Attorney Popovich:

Paul R. Dulberg filed a Chapter 7 bankruptcy petition on November 26, 2014, and I was assigned as Trustee. (A copy of the Notice of bankruptcy filing is attached for your ready reference.) As Trustee, I am duty bound to collect the Bankruptcy Estate's assets for the benefit of the Debtor's unsecured creditors.

One of the assets of Mr. Dulberg's Bankruptcy Estate is his interest in the personal injury cause of action pending in McHenry County, Illinois. Please note the Bankruptcy Estate's interest in your records.

Debtor has provided to me a copy of the Complaint, but nothing more. At this time, can you please "pull out your crystal ball" and estimate for my Estate the possible result of the pending litigation, the possible timing of its resolution, the extent of any medical liens, and the likely finally distribution to debtor? Also, if the case has sufficient worth, it may be best if the Bankruptcy Estate retains you and your firm to continue the representation (for the benefit of the Bankruptcy Estate.)

I look forward to hearing from you soon.

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

Megan G. Heeg

MGH/kme
Enclosure

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

APPEARANCE

We hereby enter our Appearance for the Defendants, CAROLINE MCGUIRE and BILL MCGUIRE, in the above-entitled cause.

CAROLINE MCGUIRE and BILL MCGUIRE,
Defendants,
By CICERO, FRANCE, BARCH & ALEXANDER, P.C.,
their Attorneys

By Ronald A. Barch
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700 fax: 815/226-7701

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on June 12, 2012.

Ronald A Barch

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700 fax: 815/226-7701

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

McGUIRE DEFENDANTS' MOTION TO VACATE PROTECTIVE ORDER

Defendants, CAROLYN McGUIRE and BILL McGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, herby move this Court to vacate the Protective Order entered on August 8, 2012 and modified on April 3, 2013. In further support of the Motion, Defendants Carolyn and Bill McGuire state as follows:

1. On or about May 5, 2012, the Plaintiff, Paul Dulberg, filed a multiple count complaint alleging he suffered injuries as a result of negligence on the parts of David Gagnon, Carolyn McGuire and Bill McGuire. In general, Plaintiff alleges he sustained severe and permanent injuries when a chain saw being operated by David Gagnon made contact with his arm.

2. On July 31, 2012, Plaintiff filed a Motion for Protective Order wherein he alleged that Plaintiff's counsel (Attorney Hans Mast) wanted an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw. In his prayer for relief, Plaintiff requested a protective order declaring the "saw and its parts and

accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court." A copy of Plaintiff's Motion for Protective Order is attached as "Exhibit A."

3. On August 8, 2012, the Court granted Plaintiff's Motion for Protective Order. A copy of the Court's order of August 8, 2012 is attached as "Exhibit B."

4. On March 20, 2013, the depositions of Carolyn McGuire and Bill McGuire proceeded with counsel for Plaintiff (Attorney Hans Mast) and counsel for Co-Defendant (Attorney Perry Accardo) present. Prior to the start of the depositions the "chain saw" allegedly involved in the injury to Plaintiff was presented for inspection and photographing. Plaintiff's counsel photographed the chain saw and also photographed the Owner's Manual.

5. On April 3, 2013, the Court's protective order was modified to allow the owners to utilize the chain saw and Owner's Manual in the ordinary course. The protective order further directed that the owners shall not sell or discard the chain saw, parts, accessories and associated paperwork without further order of the court. A copy of the Amended Protective Order dated April 3, 2013 is attached as "Exhibit C."

6. Subsequent to the entry of the amended protective order the Plaintiff reached a settlement agreement with Carolyn McGuire and Bill McGuire as to all matters in controversy, whereupon the negligence claims and contribution claims against them were dismissed with prejudice. A copy of the Good Faith Finding and Order of Dismissal entered on January 22, 2014 is attached as "Exhibit D."

7. With the claims against Carolyn McGuire and Bill McGuire fully resolved, counsel for the McGuires issued a letter to Attorney Mast and Attorney Accardo seeking an agreement to

have the pending protective order vacated. A copy of the February 12, 2014, letter to counsel is attached as "Exhibit E."

8. During a chance meeting in the Winnebago County Courthouse shortly after the February 12 letter issued, Attorney Accardo advised informally that he had no objection to vacating the protective order. Counsel for the McGuires has not heard from Attorney Mast.

9. Counsel for Plaintiff and Counsel for Defendant Gagnon have both had an opportunity to photograph and inspect the subject chain saw. In addition, both attorneys have copies of the Owner's Manual associated with the subject chain saw.

10. The subject chain saw was brand new on the date of Plaintiff's claimed injury and Plaintiff does not allege or claim that he was injured due to a manufacturing defect associated with the subject chain saw.

11. No prejudice will result to Plaintiff or Defendant Gagnon should this Court vacate the Amended Protective Order.

12. No just reason exists to delay the McGuires' request to vacate the Amended Protective Order.

WHEREFORE, the Defendants, Carolyn McGuire and Bill McGuire, respectfully pray this court to vacate the Amended Protective Order dated April 3, 2013.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 4/4/19.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

McGUIRE DEFENDANTS' MOTION FOR LEAVE TO FILE AMENDED ANSWER AND AFFIRMATIVE DEFENSE

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order granting them leave to file an amended answer and affirmative defense to Count I of Plaintiff's complaint. In support of their Motion, the movants further state as follows:

1. On May 15, 2012, Plaintiff PAUL DULBER filed a two count complaint over injuries he attributes to a chainsaw accident that occurred on June 28, 2011.

2. Defendants Bill McGuire and Carolyn McGuire owned the residential property upon which the chainsaw accident purportedly occurred. However, neither defendant witnessed the occurrence set forth in Plaintiff's Complaint.

3. On January 24, 2013, Plaintiff Paul Dulberg submitted for a discovery deposition.

4. Based upon the deposition testimony of Plaintiff Paul Dulberg, the movants reasonably believe Plaintiff Paul Dulberg was guilty of contributory negligence in connection with the occurrence set forth in his complaint.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order granting them leave to file an amended answer adding an affirmative defense

of comparative fault. A copy of the proposed Amended Answer and Affirmative Defense is attached to this motion as Exhibit A.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

RBC

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

McGUIRE DEFENDANTS' MOTION FOR LEAVE TO FILE CROSS-CLAIM FOR CONTRIBUTION

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order granting them leave to file a cross-claim for contribution against Defendant David Gagnon. In support of their Motion, the movants further state as follows:

1. On May 15, 2012, Plaintiff PAUL DULBER filed a two count complaint over injuries he attributes to a chainsaw accident that occurred on June 28, 2011.

2. Defendants Bill McGuire and Carolyn McGuire owned the residential property upon which the chainsaw accident purportedly occurred. However, neither defendant witnessed the occurrence set forth in Plaintiff's Complaint.

3. On January 24, 2013, Plaintiff Paul Dulberg submitted for a discovery deposition.

4. Based upon the deposition testimony of Plaintiff Paul Dulberg, the movants reasonably believe Defendant David Gagnon was guilty of negligence in connection with the occurrence set forth in Plaintiff's complaint.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order granting them leave to file a cross-claim for contribution against Defendant

David Gagnon. A copy of the proposed Cross-Claim for Contribution is attached to this motion as Exhibit A.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

SUMMONS – 30 DAY
IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

(Name all parties)

PAUL DULBERG,

Plaintiff(s)

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually

Defendant(s)

Case Number 12LA178

Amount Claimed $ 50,000.00+

Please Serve:
Caroline McGuire
1016 W. Elder Avenue
McHenry, IL 60051

SUMMONS

To each Defendant:

YOU ARE SUMMONED and required to file an answer in this case, or otherwise file your appearance, in the office of the Clerk of this court, McHenry County Government Center, 2200 N. Seminary Avenue, Woodstock, Illinois, 60098, within 30 days after service of this summons, not counting the day of service. **IF YOU FAIL TO DO SO, A JUDGMENT OR DECREE BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.**

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed. This summons may not be served later than 30 days after its date.

TWENTY-SECOND JUDICIAL CIRCUIT COURT McHENRY COUNTY ILLINOIS

WITNESS MAY 15 2012 20

Katherine M. Keefe

Clerk of the Circuit Court

Plaintiff's attorney or plaintiff if he is not represented by an attorney

Name Law Offices of Thomas J Popovich

Attorney for Plaintiff

Address 3416 W. Elm Street

City, State Zip McHenry, IL 60050

Telephone 815-344-3797

Prepared by Hans A. Mast

Attorney for Plaintiff

Attorney Registration No. 06203684

06/05/2012 13:55 18153444831 MDS INVESTIGATIONS PAGE 01/04

AFFIDAVIT OF SERVICE

STATE OF ILLINOIS
In the
Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois
Paul Dulberg vs Caroline McGuire
CASE NO: **12LA178**

On Sunday, June 3, 2012, at 6:14 PM, I served the within described Summons Together With A Copy Of The Complaint In This Action in the manner described below;

I served the within Summons Together With A Copy Of The Complaint In This Action upon the within named Caroline McGuire by giving a true copy to Caroline McGuire personally.

Said service was effected at 1016 W Elder Ave, McHenry, IL 60051.

Caroline McGuire is a White Female approximately 55 years of age, 5' 7" Tall and approximately 160-170 lbs with Brown hair.

I know the person I served was Caroline McGuire because she so stated it.

I Mark R. Schneider, swear that I am an adult over the age of 18 years, and I am nota party to the above entitled action. Furthermore, I am employed as a private detective under Illinois Agency License #117-000870.

Mark R. Schneider, Licensed Private Detective

MDS INVESTIGATIONS, INC.
P.O. Box 309
McHenry, IL, 60051
(815) 344-4657 (800) 988-6374 , (815) 344-4831

Subscribed and Sworn to before me,
June 4, 2012,

Notary Public, State of Illinois
My Commission Expires:

OFFICIAL SEAL
NOTARY PUBLIC STATE OF ILLINOIS
DAWN SCHNEIDER
MY COMMISSION EXPIRES
APRIL 8, 2014

Our Job Serial Number: 59136

CONTINUATION

NAME Dulberg, Paul

ADDRESS

DATE

8-10-11 here for NCV's → normal.
This is branch nerve injury
main median & ulnar nerves are nl
Likely will improve somewhat
If not several months
To see hand surgeon as well

1-30-12 here because his therapist asked that he be re-evaluated. still getting numbness & tingling & burning in spots down the ulnar side of arm & hand
If he bends his little finger in it aggravates the pain & sits it off all day
He is filing for disability for disc disease & wanted to make sure this wasn't related to that

Exam: ↓ strength ~~entire~~ in (R) fourth digit abduction
Normal adduction
c flexion of 5th digit ↑ pain in arm
scar is raised ? bump on end.

Imp will ✓ MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Pt. ✓ MRI. 15 min spent c pt

ITEM 07-0576231

CONTINUATION

NAME Dulberg, Paul

ADDRESS

DATE

2-13-12 here for results MRI ©.

I do not know why pt has continued symptoms not sure why when he bends his head forward things get worse c pain in entire arm

I suggested getting a 3rd opinion c Dr. Scott Sagerman

10 min spent c pt

5/14/12 Per request, records forwarded to Thomas Popovich PC (Hans Mast, 3416 W Elm Street McHenry IL 60050 ok)

5-16-12 here for FU. I spoke c Dr. Sagerman & he ordered Lyrica pt on neuropathic pain med.

Mr. Dulberg doesn't think the strength is improving. He also can't sense the pain in that area. It only lasts a few seconds.

Does PT anything of smaller caliber over the pain on right @ the scan site wearing white pant & right shoes

Will add Gabapentin for the burning @ HS for 1 week then BID

Call 2 wks or sooner if side effects

6/1/12 PC from pt - he did some gardening work 2d ago and now his SxS are worsening. Per KEL - ↑ gabapentin to 600 mg bid. Pt notified from

6/11/12 PC from pt - he is still noticing neg. twinges of pain / discomfort from the herniation he likes the plan. Per KEL - ↑ to 600 mg TID bid and call if no better if needed. — Tracy Pt notified.

7/11/12 Remote Refill to SCA (Tracy)

DATE: 7-28-2011 **ASSOCIATED NEUROLOGY, S.C.**

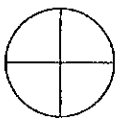
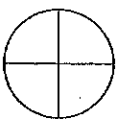
NAME Dahlberg, Paul ☒ M ☐ F ☐ R ☐ L HANDED

MENTAL STATUS

CRANIAL NERVES

☐ R ☐ L

- ☐ SMELL
- ☐ VISION
- ☐ ACUITY
- ☐ FIELDS

- ☐ FUNDUS
- OPTIC DISC
- VESSELS
- FOVEA
- ☐ LIDS
- ☐ OCULAR MOVEMENT
- ☐ CONVERGENCE
- ☐ NYSTAGMUS
- ☐ PUPILS
- ☐ SIZE / SHAPE
- ☐ LIGHT
- ☐ CONSENSUAL
- ☐ AFFERENT PUPIL
- ☐ CORNEAL REFLEX
- ☐ FACIAL SENSATION
- ☐ PIN
- ☐ LIGHT TOUCH
- ☐ MUSC. OF MASTIC.
- ☐ FACIAL MUSCLES
- ☐ UPPER
- ☐ LOWER
- ☐ TASTE
- ☐ AUDITORY ACUITY
- ☐ SOFT PALATE
- ☐ GAG
- ☐ STERNOMASTOID
- ☐ TRAPEZIUS
- ☐ TONGUE

COORDINATION

☐ R ☐ L

- ☐ FNF
- ☐ HKS

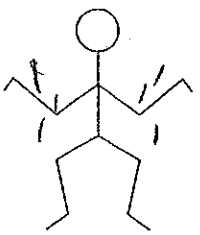
RAPID ALTERNATING MOVEMENTS

- ☐ TONGUE
- ☐ HANDS
- ☐ FINGERS
- ☐ FOOT

EXPLANATORY NOTES

REFLEXES

☐ R ☐ L



- ☐ HOFFMAN
- ☐ TROMNER
- ☐ PM
- ☐ GRASP
- ☐ SUCK
- ☐ SNOUT
- ☐ GLABELLAR
- ☐ JAW

GAIT

☐ R ☐ L

- ☐ SPONTANEOUS
- ☐ ON TOES
- ☐ ON HEELS
- ☐ ARM SWING
- ☐ BASE
- ☐ TANDEM
- ☐ POSTURE
- ☐ STABILITY
- ☐ ROMBERG
- ☐ TANDEM ROMBERG

GENERAL

- ☐ CAROTID PULSE
- ☐ CAROTID BRUIT
- ☐ PERIPHERAL PULSE
- ☐ TINEL
- ☐ PHALEN
- ☐ NECK ROM
- ☐ ROM AT WAIST
- ☐ STRAIGHT LEG RAISING
- ☐ PARASPINAL TENDERNESS
- ☐ CARDIAC MURMUR
- ☐ KERNIG
- ☐ BRUDZINSKI
- ☐ L'HERMITTES

sitting

	SUPINE	STANDING
BP	104/68	
HR	72 16	

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.

Patient's Name: Dellberg, Paul Date: 7/28/11 Handedness: ☒ Right ☐ L

REASON FOR VISIT Chainsaw To Right Forearm AGE: 41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

- ☒ Headaches
- ☐ Dizzy or ☐ Fainting Spells
- ☐ Decreased Hearing
- ☐ Ringing In Ear
- ☐ Failing Vision ☐ Eye Pain
- ☐ Double or ☐ Blurred Vision
- ☐ Hoarseness
- ☐ Difficulty Swallowing
- ☐ Convulsions/Seizures
- ☐ Stroke ☐ Head Injury
- ☐ Tremor/Hands Shaking
- ☒ Muscle Weakness
- ☒ Numbness/Tingling Sensations
- ☐ Back Pain
- ☐ Foot Pain ☐ Cold Numb Feet
- ☐ Difficulty Sleeping
- ☐ Memory Loss ☐ Phoblas
- ☐ Difficulty Walking
- ☐ Difficulty Speaking
- ☐ Imbalance
- ☒ Neck Pain ☐ Facial Pain
- ☐ Meningitis/Encephalitis
- ☐ Weight Loss or ☐ Gain
- ☐ Unusual Fatigue/Loss of Energy
- ☐ Frequent Ear Infections
- ☐ Glaucoma ☐ Cataracts
- ☐ Frequent Nosebleeds
- ☐ Sinus Pain ☐ Sore Throat
- ☐ Teeth/Gum Pain/Bleeding
- ☐ Chronic Cough
- ☐ Hay Fever/Allergies
- ☐ Pneumonia/Pleurisy
- ☐ Bronchitis/Emphysema
- ☐ Asthma/Wheezing
- ☐ Shortness of Breath:
  - ☐ On Exertion ☐ Lying Flat
- ☐ Chest Pain or Tightness
- ☐ High Blood Pressure
- ☐ Heart Murmur
- ☐ Irregular Pulse ☐ Palpitations
- ☐ High Cholesterol/Fat
- ☐ Swollen Ankles ☐ Blood Clots
- ☐ Calf Pain When Walking
- ☐ Varicose Veins/Phlebitis
- ☐ Loss of Appetite (recent)
- ☐ Indigestion/Heartburn
- ☐ Persistent Nausea/Vomiting
- ☐ Peptic Ulcer/Abdominal Pain
- ☐ Gall Bladder Trouble
- ☐ Jaundice/Hepatitis
- ☐ Change in Bowel Habits
- ☒ Diarrhea ☒ Constipation
- ☐ Bowel Polyps ☐ Crohn's/Colitis
- Stools: ☐ Bloody ☐ Black ☐ Pale
- ☐ Hemorrhoids ☐ Hernia
- ☐ Urine Infections (frequent)
- Urination: ☐ Overnight > twice
  - ☐ Painful ☐ Bloody ☐ No Control
  - ☐ D e in Force/Flow
- ☐ Kidn ies
- ☐ Venereal Disease/Genital Warts
- ☐ Urethral Discharge
- ☐ Anemia ☐ Bruise Easily
- ☐ Cancer (Type) _____
- ☐ Diabetes ☐ Excessive Thirst
- ☐ Thyroid Disease
- ☐ Arthritis/Rheumatism
- ☐ Bone Fracture/Joint Injury
- ☐ Gout ☐ Osteoporosis
- ☐ Rashes ☐ Hives
- ☐ Eczema ☐ Psoriasis
- ☐ Nervousness ☐ Depression
- ☐ Moodiness ☐ Excessive Stress
- ☐ Mental Illness
- ☐ Chicken Pox ☐ Polio ☐ Mumps
- ☐ Measles ☐ German Measles
- ☐ Lyme Disease
- ☐ Rheumatic Fever ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Herpes ☐ AIDS (HIV)
- ☐ Contact w/Blood or Body Fluids
- ☐ Blood Transfusions
- ☐ Sexual Problems

Males: ☐ Prostate ☐ PSA Test

Females: *Please complete rest.*

Menstrual Flow:

Age Started _____

☐ Reg. ☐ Irreg. ☐ Pain/Cramps

Days of Flow _____

Length of Cycle _____ Days

1st Date of Last Period _____

Number of:

_____ Pregnancies _____ Abortions

_____ Miscarriages _____ Live Birth

☐ Pain/Bleeding During Sex

Birth Control Method _____

If B.C. Pill, Name _____

☐ Infertility History

☐ Flushing/Menopause

Date of Last PAP Test _____

☐ Normal ☐ Abnormal

Date of Last Mammogram

☐ Normal ☐ Abnormal

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm Ulner Nerve Trans				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

- ☐ Epilepsy (Seizures)
- ☐ Migraine Headaches
- ☐ Stroke
- ☐ Other Neurologic Disease
- ☐ Mental Illness
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Thyroid Goiter
- ☐ Hay Fever
- ☐ Asthma
- ☐ Anemia
- ☐ Bleeds Easily
- ☐ Clotting Disorder
- ☐ Arthritis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Alcoholism
- ☐ Genetic Disease
- ☐ Cancer (Type) _____

HABITS

Cigarettes: 1 Packs/Day for 20 Years **Alcohol:** 0 Drinks/Week **Coffee:** 2 Cups/Day **Regular Exercise:** ☐ Yes ☒ No

Quit Smoking: ___ Years Ago **Street Drugs:** None

TESTS/EXAMS (Year of Last One)

Cholesterol _____	Sugar _____	Other Blood Tests _____
Rectal _____	Chest X-Ray _____	Cardiogram _____
T.B. Test _____	Eye Exam _____	Dental Exam _____

Have you had any of these tests done? If so, please check and indicate year.

☐ Angiogram _____	☐ MRI Scan of Head _____	☐ Lumbar Puncture (Spinal Tap) _____
☐ CT Scan of Head _____	☐ MRI Scan of Neck _____	☐ EEG (Brain Wave) _____
☐ CT Scan of Neck _____	☐ MRI Scan of Lower Back _____	☐ EMG _____
☐ CT Scan of Lower Back _____	☐ Neck X-Rays _____	☐ Myelogram _____

TELEPHONE: (847) 549-0055

DEA # BL3912652
NPI #1811930811

KAREN F. LEVIN, MD

1900 HOLLISTER DR., SUITE 250 LIBERTYVILLE, IL 60048

Name Paul Dullberg Date 5-16-12

Address

℞ Neurontin 300 mg
dis #60 (sixty)
1 po BID

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

☒ May Substitute , M.D.

☐ May Not Substitute , M.D.

ASSOCIATED NEUROLOGY, S.C. Rockford Lake

Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055
1900 Hollister Drive, Suite 250, Libertyville, IL 60048 Fax (847) 549-0404

(847) 546-3600

Patient Name: Paul Dulberg

D.O.B.: 3/19/70 **SS#**

Phone #: Home: (847) 497-4250 **Work:**

Send additional copy of report to: 729-5

Diagnosis s/p trauma R/o neuroma or nerve or tendon disruption

☐ **MRI**
- ☐ Brain
- ☐ C-Spine
- ☐ T-Spine
- ☐ LS-Spine
- ☐ With Contrast
- ☐ Without Contrast
- ☐ anesthesiology administer sedation is medically necessary because of

☐ **MRA**
- ☐ Intracranial
- ☐ Extracranial

☒ MRI upper ext. (R) non joint c & s gad

☐ **Ultrasound** ☐ **X-Ray**

☐ **CT** ☐ With Contrast ☐ Without Contrast

☐ **Echo** ☐ **TEE** ☐ **24 Hour Holter** ☐ **Tilt Table** **To be read by Dr.**

☐ **EEG** may sedate using _____ gram(s) chloral hydrate if necessary ☐ Other

☐ **Labs**

☐ carbamazepine	☐ phenytoin	☐ phenobarbital
☐ valproic acid	☐ gabapentin	☐ lupus anticoagulant
☐ protein C	☐ protein S	☐ antithrombin III
☐ CBC w/plts	☐ folate	☐ activated protein C resistance
☐ thyroid profile	☐ TSH	☐ anticardiolipin antibody
☐ hepatic profile	☐ PTT	☐ sedimentation rate
☐ basic metabolic profile	☐ B12	☐ ANA with reflex testing
☐ glycohemoglobin	☐ RPR	☐ comprehensive metabolic profile
☐ immunofixation	☐ homocysteine	☐ Acetylcholine receptor antibodies
☐ _____	☐ _____	☐ _____

☐ Mitchell S. Grobman, M.D. ☒ Karen F. Levin, M.D.

Date 1-30-12

MEDICAL HISTORY

Initial Symptoms Onset: Immediate Gradual Date of Injury 6/28/2011

41 Year old R/L/A handed F/M:

Patient is 5 month old of Laceration to chain saw 2½ inch
hole to forearm & it was sutured @ the ER. Pt was no bone or
major nerve damage. Patient here due to shooting pains up &
down arm & sleep disturbances also interfering with work.
DR LEVIN thinks nerve damage or tendon.
40% of forearm damage @ initial date of injury

Current Symptoms

Location: Right FOREARM/ULNAR SIDE 2/3 @ rest @ night 7/8.

Pain: Mild Moderate Severe
Intermittent Continuous
Sleep disturbance
Sensory: Th I M R S Tingling
Intermittent Continuous
Numbness Tingling Paresthesias

Other: Swelling
Stiffness
Triggering
Crepitus
Cold intolerance
Color Change
Mass

Left –

Mild Moderate Severe
Intermittent Continuous
Sleep disturbance
Sensory: Th I M R S
Intermittent Continuous
Numbness Tingling Paresthesias
Swelling
Stiffness
Triggering
Crepitus
Cold intolerance
Color Change
Mass

Neurology Karen Levin

(R) volar medial forearm

F 4/16/2012 (+) 8/11

Previous similar symptoms/injury: No Yes _____

Treatment to date:

Tetanus: 6-28-2011 Therapy: _____

Current Medications: Antibiotics NSAIDs Pain Medication
Name/Route/Frequency NAPROXIN for NECK & degenerative discs in neck.

Steroids Injections: No Yes _____

Splint/cast: No Yes _____

Previous Surgery: No (Yes) ULNAR NERVE TRANSPOSITION (left arm)

- intermittent shooting pain
- N/T intermittent ring + small
- grip weakness & endurance
- Ø therapy
-

Previous tests and results

EMG/NCV: No/Yes DR. LEVIN
MRI: No/Yes _____
X-Ray: No/Yes 6/28/11
Arthrogram: No/Yes _____
Bone Scan: No/Yes _____
CAT scan: No/Yes _____

Height 5'10" Weight 165 BMI _____

OT

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN Age 41

Examined in the presence of KV Date 12/21/11

Name: DULBERG, PAUL

(+) anterior lower (-) forearm

11-AUG-2012 11:15 From:LIB 18472470540 To:18153445280 Page:10/26

CONTINUATION

NAME Dubberg, Paul

ADDRESS

DATE

2-4-13

Exam normal

Imp: ① migraine - use Frova (#2)
Maxalt 10mg (#2)
Relpax (#2)

Call & which one works best.

② paresthesias - continue Gabapentin 900 mg BID

5/29/13 PC from pt- he had a severe migraine last night & tried samples but all he did was up mit then up. PT lost his bowels too. PT stated he just "passed out from pain" last night and awoke this morning & no pain - but a numb feeling. Pt not sure how to measure/prevent next episode. Per KFC- pt can try 10mg N.S. samples given to pt. mdm

8/12/13 PC from pt- he was taking the gabapentin 900mg bid until July- & then stopped because he didn't think it was doing anything for him. But he now realizes it was helping & P.T. re he restart as well. Per KFC- pt needs an appt. Appt mdm.

8-14-13 here for F4. reads been doing well & he self stopped taking the Gabapentin. He has been noticing spells of tingling & burning across scar area then notices contracture in scar area & his entire hand including wrist area contracts & curls up. Stays a few second
Even @ other times he thinks the strength is so bad. He said Dr. Sagerman took out in past that there was a lot of scar tissue left.
Now says he had spells like this since enjury only rarely now having it several times a day.

ITEM 07-0578231/8290

CONTINUATION

NAME Lutberg, Paul

ADDRESS

8-14-13 DATE

cont

Has not headache since 5/13.

Exam normal strength in (R) UE
no atrophy in (R) UE
Reflexes =.

Imp Not sure why he is now having dystonia like symptoms. I agree he needs to see Dr Sagerman.

Since he thinks Gabapentin helped will restart it @ 300 BID. Warned him not to stop "cold turkey" would need tapering.

Call 2 weeks for possible ↑.

KLeeMD

9.25.13 Pt called Saw Dr. Kugawa today and was told to call us to up his Gabapentin to 1800 mg per day. Explained to Pt when we received report from Dr Kugawa (we would call him back with RTD recommendations.

9/30/13 Explained to pt that it is up to his treating MD Dr Kugawa manage his care from this point. She has input to offer pt. Pt voiced understanding + will f/u i Nov

ITEM 07-057623 1/9290

MEDICAL EXPENSES

Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: November 20, 2013

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759
800-355-2470 - Acct. MNI711179003233

06/28/11	$1,346.00	$1,346.00

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8409
815-344-5000 - Acct. 11179-00323

06/28/11	$1,323.75	$1,323.75

McHenry Radiologists Imaging Associates
PO Box 220
McHenry, IL 60051-0220
815-759-0800 - Acct. 235130-QMRIG

06/28/11	$50.00	$50.00

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050
815-385-0164

07/01/11	$80.00
07/08/11	80.00
01/14/12	80.00
02/13/12	80.00
03/13/13	100.00
04/24/13	90.00
08/06/12	80.00
Total	$590.00

Associated Neurology SC
Attn: Dr. Levin
1900 Hollister Drive
Suite 250
Libertyville, IL 60048

847-549-0055 - Chart # 18062

07/28/11	$225.00	
08/10/11	930.00	
01/30/12	105.00	
02/13/12	75.00	
03/13/12	1,415.00	
05/16/12	75.00	
02/04/13	115.00	
08/14/13	75.00	
Total		$3,015.00

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive
Suite 6035
Chicago, IL 60675
708-237-7200 - Acct. 1002454

12/02/11	$230.00	
01/06/12	160.00	
Total		$390.00

Dynamic Hand Therapy & Rehab
498 S US Highway 12
Suite C
Fox Lake, IL 60020
847-587-3301 - Acct. 0042000185

12/06/11 thru 10/02/13	$30,190.00	$30,190.00

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katohah, NY 10536
866-959-1100 - Acct. 265065

02/03/12	$3,390.00	$3,390.00

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005
847-956-0099 - Acct. 80330

04/02/12	$116.00
05/14/12	90.00
05/17/12	116.00
06/06/12	171.00
07/09/12	8,338.00

10/22/12 ..... 116.00
12/03/12 ..... 282.00
01/14/13 ..... 90.00
Total $9,319.00

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673
847-618-4747 - Acct. 71265382
07/09/12 ..... $6,366.00 ..... $6,366.00

Northwest Suburban Anesthesiologist, Ltd
8163 Solutions Center
Chicago, IL 60677-8001
800-709-2715 - Acct. 71265382
07/09/12 ..... $1,365.00 ..... $1,365.00

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500
847-506-6622 - Acct. 315684A380
09/25/13 ..... $153.00 ..... $153.00

Walgreens
3925 W. Elm Street
McHenry, IL 60050
815-363-0722
06/28/11 ..... $48.68 ..... $48.68

Walmart Pharmacy
3801 Running Brook Farms Blvd.
Johnsburg, IL 60051
05/16/12 ..... $25.79
06/11/12 ..... 126.08
07/09/12 ..... 16.11
07/19/12 ..... 21.15
08/02/12 ..... 126.08
10/02/12 ..... 126.08
11/16/12 ..... 126.78
12/28/12 ..... 126.54
02/09/13 ..... 126.68
Total $821.29

TOTAL EXPENSES:		$58,367.72
Misc Expenses		
Medical Supplies	$19.61	
Total Misc. Expenses		$19.61
TOTAL ALL EXPENSES		$58,387.33

Insurance

Med Primary: APEX HEALTHCARE INC - FAMILY HEALTH NETWORK (MEDICAID HMO)
Insurance # : 921912416
Med Cash: SLIDING FEE SCHEDULE - DISCOUNT
Prescription: CMX - Member is eligible. details

Chief Complaint

Followup: Organic writer's cramp
Followup: Acquired torsion dystonia

HPI

Here alone.
R forearm discomfort present, but continues to be improved with Neurontin.
Did not switch to 600 mg tabs due to his concern of being unable to cut the tabs.
Under "lots of stress" and not eating (decreased appetite), not sure how much he lost but clothes now loose; disability lawsuit continues and had to file for bankruptcy.

Vitals

None recorded.

Allergies

Allergies not reviewed (last reviewed 02/06/2014)
NKDA

Medications

Reviewed Medications

Name	Date	
alfuzosin ER 10 mg tablet,extended release 24 hr	02/11/15	filled
fluoxetine 20 mg capsule 1 tab at 6a & 6p **Internal Note:** per psychiatrist Dr. McMasters, stopped again in Feb 2014 ("cant afford it") **Note:** stopped on his own in September 2013	09/25/13	entered
naproxen 500 mg tablet 1 tab at 6am & 6pm	01/07/15	filled
Neurontin 600 mg tablet 1.5 tabs at 8a and 12noon, and 2 tabs at bedtime; scored-tabs **Note:** never started this dose due to concern of cutting scored pills	11/06/14	prescribed
oxybutynin chloride ER 5 mg tablet,extended release 24 hr Take 1 tablet(s) every day by oral route.	01/07/15	filled
tamsulosin ER 0.4 mg capsule,extended release 24 hr daily	12/05/14	filled
tizanidine 4 mg tablet daily for neck spasms **Internal Note:** Dr. Naemeka Onwuta	11/06/14	entered
Vitamin D3 2,000 unit tablet 21/2 tabs daily	11/06/14	entered

Problems

- Acquired torsion dystonia
- Organic writer's cramp

Family History

Family History not reviewed (last reviewed 09/25/2013)

Father	- Malignant neoplastic disease (died age: 68) - pancreatic (previously recorded as Cancer)
Sister	- Malignant neoplastic disease - lymphatic cancer (previously recorded as Cancer)

Social History

Social History not reviewed (last reviewed 09/25/2013)
neuro

Smoking Status: Current every day smoker.
Alcohol intake: (Notes: very rare).
Occupation: graphic design (Notes: last day of work 2 yrs ago).
Marital status: Single.
Number of children: 0.
Smoker () (Notes: <1PPD).

Document Review

Discussed the following results:
- Clinical Document - 11/10/14
  Notes - Botox PAP

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

1. post-traumatic dystonia of RUE (writer's cramp)
2. chronic pain syndrome (dysesthesia) that may worsen with intermittent R hand dystonia

1. Organic writer's cramp
333.84: Organic writers' cramp

2. Acquired torsion dystonia
333.79: Other acquired torsion dystonia

Discussion

Discussion Notes

1. will continue to hold on Botox since it did not improve painful spasms (but did weaken hand muscles)
2. continue Neurontin for neuropathic pain; ok to stay on 300 mg tabs (10 tabs/day)
3. f/u in 6 months

Return to Office

- Kathy Kujawa, MD for FOLLOW UP- 45 MIN at ABMG - ALEXIAN NSI EMR on 09/15/2015 at 09:00 AM

Encounter Sign-Off

Encounter signed-off by Kathy Kujawa, MD, 03/10/2015.

Encounter performed and documented by Kathy Kujawa, MD
Encounter reviewed & signed by Kathy Kujawa, MD on 03/10/2015 at 11:29am

Encounter Date: 11/06/2014

Patient

Name	DULBERG, PAUL (44, M) ID# 315684	**Appt. Date/Time**	11/06/2014 01:00PM
DOB	03/19/1970	**Service Dept.**	ABMG - ALEXIAN NSI EMR
Provider	KATHY KUJAWA, MD		
Insurance	Med Primary: MEDICAID-IL: ILLINOIS DEPARTMENT OF PUBLIC AID Insurance # : 921912416 Med Cash: SLIDING FEE SCHEDULE - DISCOUNT Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Followup: Organic writer's cramp

HPI

***HPI Text Box**
Reported by patient.

Notes:

Here for follow up of post traumatic dystonia and resultant chronic pain syndrome, last seen 8/14/14.
Reports "significant" improvement in burning pain in medial aspect of forearm ("30-40%") with current dose of gabapentin (3,000mg/day), but can still be problematic.
Right hand "feesl swollen" today.
Still has intermittent right wrist/finger spasms.
Went to Centegra ER 2x since last visit; worsening of chronic neck pain in August after trying to restain his large dog,

then 1 month ago for severe migraine HA.

Vitals

Wt:	168 lbs 11/06/2014 01:18 pm	**Ht:**	5 ft 8 in 11/06/2014 01:18 pm	**BMI:**	25.5 11/06/2014 01:18 pm
BP:	110/70 sitting R arm 11/06/2014 01:20 pm	**Pulse:**	68 bpm regular 11/06/2014 01:20 pm	**RR:**	18 11/06/2014 01:20 pm
Pain Scale:	0 11/06/2014 01:18 pm				

Allergies

Allergies not reviewed (last reviewed 02/06/2014)
NKDA

Medications

Reviewed Medications

Name	Date
fluoxetine 20 mg capsule 1 tab at 6a & 6p **Internal Note:** per psychiatrist Dr. McMasters, stopped again in Feb 2014 ("cant afford it") **Note:** stopped on his own in September 2013	09/25/13 entered
gabapentin 300 mg capsule as directed up to 10 tabs/day **Internal Note:** 900-900-1200 (3000mg/day) **Note:** stopped in January 2014 (ran out), restarted May 2014, increased in August 2014	08/14/14 prescribed
naproxen 500 mg tablet 1 tab at 6am & 6pm	09/25/13 entered
Neurontin 600 mg tablet 1.5 tabs at 8a and 12noon, and 2 tabs at bedtime; scored-tabs	11/06/14 prescribed
oxybutynin chloride ER 5 mg tablet,extended release 24 hr Take 1 tablet(s) every day by oral route.	11/06/14 entered
tamsulosin ER 0.4 mg capsule,extended release 24 hr daily	11/06/14 entered
tizanidine 4 mg tablet daily for neck spasms **Internal Note:** Dr NNaemeka Onwuta	11/06/14 entered
Vitamin D3 2,000 unit tablet 21/2 tabs daily	11/06/14 entered

Problems

- Acquired torsion dystonia
- Organic writer's cramp

Family History

Family History not reviewed (last reviewed 09/25/2013)

Father	- Malignant neoplastic disease (died age: 68) - pancreatic (previously recorded as Cancer)
Sister	- Malignant neoplastic disease - lymphatic cancer (previously recorded as Cancer)

Social History

Social History not reviewed (last reviewed 09/25/2013)
neuro
Smoking Status: Current every day smoker.
Alcohol intake: (Notes: very rare).

Occupation: graphic design (Notes: last day of work 2 yrs ago).
Marital status: Single.
Number of children: 0.
Smoker () (Notes: <1PPD).

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

1. post-traumatic dystonia of RUE (writer's cramp)
2. chronic pain syndrome (dysesthesia) that may worsen with intermittent R hand dystonia

1. Organic writer's cramp
333.84: Organic writers' cramp
- Neurontin 600 mg tablet - 1.5 tabs at 8a and 12noon, and 2 tabs at bedtime; scored-tabs Qty: 150 tablet(s)
Refills: 11 Pharmacy: QOL MEDS---MCHENRY

2. Acquired torsion dystonia
333.79: Other acquired torsion dystonia

Discussion

Discussion Notes

1. will continue to hold on Botox since it did not improve painful spasms (but did weaken hand muscles)
2. continue Neurontin for neuropathic pain; will switch to 600 mg scored-tabs in an effort to decrease pill-burden
3. f/u in 3-4 months

Return to Office

- Kathy Kujawa, MD for BOTOX INJECTIONS - 45 MIN at ABMG - ALEXIAN NSI EMR on 03/10/2015 at 09:00 AM

Encounter Sign-Off

Encounter signed-off by Kathy Kujawa, MD, 11/06/2014.

Encounter performed and documented by Kathy Kujawa, MD
Encounter reviewed & signed by Kathy Kujawa, MD on 11/06/2014 at 5:27pm

Encounter Date: 08/14/2014

Patient

Name	DULBERG, PAUL (44, M) ID# 315684	**Appt. Date/Time**	08/14/2014 02:30PM
DOB	03/19/1970	**Service Dept.**	ABMG - ALEXIAN NSI EMR
Provider	KATHY KUJAWA, MD		
Insurance	Med Primary: MEDICAID-IL: ILLINOIS DEPARTMENT OF PUBLIC AID Insurance # : 921912416 Med Cash: SLIDING FEE SCHEDULE - DISCOUNT Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. details		

Chief Complaint

Followup: Organic writer's cramp

HPI

***HPI Text Box**
Reported by patient.

Notes:
Here for f/u of writer's cramp/post-traumatic dystonia.
Burning pain improved with re-start of gabapentin, but still problematic.
Botox injection "worked" since he was unable to pick up a coffee cup 1 week post-Botox, but did not improve pain.
Pain in forearm occurs first, followed by involuntary flexion of wrist.

Vitals

Wt: 168 lbs 08/14/2014 02:42 pm	**Ht:** 5 ft 8 in 08/14/2014 02:42 pm	**BMI:** 25.5 08/14/2014 02:42 pm

BP:	112/60 sitting R arm 08/14/2014 02:46 pm	**Pulse:**	78 bpm regular 08/14/2014 02:46 pm	**RR:**	18 08/14/2014 02:46 pm
Pain Scale:	0 08/14/2014 02:42 pm				

Allergies

Allergies not reviewed (last reviewed 02/06/2014)
NKDA

Medications

Reviewed Medications

Name	Date	
cyclobenzaprine 10 mg tablet TK 1 T PO UP TO TID PRN FOR MUSCLE SPASM **Internal Note:** for neck spasm taken only for 5 days	07/17/14	filled
Fish Oil 1200mg daily	09/25/13	entered
fluoxetine 20 mg capsule 1 tab at 6a & 6p **Internal Note:** per psychiatrist Dr. McMasters, stopped again in Feb 2014 ("cant afford it") **Note:** stopped on his own in September 2013	09/25/13	entered
gabapentin 300 mg capsule as directed up to 10 tabs/day **Note:** stopped in January 2014 (ran out), restarted May 2014, increased in August 2014	08/14/14	prescribed
naproxen 500 mg tablet 1 tab at 6am & 6pm	09/25/13	entered

Problems

- Acquired torsion dystonia
- Organic writer's cramp

Family History

Family History not reviewed (last reviewed 09/25/2013)

Father	- Malignant neoplastic disease (died age: 68) - pancreatic (previously recorded as Cancer)
Sister	- Malignant neoplastic disease - lymphatic cancer (previously recorded as Cancer)

Social History

Social History not reviewed (last reviewed 09/25/2013)
neuro
Smoking Status: Current every day smoker.
Alcohol intake: very rare.
Occupation: graphic design last day of work 2 yrs ago.
Marital status: Single.
Number of children: 0.
Smoker () <1PPD.

Document Review

Discussed the following orders:
- gabapentin 300 mg capsule - 08/14/14

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

1. post-traumatic dystonia of RUE (writer's cramp)
2. chronic pain syndrome (dysesthesia) that may worsen with intermittent R hand dystonia

1. Organic writer's cramp
333.84: Organic writers' cramp
- gabapentin 300 mg capsule - as directed up to 10 tabs/day Qty: 300 capsule(s) Refills: 5 Pharmacy: QOL MEDS--MCHENRY

2. Acquired torsion dystonia
333.79: Other acquired torsion dystonia

Discussion
Discussion Notes

1. will hold on Botox today since it did not improve spasms
2. will continue to slowly increase Neurontin for neuropathic pain (see instructions given to patient)
3. f/u in 8-12 weeks

Return to Office
- Kathy Kujawa, MD for FOLLOW UP- 45 MIN at ABMG - ALEXIAN NSI EMR on 10/30/2014 at 05:15 PM

Encounter Sign-Off
Encounter signed-off by Kathy Kujawa, MD, 08/14/2014.

Encounter performed and documented by Kathy Kujawa, MD
Encounter reviewed & signed by Kathy Kujawa, MD on 08/14/2014 at 3:52pm

OP: inj - laceration to (R) forearm
- TX he rendered was Related
- Cubital tunnel TX NOT related to acc
- (D) cubital tunnel, probably not from "overcompensating" that type of inj usually causes

MEMORANDUM

TO: Hans

C: File

FROM: Bob

DATE: October 30, 2013

SUBJECT: **DISCOVERY DEPOSITION OF DR. SCOTT SAGERMAN**

CASE: PAUL DULBERG

On October 15, 2013, I attended the discovery deposition of Dr. Scott Sagerman regarding his treatment of our client, Paul Dulberg. To review, Paul was injured in a chainsaw accident in which his right forearm was significantly injured and damaged after a chainsaw struck it while helping a friend cut down a tree limb.

FAVORABLE TESTIMONY:

In summary, the doctor was able to tie the forearm pain and symptoms being muscle pain and weakness in gripping and pulling things in his forearm to the accident. It was a deep laceration to his forearm and there was some injury to those muscles and nerves which may have been causing the pain in that area. The surgery to the forearm and treatment of that he felt he could easily relate to the accident.

UNFAVORABLE TESTIMONY:

In contrast to the positive points, the cubital tunnel injuries and subsequent surgeries and treatment that Paul had in his right elbow would be difficult to relate back to the accident and the doctor basically said that it was too far distal from where the chainsaw struck him to have been caused by the accident. Furthermore, any subsequent pain Paul would have had to his left arm would also be a stretch to show that that was somehow related to overcompensate him from the right arm. The doctor did note that it was possible, but I don't know that we can firmly count on his testimony to show that to be a viable claim.

SUMMARY:

On October 15, 2013, I attended the discovery deposition of Dr. Scott Sagerman in Paul Dulberg's case. The doctor identified himself as an orthopedic surgeon with specialties in hand and upper extremities. He did have some recollection of Paul from the numerous treatments of him. This accident occurred on 04/28/11 and the first visit with Dr. Sagerman was on 02/27/12. He does know that he had seen Dr. Sek prior to this as well as Dr. Levin and Dr. Talerico.

The doctor did note that he had seen Paul sometime in the past in 2003 and 2004 when he was diagnosed with cubital tunnel syndrome in his left arm. This is an ulnar nerve condition regarding

compression of the nerve in the elbow. The ulnar nerve is the main nerve behind the elbow in the cubital tunnel area. It extends to the inner side of the hand and provides muscle function to the hand. The symptoms of this syndrome would be numbness and tingling on the inside of the hand, mainly the ring finger and the small finger especially. This is significant as it also notes the same symptoms that Paul had displayed, along with others, in his current treatment with Dr. Sagerman. It is further significant because Dr. Sagerman was not able to tie that cubital tunnel syndrome and symptoms to the chainsaw accident. This earlier treatment in 2003 and 2004 showed the same symptoms and the same type of ailment as he was currently claiming of with his right hand now. The onset of this prior treatment was a motor vehicle accident in March, 2002. The doctor did not have anything else specific regarding that. He noted that the common causes of cubital tunnel syndrome is a compression on the nerve. It may be spontaneous or as a result of injury to the vicinity or it can also be from strenuous activities. As to whether it can be caused simply by repetitive use, he doesn't think so. He noted that these quite type of activities generally cannot create such an ailment. Back then, surgery was done to correct the cubital tunnel and it was successful.

Bring us up to more modern times, in February, 2012, he first came to him for the injury resulting from the chainsaw accident. He didn't really know how it occurred but he does have some history in his medical records. In February, 2009, he did send a letter to Dr. Sek regarding his treatment with Paul which he had on his first visit on February 27, 2012. He noted in that letter that Paul developed symptoms of numbness in the small finger as well as weakness and that he treated it with therapy and had an EMG test and an MRI scan. He noted that he did not have the emergency room notes at that time. Regarding the past medical history, it does note some arthritis as well as cervical disc disease. The doctor did not know much about this but it looked like it was in the neck area. There were various medications that he was on at the time as well and noted that they were for anti-inflammatory, a pain medicine, depression, and for muscle spasms. Regarding his exam on that first appointment of February 27, 2012, the doctor basically read from his notes on that day. He noted there was a large scar on the mid forearm between the elbow and the inner side in the wrist. He noted positive Tinel sign which is conducted by tapping over the nerve area and it will show pain or indicated nerve dysfunction or injury. This is a subjective finding. On the cubital tunnel region on the right side, there was sensitivity there also. Wrist and elbow motion were unrestricted and there were no visible signs of atrophy. He noted that he was able to abduct the small finger which is to pull it sideways from the other fingers. His flexion strength was normal. X-rays showed no fracture. He reviewed the films of the MRI from February 3, 2012 and noticed no abnormalities. The MRI report noted weakness in the ring and small finger. He noted that even though there was nothing abnormal in the images that he was not too exclude the possibility that the nerve was still injured. He noted that just because it's not in the film that there may still be some nerve injuries in and around the point where Paul was complaining. The nerve conduction study was also conducted on August 10, 2011, and there was no evidence of neuropathy. This is a negative finding, however, it does not rule out the possibility of the nerve injury. Same as the MRI report. That being said, it is important to note that simply because these two studies, being the MRI and nerve conduction study, did not show anything abnormal, that does not mean that there is not a nerve injury still present. His impression was that the right forearm was a laceration with probable partial ulnar nerve injury. At the scar area, he noted there was a deep laceration there and there may be ulnar nerve issues. It is possible that the nerve could have been directly damaged. He was showing signs of an ulnar nerve injury and local sensitivity in that area of his forearm. That is further suggestions of such a nerve injury. He then sent him for a follow up for an EMG. This is different from a nerve conduction study in that the nerve conduction study studies and evaluates the velocity of the nerve impulses. An EMG tests the muscle to be indicative of an injury. He wanted the EMG because it

will give a more complete analysis. He felt in his opinion that was warranted. They also brought up surgery at that point as a nerve exploration to expose the area of injury. The EMG was ordered and no work restrictions were put into place. The EMG was done with Dr. Levin on March 13. The next visit with Dr. Sagerman was on 04/02/12.

On 04/02/12, Dr. Sagerman had another appointment with Paul Dulberg in his office. He had the EMG tests which was done by Dr. Levin and it showed no evidence of neuropathy. It also showed that the nerve conduction was within normal limits. At that point, there was no documentation that the nerve was not functioning properly. There was still a positive Tinel sign which is subjective and there is still the abduction of the small finger with a positive Wartenbergs sign. It is noted that he did not wish to pursue surgery at this time but there were some recommendations given for strength exercises and scar management.

The next visit was on 05/14/12 and there were new complaints at this point. Paul was having issues with persistent pain with the use of his arm as well as gripping and squeezing things. There was no change in the symptoms of numbness or tingling in his fingers, but that was not bothersome to him. His function in the arm was limited due to pain symptoms. Upon examination, he found that the Wartenberg sign is still positive and his intrinsic strain is slightly weak. This weakness was of the muscles in the hand that control the fingers. There was also no clawing. This would be an abnormal posturing to the finger due to the muscle issues. This is commonly seen in ulnar nerve injuries. However, there were no signs of clawing in Paul on that date. The discussion was had regarding possible surgery for an ulnar nerve neurolysis. This was more of an exploratory issue to find out what was bothering the nerve and to decompress the nerve. His next visit, he was ordered to follow up with a different doctor, being Dr. Sam Biafora. This was to get a second opinion on his pains and it was suggested by Dr. Sagerman to do this.

The next visit was on 05/17/12 with Dr. Sam Biafora. Dr. Sagerman testified as to what Dr. Biafora had noted in his records which we have. He noted in his records that he was to see Paul for a second opinion after being referred to him by Dr. Sagerman. He noted that Paul sustained a chainsaw injury to his right forearm. He noted that Paul told him that he had a partial nerve injury in the emergency room. On this day he noted weakness in his right hand as well as numbness in his right small and ring fingers at rest with occasional tingling. He also reported a shooting, burning type of pain which radiates proximally and distally from the area of the injury in the proximal forearm. He noted this occurs several times a day at rest and more predictably with use. Upon physical exam, Dr. Biafora noted that there is a positive Tinel at the cubital tunnel through to approximately several centimeters distal to that. There was also transverse swelling and a heeled scar several millimeters in length at the proximal third of the forearm on the ulnar side. He also noted that there is a positive Tinel over the scar and at the most volar radial aspect of the scar. There is also significant tenderness at the scar to deep palpation on its most ulnar and distal border near the ulna. He also noted Tinel over the most volar and radial aspect of the scar radiates into the ulnar digits. He noted there was still positive Wartenbergs signs. He did have good strength and flexation of the small and ring fingers but there is pain at the scar on its most dorsal and ulnar border with resisted DIP flexion of the small finger. His assessment was that he felt there was approximately a 1 year status post the laceration and there was likely a partial ulnar nerve injury with ulnar nerve neuritis. Dr. Sagerman explained this to be that at the site of injury, there was a potential at that location for dysfunction of the ulnar nerve. That would explain some of the symptoms Paul has had and he has been experiencing in the ulnar nerve in his hand as well. Dr. Biafora also recommended surgery and felt that the patient "may benefit from an ulnar nerve exploration with neuroysis". He also noted that he would recommend this also

to include the cubital tunnel decompression with possible anterior transposition. He noted that it will not likely improve the motor deficits in his hand but it may improve the pain that Paul is experiencing in his forearm. He noted that he also had separate and distinct tenderness in the most dorsal ulnar aspect of the wound and it may require exploration of that portion of the scar as well. Paul noted that he wanted some time to think about it before he made a decision and will follow up with Dr. Sagerman in four weeks.

The next visit was with Dr. Sagerman on 06/06/12. He noted that prior Dr. Levin had given him Neurontin to treat the nerve pain that he was having. Dr. Sagerman normally doesn't give that drug and he feels there is problems with side effects and there is a better prescription for him to have. On that date he reported no change in his symptoms despite that medication. However, he is noting some side effects from that medication which may interfere with his functioning. Paul at that time noted he would like to proceed with the surgery that was discussed with Dr. Biafora previously. He also had had additional therapy but it was discontinued due to lack of progress. He went on with the physical examination and noted that the right elbow and forearm was unchanged. There was a positive Tinel sign present at the cubital tunnel without ulnar nerve subluxation. The forearm scar is stable with tenderness and sensitivity to percussion. He indicates he had pain when he was trying to grip things which was localized to the forearm region and resulted in increased numbness in his ring and small fingers as well as weakness in his grip. The surgery was discussed and Paul noted that he feels that any improvement in the symptoms will be beneficial in terms of his arm functioning normal. There was a bit of a discrepancy here between this visit and the last one in which on 05/14 it was noted that physical therapy seems to be getting him some benefit but as of the 06/06 appointment, it is noted that physical therapy is not helpful. The doctor could not explain the difference between the 2 or why that was the case.

Paul then had his surgery on 07/09/12. The doctor noted at that time that prior to the surgery regarding Paul's prognosis, the doctor was very guarded in his prognosis. He didn't really know how much improvement there was going to be as it is hard to predict how much better it is when you don't know the extent of the nerve injury, which is all the more reason why you are going in for the exploration to determine the extent of the surgery.

The surgery was on July 9th. The pre-operative diagnosis was the same and this was an outpatient type surgery. There were 2 things that they were going after in the surgery. No. 1 was the right elbow cubital tunnel issue and release and there was also the pain in the right forearm. Regarding the cubital tunnel release which is done in the right elbow, it did show thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel with local constriction. This basically meant a pinched nerve in the elbow area. This was in essence the same type of procedure or injury Paul had suffered back in 2003 and 2004. However, the doctor could not 100% confirm that as he did not have those records. What he found would be consistent with cubital tunnel syndrome and its causes. He did note regarding the surgery to the right forearm that there was a very deep laceration into the muscle which covered the nerves but the muscle fibers were actually in tact. He noted in his report that the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. He noted that the nerve was not cut and there was no visible scarring around the ulnar nerve at that level. The findings in this were important for us in that it showed that these were consistent with his complaints. It seemed that from the laceration, what he found would account for Paul's symptoms. He basically went on to discuss the scarring of the muscle and whereas it is maybe difficult to say, he felt the scarring of the muscle may have caused the ailments that Paul was suffering from. He also noted

that as far as the cubital tunnel, that would account for the ailments that Paul was suffering in his ring and pinky finger. These are two separate independent findings at two different sites. In summary as I will go over later, it basically noted that the doctor would tie the injury to the forearm and that weakness and lack of grip to our accident. However, he would not tie the cubital release in his elbow to the accident as he felt it was too distal from where the accident actually occurred.

The next visit was on 07/11/12. There did not seem to be any real issues at that time and the patient was doing well. His function had increased and his symptoms had improved and his strength had increased. He still had some soreness in his elbow and that was normal. As far as restrictions at work, he did not feel that Paul should have any as doing work sitting at a computer.

The next visit was on 07/23/12. At that time, Paul seemed to be doing fine.

He then saw him on 07/30/12 and noted also that he was doing well and his arm feels much better and he has increased function and feels that his symptoms have improved.

The next visit was on 08/27/12. On this, he noted that Paul was doing okay and that his elbow was sore and he was participating in therapy. His progress at this time was satisfactory and his grip strength had increased and his hand function had improved. There were no signs of infection or any other issues. He was told to continue his therapy and come back in about 6 weeks.

His next visit was on 10/22/12 and he noted he was feeling better. His function has improved and he is gaining strength. The sensation in his fingers has improved and he is pleased he can now grasp objects better then he did before the surgery. He still has some difficulty with certain activities regarding gripping and pinching of small objects. He was examined and it was noted that he will continue his home exercises as well as those given by his therapist. He can also advance in his activities is as tolerated. He noted on this time that they discussed work activities and that Paul noted he is currently unemployed and plans to pursue disability. They noted the next visit in 6 weeks.

The next visit was on 12/03/12. On this date, he was in for an evaluation of his right hand and right arm. He noted he still has some weakness and pinch strength and difficulty grasping objects. But he is performing his home exercises. It is at this point that he also notices an onset of left elbow symptoms with no proceeding trauma. After an examination, the doctor's impression was that he had a left lateral epicondylitis. This is a degeneration of the elbow which basically is tennis elbow. Causes are normal wear and tear and are degenerative. The fibers lose their strength and it causes issues. This can be caused by blunt trauma or certain actions can cause it also. As to whether it will be caused by over compensation, that would seem to be a stretch, according to Dr. Sagerman. Most of it was the same and this examination was predominantly on the left arm and again, as stated before, he did not really feel that these injuries would be caused by over compensating from the injury he had to his right arm.

The next visit was on 03/25/13 and all is really noted regarding the right arm on this visit is he did have some intermittent soreness in the right forearm area. Nevertheless, the scar was stable and there was mild sensitivity at the most ulnar aspect of it. At the right forearm scar, a padded elbow sleeve was provided for protection and he may follow up on an as needed basis if symptoms worsen. On that date, it looks like he gave a steroid injection, but was not asked significantly about this during the deposition. Again, this seems to be an unrelated ailment.

The next visit was on 08/26/13. On that visit, he did come in for some slight intermittent pains in his right forearm in the muscle cramping area. He noted that the right forearm scar was stable with no focal tenderness to sensitivity. But he did describe intermittent muscle spasms with discomfort despite the medication. Dr. Kathleen Kajawa suspects possible dystonia. He was then referred out to a neurologist.

Regarding the doctor's opinions of his injuries in relation to the chainsaw accident, he noted that the chainsaw injury was a deep laceration of the right forearm. He felt that the injury to the forearm from the chainsaw was definitely related to our accident. He felt also that the surgery to that forearm was also related to the accident and the pain and symptoms that he was feeling in his right forearm would all be relatable to the chainsaw accident. As for the prognosis of that, he felt Paul should remain stable within a certain degree of certainty, the symptoms should remain unchanged as to what he would expect.

Regarding the cubital tunnel syndrome, he did not feel that that was related to the accident. He felt that the injury to the elbow where the cubital tunnel is located as well as the surgical procedure that they did there was too far from the forearm to relate it to the accident. As to whether the injury to the forearm could be some kind of a by-product of the cubital tunnel, he really didn't think so. He felt that the injury from the chainsaw was too distal to the elbow to effect the elbow in the way that they found. The injury would account for the scarring as well as the lack of grip and weakness that he was having in his forearm. However, the cubital tunnel would account more for the numbness and tingling in his fingers and that he could not attribute the accident.

Regarding any disability, as for the forearm, he would have difficult time pushing, pulling or lifting certain things at times. He would have to accommodate for that impairment in doing those activities. He could do some of those things to the extent that his forearm and the strength would allow him to do that. As to whether he can work at all from the forearm injury, he can work as it is tolerated. The doctor did note as to whether that makes him totally disabled would probably not be the case. Especially with the fact that he works at a computer most of the time. As to whether there is any overlap between the injury to the forearm which is relatable and the cubital tunnel which does not seem to be relatable, the doctor did note that you really have to look at the medical records to evaluate which of the charges could be deemed relatable versus not. They are two distinct and separate surgeries and incidents, but nevertheless, there are probably is some overlap between the two of them and there is treatment for both areas on any number of the doctor visits. As to whether the left elbow pain could anyway be related, the doctor felt it would be quite a stretch to do that but it really would depend on what you are doing with your left elbow. He would not commit. After surgery, as to whether he had full disability, it really depended on his function and his abilities to do whatever it is he was being asked to do. Again, as to whether it is a total disability, the doctor felt it was hard to say. But if it was a computer based job and he would not have to do any strenuous work, such as pulling, pushing, lifting, or whatnot, and if he stuck mostly to the computer-based jobs, he doesn't know if he could say he would be totally disabled.

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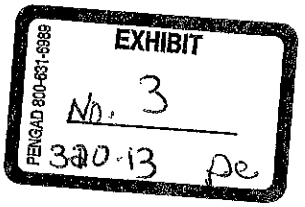

MidAmerica
Hand to Shoulder Clinic

OAKBROOK TERRACE
1 TransAm Plaza Drive,
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Oakbrook Terrace, IL 60181
P 630.317.7007
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1419 Peterson Road
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SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: **No data for Vitals.**
Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:
DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:
Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm musoles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription
Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created Date: 12/5/2012 9:18:53 AM - Referring Physician MG

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SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4648 Aden Court
Mchenry, IL 60051 PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal.
I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis
MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES: nkda
SOCIAL HISTORY Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker

PHYSICAL EXAM:
Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Re: **Date:** June 21, 2012 **Patient:** Dulberg, P[illegible]R **DOS:** 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

Fax Created : Dated 1/9/2012 3:25:12 PM
Fax Created : Dated 1/10/2012 3:13:28 PM

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

MOTION FOR GOOD FAITH FINDING AND FOR ORDER OF DISMISSAL WITH PREJUDICE BY DEFENDANTS BILL McGUIRE AND CAROLYN McGUIRE

Defendants, BILL McGUIRE (aka William McGuire) and CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, P.C., hereby move this Court to dismiss all claims against them with prejudice and further request this Court to find that the settlement set forth in this motion was made in good faith and within the meaning and contemplation of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq. In support of their Motion, Defendants Bill McGuire and Carolyn McGuire state as follows:

1. On or about March 15, 2012, Plaintiff Paul Dulberg filed a multiple count complaint seeking damages for personal injuries he generally attributes to a chain saw incident that occurred on or about June 28, 2011, at and upon the premises owned by Defendants Bill McGuire and Carolyn McGuire, known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.

2. Plaintiff generally alleges that Defendant David Gagnon injured him with a chain

saw while working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire. Defendant David Gagnon denies any and all liability for Plaintiff Paul Dulberg's injuries. Defendants Bill McGuire and Carolyn McGuire also deny any and all liability for Plaintiff Paul Dulberg's injuries and further deny that Defendant David Gagnon was under their control and supervision and working or acting as their employee or agent at the time of the alleged chain saw incident.

3. On February 1, 2013, Defendants Bill McGuire and Carolyn McGuire filed a cross-claim for contribution against Defendant David Gagnon. The cross-claim for contribution seeks contribution from Defendant David Gagnon for injuries claimed by Plaintiff Paul Dulberg and is based upon the terms and provisions of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq.

4. Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire have negotiated a settlement of all claims which Plaintiff brought or could have brought against Defendants Bill McGuire and Carolyn McGuire. The settlement was negotiated at arm's length over a substantial period of time, and with the advice of counsel on the part of both parties. There is no collusion or fraud on the part of any of the parties to the negotiation.

5. Pursuant to Section 100/2(c) of the Contribution Act, an alleged tortfeasor that settles with a claimant in good faith shall be discharged from liability for contribution to any other tortfeasors.

6. Defendants Bill McGuire and Carolyn McGuire deny and continue to deny liability to Plaintiff Paul Dulberg and further contest the nature and scope of the injuries Plaintiff Paul Dulberg attributes to the subject chain saw incident.

7. The lump-sum payment of $5,000.00 to Plaintiff Paul Dulberg by or on behalf of

Defendants Bill McGuire and Carolyn McGuire constitutes adequate consideration for purposes of a good faith settlement under Section 100/2(c) of the Contribution Act.

8. Defendants Bill McGuire and Carolyn McGuire respectfully suggest that the settlement with Plaintiff Paul Dulberg is and was made in good faith within the meaning of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/2(c).

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, respectfully pray for the Court as follows:

(1) For an Order declaring that the settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire was made and entered into in good faith within the meaning of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq.;

(2) For an Order dismissing all civil complaints, cross-claims, counterclaims and contribution claims currently pending against Defendants Bill McGuire and Carolyn McGuire, and arising out of or otherwise connected to the injuries claimed by Plaintiff Paul Dulberg, with prejudice;

(3) For an Order declaring that any potential future claims against Defendants Bill McGuire and Carolyn McGuire, including, without limitation, claims for contribution arising out of or otherwise connected to the chain saw incident and injuries claimed by Plaintiff Paul Dulberg, are barred;

(4) For an Order declaring for purposes of Illinois Supreme Court Rule 304(a) that there is no just reason to delay enforcement or appeal of the Dismissal Order; and

(5) That this Court enter an order granting such further relief as this Court deems just.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants,
by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/9/14.

RBM

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS)
) **SS**
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

MOTION FOR IME OF PLAINTIFF

Defendant(s), David Gagnon, by and through the undersigned counsel, move(s) this Court for the entry of an Order for an IME pursuant to S.C.R. 215 to be ordered, and as grounds therefore state(s):

1. Defendant requests that the plaintiff submit to an I.M.E. pursuant to S.C.R. 215 by Dr. Craig Phillips, C.V. attached.

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824

By: _____
SHOSHAN E. REDDINGTON
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s):
David Gagnon

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

MOTION TO BAR NEW OPINIONS/MEDICAL TREATMENT OF DR. KUJAWA AND COMPEL PLAINTIFF EXPERT DEPOSITION

Defendant(s), David Gagnon, by and through the undersigned counsel, move(s) this Court for the entry of an Order to bar new medical opinions and treatment by Dr. Kujawa and compel discovery and deposition of plaintiff's new expert and as grounds therefore state(s):

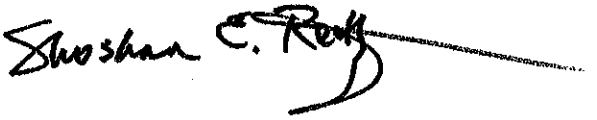
1. Dr. Kujawa's discovery deposition was taken on 7/23/14 and plaintiff's last medical treatment at that time was in May 2014 with Dr. Kujawa.

2. Plaintiff recently made a policy demand in this matter and based that demand on Dr. Kujawa's new opinions as to medical care that plaintiff continued to receive from her that were not disclosed and the opinions that medical care will be necessitated for the remainder of plaintiff's life at an estimated cost of almost $ 300,000.00.

3. Plaintiff recently disclosed a new expert arborist opinion and defense requests the opportunity to take the discovery deposition of the expert and receive answers to written discovery requests.

Wherefore, defendant requests that this Honorable Court bar the new opinions and medical care of Dr. Kujawa as not being properly disclosed and seasonally supplemented and for the discovery deposition and answers to discovery from plaintiff's new expert arborist or for whatever other relief the Court deems appropriate.

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824



By: _____

SHOSHAN E. REDDINGTON
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s):
David Gagnon

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

MOTION TO COMPEL

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order compelling Defendant David Gagnon to answer Interrogatories and a Request for Production previously propounded upon him. In support of their Motion, the movants further state as follows:

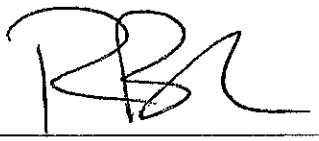
1. On September 27, 2012, the Defendants Bill McGuire and Carolyn McGuire served upon the Defendant David Gagnon written interrogatories and a production request to be answered within 28 days.

2. On October 29, 2012, during efforts to schedule party depositions, counsel for the movants orally requested Defendant Gagnon's discovery responses. The subject was revisited during Plaintiff Dulberg's deposition on January 24, 2013.

3. As of the date of writing, Defendant Gagnon has failed to cooperate in discovery by failing to answer the movant's written interrogatories and production request.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order compelling Defendant GAGNON to provide responses to Defendants' written discovery within seven (7) days.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By 

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

RBL

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

MOTION TO CONTINUE TRIAL

Defendant(s), David Gagnon, by and through the undersigned counsel, move(s) this Court for the entry of an Order to continue the Trial of this matter and as grounds therefore state(s):

1. This mater is set for trial on 9/26/16.

2. Plaintiff has recently disclosed a new expert opinion and discovery and deposition of the expert has been requested by the defendant.

3. The defense reserves the right and is entitled to name an expert in response to the plaintiff's arborist after plaintiff's expert discovery and deposition have been completed.

Wherefore, the defendant respectfully requests that the trial of this matter be stricken and/or continued for a new date.

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824

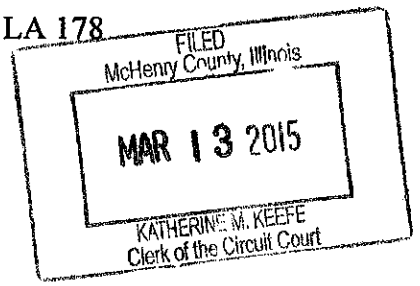
Shoshan E. Redd

By: _____

SHOSHAN E. REDDINGTON
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s):
David Gagnon

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178



MOTION TO WITHDRAW AS COUNSEL

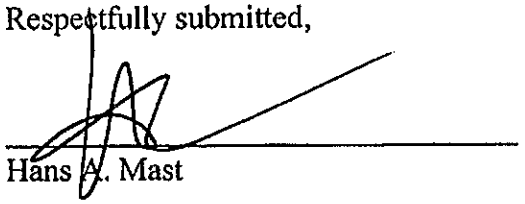
NOW COME the LAW OFFICES OF THOMAS J. POPOVICH, P.C., attorneys for the Plaintiff, PAUL DULBERG, and hereby move to withdraw as counsel for the Plaintiff in this cause pursuant to Supreme Court Rule 13. In support of said Motion, the attorneys hereby state as follows:

1. Communication between Plaintiff and Plaintiff's counsel has broken down resulting in an unworkable situation for both attorney and client.

2. By copy of this motion, Plaintiff is hereby advised that, to ensure notice of any further action in this cause, she should retain new counsel or within 21 days of the hearing of this motion and withdrawal of counsel, retain other counsel or file her own supplementary appearance with the clerk of the circuit court, stating an address at which service of notices or other papers may be had upon her.

WHEREFORE, the LAW OFFICES OF THOMAS J. POPOVICH, P.C. respectfully requests that this Court enter an Order granting the LAW OFFICES OF THOMAS J. POPOVICH, P.C. leave to withdraw as counsel for the Plaintiff, PAUL DULBERG.

Respectfully submitted,



Hans A. Mast

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
(815) 344-3797
Attorney No. 06208070

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

PRINTED BY: MRV0127
DATE 09/14/2012

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

NOTICE OF TAKING DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: CAROLINE MCGUIRE and BILL MCGUIRE C.
DATE: November 29, 2012
TIME: 1:00 p.m.
PLACE: Q & A Reporting Service
7115 Virginia Road
Suite 105
Crystal Lake, Illinois, 60014

YOU ARE HEREBY requested pursuant to ILSC Rule 204 to produce the above listed deponent for the purpose of discovery deposition at the above listed time and place before Merrill Legal Solution, certified shorthand court reporters, or some other office duly authorized by law to take depositions.

The deponents are requested, pursuant to Illinois Supreme Court Rule 204, to produce the following documents and/or tangible things at the aforesaid time and place:

Any and all documents disclosed in Plaintiff's answers to interrogatories and response to Defendant's request for production of documents.

I HEREBY CERTIFY that on September 5, 2012 , a true and correct copy of the foregoing Notice of Taking Deposition was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF McGERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178 **NOTICE OF DISCOVERY DEPOSITION**

TO: Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

On **December 27, 2012, at 1:30 p.m.**, at the Law Offices of Thomas J. Popovich, 3416 West Elm Street, McHenry, Illinois, the discovery deposition of **PAUL DULBERG** will be taken before a certified court reporter on oral interrogatories for discovery in this case.

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700 fax: 226-7701

CERTIFICATE OF SERVICE

I certify that on November 20, 2012, I served this notice by mailing a copy to each person to whom it is directed.

cc: Deb Fisher Reporting

depnot.plf (mj)

THOMAS J. POPOVICH, P.C.
3416 W. ELM ST
MCHENRY, IL 60050
ATTN: HANS A. MAST

Not Ordered

CASE NAME: **DULBERG v GAGNON, ET AL.**

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

NOTICE OF DISCOVERY DEPOSITION

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on **November 26, 2012**, we shall for the purpose of discovery, take the deposition of **DAVID GAGNON** at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on October 1, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

0245281968.1/SKO/ACCARDO/md

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

BL

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Kujawa
DATE: July 23, 2014
TIME: 1:30 PM
PLACE: Dr. Kujawa
2614 Patriot Blvd.
Glenview, IL 60026

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on 4-9-14, a true and correct copy of the foregoing Notice of Deposition was faxed and mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

815 344-5280

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

NOTICE OF DISCOVERY DEPOSITIONS

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

YOU ARE HEREBY NOTIFIED that on **AUGUST 30, 2012**, we shall for the purpose of discovery, take the depositions of

Bill McGuire at 12:00 P.M.; and
Caroline McGuire at 1:00 P.M.

at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on June 25, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Karen Levin
DATE: October 1, 2013
TIME: 9:00 AM
PLACE: Associated Neurology
1900 Hollister Drive, Suite 250
Libertyville, IL 60048

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on 8-30-13, a true and correct copy of the foregoing Notice of Deposition was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Apiwat W Ford
DATE: October 23, 2013
TIME: 2:00 PM
PLACE: Northern IL Medical Center
4201 Medical Center Drive
McHenry, IL 60050

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on 9/18/13, a true and correct copy of the foregoing Notice of Deposition was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **19859**
E-MAIL/ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

0245281968.1/SKO/ACCARDO/mll

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

11/20

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

COPY

D ✓

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Apiwat Ford
DATE: November 20, 2013
TIME: 10:00 AM
PLACE: Northern IL Medical Center
4201 Medical Center Drive
Medical Building Office, B100
McHenry, IL 60050

4309- med off Building

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

Conf'd 11/19
w/ Diane (Accardo)

I HEREBY CERTIFY that on 11/5/13, a true and correct copy of the foregoing Notice of Deposition was faxed mailed to:

Hans A. Mast 815 344-5280
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Cicero, France, Barch & Alexander PC 815 226-7701
6323 East Riverside Blvd
Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: Perry Accardo
PERRY A. ACCARDO
Firm No.: 19859
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

0245281968.1/SKO/ACCARDO/md

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff(s), vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendant(s).	CASE NO. 12LA000178

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Apiwat Ford
DATE: November 20, 2013
TIME: 10:00 AM
PLACE: Northern IL Medical Center
4201 Medical Center Drive
Medical Building Office, B100
McHenry, IL 60050

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on 11/5/13, a true and correct copy of the foregoing Notice of Deposition was faxed mailed to:

Hans A. Mast 815 344-5280
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Cicero, France, Barch & Alexander PC 815 226-7701
6323 East Riverside Blvd
Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: Perry Accardo
PERRY A. ACCARDO
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff(s), vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendant(s).	CASE NO. 12LA000178

BL DL

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Sagerman
DATE: October 15, 2013
TIME: 9:00 AM
PLACE: Hand Surgery Associates
515 W. Algonquin Road, Suite 120
Arlington Heights, IL 60005

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on 8/30/23, a true and correct copy of the foregoing Notice of Deposition was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9821

By: _____

PERRY A. ACCARDO
Firm No.: **19859**
E-MAIL ADDRESS:
ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

COPY

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FILED
OCT - 1 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

NOTICE OF FILING

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on September 27, 2012, or soon thereafter, there was filed with the Clerk of the Circuit Court of McHenry County, 2200 N. Seminary Avenue, Woodstock, Illinois, **PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE,** a copy of which is attached hereto.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to whom it is directed at the address above indicated by depositing it in the U.S. Mail in McHenry, Illinois before 5:00 p.m. on September 28 2012.

HANS A. MAST, Attorney For Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, Illinois 60050
(815) 344-3798
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Notices\Notice of Filing 9-27-12.wpd

COPY

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
FEB - 6 2013
KATHERINE M. KREFFE
McHENRY CTY. CIR. CLK.

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

NOTICE OF FILING

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on February 4, 2013, or soon thereafter, there was filed with the Clerk of the Circuit Court of McHenry County, 2200 N. Seminary Avenue, Woodstock, Illinois, **PLAINTIFF'S REPLY TO DEFENDANTS, BILL AND CAROLYN MCGUIRE'S AFFIRMATIVE DEFENSE,** a copy of which is attached hereto.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to whom it is directed at the address above indicated by depositing it in the U.S. Mail in McHenry, Illinois before 5:00 p.m. on February 4, 2013.

HANS A. MAST, Attorney For Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, Illinois 60050
(815) 344-3798
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Notices\Notice of Filing 2-4-13.wpd

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

NOTICE OF MOTION

TO: Baudin & Baudin
2100 N. Huntington Drive, STE C
Algonquin, IL 60102

On **6/13/16**, at **9:00 a.m.** or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge , or any judge sitting in Room 201, of the McHenry County Courthouse*, 2200 N Seminary Ave, Woodstock, Illinois, and then and there move(s) this Honorable Court to bar new opinions and medical care disclosed by Dr. Kujawa and Compel Plaintiff's Expert's Deposition.

LAW OFFICE OF STEVEN A. LIHOSIT
Firm No.: **19859**
E-MAIL ADDRESS: ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s), David Gagnon
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824

PROOF OF SERVICE BY MAIL

I, SHOSHAN E. REDDINGTON, certify that I served this notice by mailing a copy to the above named attorney(s), at the above address(s), and depositing the same in the U.S. mail at 200 N. LaSalle Street, Suite 2550, Chicago, Illinois, at 4:30 p.m., on 6/6/16, with proper postage prepaid.

Signature

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

NOTICE OF MOTION

TO: Baudin & Baudin
2100 N. Huntington Drive, STE C
Algonquin, IL 60102

On **June 13, 2016**, at **9:00 a.m.** , or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge , or any judge sitting in Room 201, of the McHenry County Courthouse*, 2200 N Seminary Ave, Woodstock, Illinois, and then and there move(s) this Honorable Court to Continue the Trial.

LAW OFFICE OF STEVEN A. LIHOSIT
Firm No.: **19859**
E-MAIL ADDRESS: ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s), David Gagnon
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824

PROOF OF SERVICE BY MAIL

I, SHOSHAN E. REDDINGTON, certify that I served this notice by mailing a copy to the above named attorney(s), at the above address(s), and depositing the same in the U.S. mail at 200 N. LaSalle Street, Suite 2550, Chicago, Illinois, at 4:30 p.m., on 6/6/16, with proper postage prepaid.

Signature

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF MOTION

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the **30th day of January, 2013, at 9:00 o'clock A.M.,** or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion for Leave to File Cross-Claim for Contribution against Defendant David Gagnon; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

RBC

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF MOTION

TO: Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY notified that on the **16th day of April, 2014, at 9:00 o'clock A.M.**, or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room (#201), or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: **McGuire Defendants' Motion to Vacate Protective Order**; At which time and place you may appear, if you so desire.

Dated: January 9, 2014

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, PC
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on April 4, 2014.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

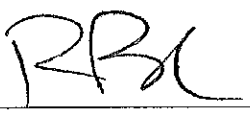
NOTICE OF MOTION

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the **30th day of January, 2013, at 9:00 o'clock A.M.**, or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion for Leave to File Amended Answer and Affirmative Defense; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By 
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

RBC

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF MOTION

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the **30th day of January, 2013, at 9:00 o'clock A.M.,** or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion to Compel; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF MOTION

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the **22nd day of January, 2014, at 9:00 o'clock A.M.**, or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room (#201), or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: **Defendant Bill McGuire and Defendant Carolyn McGuire's Motion for Good Faith Finding and for Order of Dismissal with Prejudice**; At which time and place you may appear, if you so desire.

Dated: January 9, 2014

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Attorney Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/9/14.

RBC

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

FILED
JUN 06 2016
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

NOTICE OF MOTION

TO: Baudin & Baudin
2100 N. Huntington Drive, STE C
Algonquin, IL 60102

On **6/13/16**, at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge , or any judge sitting in Room 204, of the McHenry County Courthouse*, 2200 N Seminary Ave, Woodstock, Illinois, and then and there move(s) this Honorable Court Compel Plaintiff to submit to a Medical Examination.

LAW OFFICE OF STEVEN A. LIHOSIT
Firm No.: **19859**
E-MAIL ADDRESS: ILLINOISLEGAL@ALLSTATE.COM
Attorney Bar No.: 6206186
Attorney for Defendant(s), David Gagnon
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1014
Telephone: (312) 558-9824

PROOF OF SERVICE BY MAIL

I, SHOSHAN E. REDDINGTON, certify that I served this notice by mailing a copy to the above named attorney(s), at the above address(s), and depositing the same in the U.S. mail at 200 N. LaSalle Street, Suite 2550, Chicago, Illinois, at 4:30 p.m., on 6/6/16, with proper postage prepaid.

Signature

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
McHenry County, Illinois
MAR 13 2015
KATHERINE M. KEEFE
Clerk of the Circuit Court

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

COPY

NOTICE OF MOTION

TO: *VIA FIRST CLASS MAIL:*
Perry Accardo
Law Office of Steven A. Lihosit
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1092

VIA CERTIFIED MAIL:
Paul Dulberg
4606 Hayden Court
McHenry, IL 60051

On **March 13, 2015 at 9:00 a.m.**, or as soon thereafter as counsel may be heard, I shall appear before the **Honorable Thomas A. Meyer** or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present **MOTION TO WITHDRAW AS COUNSEL**, a copy of which is hereby served upon you

AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on March 5, 2015 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney ID No. 06208070

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Sent To: Paul Dulberg
Street, Apt. or PO Box: 4606 Hayden Court
City, State,: McHenry, IL 60051

PS Form 3800, August 2006 — See Reverse for Instructions

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

FILED
McHenry County, Illinois
JUL 31 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

NOTICE OF MOTION

To: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

On **July 31, 2012 at 9:00 a.m.**, or as soon thereafter as counsel may be heard, I shall appear before the **Honorable Michael T. Caldwell** or any judge sitting in his stead, in courtroom 204 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present **PLAINTIFF'S MOTION FOR PROTECTIVE ORDER**, a copy of which is hereby served upon you

AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on July 24, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-24-12.wpd

STATE OF ILLINOIS)
) **SS**
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff(s), vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendant(s).	CASE NO. 12LA000178

NOTICE OF SERVICE OF INTERROGATORIES TO CO-DEFENDANT

Co-Defendant, BILL MCGUIRE, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Co-Defendant is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice together with the Interrogatories were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

INTERROGATORIES TO CO-DEFENDANT

BILL MCGUIRE

INSTRUCTIONS: Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State the full name of the Defendant answering as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number, and, if different, give the full name as well as the current address, date of birth, marital status, driver's license number and issuing state, and social security number of the individual signing the answers.

ANSWER:

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

ANSWER:

3. State the full name, and current residence address of each person not named (in 2) above who was present or claims to have been present at the scene immediately before, at the time of or immediately after said occurrence.

ANSWER:

4. As a result of said occurrence were you made a Defendant in any criminal or traffic case? If so, state the court, the case number, the charge or charges placed against you and whether or not you pleaded guilty thereto and the final disposition.

ANSWER:

5. Were you the owner of the chainsaw used in the alleged occurrence? If so, was said chainsaw repaired and, if so, when, where, and by whom and what was the cost of said repairs?

ANSWER:

6. If you were the owner of the chainsaw in question, were you named or covered under any policy of liability insurance effective on the date of said occurrence and, if so, state the name of each such company, the policy number, the effective period, and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

ANSWER:

7. Do you have any information tending to indicate:

(a) That any Plaintiff was, within the five years immediately prior to said occurrence confined in a hospital, treated by a physician or x-rayed for any reason other than

personal injury? If so, state the Plaintiff so involved and give the name and address of each hospital, physician, technician or clinic, the approximate date of such confinement or service and state, in general the reason for such confinement or service.

(b) That any Plaintiff had suffered serious personal injury prior to the date of said occurrence? If so, state each Plaintiff so involved and state when, where and, in general, how he or she was injured and describe, in general, the injuries suffered.

(c) That any Plaintiff has suffered either (a) any personal injury or (b) serious illness, since the date of said occurrence? If so, state each Plaintiff so involved and, for (a) state when, where and, in general how he or she was injured and describe, in general, the injuries suffered and for (b) state when he or she was ill and describe, in general the illness.

(d) That any Plaintiff has ever filed any other suit for his or her own personal injuries? If so, state each Plaintiff so involved and give the court in which filed, the year filed and the title and docket number of said case.

ANSWER:

8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subjects thereof and who now has custody of them, and the name, address and occupation and employer of the person taking them.

ANSWER:

9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;

(b) The place of such conversations and/or statements;

(c) All persons present for the conversations and/or statements;

(d) The matters and things stated by the person in the conversations and/or statements;

(e) Whether the conversation was oral, written and/or recorded; and

(f) Who has possession of the statement if written and/or recorded.

ANSWER:

10. Do you know of any statements made by any person relating to the occurrence complained of by the Plaintiff? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written and/or oral.

ANSWER:

11. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER:

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER:

13. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER:

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If you answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

ANSWER:

15. What was the purpose and/or use for which the chainsaw was being operated at the time of the occurrence?

ANSWER:

16. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER:

17. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

ANSWER:

18. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you within the last five years and the dates of each such examination.

ANSWER:

19. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

ANSWER:

20. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:

(a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;

(b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;

(c) List the name(s) and address(s) of each controlled expert witness(s) and identify:

(i) The subject matter on which the witness(s) will testify;

(ii) The conclusions and opinions of the witness(s) and the bases therefore;

(iii) The qualifications of the witness(s), and

(iv) Any reports prepared by the witness(s) about the case.

ANSWER:

21. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or of the injuries and damages claimed to have resulted therefrom.

ANSWER:

22. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

BILL MCGUIRE

STATE OF ILLINOIS)
) **SS**
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

NOTICE OF SERVICE OF INTERROGATORIES TO PLAINTIFF

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice, together with the Interrogatories, were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

INTERROGATORIES TO PLAINTIFF

INSTRUCTIONS: Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State your full name, your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number.

ANSWER:

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit (hereinafter referred to simply as the occurrence).

ANSWER:

3. State the full name and current residence address of each person, not named in interrogatory No. 2 above, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

ANSWER:

4. As a result of the occurrence, were you made a Defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

ANSWER:

5. Describe the personal injuries sustained by you as a result of the occurrence.

ANSWER:

6. State whether you have recovered from the injuries you allege to have suffered in the occurrence complained of. If not, describe the nature and extent of any continuing complaint or disability and state the name and address of each health care provider with whom you treat or consult for any continuing complaint or disability.

ANSWER:

7. State the name and address of your primary care physician or any other physician or health care provider who examined and/or treated you within the last 10 years. State the reason for such examination or treatment.

ANSWER:

8. With regard to your injuries, state:

(a) The name and address of each attending physician and/or health care professional;

(b) The name and address of each consulting physician and/or other health care professional;

(c) The name and address of each person and/or laboratory taking any X-ray, MRI and/or other radiological tests of you;

(d) The date or inclusive dates on which each of them rendered you service;

(e) The amounts to date of their respective bills for services; and

(f) From which of them you have written reports.

ANSWER:

9. As the result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

ANSWER:

10. As a result of your personal injuries, were you unable to work? If so, state:

(a) The name and address of your employer, if any, at the time of the occurrence, your wage and/or salary, and the name of your supervisor and/or foreperson;

(b) The date or inclusive dates on which you were unable to work;

(c) The amount of wage and/or income lost claimed by you; and

(d) The name and address of your present employer and your wage and/or salary.

ANSWER:

11. State any and all other expenses and/or losses you claim as a result of the occurrence. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

ANSWER:

12. Had you suffered any personal injury or prolonged, serious and/or chronic illness prior to the date of the occurrence? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

ANSWER:

13. Are you claiming any psychiatric, psychological and/or emotional injury as a result of this occurrence? If so, state:

(a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;

(b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the occurrence; and

(c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

ANSWER:

14. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the occurrence? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or the illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

ANSWER:

15. Have you ever filed any other suits for your own person injuries? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

ANSWER:

16 Have you ever filed a claim for and/or received any workers' compensation benefits? if so, state the name and address of the employer against whom you filed for and/or received benefits, the date of the alleged accident or accidents, the description of the alleged accident or accidents, the nature of you injuries claimed and the name of the insurance company, if any, who paid any such benefits.

ANSWER:

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address occupation and employer of the person taking them.

ANSWER:

18. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or to the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;

(b) The place of such conversations and/or statements;

(c) All persons present for the conversations and/or statements;

(d) The matters and things stated by the person in the conversations and/or statements;

(e) Whether the conversation was oral, written and/or recorded; and

(f) Who has possession of the statement if written and/or recorded.

ANSWER:

19. Do you know of any statements made by any person relating to the occurrence? If so, give the name and address of each such witness, the date of the statement, and state whether such statement was written and/or oral.

ANSWER:

20. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER:

21. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER:

22. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER:

23. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in you complaint? If your answer is in the affirmative, state:

(a) The amount of such payment and/or other consideration received;

(b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and

(c) Whether there are any documents evidencing such payment and/or other consideration received.

ANSWER:

24. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER:

25. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:

(a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
(b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;
(c) List the name(s) and address(s) of each controlled expert witness(s) and identify:

(i) The subject matter on which the witness(s) will testify;
(ii) The conclusions and opinions of the witness(s) and the bases therefore;
(iii) The qualifications of the witness(s), and
(iv) Any reports prepared by the witness(s) about the case.

ANSWER:

26. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or the injuries and damages claimed to have resulted therefrom.

ANSWER:

27. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

PAUL DULBERG

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich

Hans A. Mast
John A. Kornak†
Diana M. Reiter

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

December 5, 2011

VIA CERTIFIED MAIL:

Auto Owners Insurance
Tom Malatia, Adjuster
6000 Tallgate Road, Suite D
Elgin, IL 60123

DEC - 7 2011

RE:	Claimant:	Paul Dulberg
	Your Insured:	Caroline and Bill McGuire
	Claim No.:	13-2779-11
	DOA:	06/28/11

Dear Mr. Malatia:

Please be advised that I have been retained to represent Paul Dulberg for personal injuries he suffered in a chainsaw accident on June 28, 2011. Enclosed is our Notice of Attorney's Lien.

Please contact me to discuss this matter as soon as possible.

Very truly yours,

HANS A. MAST

smq
Enclosure

S:\Main\DULBERG, PAUL\Letters\Letter to Auto Owners Ins def's ins 12-5-11.wpd

**Also licensed in Wisconsin and Indiana*
†*Also licensed in Wisconsin*

Waukegan Office
210 North Martin Luther King, Jr. Avenue
Waukegan, IL 60085

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 WEST ELM STREET
MCHENRY, IL 60050
PHONE: 815-344-3797
FAX: 815-344-5280

NOTICE OF ATTORNEY'S LIEN

TO: Auto Owners Insurance
Tom Malatia, Adjuster
6000 Tallgate Road, Suite D
Elgin, IL 60123

RE:	Claimant:	Paul Dulberg
	Your Insured:	Caroline and Bill McGuire
	Claim No.:	13-2779-11
	DOA:	06/28/11

You are hereby notified that **PAUL DULBERG**, has placed in my hands as his attorney, for suit or collection, a claim, demand or cause of action against the Defendant in the above matter growing out of a certain accident that occurred on or about **June 28, 2011, at 1016 W. Elder Avenue, McHenry, Illinois, McHenry County** and has agreed to pay me for my services certain legal fees not exceeding one-third of whatever amount may be recovered therefrom by suit, settlement or otherwise, plus costs and that a lien is hereby made and placed upon said claim, demand or cause of action of such fee.

Hans A. Mast

I, Han A. Mast, an attorney, on oath state that I served this Notice by mailing a true and correct copy of the same to the party(s) listed above and depositing the same in the U.S. Mail at McHenry, Illinois before 5:00 p.m. on December 5, 2011.

Hans A. Mast

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797

S:\Main\DULBERG, PAUL\Documents\Auto Owners Ins def's ins 12-5-11.wpd

B9A (Official Form 9A) (Chapter 7 Individual or Joint Debtor No Asset Case) (12/12) Case Number 14-83578

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines
A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 11/26/14.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

Creditors — Do not file this notice in connection with any proof of claim you submit to the court.
See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):
Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

Case Number: 14-83578 Office Code: 3	Social Security / Individual Taxpayer ID / Employer Tax ID / Other nos: xxx-xx-4001
Attorney for Debtor(s) (name and address): David L. Stretch Law Office of David L. Stretch 5447 West Bull Valley Road McHenry, IL 60050-7410 Telephone number: 815-578-0055	Bankruptcy Trustee (name and address): Megan G Heeg Ehrmann Gehlbach Badger Lee & Considine Pob 447- 215 E First St, Ste 100 Dixon, IL 61021 Telephone number: 815-288-4949

Meeting of Creditors:
Date: **December 30, 2014** Time: **10:00 AM**
Location: **308 West State Street, Room 40, Rockford, IL 61101**
All debtors are required to attend and bring a picture ID and proof of their Social Security Number to the 341 meeting.

Presumption of Abuse under 11 U.S.C. § 707(b)
See "Presumption of Abuse" on reverse side.
The presumption of abuse does not arise.

Deadlines:
Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to Object to Debtor's Discharge *or* to Challenge Dischargeability of Certain Debts: 3/2/15

Deadline to Object to Exemptions:
Thirty (30) days after the *conclusion* of the meeting of creditors.

Creditors May Not Take Certain Actions:
In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

Creditor with a Foreign Address:
A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office: Western Division 327 South Church Street Rockford, IL 61101 Telephone number: 1-866-222-8029	**For the Court:** Clerk of the Bankruptcy Court: Jeffrey P. Allsteadt
Hours Open: Monday – Friday 8:30 AM –4:30 PM	Date: December 1, 2014

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff(s), vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendant(s).	CASE NO. 12LA000178

NOTICE OF SERVICE OF MEDICARE SUPPLEMENTAL INTERROGATORY TO PLAINTIFF

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Medicare Supplemental Interrogatory propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice together with the Supplemental Interrogatory were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____

PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

MEDICARE SUPPLEMENTAL INTERROGATORY TO PLAINTIFF, PAUL DULBERG

INSTRUCTIONS: Please insert your answer in the space provided following the question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. As of January 1, 2010, the Federal Government is requiring all insurance companies that pay out for injuries, whether it be for at-fault (liability), no fault or medical expense payments from an accident, product liability, workers' compensation or the like, to report whether or not the claimant is a Medicare or Medicaid recipient. A person who is 65 years or older, a person with certain disabilities, or a person with end-stage renal failure may qualify for Medicare. In compliance with that request, we are requesting the following information, which must be updated throughout the claim and will be re-asked upon closing of the claim (pursuant to Supreme Court Rule 213 and the federal law):

Has Plaintiff/Plaintiff's decedent/the minor or disabled adult for which an injury is claimed, received payments or benefits from Medicare or Medicaid? If yes, please provide the name of the recipient, the recipient's gender, the recipient's Medicare Health Insurance Card Number or Social Security Number and the recipient's date of birth. In the case where the Medicare/Medicaid recipient is a minor or disabled adult or for another reason has a guardian, custodian, conservator, or other person who makes his/her medical decisions, please provide the name of the guardian, custodian, conservator, or other person who makes the medical decisions for the minor, disabled adult, or other Medicare recipient. Please be advised that pursuant to federal law these questions must be answered in their entirety or Defendant's insurance company will not be able to issue payments out of the claim. If while this claim is pending, Plaintiff, petitioner, Plaintiff's decedent, or the minor or disabled adult for which a claim of injury is advanced in this lawsuit becomes a Medicare recipient, please update this interrogatory.

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

_____

PAUL DULBERG

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF SERVING DISCOVERY

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on September 27, 2012, Defendant Bill McGuire and Carolyn McGuire by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Defendant David Gagnon, by mailing copies of same to his attorney and other counsel of record, as indicated on the attached Certificate of Service:

1. Answer to Defendant David Gagnon's Interrogatories to Co-Defendant Bill McGuire.
2. Answer to Defendant David Gagnon's Consolidated Notice to Produce and to Supreme Court Rule 214 and Supreme Court Rule 237 by Co-Defendants Bill McGuire and Carolyn McGuire.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

ANSWER TO DEFENDANT'S, DAVID GAGNON, INTERROGATORIES TO CO-DEFENDANT BILL McGUIRE

TO: Mr. David Gagnon
c/o Attorney Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Defendant, BILL McGUIRE, by and through HIS attorneys, Cicero, France, Barch & Alexander, PC, and for HIS Answer to Defendant David Gagnon's Interrogatories to Co-Defendant Bill McGuire, states as follows:

1. State the full name of the Defendant answering as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number, and, if different, give the full name as well as the current address, date of birth, marital status, driver's license number and issuing state, and social security number of the individual signing the answers.

ANSWER: William "Bill" McGuire
1016 W. Elder Avenue, McHenry, IL 60051
Married: Carolyn
DOB: July 29, 1952
Defendant objects to providing driver's license information and Social Security Numbers. Such information is highly sensitive and private and is furthermore irrelevant to any issues in the pending lawsuit.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

ANSWER: David Gagnon
39010 90th Place
Genoa City, WI 53128

Paul Dulberg
4606 Hayden
McHenry, IL 60051

3. State the full name and current residence address of each person not named (in 2) above who was present or claims to been present at the scene immediately before, at the time of or immediately after said occurrence.

ANSWER: Before and After:
Bill and Carolyn McGuire
1016 W. Elder Avenue
McHenry, IL 60051

4. As a result of said occurrence were you made a Defendant in any criminal or traffic case? If so, state the court, the case number, the charge or charges placed against you and whether or not you pleaded guilty thereto and the final disposition.

ANSWER: No.

5. Were you the owner of the chainsaw used in the alleged occurrence? If so, was said chainsaw repaired and, if so, when, where, and by whom and what was the cost of said repairs?

ANSWER: Yes, I was the owner of the subject chain saw. It was new and therefore did not require any pre-occurrence repairs. It did not require any post-occurrence repairs either.

6. If you were the owner of the chainsaw in question, were you named or covered under any policy or liability insurance effective on the date of said occurrence and, if so, state the name of each such company, the policy number, the effective period, and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

ANSWER: Yes, I was the owner of the subject chain saw.
Auto-Owners Insurance Company
Policy No. 48-010-965-01
Eff.: May 9, 2011 thru May 9, 2012
Personal Liability (Each Occurrence): $300,000.00
Medical Payments (Each Person): $1,000.00

7. Do you have any information tending to indicate:

(a) That any Plaintiff was, within the five years immediately prior to said occurrence confined in a hospital, treated by a physician or x-rayed for any reason other than personal injury? If so, state the Plaintiff so involved and give the name and address of each hospital, physician, technician or clinic, the approximate date of such confinement or service and state, in general the reason for such confinement or service.

(b) That any Plaintiff had suffered serious personal injury prior to the date of said occurrence? If so, state each Plaintiff so involved and state when, where, and, in general, how he or she was injured and describe, in general, the injuries suffered.

(c) That any Plaintiff has suffered either (a) any personal injury or (b) serious illness, since the date of said occurrence? If so, state each Plaintiff so involved and, for (a) state when, where and, in general how he or she was injured and describe, in general, thee injuries suffered and for (b) state when he or she was ill and describe, in general the illness.

(d) That any Plaintiff has ever filed any other suit for his or her own personal injuries? If so, state each Plaintiff so involved and give the court in which filed, the year filed and the title and docket number of said case.

ANSWER:

a. On information and belief, the answering party believes that Paul Dulberg was involved in a motor vehicle accident that resulted in a shoulder injury of some sort. The answering party does not know of any other details about the auto accident or injuries, if any.
b. See answer to Interrogatory No. 7(a).
c-d. No.

8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subjects thereof and who now has custody of them, and the name, address and occupation and employer of the person taking them.

ANSWER: None, other than those furnished as part of Plaintiff's discovery response.

9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;

(b) The place of such conversations and/or statements;

(c) All persons present for the conversations and/or statements;

(d) The matters and things stated by the person in the conversations and/or statements;

(e) Whether the conversation was oral, and/or recorded; and

(f) Who has possession of the statement if written and/or recorded.

ANSWER: (a) thru (f):

On information and belief, David Gagnon and Paul Dulberg were present at the time of the alleged occurrence and therefore know the circumstances surrounding the occurrence. Answering further, Defendants Bill McGuire and Carolyn McGuire were not present at the time of the occurrence but knew that David Gagnon and Paul Dulberg were present on the date of the occurrence. From conversations with David Gagnon, the answering Defendant believes that Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw. Answering further, on information and belief, a few weeks after the subject occurrence Paul Dulberg did roofing work and moved heavy pieces of lumber for Mike Thomas, 460 Walbeck Drive, Twin Lakes, WI 53181 (312/961-9655). Investigation continues.

10. Do you know of any statements made by any person relating to the occurrence complained of by the Plaintiff? If so, give the name and address of each such witness and thee date of the statement, and state whether such statement was written and/or oral.

ANSWER: See response to Interrogatory No. 9.

11. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER: Objection. This interrogatory seeks irrelevant information. Answering subject to said objection, no.

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER: No.

13. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER: Objection. This interrogatory seeks irrelevant information. Answering subject to said objection, no.

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If your answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

ANSWER: Objection. This interrogatory seeks irrelevant information.

15 What was the purpose and/or use for which the chainsaw was being operated at the time of the occurrence?

ANSWER: At the time of the alleged occurrence, Defendants Bill McGuire and Carolyn McGuire were in the process of replacing an old shed on their property. Paul Dulberg helped David Gagnon tear down the old shed. The answering Defendant further believes that Mr. Dulberg took the components of the old shed to his property for eventual reassembly. On the date of the occurrence, Mr. Dulberg was helping David Gagnon take down several trees to make

room for a new shed. On information and belief, prior to the occurrence Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw.

16. State the names and address of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER: See answers to Interrogatory Nos. 2, 3 and 15.

17. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his driving capabilities as an issue in the case.

18. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you with the last five years and the dates of each such examination.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his eye sight as an issue in the case.

19. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his health as an issue in the case.

20. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:

(a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;

(b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions that party expects to elicit;

(c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
  (i) The subject matter on which the witness(s) will testify;
  (ii) The conclusions and opinions of the witness(s) and the bases therefore;
  (iii) The qualifications of the witness(s), and
  (iv) Any reports prepared by the witness(s) about the case.

ANSWER:

Illinois Supreme Court Rule 213(f)(1) – Lay Witnesses:

The answering party has not yet determined the identity of the witnesses that might be called upon to offer lay witness testimony and opinions at trial. However, each of the following individuals are possible trial witnesses:

a. Paul Dulberg. Presumably, Mr. Kemp will testify about his age, education and work experience. He may testify concerning all the events and occurrences alleged in his complaint. He may also testify concerning his state of health before the events and occurrences alleged in his complaint, the injuries he attributes to the events and occurrences alleged in his complaint, and his current state of health. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.

b. David Gagnon. The answering party does not know the specifics of Mr. Gagnon's potential trial testimony. Presumably, however, Mr. Gagnon will testify about his age, education and work experience. He may testify concerning his connection to Bill McGuire and Carolyn McGuire. He may testify concerning the events and occurrences alleged in Plaintiff's Complaint. He may also testify concerning observations he made about Mr. Dulberg's state of health before the events and occurrences alleged in Plaintiff's Complaint, observations he made about the injuries Mr. Dulberg attributes to the events and occurrences alleged in Plaintiff's Complaint, and observations he made about Mr. Dulberg's current state of health. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.

c. Bill McGuire. If called upon to testify, Mr. McGuire will testify about his age, education and work experience. He will testify concerning his connection to David Gagnon and Carolyn McGuire. He may testify concerning the circumstances surrounding the occurrence alleged in Plaintiff's Complaint. He may also testify concerning observations he made about Mr. Dulberg's state of health immediately after and since the occurrence alleged in Plaintiff's Complaint, including observations he made about the injuries Mr. Dulberg attributes to the occurrence alleged in Plaintiff's Complaint. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.

d. Carolyn McGuire. If called upon to testify, Mrs. McGuire will testify about her age, education and work experience. She will testify concerning her connection to David Gagnon and Bill McGuire. She may testify concerning the circumstances surrounding the occurrence alleged in Plaintiff's Complaint. She may also testify concerning observations she made about Mr. Dulberg's state of health immediately after and since the occurrence alleged in Plaintiff's Complaint, including observations she made about the injuries Mr. Dulberg attributes to the occurrence alleged in Plaintiff's Complaint. Lastly, it is anticipated that she will testify concerning all matters covered by her discovery responses and discovery deposition, if taken. Investigation continues.

e. Mike Thomas. If called upon to testify, Mr. Thomas may testify about his age, education and work experience. He may testify concerning his connection to Paul Dulberg. He may also testify concerning observations he made about Mr. Dulberg's state of health after the occurrence alleged in Plaintiff's Complaint, including observations he made of Mr. Dulberg performing roofing work and moving lumber. Lastly, it is anticipated that he will testify concerning all matters covered in his discovery deposition, if taken. Investigation continues.

f. Investigation continues.

Illinois Supreme Court Rule 213(f)(2) – Independent Opinion Witnesses.

To the extent any of the individuals disclosed above as potential Rule 213(f)(1) witnesses also qualify for disclosure as an independent expert witness within the meaning of Illinois Supreme Court Rule 213(f)(2), the responding Defendants incorporate the above Rule 213(f)(1) disclosure as though fully and completely set forth herein as a Rule 213(f)(2) disclosure. Answering further, the responding Defendants further incorporate the identity and opinions of any medical provider that treated Plaintiff for injuries he claims are associated with the occurrence

alleged in his Complaint. For additional detail, see the medical records and materials produced by Plaintiff as part of his production response. Investigation continues.

Illinois Supreme Court Rule 213(f)(3) – Controlled Opinion Witnesses.

None at this time. Answering further, Defendants reserve the right to retain and disclose controlled opinion witnesses and will do so, if necessary, in accordance with all applicable court orders and discovery rules.

21. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of said occurrence and/or of the injuries and damages claimed to have resulted therefrom.

ANSWER: None, other than as disclosed in response to the interrogatories above.

22. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each Interrogatory, specify the legal basis for the claim as required by Supreme Court Rule 201(n).

ANSWER: None at this time.

BILL MCGUIRE, Defendant, by his attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS)
) SS
COUNTY OF WINNEBAGO)

BILL McGUIRE, being first duly sworn on oath, deposes and states that he is one of the defendants herein; that he has read the foregoing interrogatory answers; and that the interrogatory answers herein are true, correct and complete to the best of his knowledge and belief.

_____
Bill McGuire

Subscribed and sworn to before
me on the _____ day September, 2012.

_____
Notary Public

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF SERVING DISCOVERY

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on July 10, 2012, the Defendants herein by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Plaintiff herein, by mailing copies of same to the attorneys of record for the Plaintiff, as indicated on the attached Certificate of Service:

1. Interrogatories to Plaintiff.
2. Request to Produce to Plaintiff.
3. Defendants' Supplemental Interrogatories to Plaintiff (Medicare).
4. HIPAA Records Release Authorization.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF SERVING DISCOVERY

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on August 6, 2012, the Defendants herein by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Plaintiff herein, by mailing copies of same to the attorneys of record for the Plaintiff, as indicated on the attached Certificate of Service:

1. Answers to Plaintiff's Written Interrogatories by Bill McGuire and Carolyn McGuire.
2. Response to Plaintiff's Production by Bill McGuire and Carolyn McGuire.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

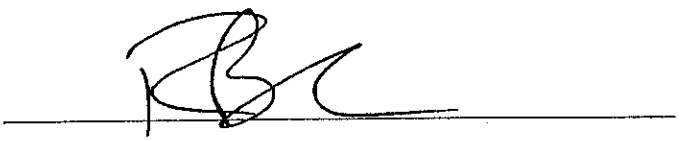
By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 8/6/12.



Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178

NOTICE OF SERVING DISCOVERY

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on September 27, 2012, Defendant Bill McGuire and Carolyn McGuire by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Defendant David Gagnon, by mailing copies of same to his attorney and other counsel of record, as indicated on the attached Certificate of Service:

1. Interrogatories to Co-Defendant Gagnon.
2. Request to Produce to Co-Defendant Gagnon.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178 **INTERROGATORIES TO CO-DEFENDANT GAGNON**

TO: David Gagnon
c/o Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by Cicero, France, Barch & Alexander, PC, their attorneys, hereby propound the following written interrogatories upon DAVID GAGNON to be answered in writing and under oath within the time required by law based upon information available to him.

INTERROGATORY NO. 1): State the full name, present residence address and birthdate of the person answering these Interrogatories.

ANSWER:

INTERROGATORY NO. 2): State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER:

INTERROGATORY NO. 3): State the full name and present or last known address (indicating which) of each person who:

(a) Witnessed or claims to have witnessed the occurrence in question.

ANSWER:

(b) Was present or claims to have been present at the scene immediately before said occurrence.

ANSWER:

(c) Was present or claims to have been present immediately after said occurrence.

ANSWER:

(d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER:

INTERROGATORY NO. 4): State specifically and with certainty the personal injuries and property damage, if any, sustained by PAUL DULBERG as a result of said occurrence.

ANSWER:

INTERROGATORY NO. 5): With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

ANSWER:

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

ANSWER:

(c) The amount to date of their respective bills for services.

ANSWER:

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER:

INTERROGATORY NO. 6): State the name and address of each witness, party, plaintiff or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER:

INTERROGATORY NO. 7): State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER:

INTERROGATORY NO. 8): State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER:

INTERROGATORY NO. 9): State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER:

INTERROGATORY NO. 10): State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER:

INTERROGATORY NO. 11): State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER:

INTERROGATORY NO. 12): State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER:

INTERROGATORY NO. 13): State with particularity what DAVID GAGNON was doing at the time of the accident alleged in the complaint.

ANSWER:

INTERROGATORY NO. 14): State with particularity the address for David Gagnon on June 28, 2011.

ANSWER:

INTERROGATORY NO. 15): State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER:

INTERROGATORY NO. 16): State with particularity all the reasons why DAVID GAGNON was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER:

INTERROGATORY NO. 17): State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 18): State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 19): State with particularity your basis for alleging that David Gagnon was under the supervision and control of Defendants Bill McGuire and Carolyn McGuire and working as their apparent and actual agent on the date of and at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 20): State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 21): State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER:

INTERROGATORY NO. 22): Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.

(b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.

(c) For each controlled expert witness, identify:

(i) the subject matter on which the witness will testify;

(ii) the conclusions and opinions of the witness and the bases therefor;

(iii) the qualifications of the witness; and

(iv) any reports prepared by the witness about the case.

ANSWER:

Pursuant to Illinois Supreme Court Rule 213(i), please seasonably supplement or amend any answer or response to the preceding interrogatories and to the interrogatories previously answered in this case whenever new or additional information subsequently becomes known to you or your attorneys.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178 **REQUEST TO PRODUCE TO CO-DEFENDANT GAGNON**

TO: David Gagnon
c/o Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Pursuant to Supreme Court Rule 214, Defendants, Bill McGuire and Carolyn McGuire, by Cicero, France, Barch & Alexander, PC, their attorneys, request DAVID GAGNON to produce for inspection, copying, and reproduction on the 28th day after service of this request the documents, objects or tangible things set forth below.

DAVID GAGNON is requested to produce these documents either by mailing legible copies to Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114, or by producing the documents for inspection and copying on the 28th day after service of this request at Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114.

As used in this request the term "document" includes without limitation, any graphic matter, whether paper, cardboard, tape, plastic, film or any other material and includes any recording and transcript thereof. The term "you" or "your" refers not only to the party to whom this request is directed, but also to any representative who acts for you or under your control.

With respect to each document covered by the request which you refuse to produce by

reason of any attorney-client privilege, you are requested to identify the nature and date of the document, its author and title, and each recipient of the document and his title.

1. Medical bills for any medical treatment rendered to PAUL DULBERG from January 1, 2010 to the present date.

2. Pharmacy bills for prescriptions and/or appliances regarding PAUL DULBERG from January 1, 2010 to the present date.

3. All photographs, slides, videos or motion pictures taken of PAUL DULBERG, any physical objects involved, or the scene of the occurrence.

4. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG prior to the alleged occurrence (including other injuries, illnesses or hospitalizations).

5. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG subsequent to the alleged occurrence (including other injuries, illnesses or hospitalizations).

6. A list giving the names and addresses of all persons making any examination or inspection in reference to the occurrence in question, any of the physical objects involved, or the scene of the occurrence.

7. All accident reports, investigation reports and materials, and all other like documents prepared as a result of or in reference to the occurrence complained of in the Complaint.

8. All receipts, records, bills, statements, invoices, wage loss materials, and any other documents relating to the amount of damages sought by the plaintiff.

9. Statements of any witnesses or persons having knowledge pertaining to the facts or issues in the lawsuit, including any party.

You are also requested to furnish an Affidavit to counsel for all parties stating whether the production is complete, and to advise counsel for all parties as to the date upon which the documents, objects or tangible things will be produced.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle St., Ste 2650
Chicago, IL 60601-1092

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

STATE OF ILLINOIS)
) **SS**
COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO. 12LA000178

NOTICE OF TAKING DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: David Gagnon
DATE: Wednesday, October 31, 2012
TIME: 1:00 p.m.
PLACE: Q & A Reporting Service
7115 Virginia Road
Suite 105
Crystal Lake, Illinois, 60014

YOU ARE HEREBY requested pursuant to ILSC Rule 204 to produce the above listed deponent for the purpose of discovery deposition at the above listed time and place before Merrill Legal Solution, certified shorthand court reporters, or some other office duly authorized by law to take depositions.

The deponents are requested, pursuant to Illinois Supreme Court Rule 204, to produce the following documents and/or tangible things at the aforesaid time and place:

Any and all documents disclosed in Plaintiff's answers to interrogatories and response to Defendant's request for production of documents.

I HEREBY CERTIFY that on September 5, 2012 , a true and correct copy of the foregoing Notice of Taking Deposition was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____
PERRY A. ACCARDO
Firm No.: **46878**
Attorney Bar No.: 6228720
Attorney for Defendant(s):
David Gagnon

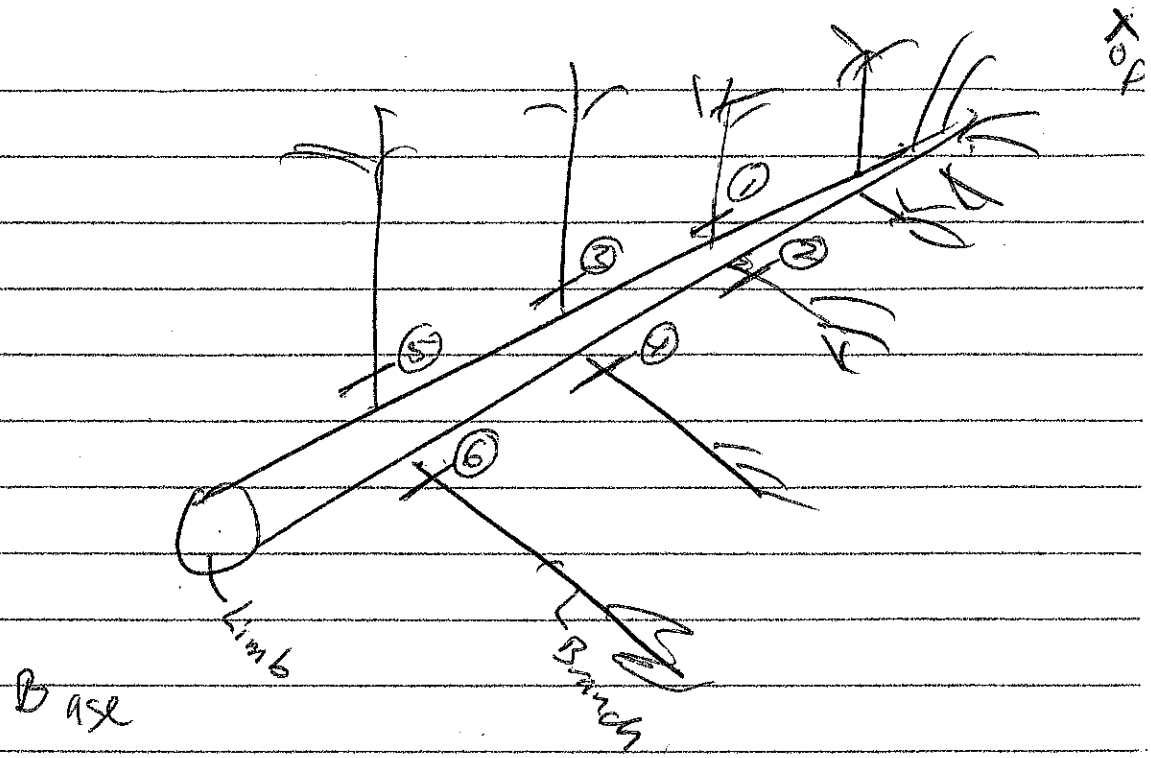


EXHIBIT
Capps 1
MMO
PENGAD 800-631-6989

Dulberg
BK

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	)	CHAPTER 7
PAUL DULBERG	)	Case Number: 14-83578
	)	
Debtor.	)	JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Stretch and U.S. Trustee's Office,

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his **Motion for Authority to Enter into a "Binding Mediation Agreement" in accordance with the "Binding Mediation Agreement" which is attached hereto and made a part hereof as Exhibit A.**

A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 31st day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church St., Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on October 4, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

Open Advanced MRI

PATIENT:	DULBERG, PAUL	**PHYSICIAN:**	LEVIN, MD, KAREN
MRN:	1585839	**EXAM:**	MR FOREARM W/ AND W/O 73220
DOB:	03/19/1970	**DOS:**	02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

Open Advanced MRI

DULBERG, PAUL
MR FOREARM W/ AND W/O 73220
02/03/2012

Thank you for referring your patient to Open Advanced MRI of Round Lake.

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report: Dr. Ian Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

(2)

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
JAN - 3 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12LA178

☐ Jury ☐ Non-Jury

Deberg vs. Cognan

Date 1/3/14 Plaintiff's Attorney Matt Defendant's Attorney Acala

ORDER

Mtn cancel parties for case status:

It is ordered

This cause is continued to April 4, 2014 at 9:00am in 201 for further status of discovery and trial setting.

(D)

Prepared by:

Attorney for:

Attorney Registration No.: Judge

SCANNED

Dulberg readers

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Gagnon
Defendant

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 12 LA 178

ORDER

☒ Plaintiff(s) appear in person/by attorney W. Randal Baudin II

☐ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____, 20__

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☒ Court; to Feb 11, 20 16 at 900, A m. for trial setting + FS

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

FILED
McHenry County, Illinois
JAN 28 2016
KAI Clerk

Date: _____

Judge

CV-ORD13: Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Gagnon
Defendant

Circuit Clerk Use Only
✓ ORD
ORDJ
ORDDWP

Case Number 12 LA 178

ORDER

☒ Plaintiff(s) appear in person/by attorney W. Randal Baudin II

☐ Defendant(s) appear in person/by attorney

FILED
McHenry County, Illinois
JAN 28 2016
KATHERINE M. KEEPE
Clerk of the Circuit Court

☐ Summons not served; alias summons to issue; return date , 20

☐ Summons has been properly served on Defendant(s)

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on , 20 at .m. in Courtroom

☐ Defendant(s) shall file an Appearance within days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☒ Court; to Feb 11, 20 16 at 900, A m. for trial setting + FF

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:**

Date:

Judge

CV-ORD13: Revised 10/01/08

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS } SS
COUNTY OF MCHENRY }

FILED
McHenry County, Illinois
JAN 30 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12 LA 178

☐ Jury ☐ Non-Jury

PAUL DUCBERG vs. DANA GAGNON, et al.

Date 1/30/13 Plaintiff's Attorney MAST Defendant's Attorney BARCH → McGUIRE ACCARDO → GAGNON

ORDER

THIS CAUSE COMING ON FOR STATUS AND ON McGUIRE DEFENDANTS' MOTIONS FOR LEAVE TO AMEND ANSWER TO INCLUDE AFFIRMATIVE DEFENSES, MOTION FOR LEAVE TO FILE CROSS-CLAIM FOR CONTRIBUTION AND MOTION TO COMPEL AS TO DEFENDANT GAGNON, COUNSEL FOR ALL PARTIES APPEARING,

IT IS ORDERED:

(1) DEF McGUIRE DEFENDANTS' MOTION FOR LEAVE TO ADD AFFIRMATIVE DEFENSE IS GRANTED;

(2) McGUIRE DEFENDANTS' MOTION TO FILE CROSS-CLAIM FOR CONTRIBUTION IS GRANTED;

(3) McGUIRE DEFENDANTS' MOTION TO COMPEL AS TO DEFENDANT GAGNON IS GRANTED; DEFENDANT GAGNON TO ANSWER WRITTEN DISCOVERY BY 2/4/13;

(4) CASE RECET FOR A STATUS ON COMPLETION OF PARTY DEPOSITIONS FOR 4/3/13 at 9:00 AM.

SCANNED

(D)

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____ Judge _____

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
FEB - 4 2015
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12 LA 178
☐ Jury ☐ Non-Jury

Dulberg

vs. GAGnon

Date 2/04/15 Plaintiff's Attorney PoPouch Defendant's Attorney Lishosit

ORDER

This matter coming to be heard for status, IT IS HEREBY ORDERED:

(1) This matter is set for a pretrial settlement conference on April 9, 2015 at 1:30 p.m. in C-201.

SCANNED

Prepared by: PoPouch

Attorney for: Plf

Attorney Registration No.: _____ Judge _____

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Paul Dulberg
Plaintiff

vs.

David Gagnon, et al
Defendant

FILED
McHenry County, Illinois
FEB 11 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Case Number 12 LA 000178

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

ORDER

☐ Plaintiff(s) appear in person/by attorney Bandini II

☒ Defendant(s) appear in person/by attorney Rockingham,

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to 3/17, 20 16 at 9:00, A m. for Status.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: 2/11/16

Judge

CV-ORD13: Revised 10/01/08

201 5

IN THE CIRCUIT COURT OF ~~THE TWENTY-SECOND~~ JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
McHenry County, Illinois
FEB 11 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Paul Dulberg
Plaintiff

vs.

David Gagnon, et al
Defendant

12LA 000178

ORDER

☐ Plaintiff(s) appear in person/by attorney Baudin II

☒ Defendant(s) appear in person/by attorney Reddington,

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____.___.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to 3/17, 20 16 at 9:00, A m. for Status.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: 2/11/16

Judge

CV-ORD13: Revised 10/01/08

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

GEN. NO. 12 CA 178

☐ Jury ☐ Non-Jury

Delberg vs. Bergman et al.

Date 3/12/15 Plaintiff's Attorney Resnick Defendant's Attorney

ORDER

FILED
McHenry County, Illinois
MAR 13 2015
KATHERINE M. KEEFE
Clerk of the Circuit Court

This matter coming to be heard on plaintiff's Attorney, Law office of Norman Resnick's Motion to withdraw proper notice having been given and the court being fully advised in the premises it is ordered:

1. Law office of Norman Resnick Motion to withdraw as Counsel for Plaintiff is granted

2. Plaintiff Paul Delberg shall have 21 days in which to retain new Counsel or file Supplementary Appearance

3. Matter is Continued to Apr. 14, 2015 (4/10/15) for Status of Plaintiff's New Appearance. DV

Prepared by: J. Leander Resnick

Attorney for: Plaintiff

Attorney Registration No.: 6291 SCANNED

4-4-15 pretrial is stricken.

Judge

#5-201

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Gagnon
Defendant

FILED
McHenry County, Illinois
MAR 17 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 12LA000178

ORDER

☐ Plaintiff(s) appear in person/by attorney Bandin

☒ Defendant(s) appear in person/by attorney Reddington

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

Trial ☐ Case set for ☒ trial ☐ arbitration on 9/26, 2016 at 10:00 a.m. in Courtroom 201

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☐ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; to _____, 20____ at _____, ___m. for _____.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** All discovery closes on 8/01/16 and pre-trial 9/23/16 @ 10:00 a.m. in Courtroom 201.

Date: _____

_____
Judge

CV-ORD13: Revised 10/01/08

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
APR - 3 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12LA178

☐ Jury ☐ Non-Jury

Paul Dubelsky vs. Dawn Cannon, et al.

Date 4/3/13 Plaintiff's Attorney [illegible] Defendant's Attorney [illegible]

ORDER

[illegible]

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____ Judge _____

EXHIBIT
C

CIRC[illegible] COURT FOR THE 22ND JUDICIAL [illegible]RCUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
APR - 3 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12LA178

☐ Jury ☐ Non-Jury

PAUL DULBERG vs. DAVID GAGNON, et al.

Date 4/3/13 Plaintiff's Attorney MAST Defendant's Attorney McGUIRE, OSBARN GAGNON → ACCMOD

ORDER

Counsel for all parties appearing, and the Court being advised that the McGuire Defendants' chainsaw and owners' manual were presented for inspection, photographing and copying on March 11, 2013,

IT IS ORDERED:

The Protective Order entered on August 12, 2012 is hereby modified and amended as follows:

The owners of said chain saw and associated parts, accessories, manual and paperwork are free to use same in the ordinary course; provided, however, that owners shall not sell or otherwise discard parts, accessories, manuals or chainsaw without further order of the court.

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____ Judge _____

SCANNED

#2

IN THE CIRC COURT OF THE TWENTY-SECOND DICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

DULBERG

Plaintiff

vs

STATON

Defendant

FILED
McHenry County, Illinois
APR - 4 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 12LA178

ORDER

☒ Plaintiff(s) appear in person/by attorney _____

☒ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to 8/13, 20 14 at 9:00 A m. for STATUS OF FILE/DISCLOSURE

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $ (D)✓, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: 4/4/13

Judge

SCANNED

CV-ORD13: Revised 10/01/08

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

#1, Page 3

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
APR 16 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12A 178

☑ Jury ☐ Non-Jury

PAUL DULBERG

vs.

DAVID GAGNON, et al

Date 4/16/14 Plaintiff's Attorney [illegible] MAST Defendant's Attorney RON BARCH - McHENRY PIERCE, GAGNON

ORDER

This cause coming on before the Court on the McHenry Defendants' Motion to Vacate Protective Order, counsel for Plaintiff by the Movant present, and there being no objection;

IT IS ORDERED:

(1) The McHenry Defendants' Motion to Vacate the Protective Order (entered on 8/8/12 and amended on 4/3/13) is heard and granted.

(2) Case shall remain set for 8/13/14 at 9:00 a.m.

SCANNED

Prepared by: Ron Barch

Attorney for: McHenry Defendants

Attorney Registration No.: 6209572

Judge

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

#5, #8

ILLINOIS
OF MCHENRY } SS

FILED
McHenry County, Illinois
JUN - 5 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12 LA 178

☐ Jury ☐ Non-Jury

Dalberg vs. Hagnon, et al.

Date 6-5-13 Plaintiff's Attorney R. Linton Hans Mark Defendant's Attorney Perry Accardo-Hagnon C. Bielstis for Ron Burch-McGuires

ORDER

This matter coming before the Court for status on non-medical fact discovery, all parties having notice and the Court being fully advised in the premises;

IT IS HEREBY ORDERED:

(1) Non-medical fact discovery is closed with the exception of witness Mike Hanas;

(2) The case is continued to 8-14-13 at 9 AM for status on F2 discovery.

(D)

SCANNED

Prepared by: C. Bielstis (Ron Burch)

Attorney for: Defendants-McGuires

Attorney Registration No.: _____ Judge _____

#8 RED

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

004-528-1968.1

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

GEN. NO. 12LA000178

☒ Jury ☐ Non-Jury

Duchenz

vs.

Gagnon

FILED
McHenry County, Illinois
JUN 13 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Date 6/13/16 Plaintiff's Attorney _____ Defendant's Attorney Reddington

Agreed **ORDER**

This cause coming on to be heard on defendants motions, all parties having notice and the Court being fully advised.

IT is hereby ordered that:

1) Defendant's motion for an IME pursuant to S.C. 215;
2) Defendant's motion to continue the trial of 9/22/16;
3) Defendant's motion to ban Dr. Kujawa's new opinions and medical treatment and
4) Defendant's motion to compel the discovery and deposition of Dr. Bobby Lanford, PhD.

All motions are entered and continued to 7/11/16 @ 9:00 a.m. in 201.

Prepared by: S. Reddington / Ehlmann

Attorney for: D

Attorney Registration No.: 6206186 Judge _____

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Gagnon, et al
Defendant

FILED
McHenry County, Illinois
JUL 11 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 12 LA 178

ORDER

☒ Plaintiff(s) appear in person/by attorney K. Bawdin & Randy Bawdin II of The Bawdin Law Group Ltd.

☒ Defendant(s) appear in person/by attorney S Reddington

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ ___.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to July 21, 2016 at 9:00 A m. for Defendant's motions for MIL, Continue trial, Strike Dr. Kuwawa's opinions and compel expert deposition.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____ plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: _____

Judge

CV-ORD13: Revised 10/01/08

Dulberg orders

line 7

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Gagnon
Defendant

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

FILED
McHenry County, Illinois
JUL 21 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Case Number 12LA178

ORDER

☒ Plaintiff(s) appear in person/by attorney K. Bartin of The Bartin Law Group, Ltd.

☒ Defendant(s) appear in person/by attorney S. Reddington

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; to August 10, 2016 at 9:00, A m. for status. (Deb)

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** Trial date of 9/26/16 is hereby stricken. Pre-trial date of 9/23/16 is also stricken. Defense Counsel's other motions are entered and continued. (Mels)

Date: _____

Judge

CV-ORD13: Revised 10/01/08

P.d
#9

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Dulberg
Plaintiff

vs

Cagnon
Defendant

FILED
McHenry County, Illinois
AUG - 8 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
____ ORD
____ ORDJ
____ ORDDWP

Case Number 12 LA 178

ORDER

☒ Plaintiff(s) appear in person/by attorney T. Freeman / Papovich

☐ Defendant(s) appear in person/by attorney Ron Barch

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☒ Court; to 9-18, 2012 at 9:00, a m. for Status.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute. (D) L

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** Plaintiff's Motion for Protective Order is granted as set forth in Plaintiff Motion.

Date: _____

/ Lance A. Meyer
Judge

CV-ORD13: Revised 10/01/08

IN THE CIR COURT OF THE TWENTY-SECON DICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
McHenry County, Illinois
AUG - 8 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Dulberg
Plaintiff

vs

Case Number 12 LA 178

Gagnon
Defendant

ORDER

☒ Plaintiff(s) appear in person/by attorney T. Brennan Paylovich

☐ Defendant(s) appear in person/by attorney Lou Barch

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ ____.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☒ Court; to 9/18, 2012 at 9:00 a.m. for Status.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** Plaintiff's Motion for Extension of Time is granted on oral motion. Plaintiff's Motion

Date: _____

/ Thomas A. Meyer
Judge

EXHIBIT
B

CV-ORD13: Revised 10/01/08

Dulberg

#1

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
McHenry County, Illinois
AUG 10 2016
KATHERINE M. KEEFE
Clerk of the Circuit Court

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Paul Dulberg
Plaintiff

vs

David Gagnon
Defendant

Case Number 12LA000178

Agreed ORDER

☐ Plaintiff(s) appear in person/by attorney _____

☒ Defendant(s) appear in person/by (attorney) Reddington

☐ Summons not served; alias summons to issue: return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to 12/12, 2016 at 9:00 a.m. for Status on binding Mediation

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** Defendant's Motion for S.C.R. 215 IME is granted and scheduled for 10/4/16 with Dr. Craig Phillips. Defendant's motions to ban Dr. Reynolds and to compel plaintiff's expert discovery and deposition are entered and continued to 12/12/16

Date: 8/10/16

Judge

CV-ORD13 Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

(5)

Duhlberg
Plaintiff

vs

Gagnon
Defendant

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 12LA000178

FAXED 8/13

FILED
McHenry County, Illinois
AUG 13 2014

ORDER

☒ Plaintiff(s) appear in person/by attorney _____

☐ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; to Oct 1, 20 14 at 9:00, a.m. for trial setting.

(D)

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: _____

SCANNED

Judge

CV-ORD13: Revised 10/01/08

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS }
COUNTY OF MCHENRY } SS

FILED
McHenry County, Illinois
AUG 14 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

GEN. NO. 12 LA 178

☐ Jury ☐ Non-Jury

Dunsbergen

vs.

GORENON et al

Date 8/14/13 Plaintiff's Attorney _____ Defendant's Attorney _____

ORDER

This cause coming on for status on medical discovery, counsel for Plaintiff + the McGuire Defendants appearing, and the Court being advised,

IT IS ORDERED:

Cause is reset to 10/30/13 at 9:00 a.m. for further status on medical discovery.

(D) ✓

SCANNED

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____ Judge _____

B 1 #3

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Paul Dalberg
Plaintiff

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

vs

DAVID BAGNON et al
Defendant

Case Number 12 LA 78

ORDER

☒ Plaintiff(s) appear in person/by attorney R. Lumbra - Law of T. Reavely

☒ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

FILED
McHenry County, Illinois
SEP 18 2012
KATHERINE M. KELLY
Clerk of the Circuit Court

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ ___.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to Nov. 21, 2012 at 9:00 a.m. for Status - Room 24.

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

Date: _____

_____
Judge

CV-ORD13: Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JU CIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Plaintiff

vs

Defendant

Case Number

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

FAXED

ORDER

- [x] Plaintiff(s) appear in person/by attorney
- [ ] Defendant(s) appear in person/by attorney
- [ ] Summons not served; alias summons to issue; return date
- [ ] Summons has been properly served on Defendant(s)
- [ ] Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.
- [ ] Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.
- [ ] Case set for [ ] trial [ ] arbitration on , 20 at .m. in Courtroom
- [ ] Defendant(s) shall file an Appearance within days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

- [ ] Defendant(s) shall file an answer or other pleading within days of today's date.
- [x] This case is continued on Motion of [ ] Plaintiff; [ ] Defendant; [ ] By Agreement; [ ] Court; to 11/21, 2014 at 9:00, A m. for Hrg and Trial (D)
- [ ] Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.
- [ ] Case dismissed with/without prejudice on Plaintiff's motion.
- [ ] After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $, plus interest of $ plus attorney fees of $ for a total of $ plus court costs.
- [ ] After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).
- [ ] **COURT FURTHER ORDERS:**

Setting Room 221

FILED 20
McHenry County, Illinois
OCT - 1 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

SCANNED

Date:

Judge

CV-ORD13: Revised 10/01/08

Dulberg

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Plaintiff: Dulberg

vs

Defendant: Grando

OCT 20 2015

Circuit Clerk Use Only
ORD
ORDJ
ORDDWP

Case Number: 12 CH 1758

ORDER

- [X] Plaintiff(s) appear in person/by attorney _____
- [X] Defendant(s) appear in person/by attorney Grando
- [ ] Summons not served, alias summons to issue; return date _____, 20__
- [ ] Summons has been properly served on Defendant(s) _____
- [ ] Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $ _____ plus interest of $ _____ plus attorney fees of $ _____ for a total of $ _____ plus court costs.
- [ ] Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $ _____, plus interest of $ _____ plus attorney fees of $ _____ for a total of $ _____ plus court costs.
- [X] Case set for [X] trial [ ] arbitration on _____, 20__ at _____ m. in Courtroom _____
- [ ] Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

- [ ] Defendant(s) shall file an answer or other pleading within _____ days of today's date.
- [X] This case is continued on Motion of [ ] Plaintiff [X] Defendant [ ] By Agreement [ ] Other to 11/16, 20 15 at 9:00 a.m. for Status
- [ ] Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.
- [ ] Case dismissed with/without prejudice on Plaintiff's motion.
- [ ] After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $ _____ plus interest of $ _____ plus attorney fees of $ _____ for a total of $ _____ plus court costs.
- [ ] After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).
- [ ] COURT FURTHER ORDERS:

Date: _____

Judge

CV-ORD13 Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Plaintiff Dwight G.

vs

Defendant Gamboa

OCT 20 2015

Clerk of the Circuit Court

Circuit Clerk Use Only
ORD
ORDJ
ORDDWP

Case Number 12CA1758

ORDER

☒ Plaintiff(s) appear in person/by attorney

☒ Defendant(s) appear in person/by attorney Attorney

☐ Summons not served; alias summons to issue; return date _____, 20__

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____ plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20__ at _____ a.m./p.m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☒ Defendant; ☐ By Agreement; ☐ Court to 11/6, 20 15 at _____ a.m./p.m. for _____

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____ plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:**

Date: _____

CV-ORD13 Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Paul Dubois
Plaintiff

vs

David Bagan. et al
Defendant

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

Case Number 13 CC 1129

ORDER

FILED
McHenry County, Illinois
OCT 30 2013
KATHERINE M. KEEFE
Clerk of the Circuit Court

☒ Plaintiff(s) appear in person/by attorney R Cooper - Rep
☒ Defendant(s) appear in person/by attorney _____
☐ Summons not served; alias summons to issue; return date _____ 20
☐ Summons has been properly served on Defendant(s) _____
☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.
☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.
☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ ___.m. in Courtroom _____
☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.
☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; to January 2, 20 14 at 9:00 A m. for Status Remand.
☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.
☐ Case dismissed with/without prejudice on Plaintiff's motion.
☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.
☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).
☐ **COURT FURTHER ORDERS:** _____

SCANNED

Date: _____

_____
Judge

CV-ORD13: Revised 10/01/08

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re: PAUL DULBERG	)	BK No.: 14-83578
	)	Chapter: 7
	)	Honorable Thomas M. Lynch
Debtor(s)	)	

ORDER

THIS CAUSE coming on to be heard on this 31st day of October, 2016 upon the Trustee's Motion for Authority to Enter into a "Binding Mediation Agreement", the Court after considering the Motion, the statements of counsel, pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED that Joseph D. Olsen, Trustee herein, is authorized to enter into a "Binding Mediation Agreement" as described in the Trustee's Motion, and the Trustee may execute such documents as are necessary to accomplish the matters set forth herein.

Enter:

Honorable Thomas M. Lynch
United States Bankruptcy Judge

Dated: October 31, 2016

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

IN THE CIRCUIT COURT OF THE [illegible] JUDICIAL CIRCUIT
MCHENRY COUNTY, ILLINOIS

Plaintiff

Case Number: [illegible]

Defendant

ORDER

- [X] Plaintiff(s) appear in person/by attorney [illegible]
- [ ] Defendant(s) appear in person/by attorney [illegible]
- [ ] Summons not served; alias summons to issue; return date [illegible]
- [ ] Summons has been properly served on Defendant(s) [illegible]
- [ ] Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $[illegible]
  plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.
- [ ] Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____ plus interest of $_____
  plus attorney fees of $_____ for a total of $_____ plus court costs.
- [ ] Case set for [ ] trial, [ ] arbitration on _____ 20____ at _____ .m. in Courtroom _____
- [ ] Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s) the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

- [ ] Defendant(s) shall file an answer or other pleading within _____ days of today's date.
- [X] This case is continued on Motion of [ ] Plaintiff [ ] Defendant [X] By Agreement [ ] Court
  to [illegible] 20[illegible] at [illegible] .m. or [illegible]
- [ ] Case called. Plaintiff(s) fail(s) to appear. Case dismissed for Plaintiff's failure to prosecute.
- [ ] Case dismissed without prejudice on Plaintiff's motion.
- [ ] After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____
  plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.
- [ ] After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).
- [ ] ***COURT FURTHER ORDERS:*** _____

Date _____

Judge

4/28/16
per clerk

CMSP013 Revised 12/1/08

IN THE CIRCU. COURT OF THE TWENTY-SECOND JU CIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Plaintiff

Circuit Clerk Use Only
_____ ORD
_____ ORDJ
_____ ORDDWP

vs

Defendant

Case Number 12 LA 175

FAXED

ORDER

FILED
McHenry County, Illinois
NOV 21 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

☒ Plaintiff(s) appear in person/by attorney R. Lumbre-Rivera

☐ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☒ Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; to 12/12 2014, 20____ at 9:00 a m. for Status re 2-1105(A)(3).

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____ plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☐ **COURT FURTHER ORDERS:** _____

SCANNED

Date: _____

Judge

CV-ORD13: Revised 10/01/08

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

04-2 #11

Plaintiff

Circuit Clerk Use Only
____ ORD
____ ORDJ
____ ORDDWP

vs

Defendant

Case Number 12 LA 178

FAXED 11/08

ORDER

☒ Plaintiff(s) appear in person/by attorney R. Lumbar Rynick

☐ Defendant(s) appear in person/by attorney _____

☐ Summons not served; alias summons to issue; return date _____, 20____

☐ Summons has been properly served on Defendant(s) _____

☐ Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

FILED
McHenry County, Illinois
NOV 28 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

☐ Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ Case set for ☐ trial ☐ arbitration on _____, 20____ at _____ .m. in Courtroom _____

☐ Defendant(s) shall file an Appearance within _____ days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s).

NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.

☐ Defendant(s) shall file an answer or other pleading within _____ days of today's date.

☒ This case is continued on Motion of ☐ Plaintiff; ☐ Defendant; ☒ By Agreement; ☐ Court; to 1/30, 20 13 at 2:00, P m. for Status of Discovery (P)

☐ Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute. Rem 2c1 (P)

☐ Case dismissed with/without prejudice on Plaintiff's motion.

☐ After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for $_____, plus interest of $_____ plus attorney fees of $_____ for a total of $_____ plus court costs.

☐ After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).

☒ **COURT FURTHER ORDERS:** All Written Discovery shall be completed by 1/30/13

SCANNED

Date: _____

Judge

CV-ORD13: Revised 10/01/08

201
17

CIRCU[illegible]COURT FOR THE 22ND JUDICIAL C[illegible]CUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

GEN. NO. 12LA178

☐ Jury ☐ Non-Jury

Dulberg vs. Gagnon

Date _____ Plaintiff's Attorney Mud Defendant's Attorney _____

FILED
McHenry County, Illinois
DEC 12 2014
KATHERINE M. KEEFE
Clerk of the Circuit Court

ORDER

It is ordered:

(1) The case is continued for status and trial setting February 4, 2015 9:00am in 201. (D)

(2) Rule 213(f) witnesses to be disclosed by February 4, 2015.

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____

SCANNED

Judge _____

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

STATE OF ILLINOIS
COUNTY OF MCHENRY } SS

GEN. NO. 12 LA 178

☐ Jury ☐ Non-Jury

PAUL DUCBERG vs. DAVID GABNON etal

Date 4/3/13 Plaintiff's Attorney MAST Defendant's Attorney McGuire → BAECK GABNON → Accardo

ORDER

This cause coming on for status, counsel for all parties appearing, and the Court being advised,

IT IS ORDERED:

CAUSE is reset for status on the Completion of fact discovery (non-medical) for 6/5/13 at 9:00 AM.

parties, accordingly, are directed

Prepared by: _____

Attorney for: _____

Attorney Registration No.: _____ **Judge** _____

IN THE CIRCUIT COURT OF THE 22nd JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAULO DULBERG	)	
	)	
v	)	**Case No. 12LA178**
	)	
DAVUID GAGNON, etc., et al.	)	

ORDER OF RECUSAL OR ORDER FOR SUBSTITUTION OF JUDGE

Reason for Reassignment:

_____Motion for Substitution of Judge: ____ by Right ____ for Cause

__X__ Recusal/Judicial Conflict (Reason) _____*Popovich firm*_____

_____Other: _____

IT IS ORDERED: that the above entitled case is referred to the office of the Presiding Judge for reassignment.

Dated: ____July 25, 2012_____

Michael L. Caldwell
JUDGE

ORDER OF REASSIGNMENT

This cause being referred to the office of the Chief Judge for random selection of a judge;

IT IS HEREBY ORDERED that pursuant to assignment by the office of the Chief Judge this cause is reassigned for _____

Status on August 8, 2012 at 9:00 a.m

__X__ Assigned to the Civil Division, Courtroom 201 (Judge Thomas A. Meyer currently assigned to that division/courtroom).

_____Assigned to the Honorable_____.

_____Case transferred to the Chief Judge for reassignment to a judge outside of McHenry County.

Dated: 7-25-12

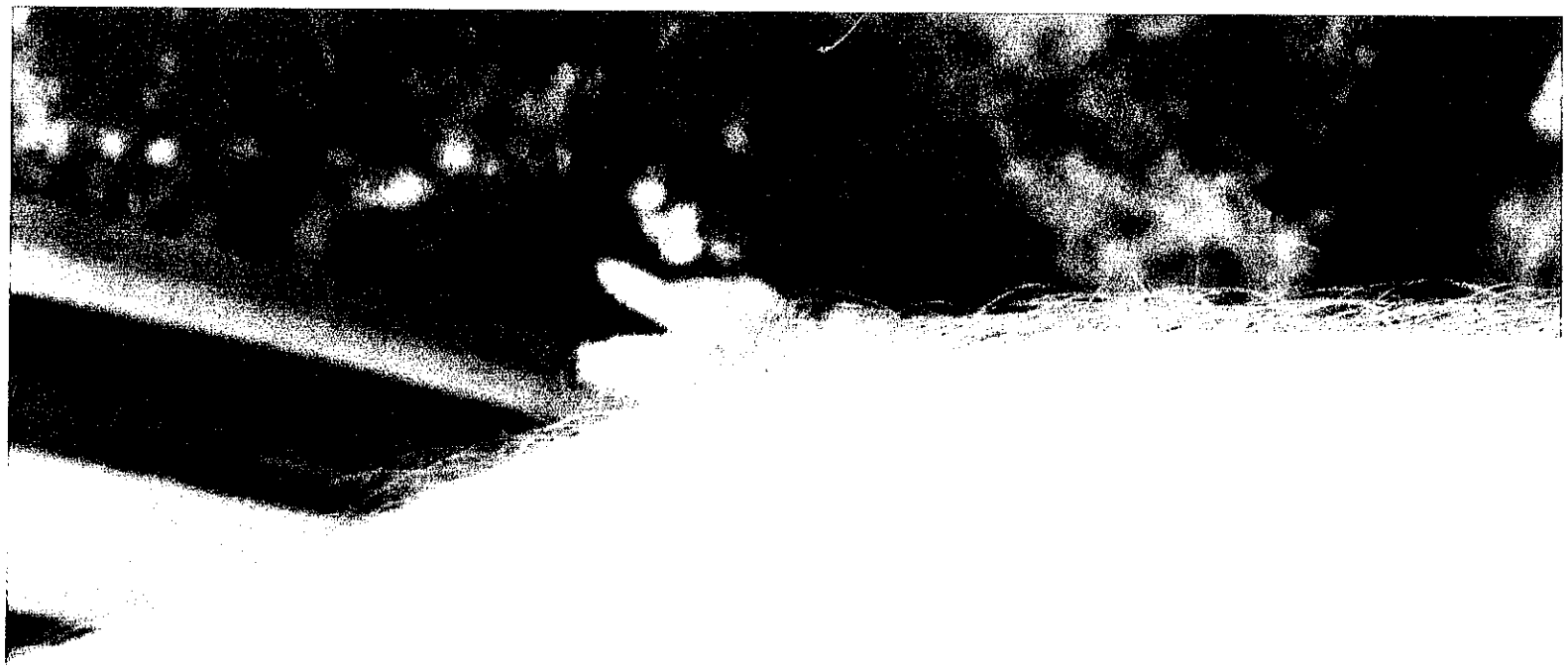
Michael J. Sullivan
Chief Judge

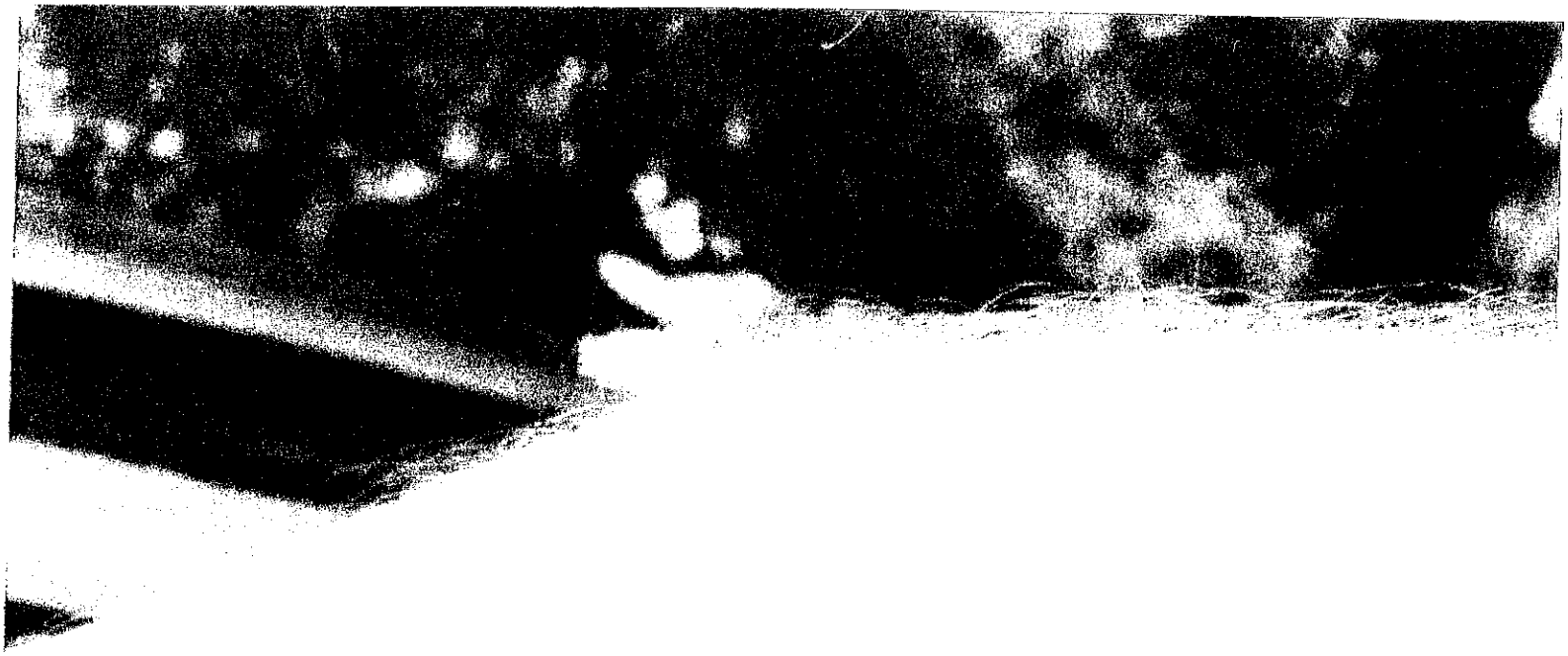
Attorney Ronald Barch
6323 East Riverside Blvd.
Rockford, IL 61114

Attorney Thomas Popovich
3416 W. Elm St.
McHenry, IL 60050

Proof of Service
The undersigned certifies that a copy of the forgoing document was served upon all parties of record by way of mail, fax or hand delivery on: July 25 2012
Lisy Huffman

P63





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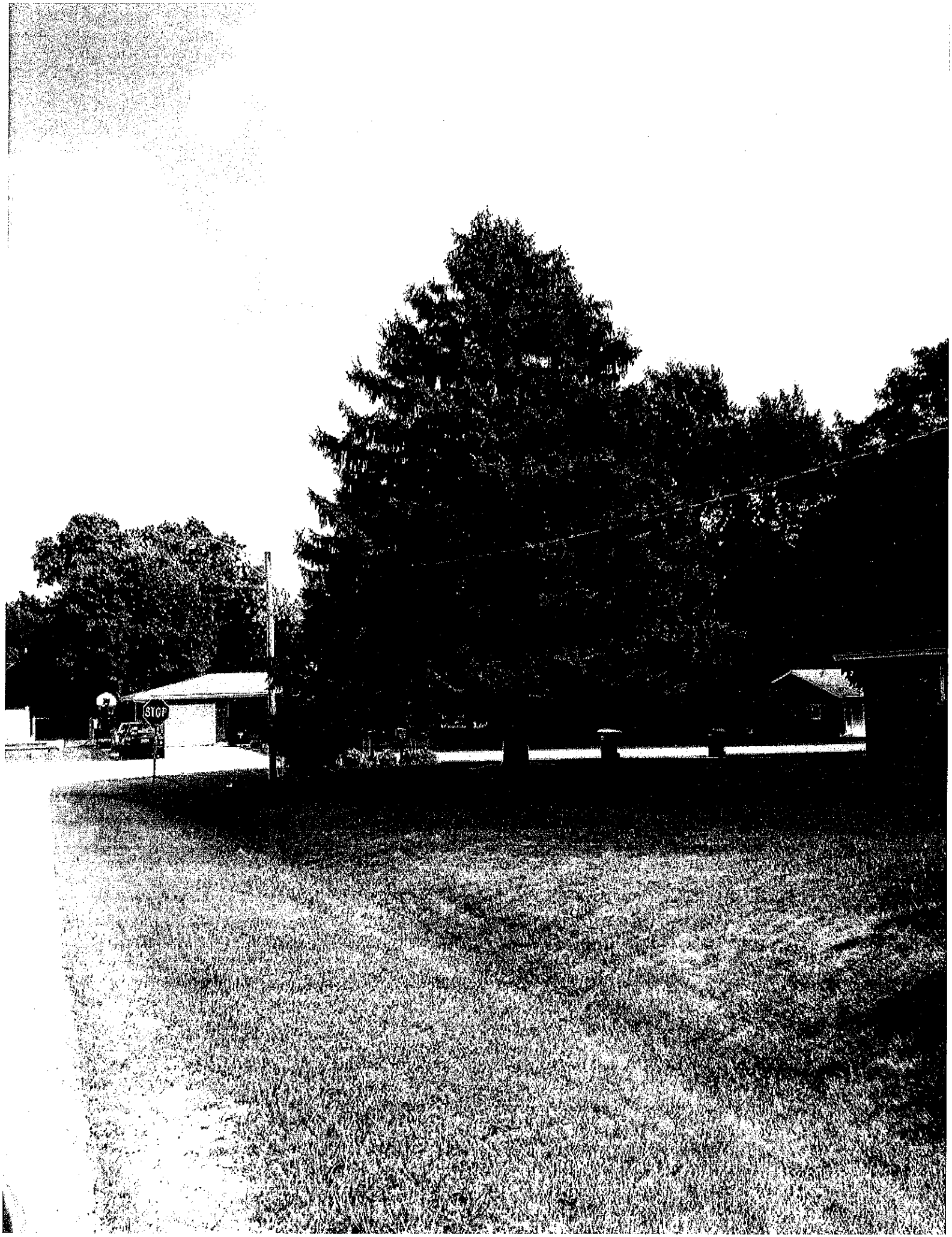
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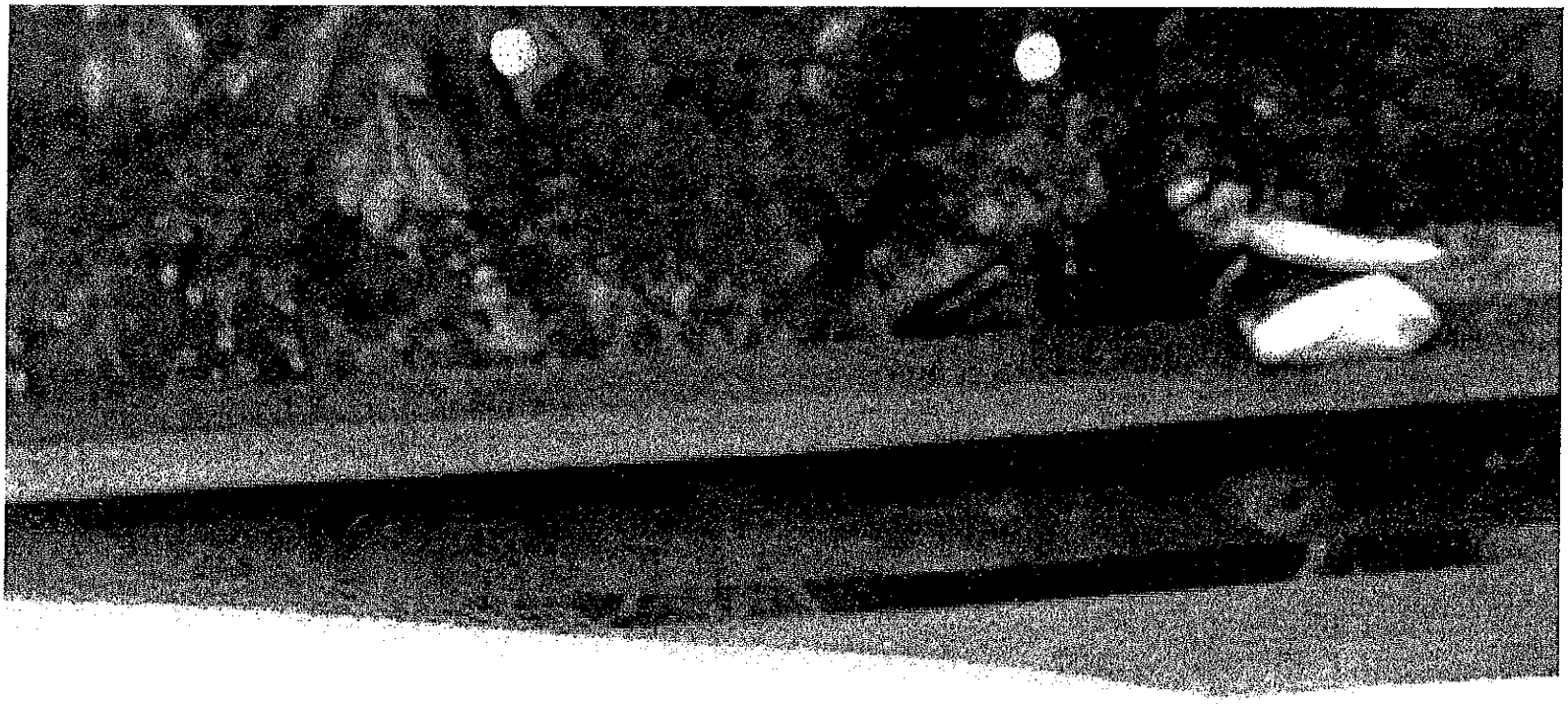

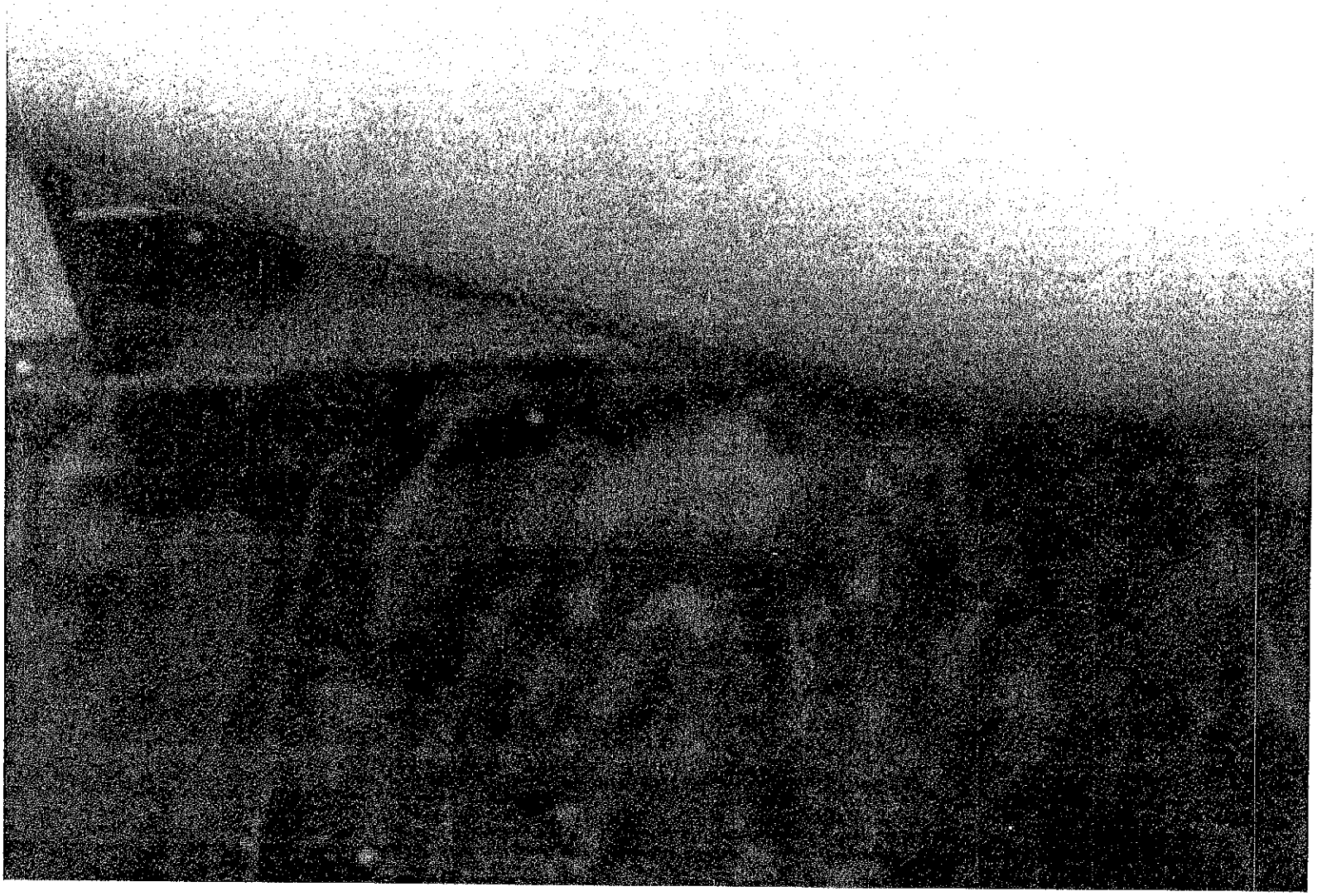

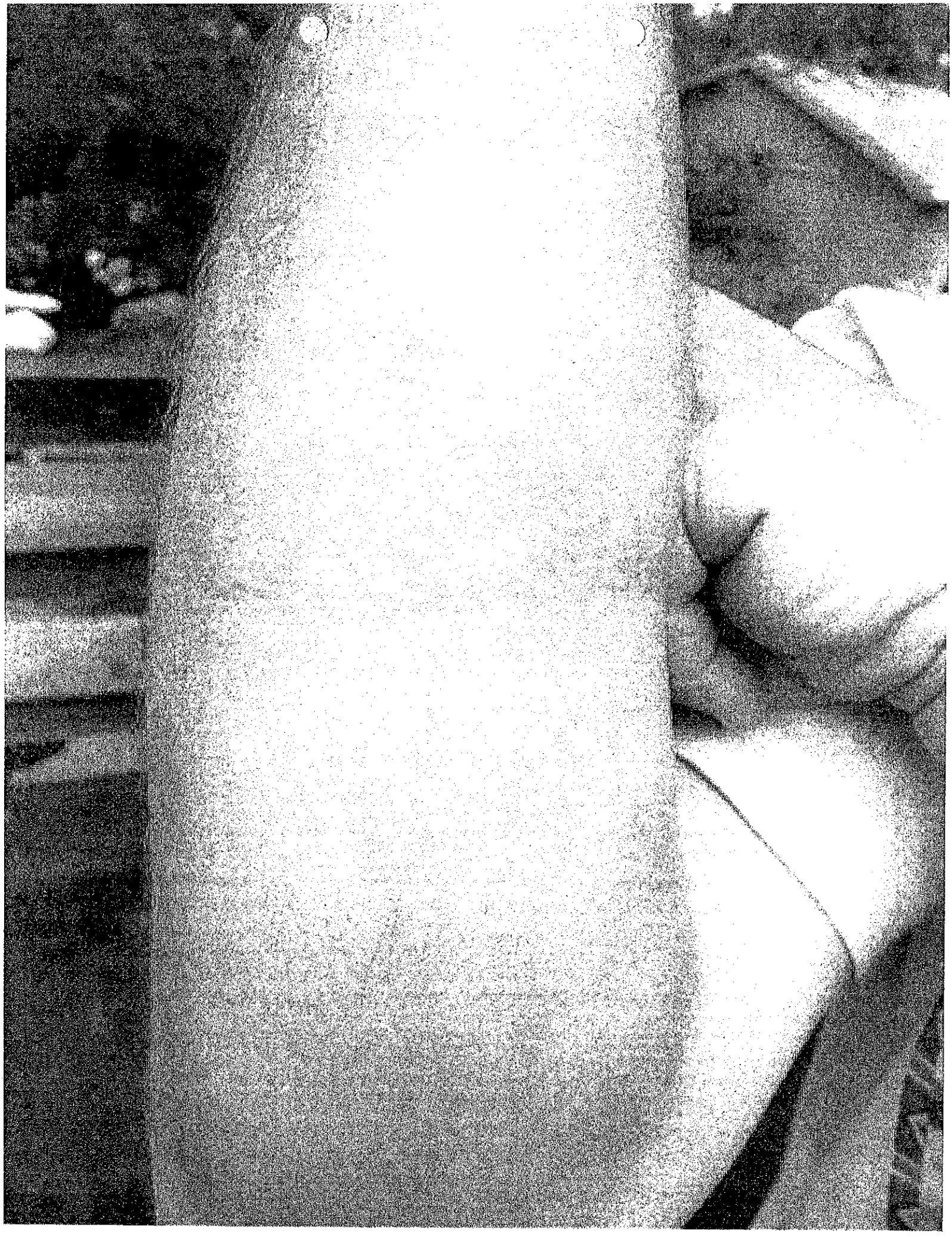

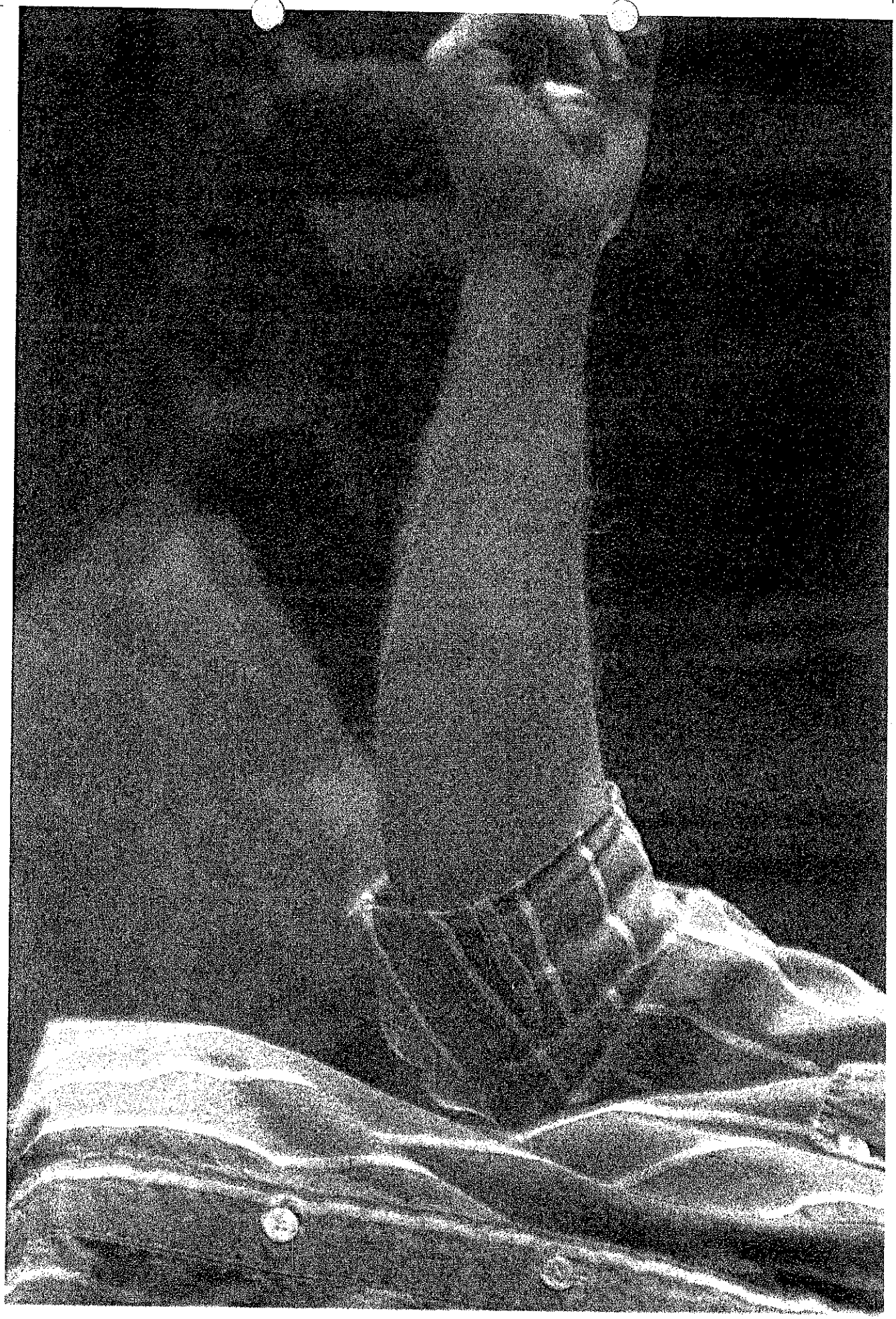

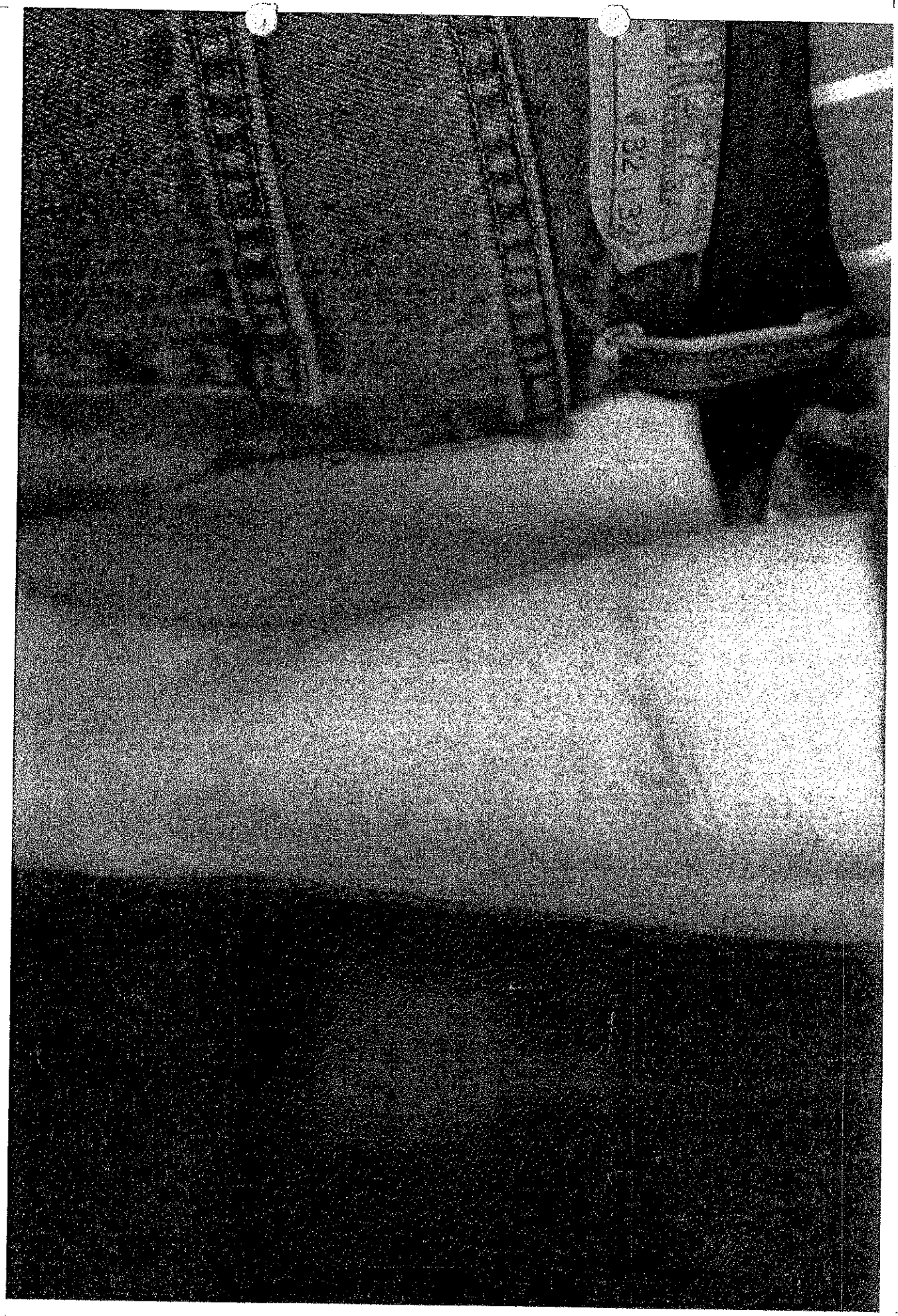

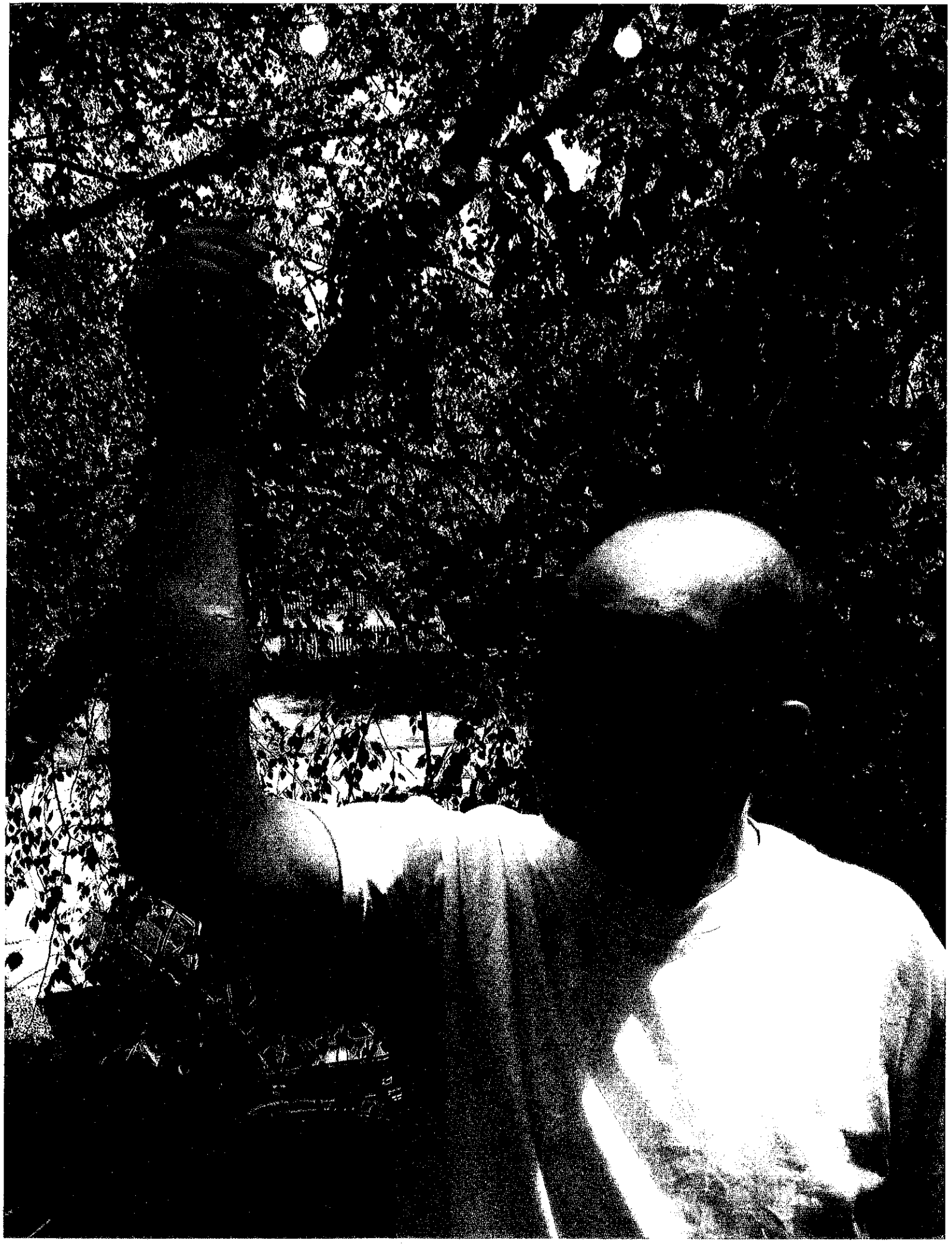

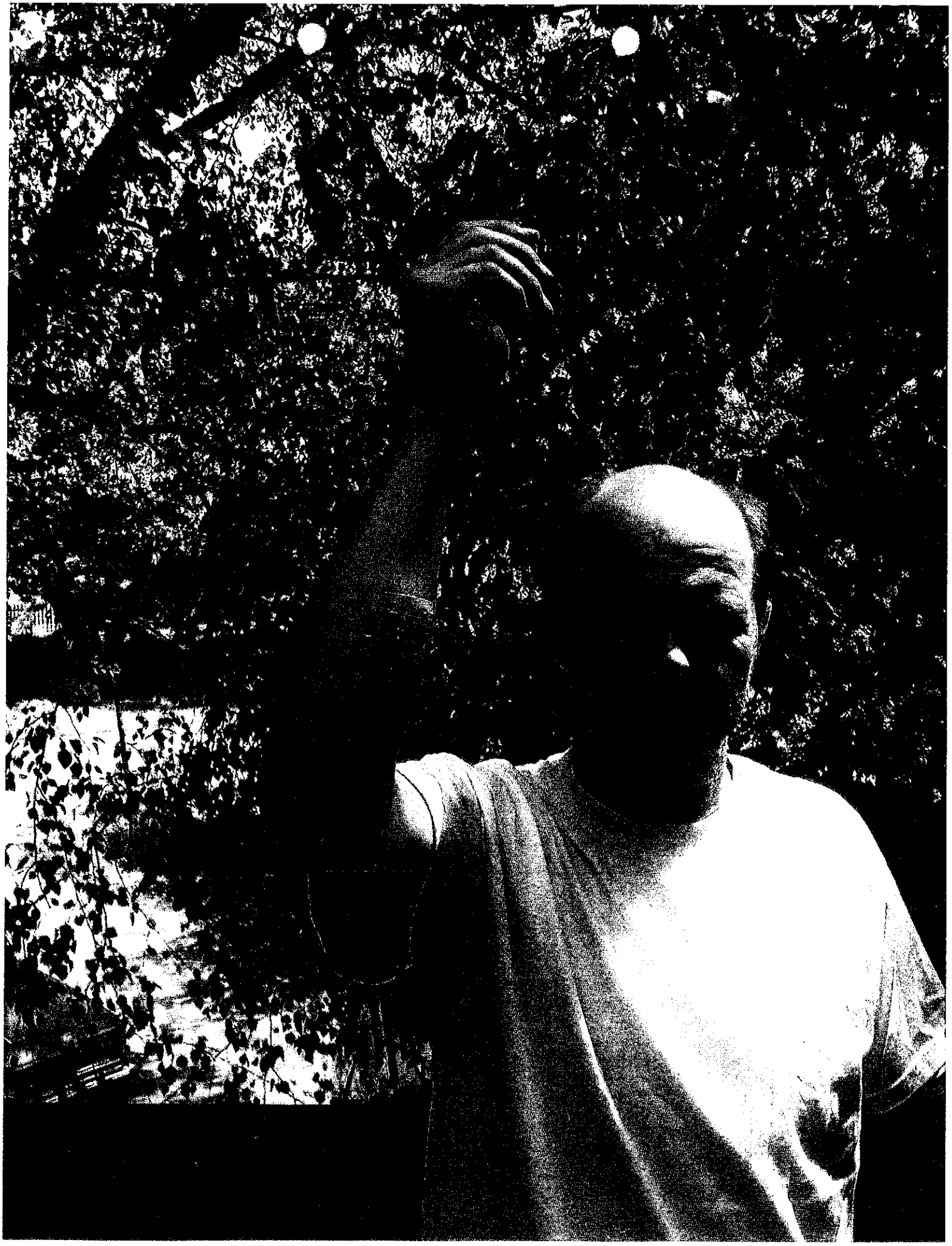

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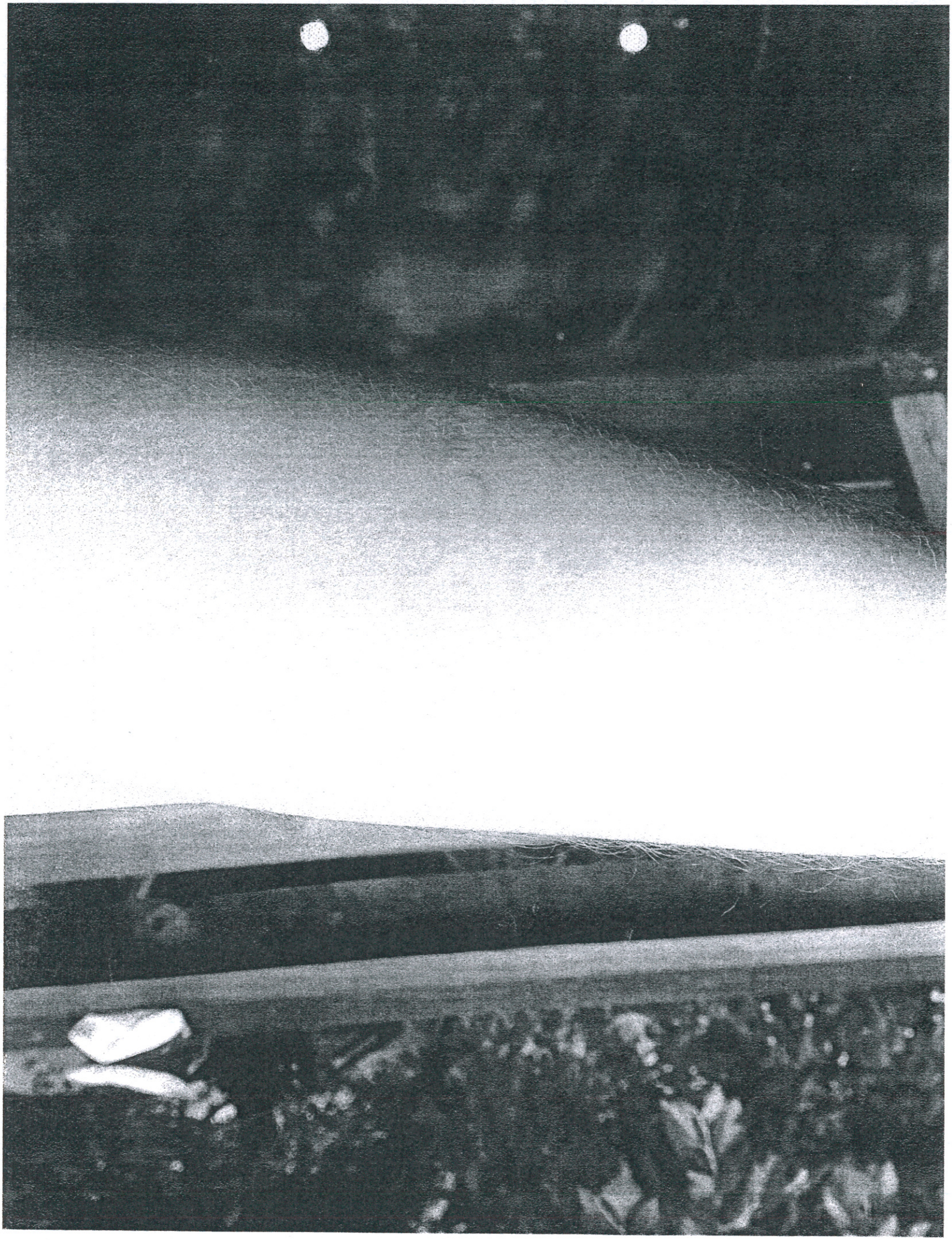
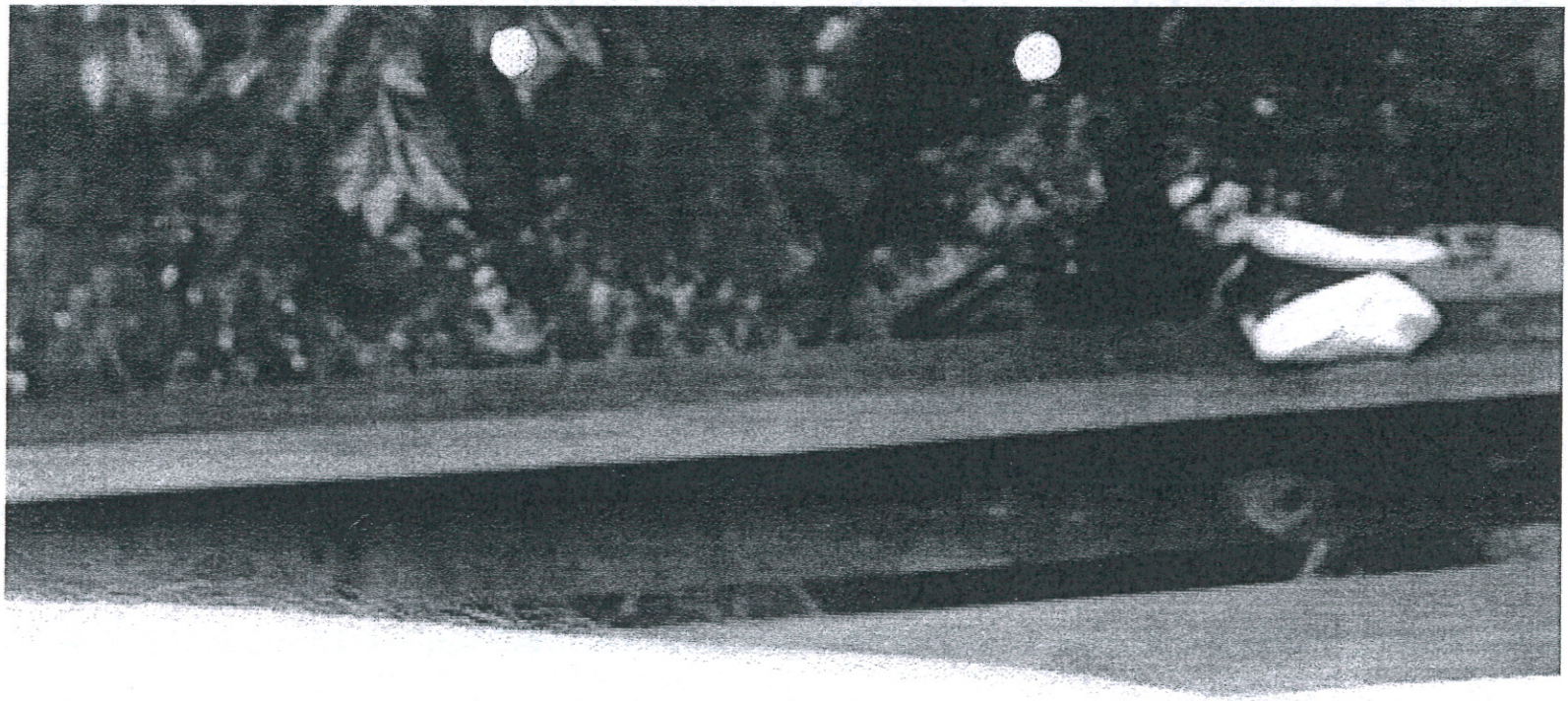
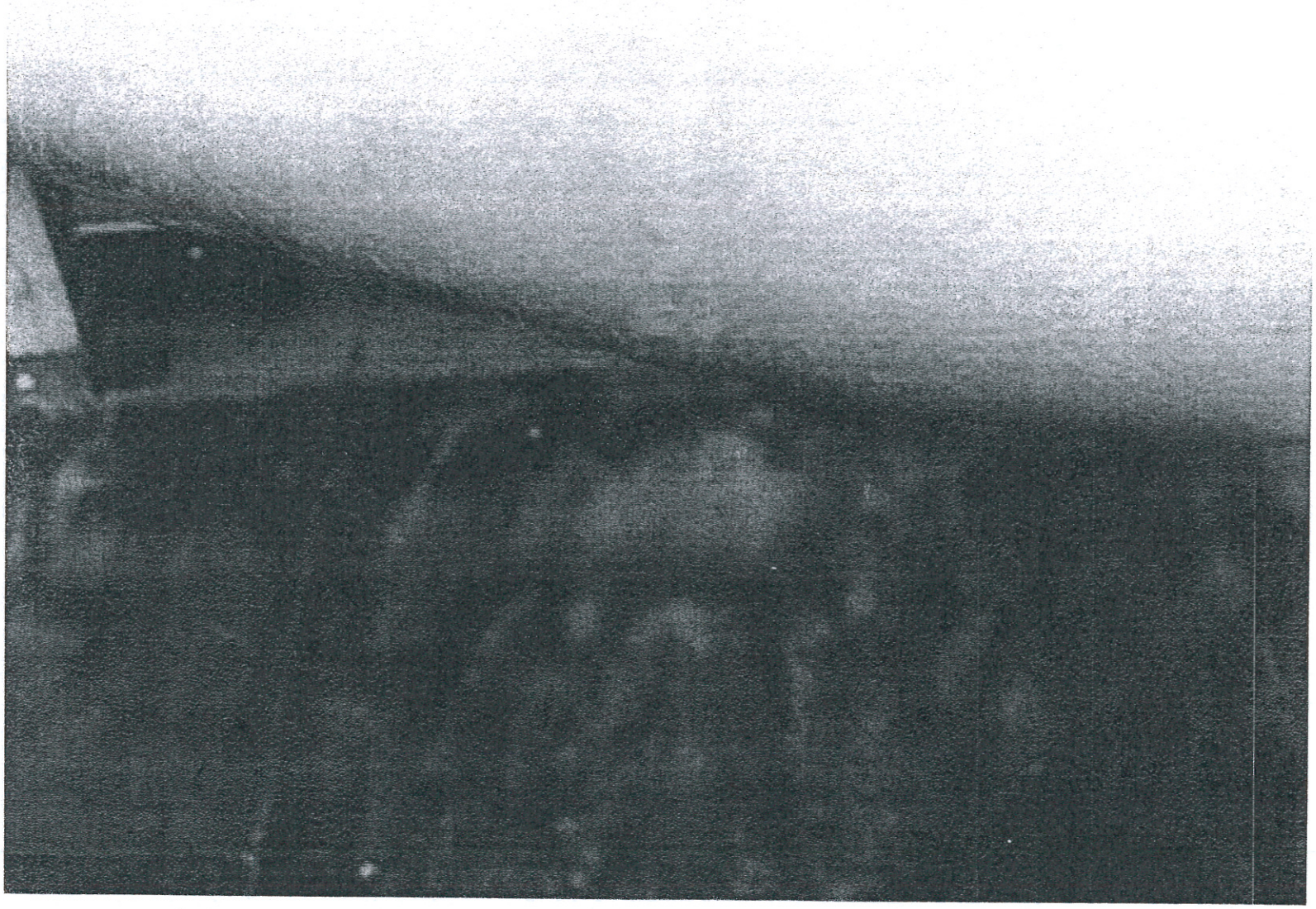
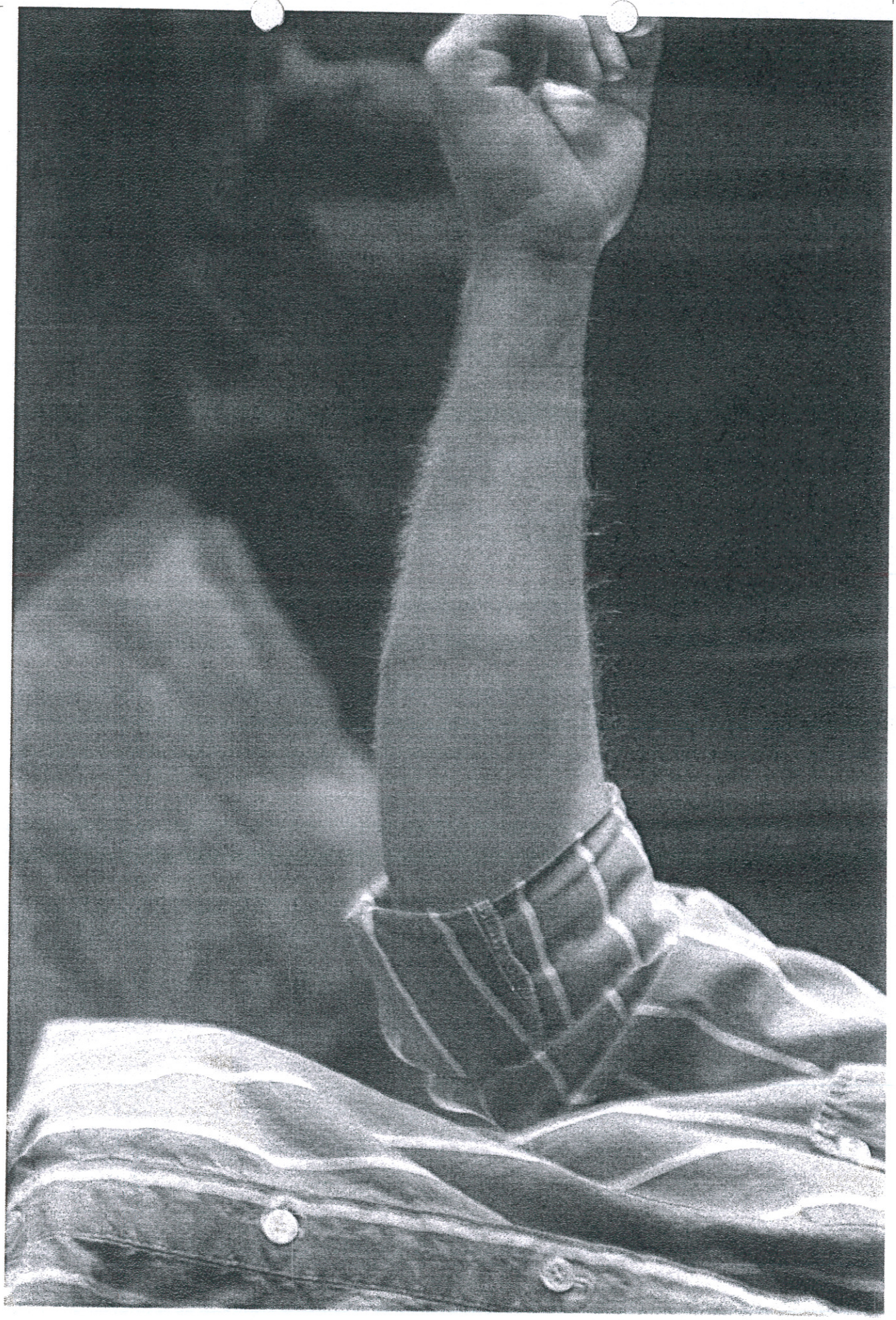
STOP









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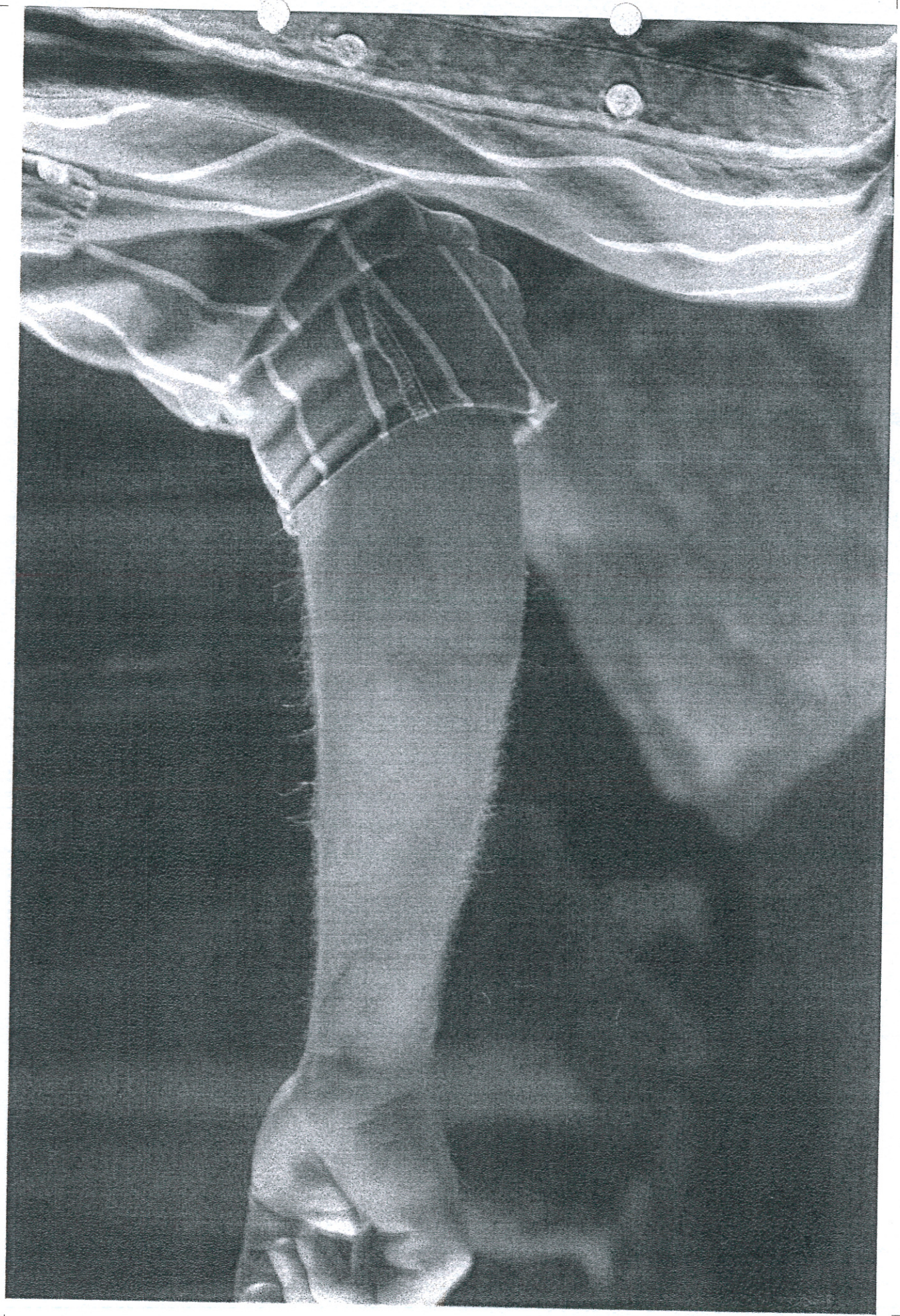

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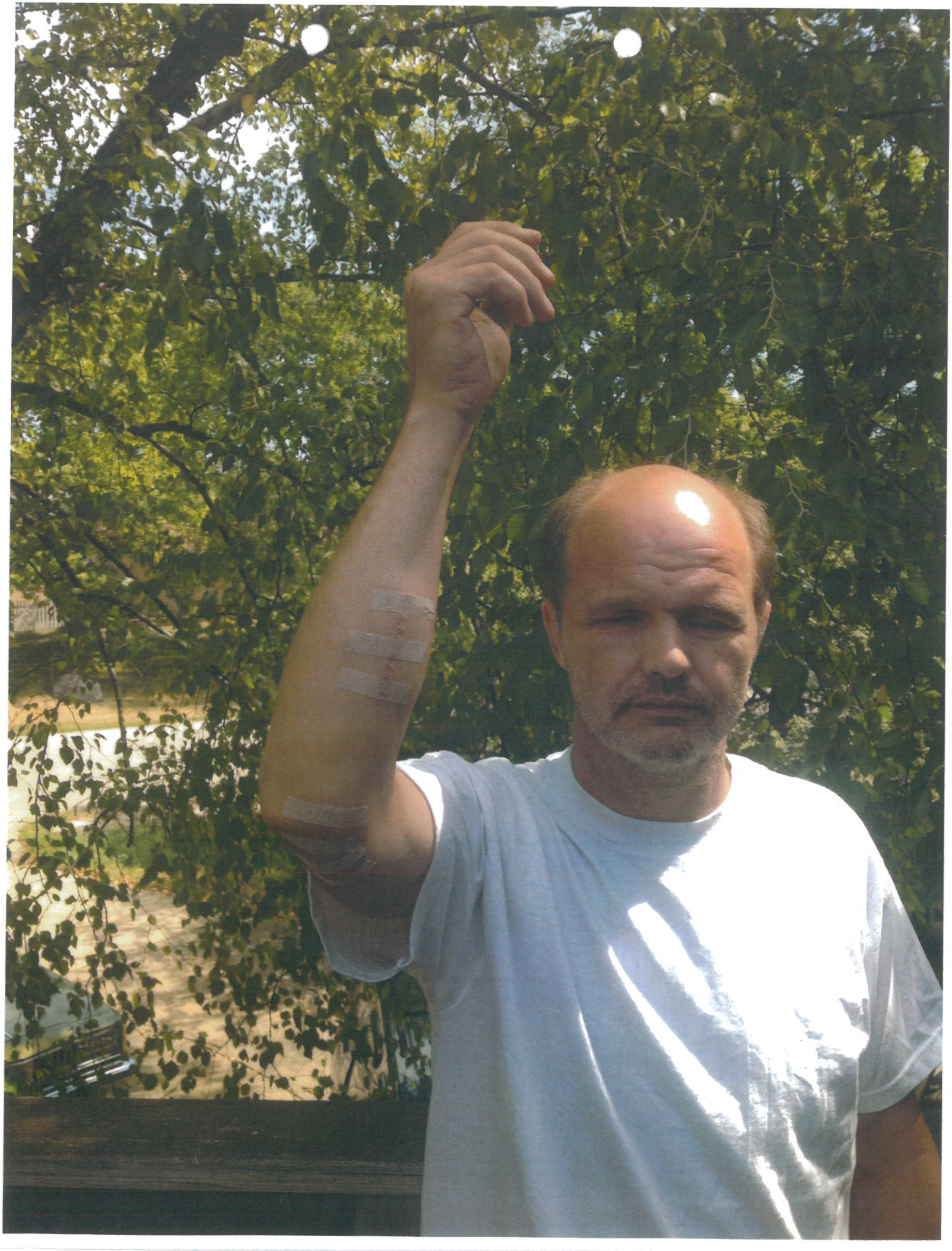

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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER: Paul Dulberg
4606 Hayden Ct.
McHenry
DOB: 3-19-70
SS: 323-76-4001
Born: Elk Grove Village

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Single

3. State the full name and present or last known address (indicating which) of each person who:
   (a) Witnessed or claims to have witnessed the occurrence in question.
   (b) Was present or claims to have been present at the scene immediately before said occurrence.
   (c) Was present or claims to have been present immediately after said occurrence.
   (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: Plaintiff and Defendant Gagnon. McGuires were on the premises.

4. State specifically and with certainty the personal injuries and propeity damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

5. With regard to said injuries, state:
   (a) The name and address of each treating and/or consulting practitioner.
   (b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.
   (c) The amount to date of their respective bills for services.
   (d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

6. As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:

   (a) The name and address of your employer at the time of the occurrence.
   (b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.
Supervisor: Joe Groves
Approx. $10 per hours. 40 hours a week.
Was hired but could not pursue employment due to accident.
Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

9. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).
Since: no

10. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: Yes. On right arm. Investigation continues.

11. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: Behind the garage of the Defendant's home - as alleged.

13. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

14. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 201 1, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises. as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

20 State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiffs Complaint.

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: Not on the date in question, but I will be produced photos of my injury.

23. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.
(b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
(c) For each controlled expert witness, identify:
  (i) the subject matter on which the witness will testify;
  (ii) the conclusions and opinions of the witness and the bases therefor;
  (iii) the qualifications of the witness; and
  (iv) any reports prepared by the witness about the case.

ANSWER: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, *weather,* defendant's negligence in X; *continuing medical care to date; medical expense as set forth in updated Medical Expense Reports*; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including **recent exam** by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident;
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of $10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam - all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a **recent exam** conducted before arbitration and/or trial.

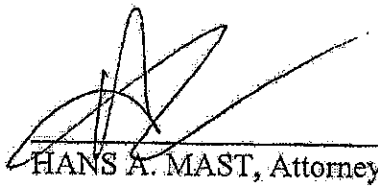
Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.



HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney Registration No. 06203684

Verification by Certification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Paul Dulberg

PAUL DULBERG

DATE: 7-20-12

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S INTERROGATORIES TO
DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Illinois Supreme Court Rule 213, propounds the following interrogatories to Defendants, to be answered under oath, including full information known to you, your agents, and attorneys within 28 days of service:

In construing these Interrogatories:

1. If any discovery request cannot be answered in full after exercising due diligence to secure the information to do so, please so state and answer the request to the extent possible, specify an inability to answer the remainder of any such request and state whatever information or knowledge is presently available to you concerning the unanswered portion of said request.

2. All objections or answers to these Interrogatories that fail or refuse to respond to any Interrogatory on the ground of any claim of privilege of for any other reason shall:

a. State the nature of the claim or other ground of objection;
b. State all facts relied upon in support of the claim of privilege or other ground of objection;
c. Identify all documents related to the claim of privilege or other ground of objection;

d. Identify all persons having knowledge of any facts related to the claim of privilege or other ground of objection; and

e. Identify all events, transactions, or occurrences related to the claim of privilege or other ground of objection.

1. State the full name of the defendant(s) answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.

3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident on the date of the accident described.

4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.

5. State the name and address of the person(s) or entity that was involved in the work and/or maintenance of the exterior of the premises as alleged on the date in question.

6. State the name and address of the person(s) or entity that decided or chose to undertake the work and/or maintenance of the exterior of the premises as alleged on the date in question, including chain saw use and activity.

7. State the name and address of the person(s) or entity that was to supervise or oversee the work and/or maintenance at the exterior of the premises as alleged on the date in question including chain saw use and activity.

8. State the full name and current residence address of each person, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.

9. State the name and address of each witness that knows or claims to know the circumstances of the alleged accident, how it occurred or how the Plaintiff became injured - as alleged in the complaint.

10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:

    a. Who was operating the chain saw at the time of Plaintiff's alleged injury;

    b. Who owned the chain saw at the time of Plaintiff's alleged injury:

    c. Who requested that the chain saw be used to perform work at the time of Plaintiff's injury.

11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:

    a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;

    b. What formal training did David Gagnon received in use or operation of a chain saw prior to the occurrence alleged;

    c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence;

12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.

13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.

14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.

15. Were you (Defendant) covered under any policy of insurance at the time of the occurrence. If so, were you named or covered under any policy, or policies, of liability insurance effective on the date of said occurrence, and: State the name of each such company or companies, the policy number or numbers, the effective period(s) occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

16. Do you have any information:

    (a) That any plaintiff was, within the 5 years immediately prior to said occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date

of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has suffered any serious personal injury and/or illness since the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(d) That any plaintiff has ever filed any other suit for his or her own personal injuries? if so, state each plaintiff so involved, state the court, and caption in which filed, the year filed, the title and docket number of said case.

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, the name, address and occupation and employer of the person taking them.

18. Have you (or anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the occurrence complained of occurred? If the answer to this Interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;
(b) The place of such conversations and/or statements;
(c) All persons present for the conversations and/or statements;
(d) The matters and things stated by the person in the conversations and/or statements;
(e) Whether the conversation was oral, written and/or recorded; and
(f) Who has possession of said statement if written and/or recorded.

19. Do you know of any statements made by any person relating to the occurrence complained of by the plaintiff? If so, give the name and address of each such witness, the date of said statement, and state whether such statement was written and/or oral.

20. State the name and address of each person having knowledge of Plaintiff's activities on the premises PRIOR to the accident in question.

21. State the name and address of each person having knowledge of Plaintiff's activities on the premises AFTER the accident in question.

22. Had the Plaintiff ever used or operated a chain saw on the premises or for the Defendant's prior to his alleged accident. If so, state the dates and times such occurred.

23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial, and state the subject of each witness' testimony, giving the following information:

(a) The subject matter on which the opinion witness is expected to testify;
(b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of said witness, if any;
(c) The qualifications of each opinion witness, including a Curriculum Vitae and/or resume, if any; and
(d) Identify any written reports of the opinion witness regarding this occurrence.

24. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of said occurrence and/or of the injuries and damages claimed to have resulted therefrom.

25. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each Interrogatory, specify the legal basis for the claim as required by Supreme Court Rule 201(n).

26. State the name and address of each person at the premises (although maybe at different location or not a witness to the incident) described at the time of the occurrence.

27. Was the Plaintiff struck and injured by the chain saw while in operation on the date and time alleged. If so, what caused the chain saw to strike the Plaintiff.

28. Describe what, if any, of the Plaintiff's conduct caused or contributed to his injury on the date and time in question.

29. Did the chain saw malfunction at any time during its use prior to Plaintiff's alleged injury.

30. Prior to Plaintiff's alleged injury, was the subject chain saw operating safely and properly.

Demand to Supplement: Pursuant to Supreme Court Rule 213(i), the party answering these interrogatories is hereby requested to seasonably supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party or the party's attorneys or agents.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
815/344-3797
Attorney ID No.: 06203684

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STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

_____ being first duly sworn on oath, deposes and states that he/she is a Defendant in the above-captioned matter; that he/she has read the foregoing document entitled Answers to Interrogatories; and the answers made therein are true, correct and complete to the best of his/her knowledge and belief.

_____
Defendant

SUBSCRIBED AND SWORN to
before me this _____ day of
_____, 2012.

_____
NOTARY PUBLIC

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

FILED
McHenry County, Illinois
JUL 31 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.

2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."

WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 W. Elm Street
McHenry, IL 60050
815/344-3797
ARDC. #06203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FILED
OCT - 1 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE

NOW COMES, the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and for her reply to Defendant, David Gagnon's Affirmative Defense, states as follows:

1. Plaintiff denies each and every allegation contained in the affirmative defense of Defendant, David Gagnon.

WHEREFORE, the Plaintiff, PAUL DULBERG, moves for judgment in his favor and against the Defendant, David Gagnon plus costs.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
(815) 344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FILED
FEB - 6 2013
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PLAINTIFF'S REPLY TO DEFENDANTS, BILL AND CAROLYN MCGUIRE'S AFFIRMATIVE DEFENSE IN THEIR AMENDED ANSWER

NOW COMES, the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and for her reply to Defendants, Bill and Carolyn McGuire's Affirmative Defense in their Amended Answer, states as follows:

1. Plaintiff denies each and every allegation contained in the affirmative defense of Defendants, Bill and Carolyn McGuire.

WHEREFORE, the Plaintiff, PAUL DULBERG, moves for judgment in his favor and against the Defendants, Bill and Carolyn McGuire plus costs.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
(815) 344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., pursuant to Illinois Supreme Court Rule 201(b) and 214, and requests the production of the following documents within 28 days of service:

Definition: The word "document" as used in the following requests shall be defined as defined in Supreme Court Rule 201 (b)(1).

1. All statements (oral, written, or transcribed, signed or unsigned) by parties to this action given to some person or entity other than their attorney or insurer.

2. All statements (oral, written, or transcribed, signed or unsigned) from any person who:

   a) Witnessed or claims to have witnessed the occurrence specified in the Plaintiff's Complaint;

   b) Was present at the scene of the occurrence;

   c) Has or claims to have knowledge of any of the facts of the occurrence specified in the Plaintiff's Complaint;

   d) Has or claims to have knowledge of the condition of the Plaintiff; or

   e) Has or claims to have knowledge of the location specified in the Plaintiff's Complaint.

3. All photographs, slides, motion pictures, videotapes, or other photographic reproductions taken subsequent to the alleged occurrence of the Plaintiff, any physical objects involved in the occurrence, the scene of the occurrence, and/or the occurrence itself.

4. All documents pertaining to the physical or mental condition of the Plaintiff prior and subsequent to the alleged occurrence including injuries sustained in other accidents.

5. Complete, unedited, and unabridged copies of any and all medical reports and documents pertaining to the Plaintiff, and purporting to diagnose, analyze and/or otherwise evaluate any and all injuries allegedly sustained by the Plaintiff in the occurrence specified in the Plaintiff's Complaint.

6. Complete unedited, and unabridged copies of any and all police, accident or incident documents and reports, including any supplementary or reconstruction reports prepared in conjunction with the occurrence set forth in the Plaintiff's Complaint.

7. All documents, articles, papers and textbooks you intend to use during the trial of this cause.

8. All rules, regulations, bylaws, guidelines of any public authority, inspecting or reviewing authority or other private body, which you intend to use during the trial of this cause.

9. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the condition of the Plaintiff existing both prior to and subsequent to the incident in question or the matters in question.

10. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the occurrence in question.

11. A certified copy of all liability insurance policies and declaration pages that covered the Defendant for the acts or omissions, as alleged in the Plaintiff's Complaint including the policies of members of the Defendant's household.

12. Each and every document, record, report, writing memorandum, physical object and the like revealed or referenced in this Defendant's Answers to Supreme Court Rule 213.

13. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or inspection of the exterior of the premises described in the complaint including dates, locations, employees, and nature of such work.

14. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or work described in the

complaint on the premises including dates, locations, employees, and nature of such work.

15. All incident reports, investigation or other tangible evidence concerning the accident alleged, witnesses etc.

16. Preserve and maintain the chain saw and any other instrumentalities of the accident or scene.

17. Any written invoices, payments or writings concerning hiring, retaining for use f David Gagnon for work at the premises.

Defendant is requested to preserve and protect the stairs at the premises described in the complaint from alteration, modification or destruction until further order of the court.

If any of the documents requested are in existence, but not in the possession, custody or control of a party, please indicate the names and addresses of the persons or firms in whose possession custody or control they presently reside.

If any document(s) requested are no longer in existence, please state whether such document: (a) is missing or lost, (b) has been destroyed, (c) has been transferred voluntarily or involuntarily to others, or (d) has been otherwise disposed of, and in each instance explain the circumstances surrounding the reason for and manner of such disposition and state the date or approximate date thereof.

If any document called for in this request has been destroyed intentionally at any time during the past ten years, such document should be identified and the reasons and date of its destruction noted.

Pursuant to Supreme Court Rule 201(n), if any documents called for in this request are not produced because of claim of common law or statutory privilege, please state the exact privilege being claimed together with the nature of the withheld information.

It is further requested that the parties in compliance with this request for production shall furnish an affidavit stating whether the production is complete in accordance with this request.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797 Attorney No. 6203684
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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Supreme Court Rule 237(b), demands the production of the following at the commencement of trial and/or arbitration:

1. Defendant, BILL McGUIRE, to be called as an adverse witness under the applicable rules.

2. Defendant, CAROLINE McGUIRE, to be called as an adverse witness under the applicable rules.

3. Any and all documents previously requested pursuant to Supreme Court Rule 214.

HANS A. MAST, Attorney for the Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684
S:\Main\DULBERG, PAUL\Discovery\Rule 237 Notice to Defs 6-19-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

Filed
McHenry County, Illinois
JUL 31 2012
Clerk of the Circuit Court

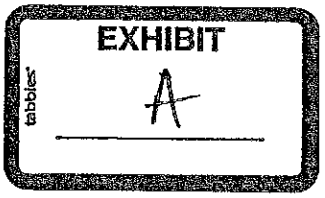
PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.

2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."



WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 W. Elm Street
McHenry, IL 60050
815/344-3797
ARDC. #06203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FILED
OCT - 3 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the 2nd **day of October, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANT, DAVID GAGNON, PLAINTIFF'S INTERROGATORIES TO DEFENDANT, DAVID GAGNON, RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANT, DAVID GAGNON AND NOTICE OF DEPOSITION OF DEFENDANT, DAVID GAGNON**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANT, DAVID GAGNON

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Supreme Court Rule 237(b), demands the production of the following at the commencement of trial and/or arbitration:

1. Defendant, DAVID GAGNON to be called as an adverse witness under the applicable rules.

2. Any and all documents previously requested pursuant to Supreme Court Rule 214.

HANS A. MAST, Attorney for the Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684
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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S REQUEST FOR
PRODUCTION TO DEFENDANT, DAVID GAGNON

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., pursuant to Illinois Supreme Court Rule 201(b) and 214, and requests the production of the following documents within 28 days of service:

Definition: The word "document" as used in the following requests shall be defined as defined in Supreme Court Rule 201 (b)(1).

1. All statements (oral, written, or transcribed, signed or unsigned) by parties to this action given to some person or entity other than their attorney or insurer.

2. All statements (oral, written, or transcribed, signed or unsigned) from any person who:

   a) Witnessed or claims to have witnessed the occurrence specified in the Plaintiff's Complaint;

   b) Was present at the scene of the occurrence;

   c) Has or claims to have knowledge of any of the facts of the occurrence specified in the Plaintiff's Complaint;

   d) Has or claims to have knowledge of the condition of the Plaintiff; or

   e) Has or claims to have knowledge of the location specified in the Plaintiff's Complaint.

3. All photographs, slides, motion pictures, videotapes, or other photographic reproductions taken subsequent to the alleged occurrence of the Plaintiff, any physical objects involved in the occurrence, the scene of the occurrence, and/or the occurrence itself.

4. All documents pertaining to the physical or mental condition of the Plaintiff prior and subsequent to the alleged occurrence including injuries sustained in other accidents.

5. Complete, unedited, and unabridged copies of any and all medical reports and documents pertaining to the Plaintiff, and purporting to diagnose, analyze and/or otherwise evaluate any and all injuries allegedly sustained by the Plaintiff in the occurrence specified in the Plaintiff's Complaint.

6. Complete unedited, and unabridged copies of any and all police, accident or incident documents and reports, including any supplementary or reconstruction reports prepared in conjunction with the occurrence set forth in the Plaintiff's Complaint.

7. All documents, articles, papers and textbooks you intend to use during the trial of this cause.

8. All rules, regulations, bylaws, guidelines of any public authority, inspecting or reviewing authority or other private body, which you intend to use during the trial of this cause.

9. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the condition of the Plaintiff existing both prior to and subsequent to the incident in question or the matters in question.

10. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the occurrence in question.

11. A certified copy of all liability insurance policies and declaration pages that covered the Defendant for the acts or omissions, as alleged in the Plaintiff's Complaint including the policies of members of the Defendant's household.

12. Each and every document, record, report, writing memorandum, physical object and the like revealed or referenced in this Defendant's Answers to Supreme Court Rule 213.

13. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or inspection of the exterior of the premises described in the complaint including dates, locations, employees, and nature of such work.

14. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or work described in the

complaint on the premises including dates, locations, employees, and nature of such work.

15. All incident reports, investigation or other tangible evidence concerning the accident alleged, witnesses etc.

16. Preserve and maintain the chain saw and any other instrumentalities of the accident or scene.

17. Any written invoices, payments or writings concerning hiring, retaining or otherwise with respect to David Gagnon and his work at the premises.

Defendant is requested to preserve and protect the stairs at the premises described in the complaint from alteration, modification or destruction until further order of the court.

If any of the documents requested are in existence, but not in the possession, custody or control of a party, please indicate the names and addresses of the persons or firms in whose possession custody or control they presently reside.

If any document(s) requested are no longer in existence, please state whether such document: (a) is missing or lost, (b) has been destroyed, (c) has been transferred voluntarily or involuntarily to others, or (d) has been otherwise disposed of, and in each instance explain the circumstances surrounding the reason for and manner of such disposition and state the date or approximate date thereof.

If any document called for in this request has been destroyed intentionally at any time during the past ten years, such document should be identified and the reasons and date of its destruction noted.

Pursuant to Supreme Court Rule 201(n), if any documents called for in this request are not produced because of claim of common law or statutory privilege, please state the exact privilege being claimed together with the nature of the withheld information.

It is further requested that the parties in compliance with this request for production shall furnish an affidavit stating whether the production is complete in accordance with this request.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797 Attorney No. 6203684
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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S INTERROGATORIES TO DEFENDANT, DAVID GAGNON

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Illinois Supreme Court Rule 213, propounds the following interrogatories to Defendant, to be answered under oath, including full information known to you, your agents, and attorneys within 28 days of service:

In construing these Interrogatories:

1. If any discovery request cannot be answered in full after exercising due diligence to secure the information to do so, please so state and answer the request to the extent possible, specify an inability to answer the remainder of any such request and state whatever information or knowledge is presently available to you concerning the unanswered portion of said request.

2. All objections or answers to these Interrogatories that fail or refuse to respond to any Interrogatory on the ground of any claim of privilege of for any other reason shall:

a. State the nature of the claim or other ground of objection;
b. State all facts relied upon in support of the claim of privilege or other ground of objection;
c. Identify all documents related to the claim of privilege or other ground of objection;

d. Identify all persons having knowledge of any facts related to the claim of privilege or other ground of objection; and

e. Identify all events, transactions, or occurrences related to the claim of privilege or other ground of objection.

1. State the full name of the defendant answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.

3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident at the time and on the date of the accident described.

4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.

5. State the name and address of the person(s) or entity that was involved in performing the work during which the accident occurred on the date in question, as alleged.

6. State the name and address of the person(s) or entity that decided or chose to undertake the work at the time, as alleged on the date in question, including chain saw use and activity.

7. State the name and address of the person(s) or entity that was to supervise or oversee the work at the premises at the time, as alleged on the date in question including chain saw use and activity.

8. State the full name and current residence address of each person, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.

9. State the name and address of each witness that knows or claims to know the circumstances of the alleged accident, how it occurred or how the Plaintiff became injured - as alleged in the complaint.

10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:

    a. Who was operating the chain saw at the time of Plaintiff's alleged injury;

    b. Who owned the chain saw at the time of Plaintiff's alleged injury:

    c. Who requested that the chain saw be used to perform work at the time of Plaintiff's injury.

    d. Purpose for the use of the chain saw at the time.

11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:

    a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;

    b. What formal training did David Gagnon received in use or operation of a chain saw prior to the occurrence alleged;

    c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence;

12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.

13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.

14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.

15. Were you (Defendant) covered under any policy of insurance at the time of the occurrence. If so, were you named or covered under any policy, or policies, of liability insurance effective on the date of said occurrence, and: State the name of each such company or companies, the policy number or numbers, the effective period(s) occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

16. Do you have any information:

    (a) That any plaintiff was, within the 5 years immediately prior to said occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic,

physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has suffered any serious personal injury and/or illness since the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(d) That any plaintiff has ever filed any other suit for his or her own personal injuries? if so, state each plaintiff so involved, state the court, and caption in which filed, the year filed, the title and docket number of said case.

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, the name, address and occupation and employer of the person taking them.

18. Have you (or anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the occurrence complained of occurred? If the answer to this Interrogatory is in the affirmative, state the following:

(a) The date or dates of such conversations and/or statements;
(b) The place of such conversations and/or statements;
(c) All persons present for the conversations and/or statements;
(d) The matters and things stated by the person in the conversations and/or statements;
(e) Whether the conversation was oral, written and/or recorded; and
(f) Who has possession of said statement if written and/or recorded.

19. Do you know of any statements made by any person relating to the occurrence complained of by the plaintiff? If so, give the name and address of each such witness, the date of said statement, and state whether such statement was written and/or oral.

20. State the name and address of each person having knowledge of Plaintiff's activities on the premises PRIOR to the accident in question.

21. State the name and address of each person having knowledge of Plaintiff's activities on the premises AFTER the accident in question.

22. Had the Plaintiff ever used or operated a chain saw on the premises or for the Defendant or others prior to his alleged accident. If so, state the dates and times such occurred.

23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial, and state the subject of each witness' testimony, giving the following information:

(a) The subject matter on which the opinion witness is expected to testify;
(b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of said witness, if any;
(c) The qualifications of each opinion witness, including a Curriculum Vitae and/or resume, if any; and
(d) Identify any written reports of the opinion witness regarding this occurrence.

24. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of said occurrence and/or of the injuries and damages claimed to have resulted therefrom.

25. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each Interrogatory, specify the legal basis for the claim as required by Supreme Court Rule 201(n).

26. State the name and address of each person at the premises (although at different location or not a witness to the incident) described at the time of the occurrence.

27. Was the Plaintiff struck and injured by the chain saw while in operation on the date and time alleged. If so, what caused the chain saw to strike the Plaintiff.

28. Describe what, if any, of the Plaintiff's conduct caused or contributed to his injury on the date and time in question.

29. Did the chain saw malfunction at any time during its use prior to Plaintiff's alleged injury.

30. Prior to Plaintiff's alleged injury, was the subject chain saw operating safely and properly.

Demand to Supplement: Pursuant to Supreme Court Rule 213(i), the party answering these interrogatories is hereby requested to seasonably supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party or the party's attorneys or agents.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
815/344-3797
Attorney ID No.: 06203684

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STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

_____ being first duly sworn on oath, deposes and states that he/she is a Defendant in the above-captioned matter; that he/she has read the foregoing document entitled Answers to Interrogatories; and the answers made therein are true, correct and complete to the best of his/her knowledge and belief.

_____
Defendant

SUBSCRIBED AND SWORN to
before me this _____ day of
_____, 2012.

_____
NOTARY PUBLIC

COPY

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

No. 12 LA 178

FILED
JUL 30 2012
KATHERINE M. KEEF
McHENRY CTY. CIR. CI

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the 26th **day of July, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S ANSWERS TO DEFENDANTS' INTERROGATORIES AND PRODUCTION REQUESTS**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER: Paul Dulberg
4606 Hayden Ct.
McHenry
DOB: 3-19-70
SS: 323-76-4001
Born: Elk Grove Village

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Single

3. State the full name and present or last known address (indicating which) of each person who:
   (a) Witnessed or claims to have witnessed the occurrence in question.
   (b) Was present or claims to have been present at the scene immediately before said occurrence.
   (c) Was present or claims to have been present immediately after said occurrence.
   (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: Plaintiff and Defendant Gagnon. McGuires were on the premises.

4. State specifically and with certainty the personal injuries and propeity damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

5. With regard to said injuries, state:
   (a) The name and address of each treating and/or consulting practitioner.
   (b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.
   (c) The amount to date of their respective bills for services.
   (d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

6. As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:

   (a) The name and address of your employer at the time of the occurrence.
   (b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.
Supervisor: Joe Groves
Approx. $10 per hours. 40 hours a week.
Was hired but could not pursue employment due to accident.
Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

9. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).
Since: no

10. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: Yes. On right arm. Investigation continues.

11. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: Behind the garage of the Defendant's home - as alleged.

13. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

14. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 201 1, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises. as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

20 State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiffs Complaint.

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: Not on the date in question, but I will be produced photos of my injury.

23. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.
(b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
(c) For each controlled expert witness, identify:
  (i) the subject matter on which the witness will testify;
  (ii) the conclusions and opinions of the witness and the bases therefor;
  (iii) the qualifications of the witness; and
  (iv) any reports prepared by the witness about the case.

ANSWER: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, *weather,* defendant's negligence in X; *continuing medical care to date; medical expense as set forth in updated Medical Expense Reports*; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including **recent exam** by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident;
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of $10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam - all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a **recent exam** conducted before arbitration and/or trial.

Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney Registration No. 06203684

Verification by Certification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Paul Dulberg
PAUL DULBERG

DATE: 7-20-12

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

FILED
AUG 22 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the **21st day of August, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Discovery\Proof of Svc 8-20-12.wpd

COPY

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the **21st day of August, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S ANSWERS TO
DEFENDANT'S SUPPLEMENTAL INTERROGATORIES

1. Please provide the following information about yourself.

   a. Date of Birth;
   b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER: DOB: 3-19-70
SS: 323-76-4001

2. Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treat of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC") regarding Medicare liens, if any.

ANSWER: No

3. Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER: Right arm/elbow

4. Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

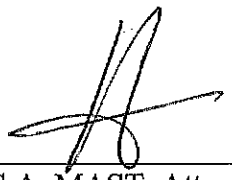
ANSWER: No

5. Do you have any documentation in your poss4ession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER: No

6. State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER: None



HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney Registration No. 06203684

Verification by Certification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

X Paul Dulley

DATE: _____

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

COPY

FILED
JUN 27 2012
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the **25th day of June, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, PLAINTIFF'S INTERROGATORIES TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE AND NOTICE OF DEPOSITIONS OF DEFENDANTS**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Discovery\Proof of Svc 6-19-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the **25th day of June, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, PLAINTIFF'S INTERROGATORIES TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE AND NOTICE OF DEPOSITIONS OF DEFENDANTS**

ADDRESSED TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FILED
MAR 12 2013
KATHERINE M. KEEFE
McHENRY CTY. CIR. CLK.

PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the 11th **day of March, 2013** the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S SUBPOENA FOR DISCOVERY DEPOSITION OF MICHAEL McARTOR**

ADDRESSED TO:

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

COPY

FILED
McHenry County, Illinois
AUG - 8 2012
KATHERINE M. KEEFE
Clerk of the Circuit Court

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

RE-NOTICE OF MOTION

To: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

On **August 8, 2012 at 9:00 a.m.**, or as soon thereafter as counsel may be heard, I shall appear before the **Honorable Thomas A. Meyer** or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present **PLAINTIFF'S MOTION FOR PROTECTIVE ORDER**, a copy of which is hereby served upon you

AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on August 1, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney ID No. 30037

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.	)	Case No. 12 LA 178 **REQUEST TO PRODUCE TO PLAINTIFF**

TO: Paul Dulberg
c/o Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

Pursuant to Supreme Court Rule 214, Defendants, Bill McGuire and Carolyn McGuire, by Cicero, France, Barch & Alexander, PC, their attorneys, requests PAUL DULBERG to produce for inspection, copying, and reproduction on the 28th day after service of this request the documents, objects or tangible things set forth below.

PAUL DULBERG is requested to produce these documents either by mailing legible copies to Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114, or by producing the documents for inspection and copying on the 28th day after service of this request at Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114.

As used in this request the term "document" includes without limitation, any graphic matter, whether paper, cardboard, tape, plastic, film or any other material and includes any recording and transcript thereof. The term "you" or "your" refers not only to the party to whom this request is directed, but also to any representative who acts for you or under your control.

With respect to each document covered by the request which you refuse to produce by

reason of any attorney-client privilege, you are requested to identify the nature and date of the document, its author and title, and each recipient of the document and his title.

1. Medical bills for any medical treatment rendered to PAUL DULBERG from January 1, 2010 to the present date.

2. Pharmacy bills for prescriptions and/or appliances regarding PAUL DULBERG from January 1, 2010 to the present date.

3. All photographs, slides, videos or motion pictures taken of PAUL DULBERG, any physical objects involved, or the scene of the occurrence.

4. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG prior to the alleged occurrence (including other injuries, illnesses or hospitalizations).

5. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG subsequent to the alleged occurrence (including other injuries, illnesses or hospitalizations).

6. A list giving the names and addresses of all persons making any examination or inspection in reference to the occurrence in question, any of the physical objects involved, or the scene of the occurrence.

7. All accident reports, investigation reports and materials, and all other like documents prepared as a result of or in reference to the occurrence complained of in the Complaint.

8. All receipts, records, bills, statements, invoices, wage loss materials, and any other documents relating to the amount of damages sought by the plaintiff.

9. Statements of any witnesses or persons having knowledge pertaining to the facts or issues in the lawsuit, including any party.

You are also requested to furnish an Affidavit to counsel for all parties stating whether the production is complete, and to advise counsel for all parties as to the date upon which the documents, objects or tangible things will be produced.

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By _____
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12.

RBC

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

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

PATIENT NAME Paul Dulberg DATE 6/28/2011

PHYSICIAN SIGNATURE [signature] RN

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

☐ May return to ☐ work ☐ school ☐ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

- ☐ Gym/Sports restrictions are _____ for _____ day(s).
- ☐ 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 drowsiness.
- ☐ No continuous ☐ standing ☐ sitting for _____ day(s).
- ☐ Must keep _____ elevated for _____ day(s).
- ☐ Sedentary work only for _____ day(s).
- ☐ Must use crutches for _____ day(s).
- ☐ No overhead work for _____ day(s).
- ☐ No bending or twisting for _____ day(s).
- ☐ Must wear immobilizer for _____ day(s).
- ☐ No climbing on ladder or stairs for _____ day(s).
- ☐ Other _____

☐ LIMITED WORK WITH
☐ NO WORK WITH

☐ Right	☐ Left
☐ Hand	☐ Hand
☐ Arm	☐ Arm
☐ Foot	☐ Foot
☐ Leg	☐ Leg

For _____ Days

☐ See your physician in _____ days for reevaluation.

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person): Paul Dulberg

PRINTED BY: MRV0127
DATE 09/14/2012

ED 102 NIMC/MMC

EMCARE, INC

MEDICAL RECORDS COPY

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

SECOND AMENDED NOTICE OF DISCOVERY DEPOSITIONS

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on **JANUARY 24, 2012**, we shall for the purpose of discovery, take the depositions of

BILL MCGUIRE at 12:00 P.M.; and
CAROLINE MCGUIRE at 1:00 P.M.

at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on October 31, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
18152267701	Normal	14:11:51am	0'31"	1	* 0 K	Brdcast
13125589357	Normal	14:11:52am	0'19"	1	# 0 K	Brdcast

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

vs.

No. 12 LA 178

DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

THIRD AMENDED NOTICE OF DISCOVERY DEPOSITION

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
Fax: 815/226-7701

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092
Fax: 312/558-9357

YOU ARE HEREBY NOTIFIED that on **JANUARY 17, 2012**, at **1:00 p.m.** we shall for the purpose of discovery, take the deposition of **DAVID GAGNON** at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL**, upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice via facsimile and by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on November 13, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

S:\Main\DULBERG, PAUL\Discovery\3rd Notice of Def Gagnon's dep-11-13-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

SECOND AMENDED NOTICE OF DISCOVERY DEPOSITION

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on **JANUARY 17, 2012**, we shall for the purpose of discovery, take the deposition of **DAVID GAGNON** at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on October 31, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

January 13, 2014

Paul Dulberg
4606 Hayden Court
McHenry, IL 60051

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed the General Release and Settlement Agreement from defense counsel for Caroline and Bill McGuire. Please Release and return it to me in the enclosed self-addressed stamped envelope at your earliest convenience.

Thank you for your cooperation.

Very truly yours,

COPY

HANS A. MAST

smq
Enclosure

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

GENERAL RELEASE AND SETTLEMENT AGREEMENT

NOW COMES PAUL DULBERG, and in consideration of the payment of Five-Thousand ($5,000.00) Dollars to him, by or on behalf of the WILLIAM MCGUIRE and CAROLYN MCGUIRE (aka Bill McGuire; improperly named as Caroline McGuire) and AUTO-OWNERS INSURANCE COMPANY, the payment and receipt of which is hereby acknowledged, PAUL DULBERG does hereby release and discharge the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, and any agents or employees of the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, of and from any and all causes of action, claims and demands of whatsoever kind or nature including, but not limited to, any claim for personal injuries and property damage arising out of a certain chain saw incident that allegedly occurred on or about June 28, 2011, within and upon the premises known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.

IT IS FURTHER AGREED AND UNDERSTOOD that there is presently pending a cause of action in the Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois entitled "Paul Dulberg, Plaintiff, vs. David Gagnon, Individually, and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, Individually, Defendants", Cause No. 2012 LA 178, and that this settlement is contingent upon WILLIAM McGUIRE and CAROLYN McGUIRE being dismissed with prejudice as parties to said lawsuit pursuant to a finding by the Circuit Court that the settlement between the parties constitutes a good faith settlement for purposes of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 100/0.01, *et seq.*

IT IS FURTHER AGREED AND UNDERSTOOD that as part of the consideration for this agreement the undersigned represents and warrants as follows (check applicable boxes):

- ☐ I was not 65 or older on the date of the occurrence.
- ☐ I was not receiving SSI or SSDI on the date of the occurrence.
- ☐ I am not eligible to receive SSI or SSDI.
- ☐ I am not currently receiving SSI or SSDI.

IT IS FURTHER AGREED AND UNDERSTOOD:

a. That any subrogated claims or liens for medical expenses paid by or on behalf of PAUL DULBERG shall be the responsibility PAUL DULBERG, including, but not limited to, any Medicare liens. Any and all reimbursements of medical expenses to subrogated parties, including Medicare's rights of reimbursement, if any, shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released herein.

b. That any outstanding medical expenses are PAUL DULBERG's responsibility and all payment of medical expenses hereafter shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released

c. That PAUL DULBERG agrees to save and hold harmless and indemnify the parties released herein against any claims made by any medical providers, including, but not limited to Medicare or parties subrogated to the rights to recover medical or Medicare payments.

IT IS FURTHER AGREED AND UNDERSTOOD by the parties hereto that this agreement contains the entire agreement between the parties with regard to materials set forth herein, and shall be binding upon and inure to the benefit of the parties hereto, jointly and severally, and the executors, conservators, administrators, guardians, personal representatives, heirs and successors of each.

IT IS FURTHER AGREED AND UNDERSTOOD that this settlement is a compromise of a doubtful and disputed claim and no liability is admitted as a consequence hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

Dated: _____ _____

PAUL DULBERG

STATE OF ILLINOIS)
) SS.
COUNTY OF MCHENRY)

PAUL DULBERG personally appeared before me this date and acknowledged that she executed the foregoing Release and Settlement Agreement as his own free act and deed for the uses and purposes set forth therein.

Dated this _____ day of January, 2014.

_____

Notary Public

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

January 24, 2014

Paul Dulberg
4606 Hayden Court
McHenry, IL 60051

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Paul:

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Thank you for your cooperation.

Very truly yours,

COPY
HANS A. MAST

smq
Enclosure

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

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IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

Dated: _____

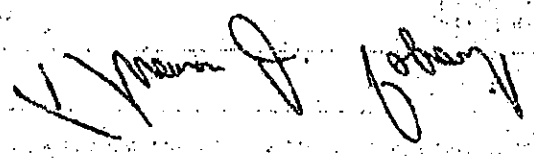
_____
PAUL DULBERG

STATE OF ILLINOIS)
) SS.
COUNTY OF MCHENRY)

PAUL DULBERG personally appeared before me this date and acknowledged that she executed the foregoing Release and Settlement Agreement as his own free act and deed for the uses and purposes set forth therein.

Dated this _____ day of January, 2014.

_____
Notary Public



Retirement & Survivors Benefits

Life Expectancy Calculator

Change Gender/Date of Birth
Life Expectancy Home Page
Retirement Planner
Retirement Estimator
Survivors Planner
Other Things to Consider
Apply for Benefits Online

The following table lists the **average number** of additional years a male born on March 19, 1970, can expect to live when he reaches a specific age.

At Age	Additional Life Expectancy (in years)	Estimated Total Years
46 and 8 months[a]	35.3	82.0
62	22.8	84.8
67[b]	18.9	85.9
70	16.7	86.7

[a] Your current age.
[b] Your normal (or full) retirement age.

Note: The estimates of additional life expectancy:

- do not take into account a wide number of factors such as current health, lifestyle, and family history that could increase or decrease life expectancy.
- are based on
  - the gender and date of birth you entered (your cohort) and
  - information from our cohort life expectancy tables. (Some of the information can be found in the 2016 Trustees Report.)

Estimate as of Thursday December 1, 2016 15:53:45 EST.

SPECIAL DAMAGES- PAUL DULBERG
DOB: 03/19/70
DATE OF INCIDENT: 06/28/11

1.	Centegra Hospital- McHenry (NIMC) 4201 Medical Center Drive McHenry, IL 60050-8409		
	Dates of Service:	06/28/11 (ER)	$ 1.323.75
2.	Moraine Emergency Physicians P.O. Box 8759 Philadelphia, PA 19101-8759		
	Date of Service:	06/28/11 (ER Physician Bill)	$ 1,346.00
3.	McHenry Radiologists Imaging Associates P.O. Box 220 McHenry, IL 60051-0220		
	Date of Service:	06/28/11 (X-rays)	$ 50.00
4.	Dr. Frank W. Sek 4606 W. Elm Street McHenry, IL 60050 815-385-0164		
	Dates of Service:	07/01/11	$ 80.00
		07/08/11	$ 80.00
		01/14/12	$ 80.00
		02/13/12	$ 80.00
		03/13/12	$ 100.00
		04/24/12	$ 90.00
		08/06/12	$ 80.00
5.	Associated Neurology SC Dr. Levin 1900 Hollister Dr., Suite 250 Libertyville, IL 60048 847-549-0055		
	Dates of Service:	07/28/11	$ 225.00
		08/10/11(Nerve Conduction Study)	$ 930.00
		01/30/12	$ 105.00
		02/13/12	$ 75.00
		03/13/12 (Nerve Conduction Study)	$ 1,415.00
		05/16/12	$ 75.00
		02/04/13	$ 115.00
		08/14/13	$ 75.00

6. MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675

Dates of Service:		
	12/02/11	$ 230.00
	01/06/12	$ 160.00

7. Dynamic Hand Therapy & Rehab
498 S. U.S. Highway 12, Suite C
Fox Lake, IL 60020
847-587-3301

Dates of Service:		
	12/06/11, 12/08/11, 12/12/11, 12/14/11, 12/15/11, 12/19/11, 12/20/11, 12/23/11, 12/27/11, 12/29/11, 01/03/12, 01/05/12, 01/09/12, 01/11/12, 01/16/12, 01/18/12, 01/23/12, 01/25/12, 01/30/12, 02/01/12, 02/06/12, 04/03/12, 04/05/12, 04/10/12, 04/12/12, 04/16/12, 04/18/12, 04/26/12, 04/27/12, 05/02/12, 05/04/12, 05/07/12, 05/10/12, 05/15/12, 05/17/12, 05/24/12, 05/25/12, 05/31/12, 06/04/12, 07/16/12, 07/19/12, 07/23/12, 07/26/12, 07/30/12, 08/02/12, 08/06/12, 08/09/12, 08/16/12, 08/20/12, 08/23/12, 08/28/12, 08/30/12, 09/11/12, 09/13/12, 09/18/12, 09/20/12, 09/21/12, 09/25/12, 09/27/12, 09/28/12, 10/02/12, 10/04/12, 10/05/12, 10/09/12, 10/11/12, 10/12/12, 10/16/12, 10/18/12, 10/19/12, 12/12/12, 12/21/12, 12/28/12, 12/31/12, 01/04/13, 01/11/13, 01/30/13, 02/05/13, 02/08/13, 02/14/13, 02/15/13, 02/19/13, 02/25/13, 02/28/13, 03/07/13, 03/08/13, 03/12/13, 03/14/13, 03/19/13, 03/22/13, 03/29/13, 04/22/13, 07/23/13, 08/01/13, 08/05/13, 08/09/13, 08/16/13, 08/22/13, 10/02/13	$30,190.00

8. Open Advanced MRI of Round Lake

Date of Service:		
	02/03/12 (MRI Right Forearm)	$ 3,390.00

9. Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005
847-956-0099

Dates of Service:		
	02/27/12	$
	04/02/12	$ 116.00
	05/14/12	$ 90.00
	05/17/12	$ 116.00
	06/06/12	$ 171.00
	07/09/12 (Surgery)	$ 8,338.00
	07/11/12	$ 0.00
	07/23/12	$ 0.00
	07/30/12	$ 0.00
	08/27/12	$ 50.00
	10/22/12	$ 116.00
	12/03/12	$ 282.00
	01/14/13	$ 90.00
	03/25/13	$ 90.00
	08/26/13	$ 90.00

10. Northwest Community Hospital
25709 Network Place
Chicago, IL 60673
Date of Service: 07/09/12 $ 6,366.00

11. Northwest Suburban Anesthesiologist, Ltd.
8163 Solutions Center
Chicago, IL 60677-8001
Date of Service: 07/09/12 $ 1,365.00

12. Alexian Brothers Medical Group
P.O. Box 5588
Belfast, ME 04915-5500
847-506-6622

Dates of Service:		
	09/25/13	$ 153.00
	08/14/14	$ 234.00
	11/06/14	$ 234.00
	03/10/15	$ 234.00
	07/28/15	$ 234.00
	02/11/16	$ 175.00
	11/11/16	$ 119.00
	08/05/16	$ 119.00

13. Walgreens Pharmacy
3925 W. Elm Street
McHenry, IL 60050

Dates of Service:		
	06/28/11	$ 48.68

14. Walmart Pharmacy
3801 Running Brooks Farms Blvd.
Johnsburg, IL 60051

Dates of Service:		
	05/16/12	$ 25.79
	06/11/12	$ 126.08
	07/09/12	$ 16.11
	07/19/12	$ 21.15
	08/02/12	$ 126.08
	10/02/12	$ 126.08
	11/16/12	$ 126.78
	12/28/12	$ 126.54
	02/09/13	$ 126.68

15. Genoa/QOL MEDS Pharmacy
4100 Veterans Pkwy
McHenry IL. 60050
815-344-3263

Dates of Service:		
	08/14/13 (Gabapentin)	$ 19.49
	10/01/13 (Gabapentin)	$ 19.24
	10/25/13 (Gabapentin)	$ 19.24
	11/26/13 (Gabapentin)	$ 19.24
	05/13/14 (Gabapentin)	$ 19.24
	06/30/14 (Gabapentin)	$ 19.24
	08/04/14 (Gabapentin)	$ 19.24
	09/02/14 (Gabapentin)	$ 19.24
	10/06/14 (Gabapentin)	$ 19.24
	11/06/14 (Gabapentin)	$ 19.24
	12/09/14 (Gabapentin)	$ 19.24
	01/12/15 (Gabapentin)	$ 19.24
	03/17/15 (Gabapentin)	$ 19.24
	04/20/15 (Gabapentin)	$ 30.63
	05/19/15 (Gabapentin)	$ 30.63
	06/23/15 (Gabapentin)	$ 30.63
	07/23/15 (Gabapentin)	$ 30.63
	08/27/15 (Gabapentin)	$ 30.63
	09/30/15 (Gabapentin)	$ 30.63
	11/02/15 (Gabapentin)	$ 30.63
	12/08/15 (Gabapentin)	$ 30.63
	12/18/15 (Gabapentin)	$ 30.63
	01/12/16 (Gabapentin)	$ 30.63
	02/08/16 (Gabapentin)	$ 30.63

	03/04/16 (Gabapentin)	$	30.63
	03/29/16 (Gabapentin)	$	30.63

16. Meijer
2253 N. Richmond Rd
McHenry, IL 60050

Dates of Service:	(misc. medical supplies)	$	19.61

TOTAL SPECIAL DAMAGES: **$ 60,614.89**
(12/01/16 KNB)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22nd JUDICIAL CIRCUIT
McHENRY COUNTY

PAUL DULBERG

vs.

DAVID GAGNON, et al.

Case Number **12 LA 178**

SUBPOENA FOR DEPOSITION

To: **Michael McArtor, 4606 Hayden Court, McHenry, IL 60050**

YOU ARE COMMANDED to appear to give your deposition before a notary public at **Law Ofc of Scott Hiera, 3421 W. Elm** Street, Room number _____, **McHenry**, Illinois, on **March 20**, 20**13** at **12:00** .M.

YOU ARE COMMANDED also to bring the following: **YOURSELF**

in your possession or control.

YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT.

TWENTY-SECOND JUDICIAL CIRCUIT COURT McHENRY COUNTY ILLINOIS

Witness **March 8**, 20**13**

Katherine M. Keefe

McHenry County Clerk of the Circuit Court

Name **Hans A. Mast**

Attorney for **Plaintiff**

Address **3416 W. Elm Street**

City, State, Zip **McHenry, IL**

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Michael McArtor
4606 Hayden Court
McHenry, IL 60051

See Reverse for Instructions

7011 2970 0001 8138 0731

, **via certified mail** on

aid the witness $ **35.00** for witness and mileage fees.

Signature

Prepared By **Hans A. Mast**

Attorney For **Plaintiff**

Attorney Registration No. **6203684**

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

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
99999 999999999 12/08/11

	CODE	DESCRIPTION	QTY	
	***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 ***		184.00
	***272	STERILE SUPPLIES		
06/28	012458	TRAY LACERATION	1	125.00
		AREA TOTAL ***		125.00
	***320	RADIOLOGY		
06/28	010135	FOREARM XR	1	225.00
		AREA TOTAL ***		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
	***636	QUANTIFIED DRUGS		
06/28	003507	DIPHTHERIA-PERTUSSIS-TE,.5 ML	1	155.50
		AREA TOTAL ***		155.50

TOTAL CHARGES 1,323.75

TOTAL PAYMENTS/ADJUSTMENTS 0.00

1,323.75

1,323.75

0.00

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

DULBERG,PAUL R 11179-00323 06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG
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MCHENRY IL 60051-7918

601067 PAUL DULBERG/ACCIDENT
99999 999999999 12/08/11

CODE	DESCRIPTION	QTY
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

TOTAL CHARGES 1,323.75

TOTAL PAYMENTS/ADJUSTMENTS 0.00

1,323.75

1,323.75

0.00

Northern Illinois Medical Center TAX ID# 362338884
4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

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
99999 999999999 12/08/11

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	1,323.75		
Non-Covered Chgs	0.00		
Deductibles/Co-Ins	0.00		Patient
COB/Plan Amt Due	1,323.75		0.00
Payments	0.00		0.00
Adjs/Refunds	0.00		0.00
Balance Transfers	0.00		0.00
Balance Due	1,323.75		0.00
Third Party Excess		0.00	
Account Balance		1,323.75	

1,323.75

1,323.75

0.00

Centegra Hospital-McHenry

CentegraHealthSystem

Centegra Hospital - McHenry

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

EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: 1450
TIME TO TREATMENT AREA: 1455
ED BED#: 18
EXPRESS BED #:
ESI: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5
Primary Physician: Sek
Height: 5'9" Weight: 165# GCS: 15 RTS: 12 BP: 173 P 75 R 16 T 97.4 SPO2 97 Time of Injury: ____ ☒ Room air ☐ O2 Pain Level: 9 - 10

BROUGHT BY: ☐ Self ☐ Relative ☐ Police ☒ Friend ☐ Other Ambulance: ____

MODE OF ARRIVAL ☒ WC ☐ Stretcher ☐ Carried ☐ Walked

TREATMENT PTA ☐ Ice ☐ Elevate ☐ O2 ☐ IV ☐ Med: ____

☒ Patient Band applied
☐ Hand Off Communication Band applied
☐ Security watch

Chief complaint/reason for visit: States chainsaw vs Rt arm 15 min ago @ house. c/o feeling lightheaded

Triage RN

CURRENT MEDS ☒ Denies		ALLERGIES ☒ NKA	REACTION
		Medications:	
		Food:	
		Other: ☐ Latex ☐ Dye	

Meds reviewed by: ____ Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home
Language barrier ☐ Yes Interpreter Name/ATT Number: ____ ☐ Other: ____
Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No
Crisis/Social Worker ☐ Notified: ____ ☐ Here: ____ ☐ DNR Resources called: ____ Time: ____

Past Medical History ☐ None

Yes	Yes	Yes	Yes	Yes
☐ Autoimmune	☐ Dementia/ Alzheimer's	☐ Headaches/ migraines	☐ Pressure Ulcer	☐ Infectious diseases
☐ Asthma	☐ Endocrine	☐ Head inj past 3 months	☐ Recent exposure ____	☐ MRSA
☐ Back problems	☐ GI problems	☐ Hypertension	☐ Reproductive problems	☐ VRE
☐ Blood disorders	☐ GU Problems	☐ MusculoSkeletal problems	☐ Respiratory problems	☐ Chicken Pox
☐ Cancer	☐ Glaucoma	☐ Neuro problems	☐ Seizures	☐ Measles
☐ Cardiovascular	☐ HEENT problems	☐ PsychoSocial problems	☐ Skin problems	☐ Shingles
☐ CHF	☐ Heart murmur		☐ Vision problems	☐ Strep Throat
LMP: ____	☐ Normal ☐ Abnormal			☐ Other: ____
☐ Pregnant	☐ No ☐ Unsure	Grava ___ Para ___ Ab ___	FHT ___	

Expanded/surgical history: Lt arm surg

Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other: ____

TB History: ☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms

Vaccine: ☐ Flu Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure Pediatric immunization ☐ Up to date ☐ No ☐ Unsure

PRINTED BY: MBV0127
DATE 09/14/2012

CentegraHealthSystem

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.

Vicki Wheaton, RHIT
Vicki Wheaton, RHIT
Director, HIS
Centegra Health System

Subscribed to and sworn before me this
13 day of January, 2010.

Susan Henn
Notary

OFFICIAL SEAL
SUSAN HENN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/05/13

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

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.
- 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 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 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. Allergy would show up as: **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 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 times a day for 5 days.

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DATE 06/28/2011 12:

Patient Name, PAUL R
Account Number, B1117900323

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

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.
- 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 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
PAUL DULBERG or Responsible Person

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

W.T. Dobio
RN Staff Signature

Pain 4
Time 1713.

CentegraHealthSystem

☑ CH - M ☐ CH - W

☐ Other (Specify) _____

1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
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 CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treatment 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 patients. 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 care 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 authorized 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 employees from any liability that may arise from the use or disclosure of my health information.

_____ PICTURES/IMAGES
Initials

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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DATE 09/14/2012

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M 41Y 03/19/1970
06/28/2011 B 0000109381

Verbal
Initials

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.

PATIENT INFORMATION OFFERED

- Patient Rights/Responsibilities ..... Yes ~~Declined~~ If No, Explain: _____
- Advance Directive Information ..... Yes ~~Declined~~ If No, Explain: _____
- Notice of Privacy Practices. ..... Yes ~~Declined~~ If No, Explain: _____
- 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.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ____Yes, I have received TRICARE "Important Message"

Verbal Per PT — 6/28/11

Patient/ Authorized Person — Relationship — Date

Witness

I, _____, 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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CENTEGRA Health System

DISCHARGE DATE | TIME

ACCOUNT NO.	ADMISSION DATE/TIME	BY	STATION ROOM	ACC	SERVICE	TYPE	AT	AS	UNIT NO/MEDICAL RECORD NO
B11179-00323	06/28/11 0246pm	MXC	EDB -		EMD	EDB	1	1	B0000109381

SEX	RC	MS	BIRTHDATE	SOC SEC NO	CLERGY	AD	DD	INJURY	FIN CLASS
M	1	S	03/19/70 41Y	323-76-4001		N		AT WORK	L LIAB-MVA/M

PATIENT

PATIENT NAME AND ADDRESS
ENGLISH
DULBERG, PAUL R
4606 HAYDEN CT (847)497-4250
CELL#
MCHENRY IL 60051-7918 *MCHENRY CNTY, IL

PREVIOUS NAME

PATIENT EMPLOYER
SHARP PRINTING
4606 HAYDEN CT (847)497-4250
SELF EMP
MCHENRY IL 60050

GUARANTOR

GUARANTOR NAME AND ADDRESS
DULBERG, PAUL R
4606 HAYDEN CT (847)497-4250
SELF
MCHENRY IL 60051-7918 CELL#
SOC SEC NO 323-76-4001 PHI CONTACT: Y

EMPLOYER

GUARANTOR EMPLOYER
SHARP PRINTING
4606 HAYDEN CT (847)497-4250
SELF EMP
MCHENRY IL 60050

EMERGENCY CONTACT / RELATIVE 1
DULBERG, HERBERT (847)497-4250
4606 HAYDEN CT *FATHER
MCHENRY IL 60051-7918
SOC SEC NO PHI CONTACT: Y

RELATIVE 1 EMPLOYER

EMERGENCY CONTACT 2
DULBERG, BARBARA (847)497-4250
4606 HAYDEN CT *MOTHER
MCHENRY IL 60051-7918
PHI CONTACT: Y

PATIENT ALTERNATE ADDRESS

INSURANCE

INSURANCE 1
PAUL DULBERG/ACCIDENT 1 601067
4606 HAYDEN CT
JOHNSBURG IL 60051 DOB: 03/19/70
ACCIDENT DULBERG, PAUL R
99999 999999999
(847)497-4250

INSURANCE 2
DOB:

INSURANCE 3
DOB:

INSURANCE 4
DOB:

MISC.

DIAGNOSIS/COMPLAINT	ATTENDING PHYSICIAN	PRIMARY CARE PHYSICIAN
ER	FORD, APIWAT W	SEK, FRANK
COMMENT	ADMITTING PHYSICIAN	ADDITIONAL PHYSICIAN
	FORD, APIWAT W	

STN: ERA

PRINCIPAL DIAGNOSIS

COMPLICATIONS AND COMORBIDITIES

PRINCIPAL PROCEDURE & DATE

OTHER PROCEDURES & DATE

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I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES & THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ M D DATE _____

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

PRINTED BY: SJS0422
DATE 12/08/2011

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06/28/2011
0000109381

EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: 1458
TIME TO TREATMENT AREA: 1455
ED BED#: 18
EXPRESS BED #:
ESI: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Primary Physician: Seb
Height: 5'9" Weight: 165 # GCS: 15 RTS: 12 BP: 173 P 75 R 16 T 97.4 SPO2 97 Time of Injury:

BROUGHT BY:
☐ Self ☐ Relative
☐ Police ☒ Friend
☐ Other
Ambulance: 123

MODE OF ARRIVAL
☒ WC
☐ Stretcher
☐ Carried
☐ Walked

TREATMENT PTA
☐ Ice ☐ Elevate
☐ O2
☐ IV
☐ Med:

☒ Patient Band applied
☐ Hand Off Communication Band applied
☐ Security watch

☒ Room air ☐ O2 Pain Level: 9 - 10

Chief complaint/reason for visit: States chainsaw vs Rt arm 15 min ago @ home. c/o feeling lightheaded

Triage RN

CURRENT MEDS ☒ Denies		ALLERGIES ☒ NKA	REACTION
		Medications:	
		Food:	
		Other: ☐ Latex ☐ Dye	

Meds reviewed by:
Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home
Language barrier ☐ Yes Interpreter Name/ATT Number: ☐ Other:
Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No
Crisis/Social Worker ☐ Notified: ☐ Here: ☐ DNR Resources called: Time:

Past Medical History ☐ None

Yes	Yes	Yes	Yes	Yes
☐ Autoimmune	☐ Dementia/ Alzheimer's	☐ Headaches/ migraines	☐ Pressure Ulcer	☐ Infectious diseases
☐ Asthma	☐ Endocrine	☐ Head inj past 3 months	☐ Recent exposure	☐ MRSA
☐ Back problems	☐ GI problems	☐ Hypertension	☐ Reproductive problems	☐ VRE
☐ Blood disorders	☐ GU Problems	☐ MusculoSkeletal problems	☐ Respiratory problems	☐ Chicken Pox
☐ Cancer	☐ Glaucoma	☐ Neuro problems	☐ Seizures	☐ Measles
☐ Cardiovascular	☐ HEENT problems	☐ PsychoSocial problems	☐ Skin problems	☐ Shingles
☐ CHF	☐ Heart murmur		☐ Vision problems	☐ Strep Throat
LMP:	☐ Normal ☐ Abnormal			☐ Other:
☐ Pregnant	☐ No ☐ Unsure	Grava Para Ab	FHT	

Expanded/surgical history: Lt arm surg

Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other:

TB History: ☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms

Vaccine: ☐ Flu Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure Pediatric immunization ☐ Up to date ☐ No ☐ Unsure

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06/28/2011
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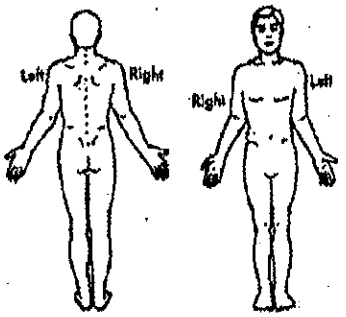
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, Is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other:_____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type:_____ Amount: _____ Last Drink:_____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type:_____ Amount: _____ Last Used:_____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK/D Amount: _____ Date Quit:_____

Mark drawing with number:
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 body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: ___

FALL RISK ASSESSMENT
☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls
ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒ ☒
Absent ☐ ☐
Cap Refill ☐ <2Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: _____
☐ Unproductive cough

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L. _____ R: _____
☐ Correction ☐ No Correction
Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x ____ ☒ Denies
☐ Vomiting x ____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

1455 Pt accompanied to ED by co-worker for c/o laceration by chainsaw to (R) forearm. Pt ambulated to ED. Pt oriented to ED environment. Pt sent to xray (1505). Pt returned to ER (1522). Dr Ford at bedside (1522). Pt medicated as ordered (1530). Wound irrigated and cleaned. Dr Ford to suture (1713). D/C instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WF DRN Associate Signature/Initials: _____

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ADMISSION ASSESSMENT

Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initial	Lab	MD/DO Order Time MD/DO Initial	Medical Imaging	MD/DO Order Time MD/DO Initial
☐ ABG		☐ PTT		☐ wound culture		☐ T Spine	
☐ Amylase		☐ RSV		☐		☐ LS Spine	
☐ Blood Culture		☐ Salicylate				☐ Ultrasound-	
☐ BMP		☐ Sputum culture				☐ CT Scan-Brain	
☐ BNP		☐ Strep				☐ CT Scan-C Spine	
☐ CBC w/diff		☐ *Trichimonas*				☐ CT Scan-Chest	
☐ CMPL		☐ Troponin ☐ POC		**Other/Miscellaneous**		☐ CT Scan-Chest PE	
☐ D. Dimer		☐ Tylenol		☐ O_2		☐ CT Scan-Abd/Pelvis	
☐ Digoxin Level		☐ Type & screen		☐ EKG Time Acquired		☐ MRI	
☐ ETOH		☐ Type & cross		Time Read		☐ **FAST Scan**	
☐ GC/Chlamydia		of units		☐ EKG Time Acquired		☐ ED Preg Ltd US	
☐ Hepatic Panel		☐ UA		Time Read		☐ ED Preg follow up US	
☐ HCG Qualitative		☐ UA/Reflex culture		**Medical Imaging**		☐ ED Pelvis Ltd US	
☐ HCG Quantitative		☐ Urine Culture		☐ Chest PA/Lat		☐ ED Abd Aorta US	
☐ Influenza Screen		☐ Urine Drug Screen		☐ Chest Port		☐ ED Doppler pelvis	
☐ Lipase		☐ Urine HCG ☐ Pos ☐ Neg ☐ POC		☐ C-Spine		☐ ED Venous Duplx Ext	
☐ MRSA		☐ Urine Dip ☐ POC		☐ X-Table		☐ ED Trauma trans echo	
☐ PT		☐ Wet prep		☐ Pelvis		☐ ED Trauma abd ltd	

MD/DO Order Time & Initials	ORB	Start Time	Stop Time	IV Solution & Amount	Warm Y/N	Additives	Site	Cath Size	Rate	Amt Infused	Initials

Pt Height: 5'09" Pt Weight: 165 Allergies: NKDA

MD/DO Order Time & Initials	ORB	Time Given	Stop Time	Pain Scale	Medication/Order	Dosage	Route	Site	Initials	Time	Effects	Pain Scale	Initials
MP TMW		1522 1522		10	NORCO Bupivacaine 0.25%	10mg/325mg 30cc	PO		MP TMW MP		Soothed	4	Initials

☐ Td 0.5mL ☐ Tdap 0.5mL ☐ TT 0.5mL Time:___ Site:___ RN: ___ Lot# _____ Exp___ Mfr _____ ☐ VIS Given

☐ Nursing Assessment and Medication Reconciliation Reviewed
☐ Vitals Reviewed _____

Tech: _____ Initials: _____ Tech: _____ Initials: _____
RN: _____ Initials: _____ Physician: _____ Initials: _____
RN: _____ Initials: _____ Physician: _____ Initials: _____

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EMERGENCY ADMISSION ASSESSMENT

Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/V\M	Monitor	Intake	Output
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
	Orthostatic Lying:_____ Sitting:_____ Standing:_____									

Treatments/Procedures:
☐ O_2 Therapy: _____ ☐ Intubated _____ ☐ Respiratory treatment: _____ Neb Tx: _____ ☐ Cont Pulse Ox _____
☐ Chest tube: _____ ☐ Time Out: _____ ☐ Eye irrigation: _____ ☐ Ear irrigation: _____
☐ NG tube # _____@_____Character: _____ ☐ Gastric lavage: _____
☐ Lumbar puncture: _____ ☐ Time Out: _____ ☐ See neuro assessment sheet
☐ Pelvic exam:_____ Straight Cath/CUD @ _____ ☐ Bladder scan Amount: _____
Blood Glucose value: _____ Time: _____ By: _____ ☐ Continuous Cardiac Monitoring
Normal Values Age 60 or more (80-99 mg/dl), 13-60 yr. (75-99), 1 mo.-13 yr. (60-99) Critical Value less than 40 or more than 400
Normal Value: Age newborn to 1d (40-60 mg/dl) 1d-1 Mo. (50-99) Critical Value less than 40 or more than 200

☐ Wound Care	☐ Dressing: _____	☐ Ortho Care:_____	☐ Crutches
X ☐ Irrigation: 1 Liter NS	☐ Antibiotic	☐ Ice Time:_____ ☐ Cast	☐ Patient's own crutches
☐ Soak:_____	☐ Adaptic	☐ Elevate Time:_____ ☐ Sling	☐ Crutch walking instr/ret demo
☐ Antiseptic Wash	☐ 4X4	☐ Splint:_____ ☐ Tubi Grip	☐ Velcro Splint:_____
☐ Other: _____	☐ Kling	☐ Knee immobilizer: _____	☐ Posterior mold: _____
	☐ Tube gauze	☐ Shoulder Immobilizer	☐ Location:_____
	☐ Steristrip	☐ Ace Wrap	☐ Width:_____
Isolation Type: _____	☐ Burn dressing	☐ SMV's after immobilization	☐ Length:_____

DISPOSITION: ☒ Home ☐ Jail ☐ Nursing home/ECC
☐ Other facility:_____ ☐ Expired ☐ AMA
Mode: ☐ WC ☒ Walk ☐ Carry ☐ Ambulance: _____
☐ Other: _____
LEFT WITH: ☐ Self ☐ Family ☒ Friend ☐ Police
☒ Discharge Instructions given-expresses understanding
☒ Discharge Pain Level: 4 (0-10) GCS: 15 RTS:____
☒ Discharge by: 4 WHEELCHAIR @ 1713
Discharge Vital Signs: _____
Discharge Summary _____ WDB
RN: WDB Initials: WDB
Tech: Rebecca ROHS Initials: RROHS

☐ Inpatient ☐ Observation ☐ Surgical
☐ Mode:_____ Time:_____ Accompanied by:_____
☐ ER hold from ____ to ____
☐ To unit/room #_____
☐ No old chart ☐ Old chart in ED ☐ Chart to floor
☐ Discharge Pain Level: _____ (0-10)
GCS:_____RTS:_____

Skin Integrity Intact ☐ Yes ☐ No (see documentation)
_____
_____
RN:_____ Initials:_____

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06

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EMERGENCY PHYSICIAN RECORD

Upper Extremity Injury (4)

DATE: 6/28/11 TIME: 1457 ☐ on arrival
ROOM: 18 EMS Arrival
EMS treatments ordered
HISTORIAN: (patient) spouse paramedics
__HX / __EXAM LIMITED BY:

HPI

chief complaint: Injury to: (right) / left
hand wrist (forearm) elbow arm
shoulder collar-bone area

duration / occurred:
just prior to arrival
today
yesterday
days ago

where:
home school
neighbor's park
work street

severity of pain:
mild moderate severe

worse / persistent since
pain intermittent / lasting

context: fall blow incised crushed burn

associated symptoms: tingling / numbness distally

ROS

suspected FB (skin lac)
loss feeling / power arms / legs
headache / neck pain
double vision / hearing loss
nausea / vomiting

trouble breathing / chest pain
loss of bladder function
recent fever / illness
other injuries
☐ all systems neg except as marked

SOCIAL HX smoker +
recent ETOH
lives at home +
drug use / abuse
lives alone
lives in nursing home
FAMILY HX (negative)

PAST HX ✓ negative R / L HANDED prior injury
diabetes Type 1 Type 2 diet / oral / insulin
HTN heart disease DEGENERATIVE DISC
Meds- (none) / see nurses note
Allergies- (NKDA) / see nurses note

☐ Nursing Assessment Reviewed ☑ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

GENERAL APPEARANCE c-collar (PTA / in ED) / backboard
__no acute distress
__mild / (moderate) / severe distress
__alert
__anxious

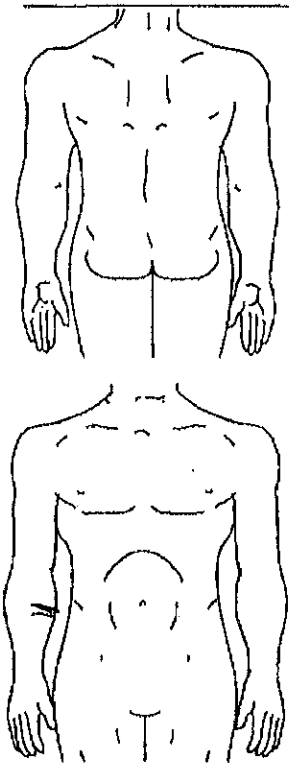
EXTREMITIES

HAND
__nml inspection
__non-tender
__see diagram
__tenderness *soft-tissue / bony*
__swelling / ecchymosis
__deformity

WRIST
__nml inspection
__non-tender
__nml ROM*
__see diagram
__tenderness *soft-tissue / bony*
__tenderness in anatomical snuff box
__wrist pain on axial thumb load
__swelling / ecchymosis
__limited ROM
__deformity

FOREARM / ELBOW
✓ see diagram & CUT LOCATION (FOREARM BELLY)
__tenderness *soft-tissue / bony*
__swelling / ecchymosis
__limited ROM
__deformity

ARM / SHOULDER
__nml inspection
__non-tender
__nml ROM*
__see diagram
__tenderness *soft-tissue / bony*
__swelling / ecchymosis
__limited ROM
__deformity



T=Tenderness PtT=Point Tenderness S=Swelling E=Ecchymosis B=Burn C=Contusion
L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(Ø = without m=mild mod=moderate sv=severe)
Example- Tm = Tenderness on palpation (severe)

NEURO / VASC / TENDON
__sensation intact
__motor intact
__no vascular compromise
__tendon function normal
__sensory / motor deficit
__pallor / cool skin / abnml cap refill
__pulse deficit *radial ulnar*
__deficit in tendon function

Numb hand @ start

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SKIN __diaphoretic / cool / cyanotic
__warm, dry

HEAD / ENT __tenderness
__nml inspection __swelling / ecchymosis
__pharynx nml

NECK / BACK __tenderness
__nml inspection __swelling / ecchymosis
__non-tender

RESPIRATORY __tenderness
__chest non-tender __swelling / ecchymosis / abrasions
__breath snds nml __crepitus / subcutaneous emphysema
__decreased breath sounds
__wheezes / rales / rhonchi

CVS __tachycardia / bradycardia
__heart sounds nml

GI (ABDOMEN) __tenderness / guarding
__non-tender
__no organomegaly
__nml bowel snds*

PROCEDURES

Wound Description / Repair
length 8cm mm location R FOREARM Belly
linear irregular flap scellate
superficial *subcut muscle through-and-through
contused tissue lip laceration
clean contaminated minimally / moderately / *heavily
with

distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine 15 mL
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
☐ moderate sedation required; see attached 23d template
prep: SURGICLENS TOWEL
Betadine / scrub
irrigated / washed w/ saline 1L NACL debrided
minimal / mod. / *extensive minimal / *mod. / * / ^extensive
wound explored undermined
foreign material removed minimal / mod. / *extensive
partially completely *wound margins revised
minimal / mod. / *extensive multiple flaps aligned
no foreign body identified

repair: Wound closed with: wound adhesive / steri-strips
SKIN- #11 4-0 nylon / prolene / staples
interrupted running simple mattress (h / v)
*SUBCUT-#3 4-0 vicryl / chromic
interrupted running simple mattress (h / v)
OTHER- #____ ____-0 material
interrupted running simple mattress (h / v)
*may indicate intermediate repair ^may indicate complex repair

splint Velcro OCL / Ortho-glass / Plaster Aluminum-foam
Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles
applied by ED Physician / Orthopedist / Tech
examined post splint application NV intact alignment good
deformity reduced no compartment syndrome
sling
nursemaid's elbow reduced with supination
foreign body removed with forceps with incision
closed reduction finger traps traction

Underline Indicates organ system
* equivalent or minimum required for organ system exam

XRAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist

R / L hand wrist forearm elbow humerus shoulder

__normal / NAD
__no fracture
__nml alignment
__no foreign body
__DJD
__dislocation
__soft-tissue swelling
__positive anterior fat-pad sign
__positive posterior fat-pad sign
__foreign body
__fracture non-displaced displaced
transverse oblique comminuted angulated
impacted torus

Other study:
☐ See separate report

PROGRESS

Time_____ unchanged improved re-examined

__initial fracture care provided: follow-up on
__Rx given
__referred to / discussed with Dr.
will see patient in: ED / hospital / office in ____ days

CLINICAL IMPRESSION

Fall Alleged Assault

Contusion R / L shoulder forearm wrist
Hematoma arm elbow hand
Sprain / Strain
Dislocation
Laceration
Fracture R / L radius distal / shaft / proximal
ulna distal / shaft / proximal / ulnar styloid
humerus distal / shaft / proximal / supracondylar
Colles fracture stabilized / restorative

DISPOSITION- ☐ transferred ☑ home ☐ admitted ☐ expired
Time_____ ☐ AMA
CONDITION- ☐ good ☑ fair ☐ poor ☐ critical ☑ improved
☐ stable ☐ unchanged

RESIDENT / PA / NP SIGNATURE

ATTENDING NOTE:
__Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is:
My personal exam of patient reveals:
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:
I confirm the diagnosis of:
__Care plan reviewed. Patient will need:
Please see resident / midlevel note for details.

Physician Signature 9025 RTI # turned care over at

Physician Signature RTI # assumed care at

☐ Template Complete ☐ Additional T-Sheet

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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

PATIENT NAME Paul Dulberg DATE 6/28/2011

PHYSICIAN SIGNATURE [signature]

1117900329
DULBERG, PAUL R
M 41Y 09/19/1970
06/28/2011 B 0000109381

☐ May return to ☐ work ☐ school ☒ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

- ☐ Gym/Sports restrictions are _____ for _____ day(s).
- ☐ 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 drowsiness.
- ☐ No continuous ☐ standing ☐ sitting for _____ day(s).
- ☐ Must keep _____ elevated for _____ day(s).
- ☐ Sedentary work only for _____ day(s).
- ☐ Must use crutches for _____ day(s).
- ☐ No overhead work for _____ day(s).
- ☐ No bending or twisting for _____ day(s).
- ☐ Must wear immobilizer for _____ day(s).
- ☐ No climbing on ladder or stairs for _____ day(s).
- ☐ Other _____

☐ LIMITED WORK WITH
☐ NO WORK WITH

☐ Right	☐ Left
☐ Hand	☐ Hand
☐ Arm	☐ Arm
☐ Foot	☐ Foot
☐ Leg	☐ Leg

For _____ Days

☐ See your physician in _____ days for reevaluation.

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person): [signature]

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DATE 12/08/2011

ED 102 NIMC/MMC

EMCARE, INC

MEDICAL RECORDS COPY

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

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.
- 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 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 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. **Allergy would show up as: 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 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 times a day for 5 days.

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

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.
- 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 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
PAUL DULBERG or Responsible Person

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

W.T.D.O.B.O
RN Staff Signature

Pain 4
Time 1713.

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

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?

Portions Copyrighted 1987-2011, LOGICARE Corporation
PRINTED BY: SJS0422
DATE 12/08/2011
Patient Name, PAUL R
Account Number, B1117900323

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

5. Comments:

Signature of nurse making phone call;_____
Date:_____Time;_____

FORM GOES TO MEDICAL RECORDS

Portions Copyrighted 1987-2011, LOGICARE Corporation
PRINTED BY: SJS0422
DATE 12/08/2011
Patient Name, PAUL R
Account Number, B1117900323

CentegraHealthSystem

1117900326
WELTER, KAITLYN D
F 10Y 11/28/2000
08/28/2011 B 0000297787

Initials

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.

PATIENT INFORMATION OFFERED

- Patient Rights/Responsibilities . . . . . Yes Declined If No, Explain: _____
- Advance Directive Information . . . . . Yes Declined If No, Explain: _____
- Notice of Privacy Practices. . . . . Yes Declined If No, Explain: _____
- 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.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ____Yes, I have received TRICARE "Important Message"

Patient/ Authorized Person | Relationship: Mother | Date: 6/28/11

Witness

I, _____, 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)

PRINTED BY: SJS0422

1117900926
WELTER, KAITLYN D
F 10Y 11/28/2000
08/28/2011 B 0000297787

CentegraHealthSystem

☑ CH - M ☐ CH - W
☐ Other (Specify) _____

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 CHS where I receive care.

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

Initials **PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS**

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 patients. 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 care 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 authorized to sign on the patient's behalf.

Initials **PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES**

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 employees from any liability that may arise from the use or disclosure of my health information.

Initials **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.

PRINTED BY: SJS0422

DATE 12/08/2011

CentegraHealthSystem

☑ CH - M ☐ CH - W

☐ Other (Specify) _____

1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
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.

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VV
Initials

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VV
Initials

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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 employees from any liability that may arise from the use or disclosure of my health information.

VV
Initials

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PRINTED BY: SJS0422

DATE 12/08/2011

CentegraHealthSystem

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

Verbal
Initials

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.

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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.

PATIENT INFORMATION OFFERED

- Patient Rights/Responsibilities ..... Yes ~~Declined~~ If No, Explain: _____
- Advance Directive Information ..... Yes ~~Declined~~ If No, Explain: _____
- Notice of Privacy Practices..... Yes ~~Declined~~ If No, Explain: _____
- 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.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ____Yes, I have received TRICARE "Important Message"

Verbal Per PT
Patient/ Authorized Person

Relationship

6/28/11
Date

Witness

I, _____, 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)

PRINTED BY: SJS0422

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

STATEMENT OF ACCOUNT (1)

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Tax ID #: 75-2896896
Account Balance: $1,346.00
Amount Pending Insurance: $0.00
Amount Due From Patient (Current): $1,346.00
Amount Due From Patient (Past Due): $0.00

Pay This Amount: $1,346.00

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU. Please refer to coupon below for payment instructions.

131409-071117900323 3-05
#BWNJFDB
#00000MNI11606478#
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

##0020394

Pay your bill securely online anytime at www.MyMedicalPayments.com

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
06/28/11	1	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$537.00						$537.00
06/28/11	2	12004 WOUND REP 7.6-12.5CM SCALP ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$809.00						$809.00
		THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE.							
		TOTALS:	$1,346.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,346.00

Important Messages:

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Centegra Hospital McHenry. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

"Payment Plans" Accepted
Questions about this statement?/Llame de Lunes a Viernes?
Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.
Your automated system access code is 0230-711179003233, or you can send email to billing_questions@emcare.com.

91384-01-9426 **Please detach and return bottom portion with your remittance.**

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD
PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

STATEMENT OF ACCOUNT

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Payment Due By: 08/05/11
Amount Due: $1,346.00
Amount Enclosed:

Go Green - pay online at
www.MyMedicalPayments.com
PROMPT PAY DISCOUNTED
BALANCE : $ 807.60

Insurance information not on file

40% Discount Offer
In consideration of your uninsured status, we are willing to extend a 40% prompt pay discount.

☐ If your address has changed, check this box. and complete the reverse side of this form

13140907111790032330013460000000000000006

STATEMENT

0001

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

☐ MasterCard ☐ VISA

CARD NUMBER	SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		

STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
07/07/2011	235130-QMRIG	$50.00

AMOUNT PAID

Office Hours: 9:00am - 4:00pm, Monday - Friday
Phone: 815/759-0800 IRS# 36-3907435

Pay online at **www.ePayitOnline.com**
CodeID: **MCHENRY5** Access #: **2038252-1-63**
Guarantor: PAUL R DULBERG
Invoice #: 833112

01518

Paul R Dulberg
4606 Hayden Court
McHenry IL 60051-7918

MAKE CHECK PAYABLE & REMIT TO:

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	CODE	DESCRIPTION OF SERVICES	AMOUNT
		CHARGES FOR PATIENT: PAUL DULBERG (235130-QMRIG)	
06/28/11	73090-26	X-RAY EXAM OF FOREARM	$50.00
		07/07/11 GUARANTOR RESPONSIBILITY DATE (ChargeID: 1275862)	
		ADDITIONAL INFORMATION CONCERNING YOUR ACCOUNT	
		IF YOU HAVE INSURANCE COVERAGE FOR THIS CLAIM, PLEASE CALL OUR OFFICE.	
		REFERRING PROVIDER 043 IS APIWAT FORD - UPIN: C69043	

BALANCE DUE: $50.00
NET DUE 30 DAYS: 8/6/2011

Guarantor: PAUL R DULBERG | Account Number: 235130-QMRIG | Statement Date: 07/07/2011

Invoice #: 833112

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

Phone: 815/759-0800 IRS# 36-3907435

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
7/1/11

Received of Paul Dulberg

Eighty Dollars

ON ACCOUNT OF

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164 physicians ID 359 24 1324

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
~~7/8/10~~ 7/8/11

Received of Paul Dulberg

Eighty Dollars

ON ACCOUNT OF office visit removal of sutures

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

1/14/12

Received of Paul Duelberg

Eighty Dollars

ON ACCOUNT OF

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

2/13/12

Received of Paul Duelberg

Eighty Dollars

ON ACCOUNT OF

$ 80.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
3/13/12

Received of Paul Duelberg
One hundred Dollars
ON ACCOUNT OF Office visit 80 reduction 20.00

$ 100.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

4/24/12

Received of Paul Duelberg
Ninety Dollars
ON ACCOUNT OF Office visit 80 reduction 10.00

$ 90.00 Per Frank W Sek MD

TELEPHONE (815) 385-0164 physician ID 359 14 1379

FRANK W. SEK, M. D.
4606 W. ELM ST.
McHENRY, IL 60050

date of service
8/6/12

Received of Paul Ahlberg

Eighty Dollars

ON ACCOUNT OF office visit

$ 80.00 Frank W Sek MD

Chart #18062 SSN# ASSOCIATED NEUROLOGY SC
DULBERG, PAUL DOB 03-19-70 1900 HOLLISTER DRIVE
4606 HAYDEN COURT SUITE 250
From 07/01/11
MCHENRY, IL 60051-7918 To 04/04/13 LIBERTYVILLE, IL 60048-5249
Home-(847) 497-4250 Office-(815 Practice-(847) 549-0055

T	Date	Code	Prov	Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr / PaySrc
		INITIAL OFFICE EVALUATION								
C	07-28-11	99203	KFL	225.00	N	NN	0.00	0.00	0.00	
P	07-28-11	PPCASH	KFL	-135.00	N					PATNT
P	08-10-11	PPCREDITCD	KFL	-90.00	N					PATNT
		MOTOR NCS WITH F WAVE								
C	08-10-11	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	08-10-11	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		RETURN OFFICE EVALUATION								
C	01-30-12	99213	KFL	105.00	N	NN	0.00	0.00	0.00	
P	01-30-12	PPCREDITCD	KFL	-105.00	N					PATNT
		RETURN OFFICE EVALUATION								
C	02-13-12	99212	KFL	75.00	N	NN	0.00	0.00	0.00	
P	02-13-12	PPCREDITCD	KFL	-75.00	N					PATNT
		EMG COMPLETE 5+MUSCLES 3+NERVES 4+SPINAL								
C	03-13-12	95886	KFL	485.00	N	NN	485.00	485.00	0.00	
		MOTOR NCS WITH F WAVE								
C	03-13-12	95903	KFL	540.00	N	NN	540.00	540.00	0.00	
		SENSORY NCS								
C	03-13-12	95904	KFL	390.00	N	NN	390.00	390.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	05-04-12	99080	KFL	33.17	N	NN	0.00	0.00	0.00	
P	05-04-12	OPMEDLEG	KFL	-33.17	N					PATNT
	1817									
		RETURN OFFICE EVALUATION								
C	05-16-12	99212	KFL	75.00	N	NN	75.00	75.00	0.00	
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-26-12	99080	KFL	67.86	N	NN	0.00	0.00	0.00	
P	07-26-12	OPMEDLEG	KFL	-67.86	N					PATNT
	1812									
		COPY OF MEDICAL RECORDS/ FORM FEE								
C	07-31-12	99080	KFL	20.00	N	NN	0.00	0.00	0.00	
P	07-31-12	OPMEDLEG	KFL	-20.00	N					PATNT
	AA8476013									
		SUBPOENA FEE								
C	09-12-12	99075 17	KFL	38.37	N	NN	0.00	0.00	0.00	

Chart #18062 SSN# ASSOCIATED NEUROLOGY SC
DULBERG, PAUL DOB 03-19-70 1900 HOLLISTER DRIVE
4606 HAYDEN COURT SUITE 250
From 07/01/11
MCHENRY, IL 60051-7918 To 04/04/13 LIBERTYVILLE, IL 60048-5249
Home-(847) 497-4250 Office-(815 Practice-(847) 549-0055

T	Date / Check #	Code / Procedure Description	Prov	Chg Amount / Pay/Cr	R	IB	Balance	Fam.Bal	Ins.Bal	Carr / PaySrc
P	09-12-12 1935	OPMEDLEG	KFL	-20.00	N					PATNT
P	09-12-12 1955	OPMEDLEG	KFL	-18.37	N					PATNT
		SUBPOENA FEE								
C	11-21-12	99075 17	KFL	67.86	N	NN	0.00	0.00	0.00	
P	11-21-12 00668054	OPMEDLEG	KFL	-67.86	N					PATNT
		RETURN OFFICE EVALUATION								
C	02-04-13	99213	KFL	115.00	N	NN	0.00	0.00	0.00	
P	02-04-13	PPCREDITCD	KFL	-115.00	N					PATNT

	Charges	Receipts	Debits	Credits	Balance
Patient:	3167.26	-747.26	0.00	0.00	2420.00
Insurance:	0.00	0.00	0.00	0.00	0.00
TOTALS:	3167.26	-747.26	0.00	0.00	2420.00

TOTAL Pd owed

031037 038300 002704L

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249
RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT ☐ MASTERCARD ☐ VISA ☐ DISCOVER			
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
08/31/13	2420.00	19316	
	SHOW AMOUNT PAID HERE $		

ADDRESSEE:

10Z002376
POCKET 2

PAUL DULBERG
4606 HAYDEN COURT

MCHENRY, IL 60051-7918

REMIT TO:

ASSOCIATED NEUROLOGY SC
1900 HOLLISTER DRIVE
SUITE 250
LIBERTYVILLE, IL 60048-5249

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHARGES PAYMENTS ADJUSTMENTS	INSURANCE/ ADJUSTMENTS PAID	PATIENT PAID	PATIENT BALANCE DUE
081011	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
081011	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
031312	PAUL	EMG COMPLETE 5+MUSCLES 3+NERVE	485.00	0.00	0.00	485.00
031312	PAUL	MOTOR NCS WITH F WAVE	540.00	0.00	0.00	540.00
031312	PAUL	SENSORY NCS	390.00	0.00	0.00	390.00
051612	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	0.00	75.00
081413	PAUL	RETURN OFFICE EVALUATION	75.00	0.00	75.00	0.00
081413	PAUL	PATIENT PAYMENT	-75.00			

ACCOUNT NUMBER: 19316

FOR QUESTIONS, PLEASE CALL PATIENT ACCOUNTS:
(847) 549-0055

ITEMS MARKED WITH AN ASTERISK <*> HAVE BEEN BILLED TO YOUR INSURANCE

AGING	CURRENT BALANCE	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00
PATIENT	0.00	0.00	0.00	0.00	2420.00	2420.00

MAKE CHECKS PAYABLE TO: ASSOCIATED NEUROLOGY SC

PATIENT BALANCE 2420.00

ASSOCIATED NEUROLOGY, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast
3416 W. Elm Street
McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or right-sided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Karen Levin, MD (mdm)

Karen F. Levin, M.D.

KFL/klm

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0055 • FAX (847) 549-0404

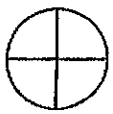
DATE: 7-28-2011 **ASSOCIATED NEUROLOGY, S.C.**

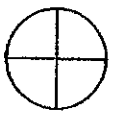
NAME Dulberg, Paul ☒ M ☐ F ☐ R ☐ L HANDED

MENTAL STATUS

☐ R CRANIAL NERVES L ☐

- ☐ SMELL
- ☐ VISION
- ☐ ACUITY
- ☐ FIELDS





- ☐ FUNDUS
- OPTIC DISC
- VESSELS
- FOVEA
- ☐ LIDS
- ☐ OCULAR MOVEMENT
- ☐ CONVERGENCE
- ☐ NYSTAGMUS
- ☐ PUPILS
- ☐ SIZE / SHAPE
- ☐ LIGHT
- ☐ CONSENSUAL
- ☐ AFFERENT PUPIL
- ☐ CORNEAL REFLEX
- ☐ FACIAL SENSATION
- ☐ PIN
- ☐ LIGHT TOUCH
- ☐ MUSC. OF MASTIC.
- ☐ FACIAL MUSCLES
- ☐ UPPER
- ☐ LOWER
- ☐ TASTE
- ☐ AUDITORY ACUITY
- ☐ SOFT PALATE
- ☐ GAG
- ☐ STERNOMASTOID
- ☐ TRAPEZIUS
- ☐ TONGUE

☐ R COORDINATION L ☐

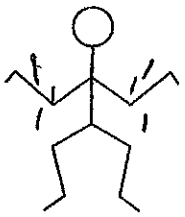
- ☐ FNF
- ☐ HKS

RAPID ALTERNATING MOVEMENTS

- ☐ TONGUE
- ☐ HANDS
- ☐ FINGERS
- ☐ FOOT

EXPLANATORY NOTES

☐ R REFLEXES L ☐



- ☐ HOFFMAN
- ☐ TROMNER
- ☐ PM
- ☐ GRASP
- ☐ SUCK
- ☐ SNOUT
- ☐ GLABELLAR
- ☐ JAW

☐ R GAIT L ☐

- ☐ SPONTANEOUS
- ☐ ON TOES
- ☐ ON HEELS
- ☐ ARM SWING
- ☐ BASE
- ☐ TANDEM
- ☐ POSTURE
- ☐ STABILITY
- ☐ ROMBERG
- ☐ TANDEM ROMBERG

GENERAL

- ☐ CAROTID PULSE
- ☐ CAROTID BRUIT
- ☐ PERIPHERAL PULSE
- ☐ TINEL
- ☐ PHALEN
- ☐ NECK ROM
- ☐ ROM AT WAIST
- ☐ STRAIGHT LEG RAISING
- ☐ PARASPINAL TENDERNESS
- ☐ CARDIAC MURMUR
- ☐ KERNIG
- ☐ BRUDZINSKI
- ☐ L'HERMITTES

	~~SUPINE~~ Sitting	STANDING
BP	104/68	
HR	72 16	

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C.

Patient's Name: Neuberg, Paul Date: 7/28/11 Handedness: ☒ Right ☐ Left

REASON FOR VISIT Chainsaw To Right Forearm AGE: 41

MEDICAL HISTORY *If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.*

- ☐ Headaches
- ☐ Dizzy or ☐ Fainting Spells
- ☐ Decreased Hearing
- ☐ Ringing in Ear
- ☐ Failing Vision ☐ Eye Pain
- ☐ Double or ☐ Blurred Vision
- ☐ Hoarseness
- ☐ Difficulty Swallowing
- ☐ Convulsions/Seizures
- ☐ Stroke ☐ Head Injury
- ☐ Tremor/Hands Shaking
- ☒ Muscle Weakness
- ☒ Numbness/Tingling Sensations
- ☐ Back Pain
- ☐ Foot Pain ☐ Cold Numb Feet
- ☐ Difficulty Sleeping
- ☐ Memory Loss ☐ Phobias
- ☐ Difficulty Walking
- ☐ Difficulty Speaking
- ☐ Imbalance
- ☒ Neck Pain ☐ Facial Pain
- ☐ Meningitis/Encephalitis
- ☐ Weight Loss or ☐ Gain
- ☐ Unusual Fatigue/Loss of Energy
- ☐ Frequent Ear Infections
- ☐ Glaucoma ☐ Cataracts
- ☐ Frequent Nosebleeds
- ☐ Sinus Pain ☐ Sore Throat
- ☐ Teeth/Gum Pain/Bleeding
- ☐ Chronic Cough
- ☐ Hay Fever/Allergies
- ☐ Pneumonia/Pleurisy
- ☐ Bronchitis/Emphysema
- ☐ Asthma/Wheezing
- ☐ Shortness of Breath:
  - ☐ On Exertion ☐ Lying Flat
- ☐ Chest Pain or Tightness
- ☐ High Blood Pressure
- ☐ Heart Murmur
- ☐ Irregular Pulse ☐ Palpitations
- ☐ High Cholesterol/Fat
- ☐ Swollen Ankles ☐ Blood Clots
- ☐ Calf Pain When Walking
- ☐ Varicose Veins/Phlebitis
- ☐ Loss of Appetite (recent)
- ☐ Indigestion/Heartburn
- ☐ Persistent Nausea/Vomiting
- ☐ Peptic Ulcer/Abdominal Pain
- ☐ Gall Bladder Trouble
- ☐ Jaundice/Hepatitis
- ☐ Change in Bowel Habits
- ☒ Diarrhea ☒ Constipation
- ☐ Bowel Polyps ☐ Crohn's/Colitis
- Stools: ☐ Bloody ☐ Black ☐ Pale
- ☐ Hemorrhoids ☐ Hernia
- ☐ Urine Infections (frequent)
- Urination: ☐ Overnight > twice
  - ☐ Painful ☐ Bloody ☐ No Control
  - ☐ D e in Force/Flow
- ☐ Kidn es
- ☐ Venereal Disease/Genital Warts
- ☐ Urethral Discharge
- ☐ Anemia ☐ Bruise Easily
- ☐ Cancer (Type) _____
- ☐ Diabetes ☐ Excessive Thirst
- ☐ Thyroid Disease
- ☐ Arthritis/Rheumatism
- ☐ Bone Fracture/Joint Injury
- ☐ Gout ☐ Osteoporosis
- ☐ Rashes ☐ Hives
- ☐ Eczema ☐ Psoriasis
- ☐ Nervousness ☐ Depression
- ☐ Moodiness ☐ Excessive Stress
- ☐ Mental Illness
- ☐ Chicken Pox ☐ Polio ☐ Mumps
- ☐ Measles ☐ German Measles
- ☐ Lyme Disease
- ☐ Rheumatic Fever ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Herpes ☐ AIDS (HIV)
- ☐ Contact w/Blood or Body Fluids
- ☐ Blood Transfusions
- ☐ Sexual Problems

Males: ☐ Prostate ☐ PSA Test

Females: *Please complete rest.*

Menstrual Flow:

Age Started _____

☐ Reg. ☐ Irreg. ☐ Pain/Cramps

Days of Flow _____

Length of Cycle _____ Days

1st Date of Last Period _____

Number of:

_____ Pregnancies _____ Abortions

_____ Miscarriages _____ Live Births

☐ Pain/Bleeding During Sex

Birth Control Method _____

If B.C. Pill, Name _____

☐ Infertility History

☐ Flushing/Menopause

Date of Last PAP Test _____

☐ Normal ☐ Abnormal

Date of Last Mammogram

☐ Normal ☐ Abnormal

HOSPITAL ADMISSIONS *Indicate the year of hospitalization and the reason. Do not include normal pregnancies.*

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm Ulnar Nerve Trans				

MEDICATIONS *List all that you take include those you buy without a prescription.*

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY *If any blood relative has suffered any of the following, please check below and indicate which relative.*

- ☐ Epilepsy (Seizures)
- ☐ Migraine Headaches
- ☐ Stroke
- ☐ Other Neurologic Disease
- ☐ Mental Illness
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Thyroid Goiter
- ☐ Hay Fever
- ☐ Asthma
- ☐ Anemia
- ☐ Bleeds Easily
- ☐ Clotting Disorder
- ☐ Arthritis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Alcoholism
- ☐ Genetic Disease
- ☐ Cancer (Type) _____

HABITS

Cigarettes: 1 Packs/Day for 20 Years Alcohol: 1/2 Drinks/Week Coffee: 2 Cups/Day Regular Exercise: ☐ Yes ☒ No

Quit Smoking: ___ Years Ago Street Drugs: None

TESTS/EXAMS (Year of Last One)

Cholesterol _____ Sugar _____ Other Blood Tests _____

Rectal _____ Chest X-Ray _____ Cardiogram _____

T.B. Test _____ Eye Exam _____ Dental Exam _____

Have you had any of these tests done? If so, please check and indicate year.

- ☐ Angiogram _____
- ☐ CT Scan of Head _____
- ☐ CT Scan of Neck _____
- ☐ CT Scan of Lower Back _____
- ☐ MRI Scan of Head _____
- ☐ MRI Scan of Neck _____
- ☐ MRI Scan of Lower Back _____
- ☐ Neck X-Rays _____
- ☐ Lumbar Puncture (Spinal Tap) _____
- ☐ EEG (Brain Wave) _____
- ☐ EMG _____
- ☐ Myelogram _____

Associated Neurology, S.C.

MITCHELL S. GROSSMAN, M.D.
KAREN F. LEVIN, M.D.

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul Test No.: 11-0802 Date of Exam: 10 Aug 11

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	9.1 mV				
Elbow	8.8 ms	6.1 mV	Wrist-Elbow	4.9 ms	255 mm	52 m/s
Ulnar.R						
Wrist	2.9 ms	10.7 mV				
Below elbow	6.2 ms	10.1 mV	Wrist-Below elbow	3.3 ms	180 mm	55 m/s
Above elbow	7.7 ms	9.5 mV	Below elbow-Above elbow	1.5 ms	100 mm	67 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index fing	2.3 ms	2.9 ms	22 µV	Wrist-Digit II (index finger)	2.3 ms	130 mm	57 m/s
Ulnar.R							
Digit V (little fing	2.0 ms	2.6 ms	28 µV	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

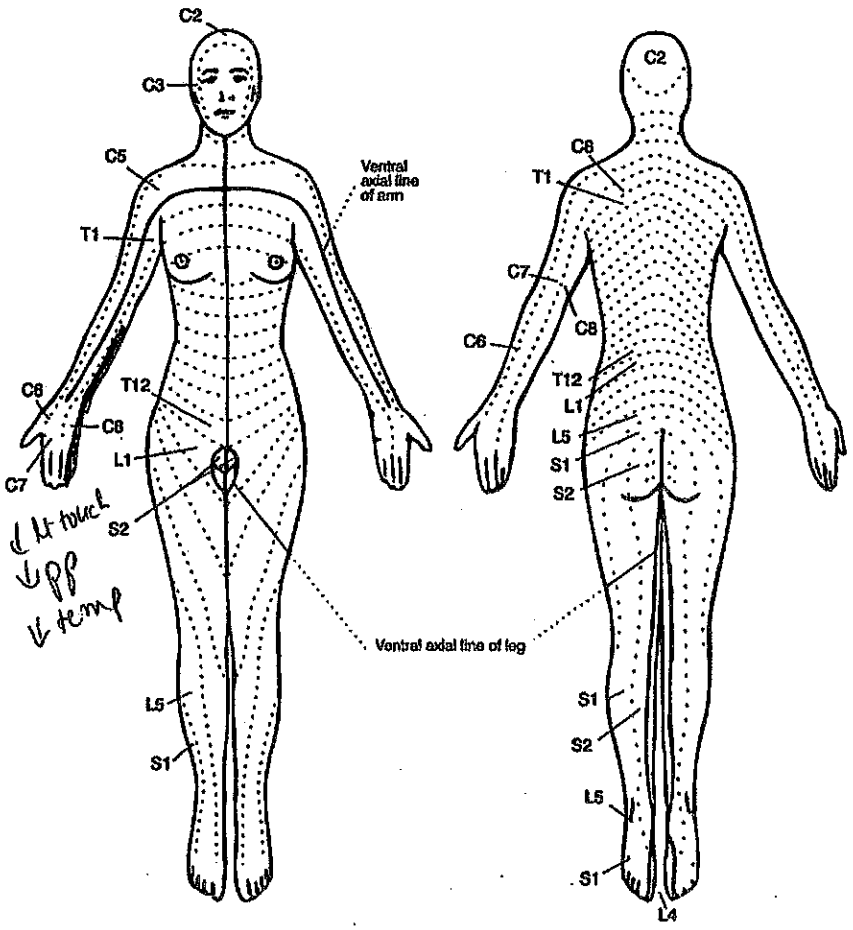
Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0055 ▪ FAX (847) 549-0404

Feb 27 2012 10:14AM ASSOCIATENEUROLOGY 8475490404 p.3

DEEP PAIN	TEMP.	VIBRATION	JOINT	SUP. TOUCH	DBL. SM. STM.	2 - POINT	STEREOGNOSIS	GRAPHESTHESIA	☐ R SENSATION L ☐	DEEP PAIN	TEMP	VIBRATION	JOINT	SUP TOUCH	DBL. SM. STM.	2 - POINT	STEREOGNOSIS	GRAPHESTHESIA
									HEAD									
									UPPER EXTREMITIES									
									THORAX									
									ABDOMEN									
									LOWER EXTREMITIES									
									SADDLE GENITALIA									



↓ light touch
↓ PP
↓ temp

INSP.	BULK	STRENGTH	TONE	☐ R MUSCLES L ☐	INSP.	BULK	STRENGTH	TONE
				STERNOCLEIDOMASTOID				
				TRAPEZIUS				
				DELTOID				
				SUPRASPINATUS				
				INFRASPINATUS				
				LATISSIMUS DORSI				
				PECTORALIS MAJOR				
				BICEPS BRACHII				
				TRICEPS BRACHII				
				WRIST EXTENSORS				
				WRIST FLEXORS				
				APB				
				FDI				
				OTHER INTRINSICS OF HAND				
				PSOAS MAJOR				
				QUADRICEPS FEMORIS				
				GLUTEUS MAXIMUS				
				ADDUCTOR MAGNUS				
				HAMSTRINGS				
				GASTROCNEMIUS				
				TIBIALIS ANTERIOR				
				TIBIALIS POSTERIOR				
				PERONEI				
				EXTENSOR HALLUCIS				

☐ PRONATOR DRIFT
☐ HOOVER

INSP. FOR HYPERKINESIA/BRADYKINESIA

Distally marked sensory neuropathy
c/w ↓ B12. also may need to see
hand surgeon

CONTINUATION

NAME Dulberg, Paul

ADDRESS DATE

8-10-11 here for NCV's → normal.
This is branch nerve injury
main median & Ulnar nerves are nl
Sensory will improve somewhat
If not several months
To see hand surgeon as well

1-30-12 here because his therapist asked that he be re-evaluated. still getting numbness & tingling & burning in spots down the Ulnar side of hand & hand
If he bends his little finger in it aggravates the pain & sits it off all day.
He is going for disability for this and wanted to make sure this went back to this

Exam: ↓ strength extra (R) fourth digit abduction
in
= Normal adduction
= flexion of 5th digit & pain in arm
scar is raised ? bump on end.

Imp will √ MRI forearm to R/O neuroma
R/O disruption of tendon or nerve
Fu p MRI. 15 min spent ō pt

ITEM 07-0576231/8290

ASSOCIATED NEUROLOGY, S.C. Round Lake

Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055
1900 Hollister Drive, Suite 250, Libertyville, IL 60048 Fax (847) 549-0404

(847) 546-3600

Patient Name: Paul Dulberg

D.O.B.: 3/19/70 SS#

Phone #: Home: (847) 497-4250 Work:

Send additional copy of report to: 729.5

Diagnosis s/p trauma R/o neuroma o2 nerve o2 tendon disruption

☐ MRI
- ☐ Brain
- ☐ C-Spine
- ☐ T-Spine
- ☐ LS-Spine
- ☐ With Contrast
- ☐ Without Contrast
- ☐ anesthesiology administer sedation is medically necessary because of

☐ MRA
- ☐ Intracranial
- ☐ Extracranial

☒ MRI upper ext. (R) non joint c dx gad

☐ Ultrasound ☐ X-Ray

☐ CT ☐ With Contrast ☐ Without Contrast

☐ Echo ☐ TEE ☐ 24 Hour Holter ☐ Tilt Table To be read by Dr.

☐ EEG may sedate using _____ gram(s) chloral hydrate if necessary ☐ Other

☐ Labs

☐ carbamazepine	☐ phenytoin	☐ phenobarbital
☐ valproic acid	☐ gabapentin	☐ lupus anticoagulant
☐ protein C	☐ protein S	☐ antithrombin III
☐ CBC w/plts	☐ folate	☐ activated protein C resistance
☐ thyroid profile	☐ TSH	☐ anticardiolipin antibody
☐ hepatic profile	☐ PTT	☐ sedimentation rate
☐ basic metabolic profile	☐ B12	☐ ANA with reflex testing
☐ glycohemoglobin	☐ RPR	☐ comprehensive metabolic profile
☐ immunofixation	☐ homocysteine	☐ Acetylcholine receptor antibodies
☐ _____	☐ _____	☐ _____

☐ Mitchell S. Grobman, M.D. ☒ Karen F. Levin, M.D.

1-30-12
Date

faxed order

CONTINUATION

NAME Dullberg, Paul

ADDRESS DATE

2-13-12 here for results MRI ©.

I do not know why pt has continued symptoms not sure why when he reads his letter (revised) things get worse c pain in bottom arm

I suggested getting a 3rd opinion c Dr. Scott Sagerman 10 min spent c pt

5/4/12 per release, records forwarded to Thomas Popovich PC (Pain Mgmt, 3411 W Elm Street McHenry, IL 60050 ph)

5-16-12 here for FU. I spoke c Dr. Sagerman & he reviewed films pt on neuropathic pain med, Mr. Dullberg doesn't think the strength is improving. He also said since the pain is not that bad. It only lasts a few seconds. Doing PT anything of smaller caliber during the pain on right @ the scar site wearing until about 8 right knee will add Carpentrin for the 300mg QHS for 1 week then BID call 2 wks or sooner if sole effective

6/1/12 PC from pt - he did some gardening work 2d ago and now has SxS use Tyng. per KE - ↑ gabapentin to 600mg bid. pt notified from

6/11/12 PC from pt - he is still noticing freq twinges of pain / discomfort from the neuroma he rides the arm. per KE - ↑ to 600mg TID bid and call Fri in 2 wks if needed. — pt notified from

#80330

Associated Neurology, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul. Test No.: 12-0305 Date of Exam: 13 Mar 12
Consulting Doctor: Scott Sagerman, M.D.

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	5.4 mV				
Elbow	8.3 ms	3.1 mV	Wrist-Elbow	4.4 ms	240 mm	55 m/s
Ulnar.R						
Wrist	3.0 ms	12.2 mV				
Below elbow	6.7 ms	11.4 mV	Wrist-Below elbow	3.7 ms	220 mm	59 m/s
Above elbow	8.4 ms	11.3 mV	Below elbow-Above elbow	1.7 ms	100 mm	59 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.9 ms	29.6 ms
Ulnar.R	3.3 ms	28.7 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index finger)	2.4 ms	3.2 ms	23 µV	Wrist-Digit II (index finger)	2.4 ms	130 mm	53 m/s
Ulnar.R							
Digit V (little finger)	2.0 ms	2.7 ms	28 µV	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Needle EMG Examination:

Muscle	Spontaneous and Volitional Activity					
	Fibs	+Waves	Fasc's	Poly	Amp	Dur
Flexor carpi radialis.R	None	None	None	None	Normal	Normal
Flexor carpi ulnaris.R	None	None	None	None	Normal	Normal
Extensor indicis proprius.R	None	None	None	None	Normal	Normal
1st dorsal interosseous.R	None	None	None	None	Normal	Normal
Abductor digiti minimi (manus).R	None	None	None	None	Normal	Normal
Abductor pollicis brevis.R	None	None	None	None	Normal	Normal

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

EMG: No denervation potentials are seen.

Conclusions: No electrophysiologic evidence of focal or diffuse peripheral neuropathy.

Karen F. Levin, M.D.

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0053 y FAX (847) 549-0404

CONTINUATION

NAME Bulberg, Paul

ADDRESS

DATE

11/25/12 DOS 5 studies faxed to Atty Popovich, attn- Adaire (cc)

11/27/12 Per subpoena records forwarded to Legal Source, Larch + Alexander, 6323 E Riverside Blvd, Rockford IL 61114 (cc)

11/21/12 Per release, records forwarded to Compex Legal Services 325 Maple Avenue Torrence CA 90503 (cc).

1/23/13 PC from pt- he has been getting episodes that are becoming more frequent. Describes pt states he gets an "overwhelming flash that comes over him - confused, hard to breathe - responsive dying + never any LOC, and not sure if it is panic attack. pt not sure where to go w this. Will discuss w MSA CSR on call. mcm

1/23/13 Per MSA & made appt c KA. pt notified. Appt. made mcm

2-4-13 here for EM. He had been on Fluxotine & apparently stopped it for 2 weeks & says spells got better. None since restarted on med.

(R) arm had surgery c Dr Sagerman to remove scar tissue. Feeling a lot better since then but strength hasn't come back. also when he uses hand the burning comes back.

now has (L) "tennis elbow"

also now getting headache 6-7/year for many years. Frequency slightly worse. Intensity same (+)phot (+)sono. (-)ss

(+)head injury in 20s twenties - assaulted in back of head. (+)LOC then

mother (+)MA

Uses hydrocodone. Never been on triptans. Lasts entire day when he gets them.

Also gets occasional HAs in

Date Printed: 06/21/2012
Time Printed: 07:52:26

MIDAMERICA ORTHOPAEDICS
75 REMITTANCE DR STE 6035

CHICAGO IL 60675
Tax Id#: 263727319

Group#: MAO

Inv#	Servdate	Rp	Dept	Dr	Fac	Ref	Proc	Ml	Mz	Desc	Diag 1	Ins/Comment		Amount	Resp Bal	Ins Bal
Patient#: 1002454 DULBERG, PAUL R.																
1	12/02/11	1		MGT	LIMP		99203			OFFICE OUTPT	906.1	AMOI Y	2	230.00	.00	230.00
2	01/06/12	1		MGT	LIMP	735	99213			OFFICE OUTPT	906.1	AMOI Y	1	160.00	.00	160.00

1) Group# MAO MIDAMERICA ORTHOPAEDICS

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00	
--> Ins Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00	
--> Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00	

Grand Totals :

--> Resp Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00	
--> Ins Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00	
--> Charges :	390.00	Pays :	.00	Adjs :	.00	Bal Due :	390.00	

Parameters Used To Select This Report :
REPORT OPTION : Detail
FREELINE OPTION : No Freelines
ADDITIONAL DATA OPTION : No Additional Information
First Selection Parameters:

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MidAmerica
Hand to Shoulder Clinic

OAKBROOK TERRACE
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F 630.317.7088

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P 708.237.7200
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F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Report Date: June 21, 2012 **Patient:** Dulberg, Paul R **DOS:** 12/02/11

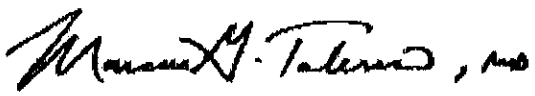
Vitals: **No data for Vitals.**
Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:
DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:
Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription
Work Status: Not applicable.



Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created : Dated 12/5/2011 13:03:47 - Referring Physician MC

MidAmerica
Hand to Shoulder Clinic

OAKBROOK TERRACE
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Oakbrook Terrace, IL 60181
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F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4646 Aden Court
Mchenry, IL 60051
PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal.
I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis
MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES: nkda
SOCIAL HISTORY Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker

PHYSICAL EXAM:
Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Report Date: June 21, 2012 **Patient:** Dulberg, Paul R **DOS:** 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

Fax Created: Dated 7/9/2012 12:57:13 PM
Fax Created: Dated 7/10/2012 3:13:48 PM

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Teleaica Date: 2/6/12

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 10/28/11

Surgical Hx: Date 10/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst (See below)

Details: Very specific - Upon carbatrax, EDS of SF, nerve pain is elicited 10/10 - lasts a few minutes, then 3-4/10 for approximately one day; Nodule act Scar site elicits nerve pain.

Function/ADL's: Improvements: Unable to identify; Moving on computer has slightly improved

Continued difficulties: Holding cup/can in his hand, maintaining a fist; Pt reports that he is using his RUE very little to avoid aggravating the nerve

OBJECTIVE:

Wound/Scar: Least hypersensitivity w/ scar

See flow sheet for: * Cont Wartenberg's grip SF

☐ Edema: _____

☑ Sensation: Le-LeS (Deep pressure sensation) ulnar hand, Diminished protective sensation ulnar forearm.

☑ ROM: ↑d elbow extension, pro/sup, wrist ext and UD noted

☑ Strength: ↓d grasp x 12d since previous eval, decreased pinch noted since initial visit

Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, splint; hold, TGE/Isolated EDS, Composite stretching

Assessment/therapist impression: Pt presents c very specific issues - Upon isolating EDS to SF only, a strong neurological reaction is elicited along ulnar nerve pain occurs 100% of the time. This is decreasing his ability to progress and overall strength

Goals: STG's met: ☑ yes ☐ no LTG's met: ☐ yes ☐ no

Revised functional goals: Rom/pain equal (grasp)

1. TBA

2.

3.

Patient: Paul Dulberg

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: Pt to be placed on hold until he seeks further medical

Exercise: intervention - His issue seems to be caused by one specific

problem that is not being improved in therapy - this

Splinting: SF FDS appears to be affecting his ulnar nerve

Other: every time it is fired.

Frequency/Duration: Need OT - RTMD _____ times/week for _____ weeks or _____ additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

Physician's Signature date 2/8/12

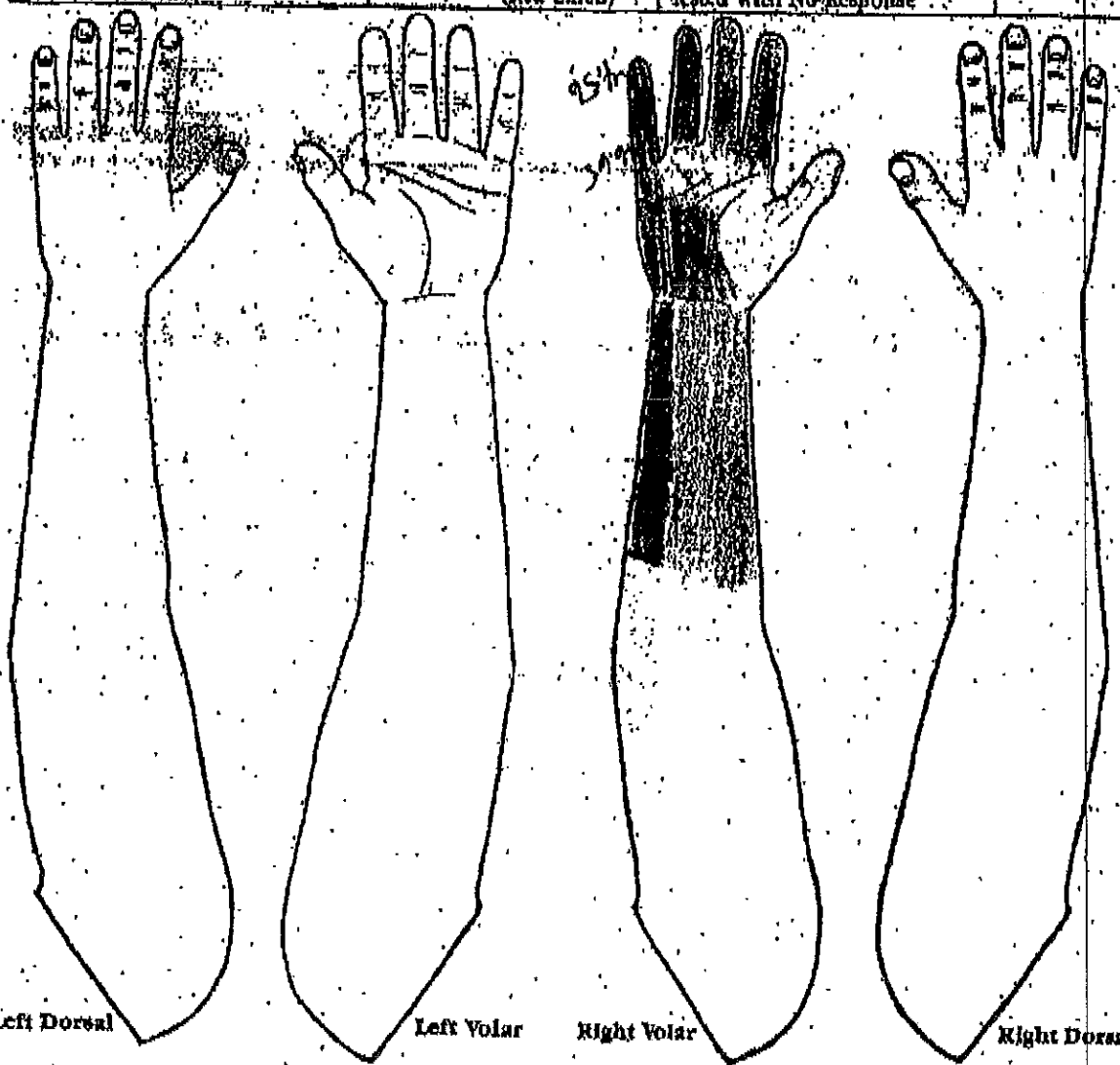
PLEASE FAX BACK TO: 847-587-3346

FAXED
FEB - 9 2012

Semmes-Weinstein Monofilament Sensory Testing Results

Date: 2/6/12 Patient: Paige Dulberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested With No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [illegible]

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Revised November 1987

Dynamic Hand Therapy – Active Range of Motion **Patient Name:** Dulberg

	(L)	(R)	(R)	(B)					
Exam Date	12/6/11	1-5-12	2/6/12						
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion 140	134	140	140						
Extension 0	-3	-15	5						
Pronation 75	65	65	70						
Supination 75+	65	85	75+						
Wrist									
Flexion 80	75+	80	80						
Extension 75+	55	60	65						
Radial Deviation 25	20+	15	15						
Ulnar Deviation 35	30+	25	35						
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	LWS	LWS	NJ						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul DeMeng

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12											
Circumferences (cm)	Control L R	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	21.5	+.7										
Thumb													
MP													
P1	7.4	7.7	+.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	-.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	+.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	+.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	AW	AW											

FEB-08-2012 WED 03:29 PM

NOV. 0. 2012 1:20PM

DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr. Talmieri Date: 1-5-12

Diagnosis: (R) Forearm laceration of wrist flexors Date of Injury: 6-28-11

Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 12-6-11

Number of visits to date:

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spike of pain up to 9/10 that lasts only a few seconds

Function/ADL's:
Improvements: No functional improvements due to T in tension

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, bearing wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a bump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP jts

☐ Sensation: TBT sweet visit due to stim continues

☑ ROM: Elbow ✓ T'd 6°, Wrist ✓ T'd 5° wrist I T'd 3°

☑ Strength: (R) grip T'd 17# (R) = 59% of (L) ✓

Treatment summary to date: Mtl, US, ROM ends, STM, PROM all, wrist & digit AROM & exer, estim/exercise, forearm strengthening

Assessment/therapist impression: Pt shows improvements in AROM but functional improvement limited due to T in tension

Goals: STG's met: ☑ yes ☐ no (1) (2) LTG's met: ☐ yes ☐ no

Revised functional goals: (3) T pronation 5°

1. (Cont.) T (R) pronation 5-8° to T pt's ability to pour coffee

2. T (R) grip another 5# to improve ability to hold cont. coffee mug or open jars

3. Pt to report pain 2-3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Dubberly

Skilled therapy needed for: ☒ progression of exercise ☐ continued need for manual therapy

☐ other: Scar mobil, STM, RCOM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, intrinsic exercises, functional grips & pinch, strengthening as tolerated

Splinting:

Other:

Frequency/Duration: 2-3 times/week for 4 weeks or 8-12 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns:

Therapist Signature

Physician's Signature date 1/6/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
JAN 6 2012

Dynamic Hand Therapy -- Active Range of Motion

Patient Name: Sue Dillberg

	(L)	(R)	(R)						
Exam Date	12/6/11	1-5-12							
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion 140	134	140							
Extension 0	-3	-15							
Pronation 75	65	65							
Supination 75+	65	R5							
Wrist									
Flexion 80	75+	80							
Extension 75+	55	60							
Radial Deviation 25	20+	15							
Ulnar Deviation 45	30+	25							
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	MS	MS	DJ						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul DeBerg

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12											
Circumferences (cm)	Control L R	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	23.5	2.7										
Thumb													
MP													
P1	7.4	7.7	0.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	0.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	0.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	0.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	MW	MW											

Nov. 8. 2012 1:29PM
JAN-05-2012 THU 02:45 PM
No. 3113 P. 15/20
P.005

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dilberg

Exam Date	12/6/11	12/6/11	1/5/12		1/6/12	1/5/12				
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-Jamar 2nd position										
Trial 1	126	135			121	141				
Trial 2	92	145			118	142				
Trial 3	110	146			138	141				
Average:	109				126#	141#				
Grip Curve-Jamar Dynamometer					1'd 17#					
Intrinsics 1st position					89#					
2nd position										
3rd position										
4th position										
Extrinsics 5th position										
Rapid Alternation Test										
Pinch Strength					pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous Ulnar nerve transposition left wrist							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	MPS	MPS			MW	MW				

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

Physician: Dr. Talerico Date of injury/onset: 6/28/11

Diagnosis: (R) Forearm laceration of ext/flexor

Mechanism of Injury/Hx of current complaint: Chainsaw to forearm - Neighbor using chainsaw T/U reduced and cut patient's arm

Surgical Hx: Date 6/28/11 Procedure Sutured in ER
Date _____ Procedure _____

PMH &/or Hx relevant to injury: WF Ulnar nerve transposition - 4-5 years ago; DJD C_{3-7}

Occupation: Graphic Design Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:
Pain: 1-2 /10 at rest / best 8 /10 with activity / at worst

Details: Pain @ night - wakes him at night, @ activity; Pain occurs where scar seems adhered to ulnar boarder of ulna

OBJECTIVE:
Wound/Scar: Healed well; mild hypertrophy noted; mild adherence to musculo hole

See flow sheet for:
☐ Sensation: TBA; Hypersensitivity noted in forearm

☑ Range of Motion Limitations noted in (R) elbow, forearm, & wrist

☐ Edema No sig edema noted today

☑ Strength Limitations noted in (R) Grasp; 3pt pinch

Flexibility: *Intrinsics/Extrinsics:* Tight extrinsics and intrinsics

Function/ADL's: Prior level of function: (I) & RUE

Current level of function: Difficulty hammering, writing, morning (work involves typing/mouse) Turning door handle, pouring coffee, manipulating small objects, bearing weight through palm

Other Relevant Findings: (+) Wartenberg's Sign; ADM: 3/5, ODM: 3/5; FDS-SF 4/5 FDS RF 4+/5 & pain

dynamic HAND THERAPY

MAKE CHECKS PAYABLE TO:
Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL. 600201908 (847) 587-3301

STATEMENT

STATEMENT PERIOD	BALANCE DUE
10-07-13	24604.00

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN THIS STATEMENT PERIOD

Paul Dulberg
4606 Hayden Court
Mchenry, IL. 60050

Account# 0042000185

Re: Paul Dulberg
Account# 0042000185
Payment Due: 24604.00
Due Date: 11-07-13

PATIENT MESSAGE: PLEASE CONTACT OUR OFFICE WITH THE STATUS OF YOUR CASE AT 815-399-1975. THANK YOU.

=====> call our office with questions

Make Checks Payable to: Dynamic Hand Therapy - Fox Lake

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-06-11	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Total			**187.00**	**0.00**	**-70.00**	**0.00**	**0.00**	**117.00**	**117.00**
12-08-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-08-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-08-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-08-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-12-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-12-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-12-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

COMMENTS

TOTAL ACCOUNT BALANCE: 24604.00
INSURANCE PENDING: 0.00
PATIENT BALANCE: 24604.00<-- Amt. Due

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
12-12-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-14-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-14-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-14-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-14-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
12-14-11	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**328.00**	**0.00**	**0.00**	**0.00**	**0.00**	**328.00**	**328.00**
12-15-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-15-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-15-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-15-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
12-19-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-19-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-19-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-19-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-20-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-20-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-20-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-20-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-23-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-23-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-23-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-23-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-27-11	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
12-27-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-27-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-27-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
12-29-11	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
12-29-11	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
12-29-11	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
12-29-11	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
01-05-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
01-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
01-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
01-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-172.00	0.00	0.00	0.00
01-11-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-150.00	0.00	0.00	0.00
01-11-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	0.00	0.00
01-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	0.00	0.00
Total			**870.00**	**0.00**	**0.00**	**-435.00**	**0.00**	**435.00**	**435.00**
01-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
01-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-23-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-25-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
01-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
01-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
01-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-30-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-01-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
02-01-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-01-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
02-01-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
02-06-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
02-06-12	97112	Neuromuscular Re-education	87.00	0.00	0.00	0.00	0.00	87.00	87.00
Total			**345.00**	**0.00**	**0.00**	**0.00**	**0.00**	**345.00**	**345.00**
04-03-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
04-03-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-03-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-03-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**407.00**	**0.00**	**0.00**	**0.00**	**0.00**	**407.00**	**407.00**
04-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-05-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
04-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-05-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**435.00**	**0.00**	**0.00**	**0.00**	**0.00**	**435.00**	**435.00**
04-10-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-10-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
04-12-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**285.00**	**0.00**	**0.00**	**0.00**	**0.00**	**285.00**	**285.00**
04-16-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
04-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
04-26-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
04-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-02-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-07-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-07-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-07-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-07-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-10-12	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
05-10-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**312.00**	**0.00**	**0.00**	**0.00**	**0.00**	**312.00**	**312.00**
05-15-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-15-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-15-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-15-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
05-17-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-17-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**113.00**	**0.00**	**0.00**	**0.00**	**0.00**	**113.00**	**113.00**
05-24-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-24-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-24-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-24-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
05-31-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-31-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-31-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
06-04-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
06-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
06-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
06-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
07-16-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
07-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-16-12	97014	E-Stim Unattended	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**327.00**	**0.00**	**0.00**	**0.00**	**0.00**	**327.00**	**327.00**
07-19-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-19-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
07-23-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-23-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-23-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
07-26-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-26-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
07-26-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
07-26-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
07-30-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
07-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
08-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
08-06-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-06-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-06-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-06-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-09-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
08-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
Total			**247.00**	**0.00**	**0.00**	**0.00**	**0.00**	**247.00**	**247.00**
08-23-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
Total			**344.00**	**0.00**	**0.00**	**0.00**	**0.00**	**344.00**	**344.00**
08-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
08-30-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-30-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST.	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-30-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**215.00**	**0.00**	**0.00**	**0.00**	**0.00**	**215.00**	**215.00**
09-11-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**301.00**	**0.00**	**0.00**	**0.00**	**0.00**	**301.00**	**301.00**
09-13-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-13-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-13-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-13-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-18-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-18-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-20-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
09-20-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-20-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
09-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-21-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-25-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-25-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-25-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-25-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-27-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-27-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-27-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
09-27-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
09-28-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
09-28-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
09-28-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
09-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-02-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-02-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-02-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-02-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-04-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-04-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-04-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-04-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-05-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-05-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-05-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-09-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-09-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-09-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-09-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**360.00**	**0.00**	**0.00**	**0.00**	**0.00**	**360.00**	**360.00**
10-11-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-11-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-11-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-11-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-12-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-12-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-12-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
10-12-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-16-12	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
10-16-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-16-12	97010	Hot/Cold pack	54.00	0.00	0.00	0.00	0.00	54.00	54.00
10-16-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**274.00**	**0.00**	**0.00**	**0.00**	**0.00**	**274.00**	**274.00**
10-18-12	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
10-18-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
10-18-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
10-19-12	97110	Therapeutic Exercise [4]	344.00	0.00	0.00	0.00	0.00	344.00	344.00
10-19-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
10-19-12	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**478.00**	**0.00**	**0.00**	**0.00**	**0.00**	**478.00**	**478.00**
12-12-12	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-12-12	99070	Biofreeze Rollon 3oz	14.00	0.00	0.00	-14.00	0.00	14.00	14.00
Total			**201.00**	**0.00**	**-70.00**	**-131.00**	**0.00**	**0.00**	**0.00**
12-21-12	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-21-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
12-21-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-21-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**274.00**	**0.00**	**-70.00**	**-204.00**	**0.00**	**0.00**	**0.00**
12-28-12	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
12-28-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
12-28-12	97010	Hot/Cold pack	54.00	0.00	0.00	-54.00	0.00	54.00	54.00
Total			**263.00**	**0.00**	**-70.00**	**-193.00**	**0.00**	**0.00**	**0.00**
12-31-12	97140	Manual Therapy Techniques	75.00	0.00	0.00	-5.00	0.00	75.00	75.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-56.00			-56.00	-56.00
12-31-12	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**134.00**	**0.00**	**-70.00**	**-64.00**	**0.00**	**0.00**	**0.00**
01-04-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-14.00			-14.00	-14.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-66.00			-66.00	-66.00
01-04-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-4.00			-4.00	-4.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-12.00			-12.00	-12.00
01-04-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-58.00			-58.00	-58.00
Payment	PCC	CREDIT CARD			-1.00			-1.00	-1.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
Total			**295.00**	**0.00**	**-295.00**	**0.00**	**0.00**	**0.00**	**0.00**
01-11-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
Payment	PCC	CREDIT CARD			-69.00			-69.00	-69.00
Payment	PCC	CREDIT CARD			-81.00			-81.00	-81.00
01-11-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-59.00			-59.00	-59.00
Payment	PCC	CREDIT CARD			-27.00			-27.00	-27.00
01-11-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-43.00			-43.00	-43.00
Payment	PCC	CREDIT CARD			-16.00			-16.00	-16.00
Total			**295.00**	**0.00**	**-295.00**	**0.00**	**0.00**	**0.00**	**0.00**
01-30-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
Payment	PCC	CREDIT CARD			-54.00			-54.00	-54.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-70.00			-70.00	-70.00
Payment	PCC	CREDIT CARD			-64.00			-64.00	-64.00
01-30-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Payment	PCC	CREDIT CARD			-6.00			-6.00	-6.00
Payment	PCC	CREDIT CARD			-53.00			-53.00	-53.00
01-30-13	A4466	BandIT Forearm Splint	49.00	0.00	0.00	0.00	0.00	49.00	49.00
Payment	PCC	CREDIT CARD			-17.00			-17.00	-17.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			**366.00**	**0.00**	**-366.00**	**0.00**	**0.00**	**0.00**	**0.00**
02-05-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
Total			**445.00**	**0.00**	**-70.00**	**-375.00**	**0.00**	**0.00**	**0.00**
02-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
Payment	PCC	CREDIT CARD			-32.00			-32.00	-32.00
02-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-08-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**-70.00**	**-150.00**	**0.00**	**0.00**	**0.00**
02-14-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Payment	PCC	CREDIT CARD			-38.00			-38.00	-38.00
02-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-14-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**-38.00**	**-150.00**	**0.00**	**32.00**	**32.00**

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
02-15-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-15-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-15-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
02-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
02-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
02-25-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-25-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-25-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
02-28-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
02-28-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-28-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-07-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-07-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-07-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-08-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-08-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-08-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-12-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
03-12-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-12-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**0.00**	**0.00**	**295.00**	**295.00**
03-14-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-14-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-14-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
03-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
03-19-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**0.00**	**0.00**	**220.00**	**220.00**
03-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
03-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
03-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
03-29-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
03-29-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**317.00**	**0.00**	**0.00**	**0.00**	**0.00**	**317.00**	**317.00**
04-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**0.00**	**0.00**	**306.00**	**306.00**
07-23-13	97003	Occupational Therapy Eval	187.00	0.00	0.00	-117.00	0.00	187.00	187.00
07-23-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
07-23-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**321.00**	**0.00**	**0.00**	**-251.00**	**0.00**	**70.00**	**70.00**
07-29-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
07-29-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
07-29-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-01-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
08-01-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-01-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-05-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-05-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-05-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-09-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	-102.00	0.00	172.00	172.00
08-09-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-09-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**306.00**	**0.00**	**0.00**	**-236.00**	**0.00**	**70.00**	**70.00**
08-16-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	-80.00	0.00	150.00	150.00
08-16-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-86.00	0.00	86.00	86.00
08-16-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**295.00**	**0.00**	**0.00**	**-225.00**	**0.00**	**70.00**	**70.00**
08-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	-16.00	0.00	86.00	86.00
08-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
08-19-13	97035	Ultrasound	59.00	0.00	0.00	-59.00	0.00	59.00	59.00
Total			**220.00**	**0.00**	**0.00**	**-150.00**	**0.00**	**70.00**	**70.00**
08-22-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	-188.00	0.00	258.00	258.00

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJUST	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
08-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	-75.00	0.00	75.00	75.00
Total			**333.00**	**0.00**	**0.00**	**-263.00**	**0.00**	**70.00**	**70.00**
10-02-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Total			**445.00**	**0.00**	**0.00**	**-375.00**	**0.00**	**70.00**	**70.00**
		Grand total	**30,190.00**		**-1,484.00**	**-4,102.00**	**0.00**	**24,604.00**	**24,604.00**

dynamic
Hand & Physical Therapy

Michelle P. Shamash, OTR/L, CHT
Clinic Director/Owner
Certified Hand Therapist
www.dynamichandPT.com

CERTIFICATION

I, Judith Sokniewicz certify that the copies that are enclosed are all of the records that you requested for ***Paul Dulberg.***

Judith Sokniewicz

Signed by: _____ Date _____

498 South Route 12, Suite C :: Fox Lake, IL 60020 :: 847.587.3301 *tel* :: 847.587.3346 *fax*
3900 Washington Street, Suite B :: Gurnee, IL 60031 :: 847.336.2616 *tel* :: 847.336.2476 *fax*

MidAmerica
Hand to Shoulder Clinic

Anton J. Fakhc MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C MBA

OAKBROOK TERRACE
1 TransAm Plaza Drive,
Suite 460
Oakbrook Terrace, IL 60181
P 630.317.7007
F 630.317.7088

LOCKPORT
16610 W. 159th St
Suite 103
Lockport, IL 60441
P 708.237.7200
F 815.838.8804

PALOS HILLS
10330 S. Roberts Road
Palos Hills, IL 60465
P 708.237.7200
F 708.237.7201

LIBERTYVILLE
755 South Milwaukee Ave,
Suite 250
Libertyville, IL 60048
P 847.247.0547
F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Suite 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

Therapy Prescription

(X) Hand Therapy **( ) Physical Therapy**

Name of the Patient: Paul Dulberg

DOB: 03/19/1970 Telephone: (847)497-4250

Diagnosis: R forearm laceration with wrist flexor weakness, fatigue. No restrictions

Special Instructions/Precautions: Strengthening and conditioning, pain control modalities

Frequency & Duration: 1-2 times per week x 4 weeks

Evaluation and Treatment

Exercises
(X) AROM
( ) PROM
(X) Strengthening
( ) Manual Therapy

Splints
( ) Static
( ) Dynamic
( ) Dorsal
( ) Hand based
( ) Wrist/Forearm based
( ) Volar
Specific Joint position required:
( ) Wrist
( ) MP
( ) PIP
( ) DIP
( ) Thumb CMC
( ) MCP
( ) IP

Protocols
( ) Flexor Tendon Repair
( ) Extensor Tendon Repair
( ) Carpal Tunnel Syndrome
( ) Trigger Finger
( ) Epicondylitis

Modalities
(X) At therapist's discretion
( ) Ultrasound
( ) Iontophoresis
( ) High Volt Pulsed Current
( ) NMES
( ) TENS
( ) Heat/Cold Pack
( ) Whirlpool
( ) Fluidotherapy
( ) Parrafin

Miscellaneous
(X) Home Exercise Program
( ) ADL's
( ) CPM for home use
( ) FCE
( ) Work Conditioning
( ) Work Hardening
(X) Per Therapist's discretion

Scar/Edema
( ) Edema Control
( ) Scar Control/Massage/Remodeling
(X) Desensitization
( ) Wound Care
( ) Soft Tissue Mobilization
( ) Sterile Dressing Changes
(X) Pain Reduction
( ) Jobst Compression Garment

Physician's Signature: Date: 12/02/11

Marcus G. Talerico, MD

Scheduled for: Tuesday December 6,2011 at 3:30pm at: Dynamic Hand Therapy/ Fox Lake

Hand Surgery Associates, S.C.
Hand • Shoulder • Elbow • Wrist
TEL: 847-956-0099 FAX: 847-956-0433
515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duchesney

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED

DIAGNOSIS: Ulnar nerve injury CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2-3 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND ✓ **PLEASE INDICATE R OR L**

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
- _____ AROM
- _____ PROM/STRETCHING
- ✓ STRENGTHENING
- _____ BTE
- ✓ EDEMA CONTROL
- _____ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- PREVENTION

MODALITIES PRN
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- ✓ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
_____ WHIRLPOOL
FREQUENCY _____
_____DRESSING CHANGES
TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 4/2/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

Hand Surgery Associates, SC.
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515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duberg

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [ ] UPDATED ORDERS [✓] CAN BE RESCHEDULED 7/16

DIAGNOSIS: Cubital tunnel release / neurolysis CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS 2 TIMES/WEEK 4 WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER _____ UPPER ARM _____ ELBOW _____ WRIST _____ HAND _____ PLEASE INDICATE R OR L

ACUTE HAND THERAPY
- _____ EVALUATE
- ✓ TREATMENT
- _____ AROM
- _____ PROM/STRETCHING
- _____ STRENGTHENING
- _____ BTE
- ✓ EDEMA CONTROL
- ✓ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ✓ HOME PROGRAM
- PREVENTION

MODALITIES
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

prefab
wrist
ulnar

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
- _____ WHIRLPOOL
- FREQUENCY _____
- _____ DRESSING CHANGES
- TYPE daily
- FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/11/12

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
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ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Paul Duchesne

DOI:_____ DOS:_____ [ ] MUST BE SEEN TODAY [✓] UPDATED ORDERS [ ] CAN BE RESCHEDULED

DIAGNOSIS: _____ CODE _____

THERAPY: ORDER FOR _____ 1-2 VISITS ___2___ TIMES/WEEK ___4___ WEEKS FREQUENCY

SITE OF THERAPY ORDERED: SHOULDER ____ UPPER ARM ____ ELBOW ___✓___ WRIST ___✓___ HAND ___✓___ **PLEASE INDICATE R OR L**

ACUTE HAND THERAPY
- _____ EVALUATE
- ___✓___ TREATMENT
- ___✓___ AROM
- ___✓___ PROM/STRETCHING
- ___✓___ STRENGTHENING light
- _____ BTE
- ___✓___ EDEMA CONTROL
- ___✓___ SCAR MGMT/MOBILIZATION
- _____ DESENSITIZATION
- ___✓___ HOME PROGRAM
- PREVENTION

MODALITIES PRN
- _____ ULTRASOUND/PHONOPHORESIS
- _____ ELECTRICAL STIM _____
- _____ FLUIDOTHERAPY
- _____ PARAFFIN
- _____ IONTOPHORESIS _____ DEXAMETHASONE
- _____ COLD/HOT PACKS
- _____ BIOFEEDBACK

SPLINTING: __STATIC __DYNAMIC
__ SERIAL STATIC
__ HAND BASED THUMB CMC
SPLINTS ALTERNATIVES

TO: _____

SPLINTING INSTRUCTIONS

foam
sleeve for
compression

SPECIAL THERAPY INSTRUCTIONS

WOUND CARE
_____ WHIRLPOOL
FREQUENCY _____
_____ DRESSING CHANGES
TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 7/

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

DYNAMIC HAND THERAPY

Initial Evaluation

Name: Paul Dulberg Date: 12/6/11

Physician: Dr. Talerico Date of injury/onset: 6/28/11

Diagnosis: (R) Forearm laceration of ulnar flexor

Mechanism of Injury/Hx of current complaint: Chainsaw to forearm – Neighbor using chainsaw T turned around and cut patient's arm

Surgical Hx: Date 6/28/11 Procedure Sutured in ER

Date _____ Procedure _____

PMH &/or Hx relevant to injury: WF Ulnar nerve transposition 4-5 years ago; DJD C3-7

Occupation: Graphic Design Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:

Pain: 1-2 /10 at rest / best 8 /10 with activity / at worst

Details: Pain @ night – wakes him @ night, @ c activity; Pain occurs where scar seems adhered to ulnar boarder of ulna

OBJECTIVE:

Wound/Scar: Healed well.; mild hypertrophy noted; mild adherence to muscle noted

See flow sheet for:

☐ Sensation: TBA; Hypersensitivity noted in forearm

☑ Range of Motion Limitations noted in (R) elbow, forearm, & wrist

☐ Edema No sig edema noted today

☑ Strength Limitations noted in (R) Grasp & 3pt pinch

Flexibility: *Intrinsics/Extrinsics:* Tight extrinsics and intrinsics

Function/ADL's: Prior level of function: (I) c RUE

Current level of function: Difficulty hammering, writing, mousing (work involves typing/mo Turning door handle, pouring coffee, manipulating small objects, bearing weight through palm

Other Relevant Findings: (+) Wartenberg's sign; ADM: 3/5, ODM: 3/5; FDS-SF 4/5 FDS RF 4+/5 c pain

Patient name: Paul Dulberg

Assessment/Therapist impression: Pt presents 2 per, Rom deficits, strength deficits, Tight extensors, Significant deficits during functional activities / Numbness/tingling reported - must be assessed more specifically.

Skilled Therapy needed in order to: Improve Rom, improve pain.

Functional Goals:
Short term (X4 weeks)
1. (P) (R) wrist extension x 5-8° to (P) pt's ability to bear weight through palm.
2. (P) (R) grasp x 3-5# to (P) pt's ability to open containers
3. (P) (R) pro x 5° to (P) pt's ability to pour coffee.

Long term
1. Maximizing functional use of RUE during all ADLs.

Goals discussed with patient? ☑ yes ☐ no Patient informed of diagnosis/prognosis? ☑ yes ☐ no

Rehabilitation potential: ☐ excellent ☑ good ☐ fair ☐ guarded Other

PLAN:
Modalities US, CP, US

Manual Techniques STM, scar control, edema, MFR

Therapeutic Exercise/Activities Stretching, scar mob, TGE, Nerve gliding, gentle strengthening as tolerated, isolated FDS, desensitization

Splinting

Other

Frequency 2 times / week for 4 weeks or 8 visits

FAXED DEC 12 2011

Additional requests/concerns:

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

Therapist Signature date

Physician Signature 12/12/11 date

*PLEASE FAX BACK AT 847-587-3346

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: _____

Payor Code: _____ Payor Name: _____ Financial Class: _____

Appointment Detail

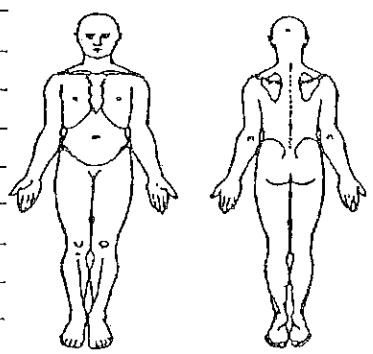
Discipline: _____ Tx Time In: 3:30 Units: (1)

Tx Time Out: 4:30 Total Time Based Time: _____

Date: 12 / 06 / 11 # Visits Prior To Today: 0 of _____ Total Treatment Time: _____

Treatment codes: Evaluation (OT)

SOAP: See Evaluation / Rx. Form sheet.



R 0 PAIN SCALE 10 N

THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

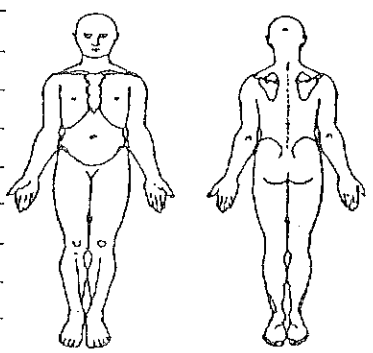
Discipline: OT Tx Time In: 5:30 Units: 5

Tx Time Out: 6:46 Total Time Based Time: _____

Date: 12 / 08 / 11 # Visits Prior To Today: 0 of 8 Total Treatment Time: _____

Treatment codes: 97035, 97010, 97140 (2) 97110

SOAP: S: "My hand and forearm are very sore and weak."
O: Cont pre Rx from shock. No adverse effects to us noted - did not tolerate heat well, however. Infiltrated pt's d/c to scar, s/u i stm, scar mob, stretching, gentle tenodesis.
A: Tolerated fair. Sig nerve pain noted. Proximal tightness and muscle spasms noted.
P: Cont stretching, nerve gliding, Stm, US.



0 PAIN SCALE 10

Occupational therapist
THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 900 Units: 4

Tx Time Out: 1001 Total Time Based Time: _____

Date: 12 / 12 / 11 # Visits Prior To Today: 0 of 8 Total Treatment Time: _____

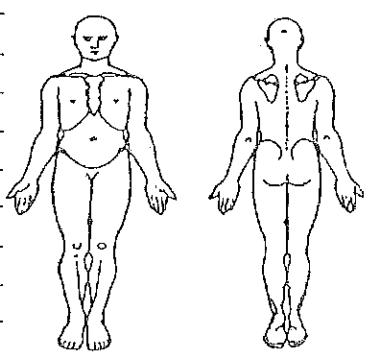
Treatment codes: 97035, 97010, 97140, 97110

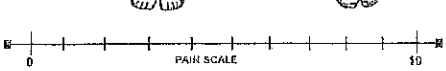
SOAP: S: "Saturday I used my arm alot, so it hurt. My muscles were in spasm after I saw you."

O: Cont per Rx flow sheet. Pt believes difficulty in tolerating unit is due to maintaining an uncomfortable UE. Less aggressive stretching performed today. CP applied and caused muscle spasms post Rx. Removed.

A: Tolerated Rx fair. Muscle spasms improved today - but set off by CP.

P: No ice; Cont stretching, Scar control.





MP Shannon MOTR/L

THERAPIST / CREDENTIALS

LICENSE NO

TREATMENT ENCOUNTER NOTE

atient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 9

Tx Time Out: 1045 Total Time Based Time: _____

Date: 12 / 14 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

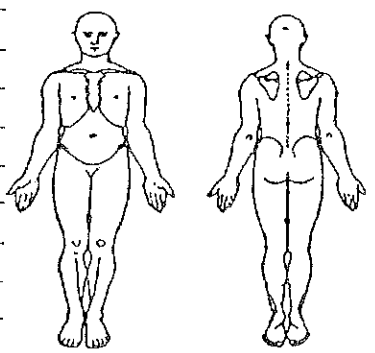
Treatment codes: 97010, 97014, 97035, 97140, 97110

SOAP: S: "I have pain today. My neck/back pain and pain in my arm kept me up last night." "It feels like a live wire today"

O: Cont. per Rx plan/set. No adverse effects to Ultra noted. Applied TENS to ulnar nerve distribution to attempt to improve nerve pain. Performed stretching, TGE, ROM.

A: Tolerated Rx this D. Cont ulnar nerve pain/hypersensitivity noted.

P: Cont to upgrade Rx as tolerated.



0 PAIN SCALE 10

Unsigned

THERAPIST / CREDENTIALS

LICENSE NO.

10693
12-15-11 10:55am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

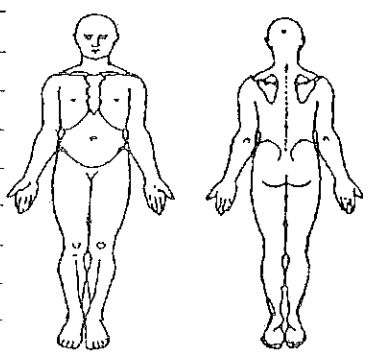
Discipline: CT Tx Time In: 1:00 Units: 4

Tx Time Out: 2:00 Total Time Based Time: _____

Date: 12 / 15 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "I was sore after therapy in my shoulder."
O: Cont per Rx Flow sheet. No adverse effects to US or MHP noted. Did not apply TENS today as he reports that he did not like the feeling of it. R4D small muscle spasms occurring in SE - may indicate emerging nerve irritation
A: Tolerating Rx fair. Sx nerve hypersensitivity noted.
P: Cont to upgrade Rx per pt tol



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO.

10693
12-19-11 12:51pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 330 Units: 5

Tx Time Out: 340 Total Time Based Time: _____

Date: 12 / 19 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

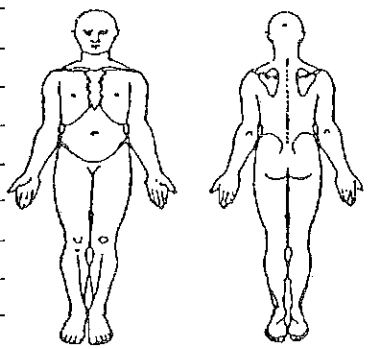
Treatment codes: 97010, 97035, 97140, (2)97110

SOAP: S: "It feels good to use the putty. It feels like I am using my muscles."

O: Cont per Rx from Sheet. No adverse effects to US or MHP noted. Cont hypersensitivity noted on ulnar aspect of scar. Initiated soft putty for gentle strengthening.

A: Cont incr hypersensitivity noted, good tol of soft putty

P: Cont – gentle strengthening, stretching, scar massage.



0 PAIN SCALE 10

Therapist

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1:25 Units: 5

Tx Time Out: 2:35 Total Time Based Time: _____

Date: 12 / 20 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

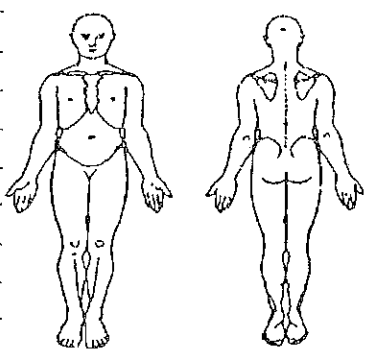
Treatment codes: 97035, 97010, 97140, ② 97110

SOAP: S: "No new c/o since yesterday. Pain 7/10 after Ex, but back to baseline this morning."

O: Small nodule noted along ulnar aspect of forearm. Cont Rx ulnar sheath. No adverse effects to UHP or US noted. Initiated 1# wrist curls - Tol well.

A: Good tol of stretching, wrist curls, & power web.

P: Cont to upgrade per pt tolerance.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

10693
12-23-11 10:02am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 4

Tx Time Out: 12 pm Total Time Based Time: _____

Date: 12 / 23 / 11 # Visits Prior To Today: 2 of 8 Total Treatment Time: _____

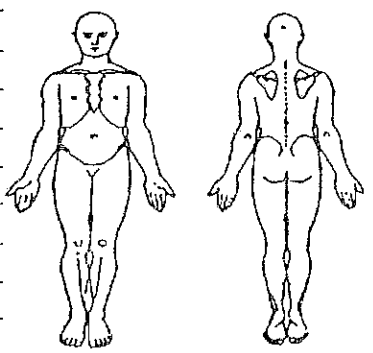
Treatment codes: (1) 97010 (1) 97035 (1) 97140 (1) 97110

SOAP: S: Pt reports he had significant pain & soreness after using putty last that he was sore after using the power putty last visit

O: MHP x 15 min pain is pulled U.S. = Ordered effect STM scar mob done x-1 stretches. Arom C/D Strengthening as per Rx Log. Added ulnar nerve glides

A: Well c min C/O. Scar reports of ulnar forearm & hand tingling during U.S. & after exercise but resolved & 1 repetitions of exam

P: Cont c P.O.C



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 3:30 Units: 5

Tx Time Out: 4:45 Total Time Based Time: _____

Date: 12 / 27 / 11 # Visits Prior To Today: 7 of 8 Total Treatment Time: _____

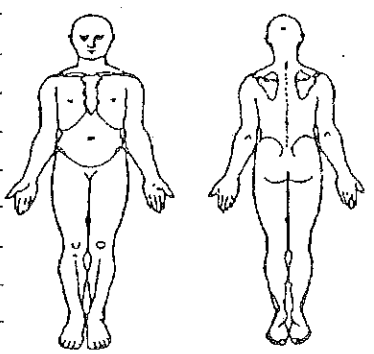
Treatment codes: (2) 97110, 97010, 97035 97140

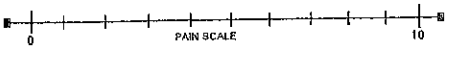
SOAP: S: "I feel OK, then as the day progresses, the nerve pain progresses up my arm. It's my armpit and stuck into my stomach and RT.

O: Cont per Rx flow sheet. No adverse effects to HHP or US noted. Cont nerve pain noted - especially along ulnar nerve into armpit.

A: Tolerated Rx fair. Pt is continuing to demonstrate nerve pain / hypersensitivity.

P: Cont to upgrade Rx per pt tol.





Amy Shannon Warner

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

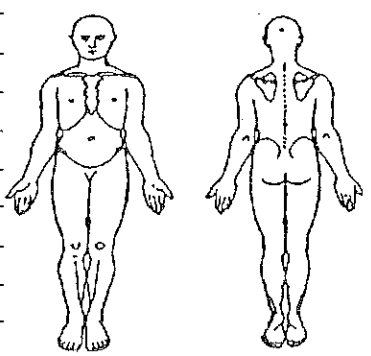
Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 Total Time Based Time: _____

Date: 12 / 29 /11 # Visits Prior To Today: 7 of 8 Total Treatment Time: _____

Treatment codes: (1)97010 (1)97035 (1)97140 (1)97110

SOAP: S: Pt reports he had to take a pain pill in order to sleep at night after last Tx session. He reports that "stabbing" & aching kind accompanied the pain.
O: MHP x 10 min = 4 layers pain & pulsed U.S. to dorsal Pt reporting burning pain = STM over radial tunnel & perpendicular pulsed U.S. to dorsal forearm. Cont c scar mob, STM, pain, AROM & strengthening as per Rx Org. Performed wrist curls in neutral position & ↓ pain.
A: Pt well c mod c/o. Had burning pain in biceps & axilla p Tx. Pt states that it goes away shortly p therapy
P: Cont c POC.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

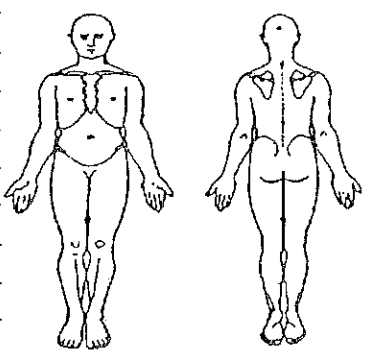
Discipline: OT Tx Time In: 10:30 Units: 3

Tx Time Out: 11:20 Total Time Based Time: _____

Date: 01 / 03 / 12 # Visits Prior To Today: 8 of 8 Total Treatment Time: _____

Treatment codes: (1)97035 (1)97140 (1)97110 (1)97010 N/C

SOAP: S: "I have a job interview today so I can't be shaking today"
O: MHP x10' min ē Oatmeal effects prox & pulsed U.S. @ 50% .75 W/cm² x 20min prox & dist wrist + STM Rcom of wrist & digits, intrinsic stretches, Rcom, intrinsic exercises, Wrist curls without resistance today in order to prevent exacerbation of tremor.
A: Tol well ē 0 pain ch. No exacerbation of tremor ē exercise today
P: Cont ē P.O.C. Cont wrist curls ē 1# Wts next visit



PAIN SCALE 0 10

OT/L
THERAPIST / CREDENTIALS

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr Talmas Date: 1-5-12

Diagnosis: (R) Forearm laceration of wrist flexor Date of Injury: 6-28-11

Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 10-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spikes of pain up to 9/10 that lasts only a few seconds

Function/ADL's:

Improvements: No functional improvements due to ↑ in tension

Continued difficulties: writing, using mouse, pouring coffee, manipulating small objects, bearing wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a bump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP's

☐ Sensation: TBE next visit due to stim constraints

☑ ROM: Elbow ✓ ↑'d 6°, wrist ✓ ↑'d 5° wrist ✓ ↑'d 5°

☑ Strength: (R) grip ↑'d 17# (R) = 89% of (L)

Treatment summary to date: MHP, US, scar mob, STM, pronation, wrist & digit AROM of arm, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in AROM but functional improvement limited due to ↑ in tension

Goals: STG's met: ☑ yes ☐ no (1) (2) (3) ↑ pronation 5° LTG's met: ☐ yes ☐ no

Revised functional goals: 4 wks

1. (Cont.) ↑ (R) pronation 5-8° to ↑ pt's ability to pour coffee

2. ↑ (R) grip another 5# to improve ability to hold onto coffee mug or open jars

3. Pt to report pain ≤ 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Dulberg

Skilled therapy needed for: ☒ progression of exercise ☒ continued need for manual therapy

☐ other: Scar mob, STM, RCom elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: RCom elbow, wrist, digits, isometric exercises, functional grip & pinch, strengthening as tolerated

Splinting: _____

Other: _____

Frequency/Duration: 2-3 times/week for 4 weeks or 8-12 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

_____

_____ OTL
Therapist Signature

_____
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Dynamic Hand Therapy – Active Range of Motion **Patient Name:** Sue Dulberg

	(L)	(R)	(R)						
Exam Date	12/6/11	1-5-12							
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion 146	134	140							
Extension 0	-3	-15							
Pronation 75	65	65							
Supination 75t	65	85							
Wrist									
Flexion 80	75t	80							
Extension 75t	55	60							
Radial Deviation 25	20t	15							
Ulnar Deviation 45	30t	25							
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	LWS	LWS	NW						

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Duffney

	Date	Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12											
Circumferences (cm)	Control (L) R	Involved (R)	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=										
mid-metacarpals	23.1	23.1	=										
metacarpals	20.8	21.5	0.7										
Thumb													
MP													
P1	7.4	7.7	0.3										
IP													
P2													
Index Finger													
P1	7.3	7.1	0.2										
PIP													
P2													
DIP													
P3													
Middle Finger													
P1	6.8	6.8	=										
PIP													
P2													
DIP													
P3													
Ring Finger													
P1	6.5	6.6	0.1										
PIP													
P2													
DIP													
P3													
Small Finger													
P1	6.0	6.1	0.1										
PIP													
P2													
DIP													
P3													
Volumetric (ml)													
Trial 1													
Trial 2													
Trial 3													
Average													
Therapists Initials	DW	DW											

11-AUG-2012 11:17 From:LIB To:18153445280 Page:21/26
JAN-05-2012 THU 02:46 PM 18472470540 P. 006

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dalberg

Exam Date	12/6/11	12/6/11	1/5/12		1/5/12	1/5/12				
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-Jamar 2nd position										
Trial 1	126	135			121	141				
Trial 2	92	145			118	142				
Trial 3	110	146			138	141				
Average:	109				126#	141#				
Grip Curve-Jamar Dynamometer					1'd 17#					
Intrinsics 1st position					89#					
2nd position										
3rd position										
4th position										
Extrinsics 5th position										
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous therapist transposed left+right							
2-pt (pad)	20	18								
Lateral Key	28	26								
Examiners Initials	MPS	MPS			NDJ	NDJ				

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10 30 Units: 4

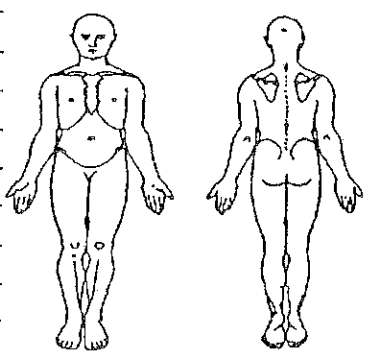
Tx Time Out: 11 30 Total Time Based Time: _____

Date: 01 / 05 / 12 # Visits Prior To Today: 9 of 16 Total Treatment Time: _____

Treatment codes: (1) 97035 (3) 97110

SOAP:

See Re-evaluation & flow sheets



THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11 00 Units: 5

Tx Time Out: 12 05 Total Time Based Time: _____

Date: 01 / 09 / 12 # Visits Prior To Today: 11 of 24 Total Treatment Time: _____

Treatment codes: (1) 97010 (1) 97035 (1) 97140 (2) 97110

SOAP: S: Pt new to Dr. Reports MD says has EMG is normal despite his symptoms

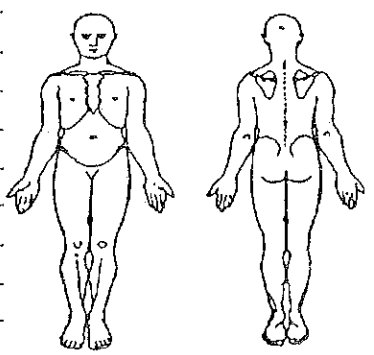
O: MAP x manual followed by pt's hand U.S. to arm x 8 min

Ti Scar effects scar tissue, forearm & hand

Plan: wrist forearm & digits including intrinsic strengthening. Arom, wrist curls & 1# wt, digital addiction exercises. EMC - BB's. See Rx Pad

A: Pt will ↑ c/o thumb cramping & BB transfer activity

P: Cont ↑ P.O.C.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 002 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: PT Tx Time In: 10[60] Units: 5

Tx Time Out: 11[20] Total Time Based Time: _____

Date: 01 / 11 / 12 # Visits Prior To Today: 0 of 1 Total Treatment Time: _____

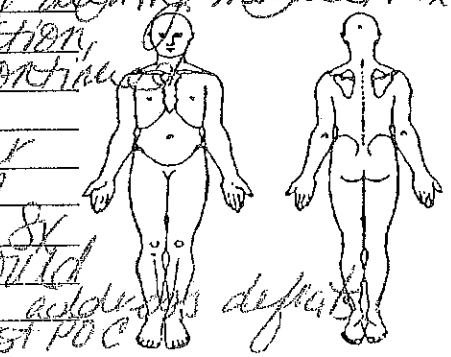
Treatment codes: 97010 (1), 97140 (5), 97110 (2), 97035 (1)

SOAP: S: The pt reports moderate soreness in the forearm following the last OT session due to the "deep massage she did around the scar." He states the nerve pain however, did lessen significantly following the deep massage. He does report occasionally still "getting the fingers to voluntarily use the hand, especially when trying to hold something between my thumb & small finger- like a computer mouse."

O: The chart & most recent OT eval dated 1/5/12 were reviewed & today's gross assessment & ROM & strength consistent w/ findings of this report. Also palpation revealed moderate scar tissue present @ injury site & along ulnar border of forearm. Palpation also created complaints of tingling & burning into ulnar distribution of hand. RX was performed today per flow sheet following reviewed & agreed plan of care & primary therapist. Pt reported tingling & burning during manual RX today along ulnar distribution, however denied prolonged or continued SX following RX.

A: Pt presents w/ moderate scar tissue along ulnar aspect of forearm & reports of neurological SX to functional use of hand. Would benefit from cont'd therapy to address deficits.

P: Cont. w/ therapy along POC as per POC. Will reassess next visit.



0 PAIN SCALE 10

Jessie Agnew

THERAPIST CREDENTIALS

10693
01-16-12 07:45am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 1135 Total Time Based Time: _____

Date: 01 / 16 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

Treatment codes: (2)97110, 97140, 97035, 97010

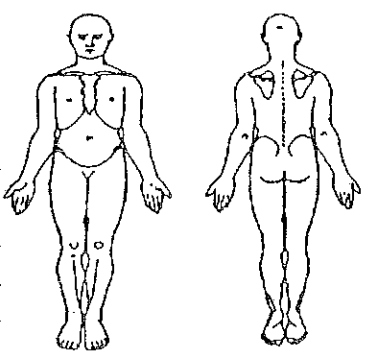
SOAP: S: "The shooting pain is felt better after my therapy

O: Cont per Rx flow sheet. No adverse effects to OS or UHP noted. pt is "shooting pain" has decreased with deep tissue massage

A: Tolerating moderate pain level + deep tissue massage. Rx ended c 2 UHP

P: Cont to upgrade per ot tol. Strengthening as tol.

D/C repeated values c pre + post UHP



0 PAIN SCALE 10

Ann Ramanathan

THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 4

Tx Time Out: 12:30 Total Time Based Time: _____

Date: 01 / 18 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

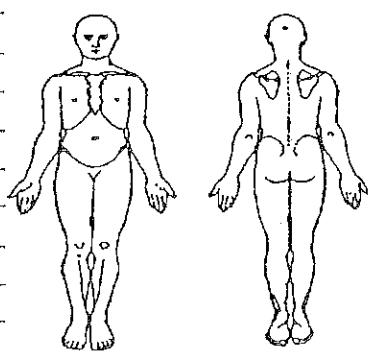
Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "My arm flared back up yesterday. It happened after I tried to pick up a pen and say my name."

O: Cont per Rx Plan. Sheet. NL adverse effects to ES/ultrasound. pt. continues to demonstrate hypersensitivity. Ulnar nerve pt reports that nerve hypersensitivity 7/8 after using brain activity of saying his name.

A: Cont hypersensitivity/pain in ulnar nerve.

P: Cont to progress per POC



THERAPIST / CREDENTIALS

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

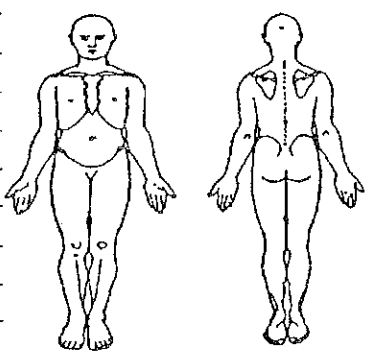
Discipline: OT Tx Time In: 2:30 Units: 5

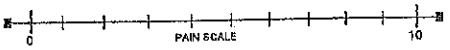
Tx Time Out: 3:45 Total Time Based Time: _____

Date: 01 / 23 / 12 # Visits Prior To Today: 12 of 24 Total Treatment Time: _____

Treatment codes: 97140, 97110(2), 97035, 97010

SOAP: S: "My arm feels very weak. Like it just doesn't work."
O Cont per Rx flow sheet. No adverse effects to US or MHp noted. Cont nerve hypersensitivity - Sensory modality noted where nerve symptoms originate.
A: Tolerated Rx fair. Increased nerve aggravation noted after Rx.
P: Cont to upgrade per pt tol. Monitor nerve symptoms.





THERAPIST / CREDENTIALS

LICENSE NO.

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

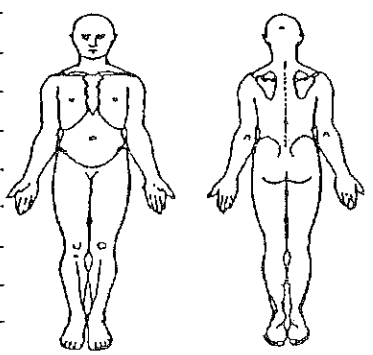
Discipline: OT Tx Time In: 2:30 Units: 5

Tx Time Out: 3:30 Total Time Based Time: _____

Date: 01 / 25 / 12 # Visits Prior To Today: 15 of 24 Total Treatment Time: _____

Treatment codes: 97035, 97010, 97140, 97110

SOAP: S: "My arm is feeling a little better, but still has shooting pains"
O. Cont per Ex Flow Sheet. No adverse effects to US or US noted
Pt continues to demonstrate decr hypersensitivity and pain along ulnar nerve. Perpendicular motion appears to elicit nerve pain. Fatigue noted after Ex.
A: Tolerated Ex fair - nerve pain ↓/↑ fatigue after Ex.
P. Attempt to upgrade - but limited per pt tolerance.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO

10693
01-30-12 01:37pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

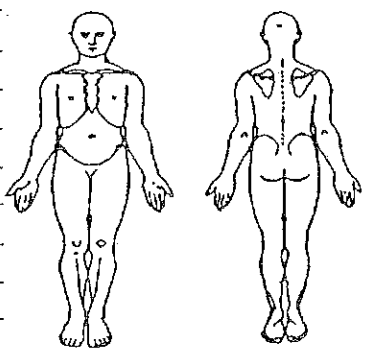
Tx Time Out: 3:30 Total Time Based Time: _____

Date: 01 / 30 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

MT, TE, US, AHP

Treatment codes: 97140, 97110, 97035, 97010

SOAP: S: "My nerve feels very aggravated."
O: Cont per POC flow sheet. No adverse effects to MP or US noted. Pt continues to demonstrate hypersensitivity in his ulnar aspect of fla in his area of most ulnar aspect of scar. Nerve symptoms appear to worsen c isolated activation of EDS in SF.
A: Tolerated Rx fair but isolation of EDS (extensor) to SF seems to aggravate his nerve symptoms
P: Cont - monitor EDS' response to isolated active ROM



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO

10693
02-01-12 07:34am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

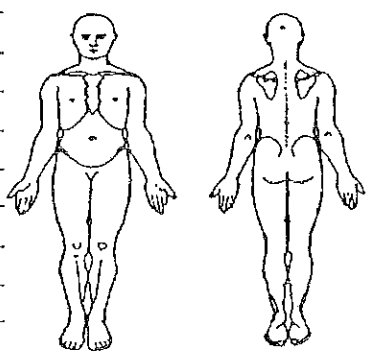
Discipline: OT Tx Time In: 8:30 Units: 4

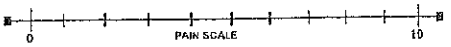
Tx Time Out: 9:30 Total Time Based Time: _____

Date: 02 / 01 / 12 # Visits Prior To Today: 16 of 24 Total Treatment Time: _____

Treatment codes: 97010, 97035, 97140, 97110

SOAP: S: "My fingers bending set off the pain in migraine"
O: Cont per Ex from sheet. No adverse effects to MHP/US noted. Isolated FDS to SF only, consistently sets off nerve pain along ulnar nerve.
A: Ulnar nerve appears to be affected by SF FDS contraction
P: Cont to upgrade per pt tol.





THERAPIST / CREDENTIALS

LICENSE NO

DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr. Tolmed Date: 1-5-12

Diagnosis: (R) Forearm laceration of wrist flexors Date of Injury: 6-28-11

Surgical Hx: Date 6-28-11 Procedure Sutured in ER Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 4-5 /10 at rest / best 9 /10 with activity / at worst

Details: Spikes of pain up to 9/10 that last only a few seconds

Function/ADL's:
Improvements: No functional improvements due to T in forearm

Continued difficulties: writing, using scissors, pouring coffee, manipulating small objects, decreased wt through palm

OBJECTIVE:

Wound/Scar: Minimal hypertrophy with a bump increasing in size on ulnar side

See flow sheet for:

☑ Edema: Moderate edema across MCP's

☐ Sensation: Pt not visit due to stable constraints

☑ ROM: Elbow ↓ 10°, wrist ↓ 10° wrist ↓ 10°

☑ Strength: (R) grip 17# (R) = 59% of (L)

Treatment summary to date: Mtl, US, scar massage, P/ROM elbow, wrist & digits, AROM of wrist, intrinsic exercises, forearm strengthening

Assessment/therapist impression: Pt shows improvements in ROM but functional improvement limited due to T in forearm

Goals: STG's met: ☑ yes ☐ no. LTG's met: ☐ yes ☐ no

Revised functional goals: (R) ↑ pronation 5°

1. (Cont.) ↑ (R) pronation 5-8° to ↑ pt's ability to pour coffee

2. ↑ (R) grip another 5# to improve ability to hold and pour coffee mug or open jars

3. Pt to report pain ≤ 3/10 at best to enable him to use (R) UE to assist in ADL's

Patient: Paul Dulberg

Skilled therapy needed for: ☒ progression of exercise ☒ continued need for manual therapy

☐ other: Scar mobs, STM, ROM elbow, wrist, digits

PLAN:

Modalities: MHP, U.S. - PRN

Exercise: AROM elbow, wrist, digits, isometric exercises, functional grip & pinch, strengthening as tolerated

Splinting:

Other:

Frequency/Duration: 2-3 times/week for 4 weeks or 8-12 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns:

Therapist Signature

Physician's Signature

date 1/6/12

PLEASE FAX BACK TO: 847-587-3346

FAXED
JAN 6 2012

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Telesico Date: 2/6/12

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst (see below)

Details: Very specific- upon contraction, FDS of SF, nerve pain is elicited 10/10 - lasts a few minutes, then 3-4/10 for approximately one day; Nodule at scar site elicits nerve pain.

Function/ADL's:

Improvements: Unable to identify; Mousing on computer has slightly improved.

Continued difficulties: Holding cup/can in his hand, maintaining a fist; Pt reports that he is using his RUE very little to avoid aggravating the nerve

OBJECTIVE:

Wound/Scar: Cont hypersensitivity d scar

See flow sheet for: * Cont Wartenberg's sign SF

☐ Edema: _____

☑ Sensation: WNL (Deep pressure sensation) ulnar hand, Diminished protective sensation volar forearm

☑ ROM: ↑'d elbow extension, pro/sup, wrist ext and UD noted

☑ Strength: 3/d grasp x 12# since previous eval, decreased pinch noted since initial visit

Treatment summary to date: Focus of Rx has been scar control, desensitization, stretching, splint, heat, TGE/isolated FDS, Composite stretching

Assessment/therapist impression: Pt presents c very specific issues - Upon isolating FDS to SF only, a strong neurological reaction is elicited along ulnar nerve of hand. This occurs 100% of the time. This is decreasing his progress and overall strength

Goals: STG's met: ☑ yes ☑ no LTG's met: ☐ yes ☐ no

Revised functional goals: Rom/pain goal (grasp)

1. TBA

2.

3.

Patient: Paul Dulberg

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: Pt to be placed on hold until he seeks further medical

Exercise: intervention - this issue seems to be caused by one specific

problem that is not being improved in therapy - His

Splinting: SF FDS appears to be affecting his u/ner nerve

Other: every time it is fixed.

Frequency/Duration: Hold OT - RTMD _____ times/week for _____ weeks or _____ additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

Physician's Signature 2/8/12

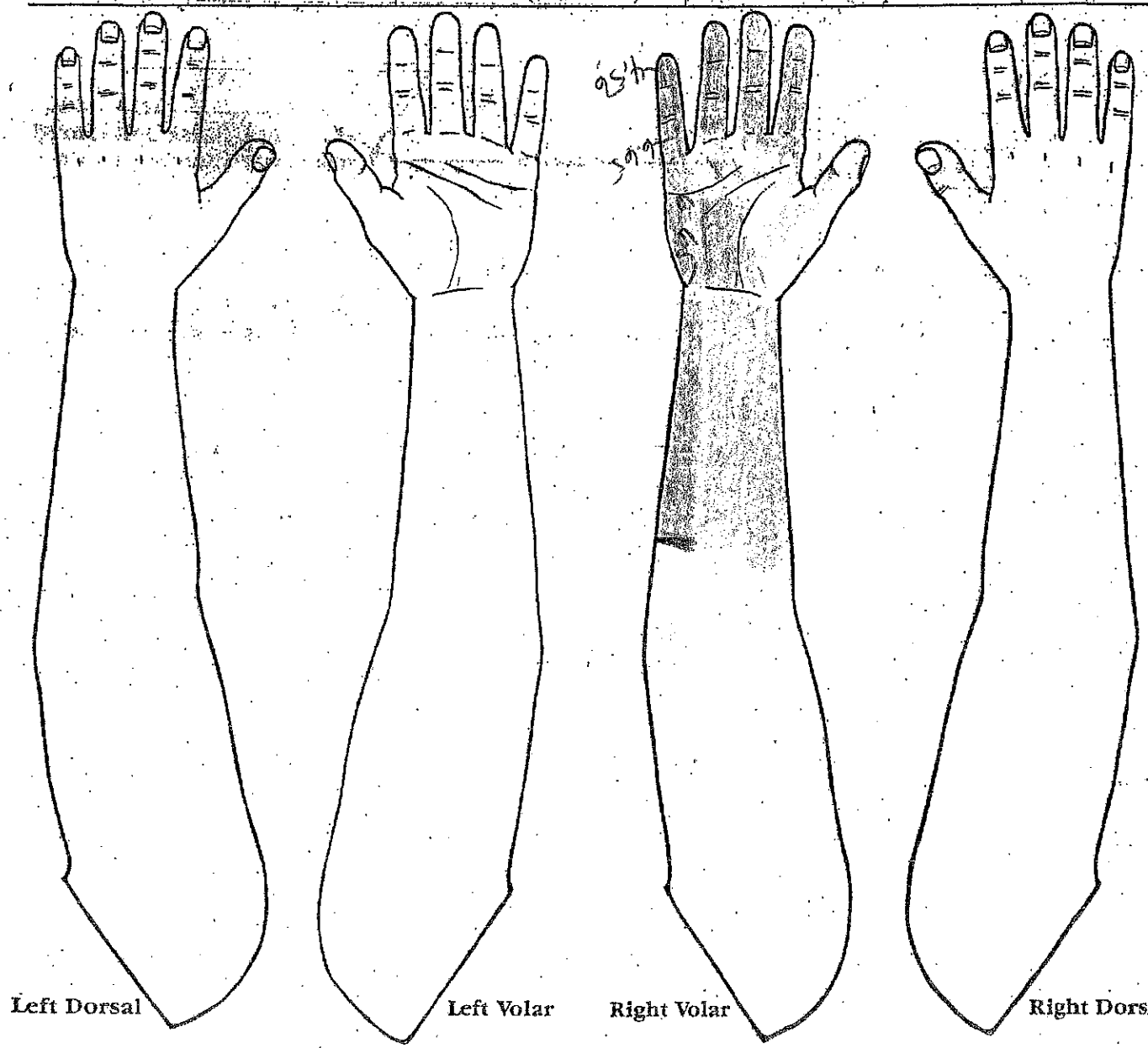
date

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 2/16/12 Patient: Paul Dulberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Tested by: Lisa Shannahan

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TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

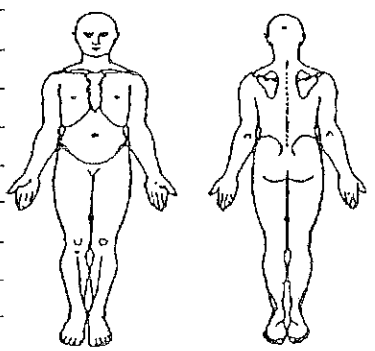
Discipline: OT Tx Time In: 9 00 Units: 4

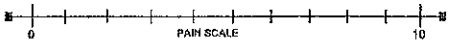
Tx Time Out: 10 00 Total Time Based Time: _____

Date: 02 / 06 / 12 # Visits Prior To Today: 17 of 24 Total Treatment Time: _____

Treatment codes: 97004(NC), ~~97145~~ 97110(3), 97112

SOAP: See re-eval / Re flowsheet. Pt to be placed on hold until he sees MD again.





THERAPIST / CREDENTIALS

LICENSE NO.

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dullberg Physician: Dr Sagerman Date: 4-3-12

Diagnosis: (R) forearm laceration of ulnar nerve Date of Injury: 6-28-11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 0 /10 at rest / best 10 /10 with activity / at worst

Details: pain 10/10 upon contraction of FDS of SF, numbness in ring also causes pain / pain at operation sided

Function/ADL's:

Improvements: N/A

Continued difficulties: Holding a cup/can, using mouse, maintaining grip

OBJECTIVE:

Wound/Scar: c/d/i hypersensitivity

See flow sheet for:

☐ Edema: ↓'d today - overall

☐ Sensation: Pt reports numbness over ulnar & ulnar forearm

☑ ROM: Rt Grip ↑'d 5° each, wrist ↓ ↑'d 5°, SF at 20° abduction (unable to add)

☑ Strength: (R) grip = 13# (L) = 14/# (R) 3pt pinch = 9# (L) = 20#

Treatment summary to date: Pt has not been seen for Tx since 2-6-12

Assessment/therapist impression: Pt presents c significant weakness of intrinsics, (R) grip = 80% of (L) grip, pain is inhibiting functional use of hand

Goals: STG's met: ☐ yes ☐ no N/A LTG's met: ☐ yes ☐ no

Revised functional goals:

1. Pt to report pain of 5/10 or less c gripping & pinching to ↑ ability to open containers
2. ↑ 3pt pinch by 2-3# to improve ability to open bottles & use computer mouse
3. ↑ (R) grip 2-5# to improve functional grip of tools etc...

Patient: Paul Dudberg

Skilled therapy needed for: ☑ progression of exercise ☑ continued need for manual therapy

☐ other: Scar massage RPOM

PLAN:

Modalities: Heat, U.S., E-Stim - PRN

Exercise: AROM wrist & digits, strengthening via free wts, putty, BTE as tolerated

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 8 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

Physician's Signature date 4/5/12

PLEASE FAX BACK TO: 847-587-3346

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 500 Units: _____

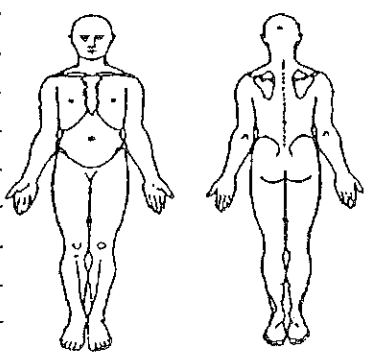
Tx Time Out: _____ Total Time Based Time: _____

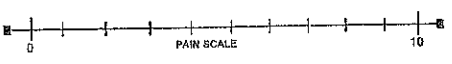
Date: 04 / 03 / 12 # Visits Prior To Today: 19 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval	1	B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See written Eval & flowsheet





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2 30 Units: 6

Tx Time Out: 4 00 Total Time Based Time: _____

Date: 04 / 05 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G006	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

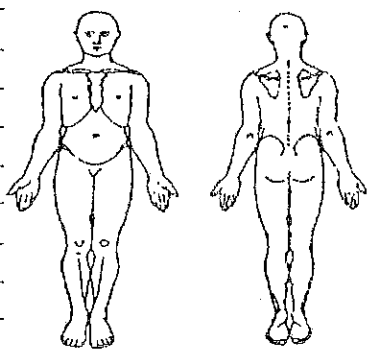
Additional Treatment Codes: _____

SOAP: S: Pt new CO. Last visit c adverse effect

O: MHP x 20 min followed by 5.0 U.S. & then to tissue pliability. Scar massage, STM of forearm & hand, plamar wrist & digits. Strengthening of intrinsics as per Rx log. BFB wax up & rubs through x/. - Tool # 162, 332 & 202, 601.

A: Tol well. Exam c/t.

P: Cont c POC.



0 PAIN SCALE 10

Wendy OTR

THERAPIST / CREDENTIALS

LICENSE NO. _____

10693
04-10-12 01:40pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 300 Units: 4

Tx Time Out: 400 Total Time Based Time: _____

Date: 04 / 10 / 12 # Visits Prior To Today: 20 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	✓	H018	Custom HFO Static	

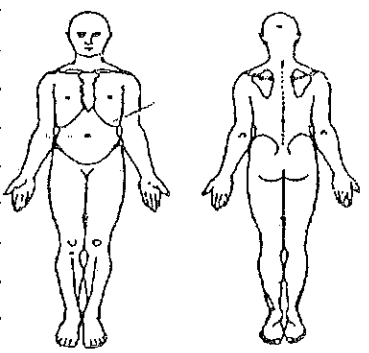
Additional Treatment Codes:

SOAP: S: "I cooked Thanksgiving and I found that I had trouble holding the plate. It was too heavy. My fingers are tingling now."

O: Cont per Ex Flow Sheet. No adverse effects to HEP noted. STM, stretching f/v to strengthening and ROM.

A: Pain decreased after Rx

P: Cont to upgrade per Ex flow sheet; Focus on strengthening



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

10725
04-12-12 10:22am

TREATMENT ENCOUNTER NOTE

8

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 130 Units: 4

Tx Time Out: 230 Total Time Based Time: _____

Date: 04 / 12 / 12 # Visits Prior To Today: 21 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

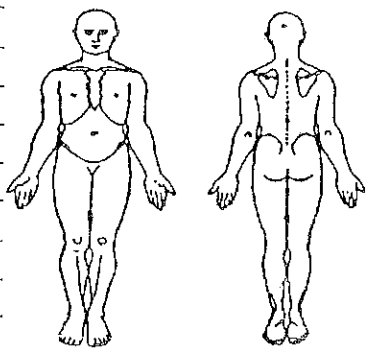
Additional Treatment Codes: _____

SOAP: S: "My arm was sore after my last therapy"

O: Cont per Rx flow sheet. No adverse effects to HEP or ROM noted. Focused on stretching and strengthening. Progressed to stretch long flexors.

A: Tol Rx fair. Needs min assistance for stabilizing.

P: Cont. Upgrade as tol and per pain tolerance.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10 30 Units: 5

Tx Time Out: 11 40 Total Time Based Time: _____

Date: 04 / 16 / 12 # Visits Prior To Today: 24 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynam'c	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom hFO Static	

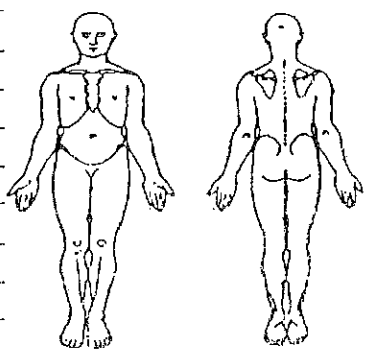
Additional Treatment Codes: _____

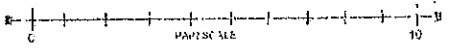
SOAP: S: Pt reports T'd soreness that began to have pain & Dx today. Pt does also report to have mild numbness & tingling for past 2 days

O: MHP x (common & T soft Tissue extensibility pain to US 50% .8W/cm² & Deep, cross friction, STM of forearm, intrinsic stretches, long f/f stretches. Cont c strengthening as per Rx log.

A: Pt HEP & pain c/o Pt Td pain & Dx, pt c/o overall healing of soreness & fatigue

P: cont c P.O.C





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 4

Tx Time Out: 1030 Total Time Based Time: _____

Date: 04 / 18 / 12 # Visits Prior To Today: 25 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HE/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

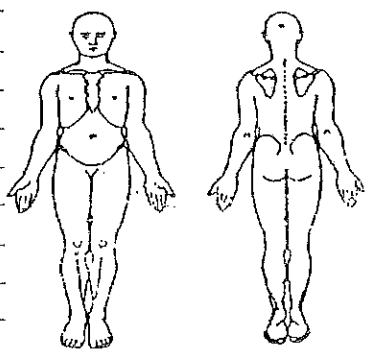
Additional Treatment Codes: _____

SOAP: S: Cont R/o "soreness" since previous visit

O: Cont per Rx Flow Sheet. No adverse effects to UBTP or noted. Performed modalities: F/u c STM, scar mob, stretching, plaster hold, isolated EDS, intrinsic ex's, functional activities, splint/orthosis 3#

A: Tolerated Rx fair. Significant pain reported c isolated EDS to RF. No SBE due to pain 9/10

P: Attempt to progress strength/Rom



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 245 Units: 5

Tx Time Out: 330 Total Time Based Time: _____

Date: 04 / 26 / 12 # Visits Prior To Today: 26 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

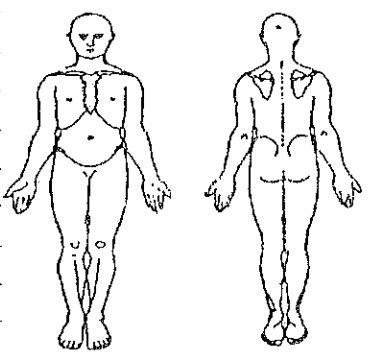
Additional Treatment Codes:

SOAP: S: "I hurt my arm yesterday by hitting out on iPad @ computer took Lortab at 7 PM & B woke arm I hurt all night and he needed a pain pill in order to sleep. "minimal pain today pain 2/10

O: MHP performed ice pulsed U.S. 50% 1w/cm² X arm. Scar mobs STM's forearm PROM gl wrist & digits Cont. strengthening as per POC by

A: Tol well c min c/o. "Sore" muscle pain. I really worked my arm today. No c/o neck pain

P: Cont c POC



PAIN SCALE 0 10

Whitmore OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 9:00 Units: 4

Tx Time Out: 10:00 Total Time Based Time: _____

Date: 04 / 27 / 12 # Visits Prior To Today: 27 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HB/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

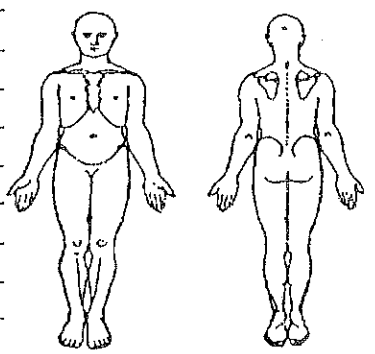
Additional Treatment Codes:

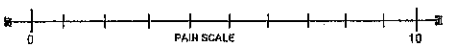
SOAP: S: "I have a little less pain today."

O: Cont per Rx flowsheet. No adverse effects to MHP or US noted. MHP, US, E'tx Rx per flowsheet. Resumed BTE today.

A: Tolerated Rx fair. Improved overall pain noted

P: Continue to upgrade per pt tolerance.





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 12:00 Units: 5

Tx Time Out: 1:30 Total Time Based Time: _____

Date: 05 / 02 / 12 # Visits Prior To Today: 28 of 24 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

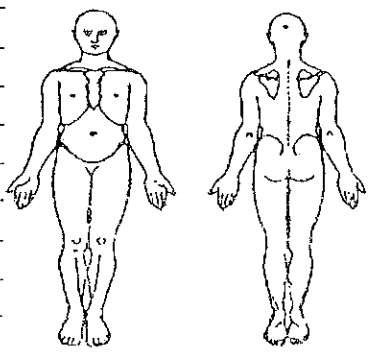
Additional Treatment Codes:

SOAP: S. "I am feeling stronger. But I still get that nerve pain."

O. Pt's Rx'd on track. No advance effort to UE per US noted. Applied US/MHP, E-stim, Stretching & Strengthening

A. Tolerated Rx well today. Strength/tolerance of Rx appears to be improving, but ulnar nerve pain continues to be set off by pressure

P. Continue. Upgrade strength per tolerance. Re-eval next visit



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

DYNAMIC HAND THERAP

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr Sangerman Date: 5/4/12

Diagnosis: (R) Forearm laceration of ulnar flexor Date of Injury: 6/28/11

Surgical Hx: Date 6/28/11 Procedure Sutured in ER Start of Care: 12/6/11

Number of visits to date: _____

SUBJECTIVE:

Pain: 0 /10 at rest / best 10 /10 with activity / at worst

Details: Sig ↑'d pain after raking his yard yesterday; Pain still occurs ⊂ actuation of SFPDS

Function/ADL's:
Improvements: Able to grip objects better; Very little functional improvements

Continued difficulties: Opening lids on jars / containers, holding a plate in supin (full supination) hand; Raking causes 10/10 pain after 10 min.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↑'d in hand/digits - Fluctuates ⊂ activity and weather

☐ Sensation: 6.65 Dorsal RF/SF, Volar Ulnar forarm; 4.31/3.61 Volar Ulnar palm, wrist and SF/RF

☑ ROM: Increased wrist ext: UD; Decreased wrist ✓/RD

☑ Strength: Grasp strength has decreased ↓ 6#; 3pt/2pt pinches are ↑'d

Treatment summary to date: Focus of Rx has been strengthening, ROM, nerve gliding, scar control

Assessment/therapist impression: Sig Sensory deficits noted - 6.65 dorsal RF/SF/ha
His edema is ↑'d today, ROM has ↑'d in ext/UD

Goals: STG's met: ☐ yes ☑ no LTG's met: ☐ yes ☑ no

Revised functional goals: (x4 weeks)

1. (↑) (R) Grasp x 5-8# to (↑) his ability to open jars

2. (↑) (R) 3 pt pinch ~~bilat~~ x 3# to (↑) his ability to perform Cooking activities

3. (↓) Pain to 8/10 @ worst to (↑) ability to rake

Patient: Paul Dulberg

Skilled therapy needed for: ☑ progression of exercise ☑ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: UHP, US

Exercise: AROM, STM, stretching, Isolated FDC, TGE, nerve gliding; strengthening, functional activities

Splinting: _____

Other: _____

Frequency/Duration: 2 times/week for 4 weeks or 8 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

Therapist Signature

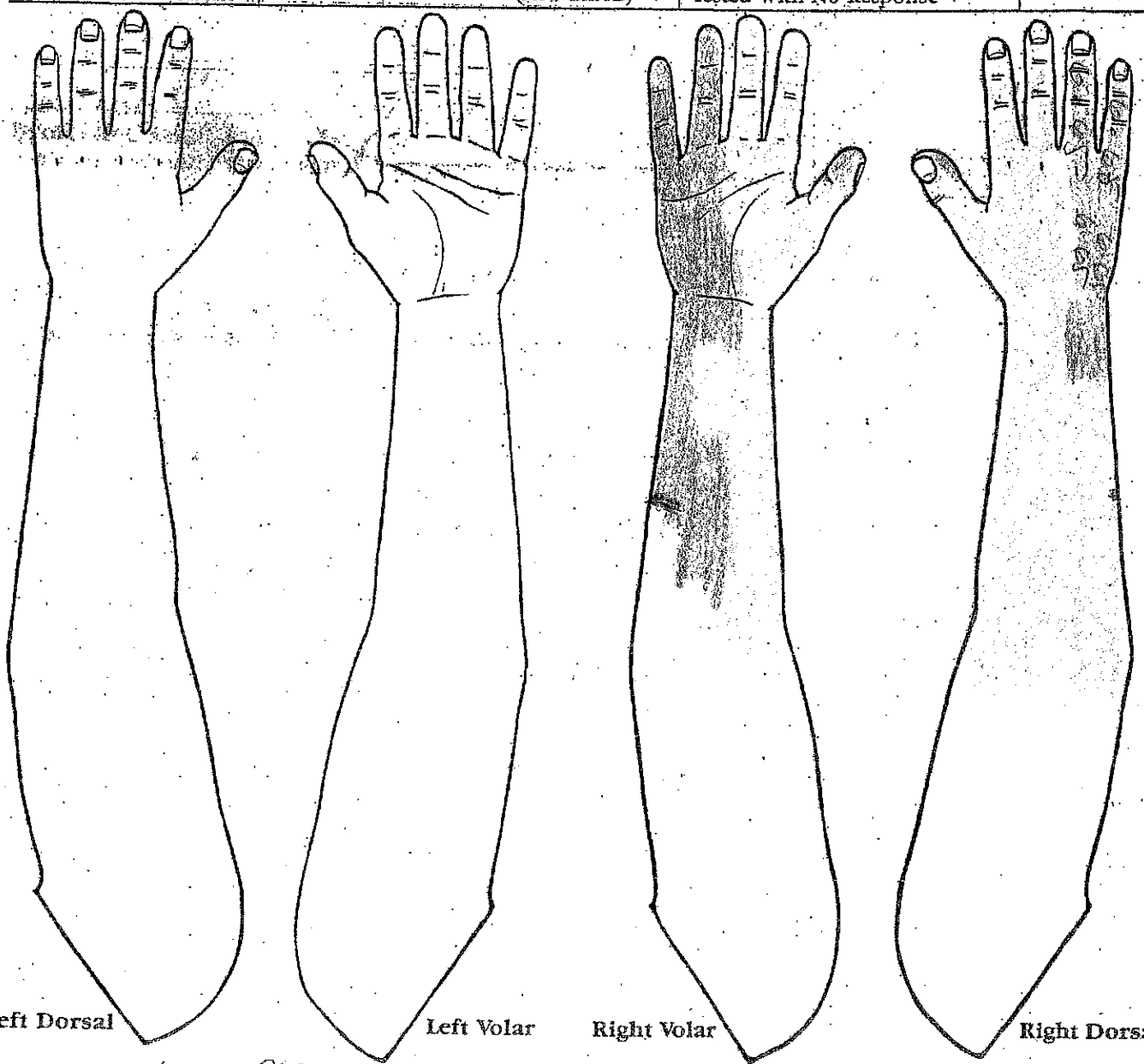
Physician's Signature date

PLEASE FAX BACK TO: 847-587-3346

Semmes-Weinstein Monofilament Sensory Testing Results

Date 5/4/12 Patient: Paul Dalberg

Comments	Filament	Interpretation	Force (gms)
	1.65 - 2.83 (Green)	Normal	.008 - .08
	3.22 - 3.61 (Blue)	Diminished Light Touch	.172 - .217
	3.84 - 4.31 (Purple)	Diminished Protective Sensation	.445 - 2.35
	4.56 (Red)	Loss of Protective Sensation	4.19
	6.65 (Red)	Deep Pressure Sensation	279.4
	(Red Lined)	Tested with No Response	



Left Dorsal Left Volar Right Volar Right Dorsal

Tested by: [signature]

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Revised November 198[illegible]

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 10⁶⁰ Units: 4

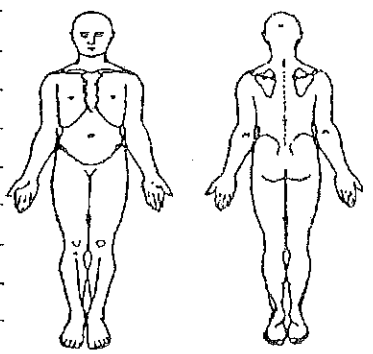
Tx Time Out: 1130 Total Time Based Time: _____

Date: 05 / 04 / 12 # Visits Prior To Today: 29 of 51 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval	NC	G001	Ultrasound	4	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	4	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: See Re-eval / Rx flow sheet.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 930 Units: 5

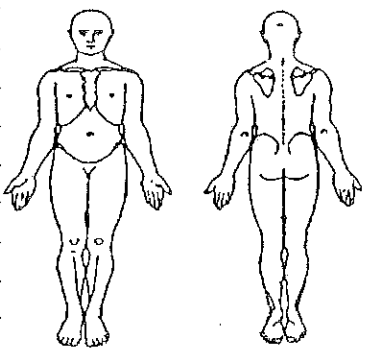
Tx Time Out: 1040 Total Time Based Time: _____

Date: 05 / 07 / 12 # Visits Prior To Today: 30 of 51 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes:

SOAP: S: "My hand is very swollen today. My cardiac sx today."
O: Cont per Dr from Heart. No adverse effects to US or untreated.
Pt presents c sig pain/stiffness in R/E. Reporting neck pain today as well.
A: Tolerated Rx fair, but sig neck pain noted.
P: Cont to upgrade strengthening



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

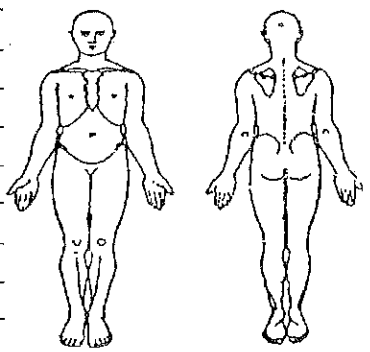
Tx Time Out: 3:30 Total Time Based Time: _____

Date: 05 / 10 / 12 # Visits Prior To Today: 31 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "My hand is still feeling very weak. And it hurts when I use it"
O: Cont per Rx flow sheet. No adverse effects to HEP noted. Pt is reporting increased pain to dorsum - especially after isolated FDS and any grip activities. Unable to upgrade program due to pain.
A: Tolerated Rx fair. Cont pain/weakness.
P: Cont to upgrade per pt tolerance to strengthening more aggressively.



PAIN SCALE 0 10

MPT Shanahan

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:00 Units: 5

Tx Time Out: 12:45 Total Time Based Time: _____

Date: 05 / 15 / 12 # Visits Prior To Today: 32 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	~~OT~~ Re Eval		C001	Theraputic Activities	1	H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

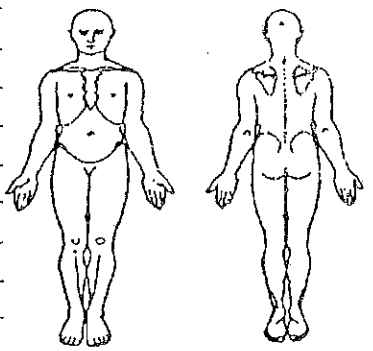
Additional Treatment Codes: _____

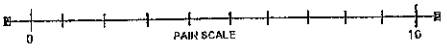
SOAP: S: "My arm is still weak when I try to use it."

O: Cont per Pt flow sheet. No edema, effects to UHP or US noted. Focus of Rx on modalities, stretching, and strengthening. Pt reports cont weakness & during chores - ie. cooking, cleaning, lifting.

A: Cont weakness/pain reported

P: Continue to upgrade ROM, strength.





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 12:30 Units: 2

Tx Time Out: 1:00 Total Time Based Time: _____

Date: 05 / 17 / 12 # Visits Prior To Today: 33 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom HFO Static	

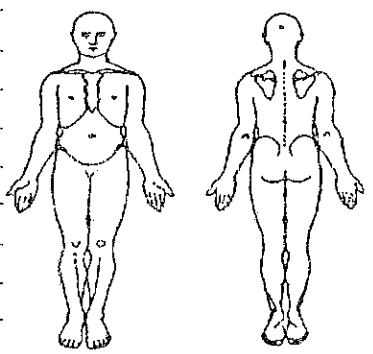
Additional Treatment Codes: _____

SOAP: S: 0

O: Only modalities performed on this date due to scheduling issues. No adverse effects reported to modalities.

A: Tolerated exercise. Cont plan / treatment noted

P: Continue



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 11:30 Units: 4

Tx Time Out: 12:30 Total Time Based Time: _____

Date: 05 / 24 / 12 # Visits Prior To Today: 34 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H005	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H006	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes:

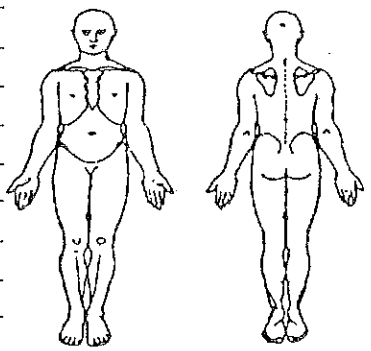
SOAP: S: "I got a mark on my arm - looks like a burn but I never felt it"

O: Cont per Rx for check. 2 small red blisters noted in ulnar distribution along forearm - No sign of infection. He believes he burned his F/A on the grill.

No adverse effects to US/HP or US noted. Heat not applied to blister.

A: Tolerated Rx this pt is sensory loss caused burn to his forearm.

P: Continue to upgrade. Monitor burns



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 900 Units: 4

Tx Time Out: 1050 Total Time Based Time: _____

Date: 05 / 25 / 12 # Visits Prior To Today: 35 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

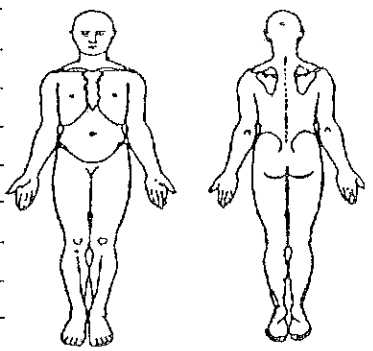
SOAP: S: "His nerve gets very aggravated."

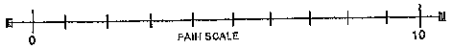
O. Cont per Px for heat. No adverse effects to US noted.

Presents c cont nerve pain — especially aggravated by isolating FDS to SF or any repetitive grasp.

A: Tolerated Px Pain Cont nerve pain / weakness

P: Cont. to upgrade per pt tol. Attempt to (?) strength.





THERAPIST / CREDENTIALS

LICENSE NO: _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 3:00 Units: 4

Tx Time Out: 4:00 Total Time Based Time: _____

Date: 05 / 31 / 12 # Visits Prior To Today: 36 of 32 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	

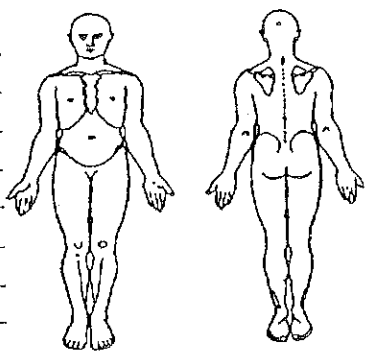
Additional Treatment Codes: _____

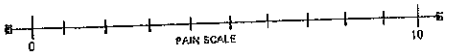
SOAP: S: "The medicine does not seem to be helping me."

O: Cont per Rx flow sheet. Pt was provided new meds for nerve pain and reports that he is not feeling better at this point.

A: Tolerated Rx fair. Cont nerve pain noted

P: Continue - upgrade per tol. Re-eval progress next visit





M P Shanahan PTA

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dalberg

Exam Date	5/4/12		6-4-12							
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position										
Trial 1	104	155	107	149						
Trial 2	109	154	94	134						
Trial 3	110	150	91	146						
Average	107	153	97#	143						
			44kg	65kg						
Grip Curve – Jamar Dynamometer										
Intrinsics: 1st Position										
2nd Position										
3rd Position										
4th Position										
Extrinsics: 5th Position										
Rapid Alternating Test										
Pinch Strengths										
3-Point (3-Jaw Chuck)	16	20	24	24						
2-Point (Pad)	12	18	16	19						
Lateral Key	24	26	24	27						
Examiner's Initials	[illegible]		[illegible]							

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr. Segerman Date: 6-4-12

Diagnosis: (R) forearm laceration of ulnar flexors & nerve Date of Injury: 6-28-11

Surgical Hx: Date _____ Procedure _____ Start of Care: 12-6-11

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 10 /10 with activity / at worst

Details: 10/10 for a few seconds @ a time

Function/ADL's:

Improvements: Pt reports no improvements, grip is ↓'ing

Continued difficulties: Opening lids on jars/containers, holding a plate in supination, raking causes 10/10 pain for 10 min.

OBJECTIVE:

Wound/Scar: _____

See flow sheet for:

☑ Edema: ↓'d .2-.5cm throughout hand & wrist

☐ Sensation: TBA

☑ ROM: ↑'d wrist ✓, ↑'d elbow ✓

☑ Strength: Grip ↓'d 10#, 3pt pinch ↑'d 8#, 2pt pinch ↑ 4#

Treatment summary to date: Heat, U.S., scar massage, STM, PROM, strengthening via putty, WTs, BTE program.

Assessment/therapist impression: In spite of strengthening activities pts grip cont. to ↓ & his pain has not improved. Recommend pt return to MD for surgical evaluation

Goals: STG's met: ☐ yes ☑ no LTG's met: ☐ yes ☑ no

Revised functional goals:

1. Pt to return to MD for surgical evaluation

2. _____

3. _____

Patient: Paul Dulberg

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: _____

Exercise: _____

_____

Splinting: _____

Other: _____

Frequency/Duration: TBD times/week for TBD weeks or TBD additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: _____

_____

Therapist Signature

Physician's Signature 1500 6/6/12
date

PLEASE FAX BACK TO: 847-587-3346

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1100 Units: 5

Tx Time Out: 1215 Total Time Based Time: _____

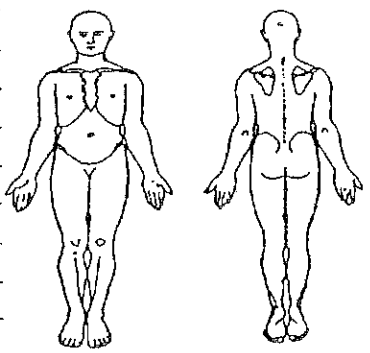
Date: 06 / 04 / 12 # Visits Prior To Today: 37 of 32 Total Treatment Time: _____

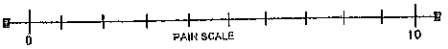
RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: _____

See Re-eval & flow sheets





Wanda OTR

THERAPIST / CREDENTIALS

LICENSE NO. _____

DYNAMIC HAND THERAPY
Initial Evaluation

Name: Paul Dullberg Date: 7-16-12

Physician: Dr. Sagerman Date of injury/onset: 6-28-11

Diagnosis: Ulnar nerve injury

Mechanism of Injury/Hx of current complaint: (R) forearm laceration & chain saw

Surgical Hx: Date 7-9-12 Procedure Cubital tunnel Release / Neurolysis
Date _____ Procedure _____

PMH &/or Hx relevant to injury: DJD C-3-7, (L)UE ulnar nerve transposition 4-5yrs ago

Occupation: Graphic Design / Printing Carpentry Hand Dominance (R) L

Precautions: _____

SUBJECTIVE:
Pain: 1-2 /10 at rest / best 7-8 /10 with activity / at worst

Details: Rt taking Norco & gabapentin for pain

OBJECTIVE:
Wound/Scar: Stitches in place, no drainage, no signs or symptoms of infection

See flow sheet for:
☐ Sensation: Rt reports tingling & burning ulnar forearm into RF & SF

☑ Range of Motion Rt elbow, forearm, wrist & digits

☑ Edema Moderate edema in forearm, wrist & digits

☐ Strength NT

Flexibility: *Intrinsics/Extrinsics:* Tightness noted in both

Function/ADL's: Prior level of function: Pre-injury pt was (I) in ADL's

Current level of function: Difficulty opening containers such as medicine bottles, using tools, lifting & pouring liquids, gripping & pulling, using utensils

Other Relevant Findings: _____

Patient name: Paul Dulberg

Assessment/Therapist impression: Pt presents c mod. edema & pain, ↓ d. elbow, wrist & forearm AROM, ↓'d functional use of (R) dominant, U.E.

Skilled Therapy needed in order to: Manage pain & edema, ↑ AROM, ↑ functional grip & pinch, ↑ functional UE use

Functional Goals:

Short term 4 wks.

1. ↓ edema in forearm & at wrist crease by .2-.3cm & ↑ functional AROM
2. Pt to report pain of 5/10 or less c use of (R) UE for ADLs
3. Pt to ↑ active elbow / by 5-10° to improve ability to reach items in cupboards & closets

Long term

1. Maximize function of (R) UE for return to (I) in ADLs

Goals discussed with patient? ☑ yes ☐ no Patient informed of diagnosis/prognosis? ☑ yes ☐ no

Rehabilitation potential: ☐ excellent ☑ good – ☑ fair ☐ guarded Other _____

PLAN:

Modalities Ultrasound, HVPC, U.S., cryo – PRN

Manual Techniques STM, edema L, scar mob, PROM

Therapeutic Exercise/Activities AROM of elbow, forearm, wrist & digits, functional grasp & pinch activities, desensitization as needed

Splinting _____

Other _____

Frequency 2 times / week for 4 weeks or 8 visits

Additional requests/concerns: _____

I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.

Therapist Signature OTR/L 7-16-12 date

D. S. Sagerman MD 7/17/12
Physician Signature date

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 1:30 Units: 3

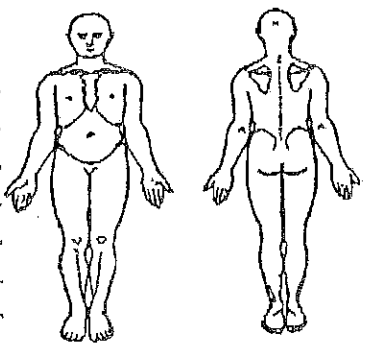
Tx Time Out: 2:45 Total Time Based Time: _____

Date: 07 / 16 / 12 # Visits Prior To Today: 38 of 69 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		E010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F000	Traction Mechanical	
A003	OT Eval	1	B001	Manual Therapy		H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Eadm Unattend	1	C003	Therapeutic Exercise	1	H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: Soc. visited Eval & Plan sheet



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

Dynamic Hand Therapy -- Active Ra. 7 Motion Patient Name: _ ve Dülberg

Post-op

	(L)	(R)	(R)	(R)	(R)	(R)	(R)		
Exam Date		12/6/11	1-5-12	2/6/12	4-3-12	5/3/12	6/4/12	7-16-12	
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	146	134	140	140	137	137	142	135	
Extension	0	-3	-15	5	5	5	5	30	
Pronation	75	65	65	70	75	70	75	70+	
Supination	75+	65	85	75+	80	75	75	70	
Wrist									
Flexion	80	75+	80	80	85	78	80	75	
Extension	75+	55	60	65	60	65	70+	65	
Radial Deviation	25	20+	15	15	30	15	20	20	
Ulnar Deviation	45	30+	25	35	40	40	30+	30	
Thumb					WNL		WNL		
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									85
PIP Extension/Flexion									90+
DIP Extension/Flexion									50
TAM									
Long Finger									
MCP Extension/Flexion									85
PIP Extension/Flexion									95+
DIP Extension/Flexion									65
TAM									
Ring Finger									
MCP Extension/Flexion									80
PIP Extension/Flexion									95+
DIP Extension/Flexion									75
TAM									
Small Finger									
MCP Extension/Flexion				+20° abduction	→				75
PIP Extension/Flexion									85+
DIP Extension/Flexion									65
TAM									
Therapist initials		MPS	MPS	NW	NW	NW	MPS	NW	NW

Dynamic Hand Therapy Edema Flow Sheet

Patient Name: Paul Dalberg

post op

	Date	Date		Date		Date		Date		Date		Date		Date	
	1/5/12	1/5/12		4/3/12		5/4/12		6/4/12		7/6-12					
Circumferences (cm)	Control (L) R	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L (R)	Diff.	Involved L R	Diff.	Involved L R	Diff.
wrist flexion crease	16.7	16.7	=	17.0		16.8		16.5	↓.3	(7.0)	↑.5				
mid-metacarpals	23.1	23.1	=	22.5		22.5		22.0	↓.5	22.9	↑.9				
metacarpals	20.8	21.5 ~~22.6~~	↑.7	21.2		21.5		21.1	↓.4	21.0	↓.1				
Thumb															
MP															
P1	7.4	7.7	↑.3	7.2		7.4		7.2	↓.2	8.0	↑.8				
IP										7.6					
P2															
Index Finger															
P1	7.3	7.1	↓.2	7.1		7.3		7.1	↓.2	7.7	↑.6				
PIP										7.1					
P2															
DIP															
P3															
Middle Finger															
P1	6.8	6.8	=	6.7		7.1		6.8	↓.3	7.1	↑.3				
PIP										6.8					
P2															
DIP															
P3															
Ring Finger															
P1	6.5	6.6	↑.1	6.5		6.7		6.5	↓.2	6.7	↑.2				
PIP										6.7					
P2															
DIP															
P3															
Small Finger															
P1	6.0	6.1	↑.1	5.9		6.3		5.9	↓.4	6.2	↑.3				
PIP										6.0					
P2															
DIP															
P3															
Volumetric (ml)															
Trial 1 4" prox															
Trial 2 Elbow Crease								30.3		31.5	↑1.2				
Trial 3 4" distal								27.2		27.1	↑.1				
Average								27.5		28.1	↑.6				
Therapists Initials	NW	NW		NW		MP		NW		NW					

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	12/6/11	12/6/11	1/5/12		1/5/12	1/5/12	2/6/12	2/6/12	4-3-12	4-3-12
Measurements: Kg Lb	R	L	R	L	R	L	R	L	R	L
Grip strength-jamar 2nd position										
Trial 1	126	135			121	141	118	135	110	147
Trial 2	92	145			118	142	105	140	110	137
Trial 3	110	146			138	141	118	139	120*	140
Average:	109				126#	141#	114	138	113#	141#
Grip Curve-Jamar Dynamometer					↑ 2 17#		(112# from last month)	(134)	(80%)	
Intrinsics 1st position					89%					
2nd position										
3rd position										
4th position							90	105		
Extrinsics 5th position							80	100		
Rapid Alternation Test										
Pinch Strength					Pinch-o-meter broken					
3-pt (3-jaw chuck)	26	29	previous ulnar nerve transposition left wrist/arm				16	22	9*	20
2-pt (pad)	20	18					12	18	10*	15
Lateral Key	28	26					22	26	22	26
Examiners Initials	MPS	MPS			DW	DW	MPS	MPS	DW	DW

* pain in groin

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2:30 Units: 4

Tx Time Out: 3:30 Total Time Based Time: _____

Date: 07 / 19 / 12 # Visits Prior To Today: 39 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

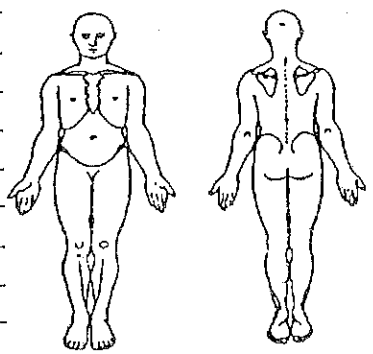
Additional Treatment Codes:

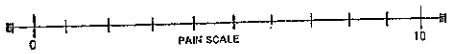
SOAP: S: "My elbow is still swollen and sore. But I can move my SF better.

O: Continue per Rafferty's sheet. No adverse effects to UHP noted. Edema remaining in elbow/f/a and hand. Pt presents w improved ability to manipulate and isolate SF/RF motion.

A: Tolerated Rx for d/c - continued edema noted, but improved RF and SF motion noted.

P: Continue to upgrade per pt tol. Continue isolated tendon gliding





THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: _____ Units: _____

Tx Time Out: _____ Total Time Based Time: _____

Date: 07 / 23 / 12 # Visits Prior To Today: 40 of 40 Total Treatment Time: _____

RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HR/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	2

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

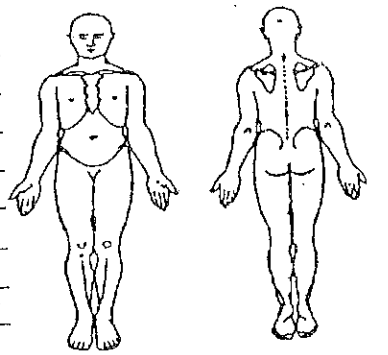
Additional Treatment Codes: _____

SOAP: S: Pt reports c/o a spots of significant L'd noticed last visit

O: MHP x 10 min prior to STM c edema mgt of hand & forearm, AROM of elbow forearm wrist & hand. Functional activities included ADL esp that c BB transfers. PROM of elbow & forearm as tol

A: Pt well c min c/o. Tmg flex mobility & UE c/t edema mgt

P: Cont c P.O.C.



0 PAIN SCALE 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

11

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 5:30 Units: 4

Tx Time Out: 6:30 Total Time Based Time: _____

Date: 07 / 26 / 12 # Visits Prior To Today: 41 of 40 Total Treatment Time: _____

RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	1
B001	Manual Therapy	1
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	4

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H006	Custom WHO Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

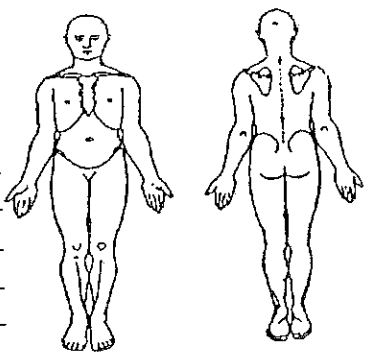
Additional Treatment Codes:

SOAP S: Pt notes that he is better able to grip large jars & (R) hand now.

O: MHP x 10 min followed by ultras V.S. to forearm 3cm (20% 1.0W/cm²) & address effects. Scar mob, STM of forearm, AROM & PROM of elbow & wrist. Functional activity - mapped pulls.

A: Tol well & min C/O. Occasional "shooting" pain in forearm & AROM q elbow.

P: Cont & POC.



PAIN SCALE 0 10

OTR/L

THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 100 Units: 4

Tx Time Out: 200 Total Time Based Time: _____

Date: 07 / 30 / 12 # Visits Prior To Today: 42 of 40 Total Treatment Time: _____

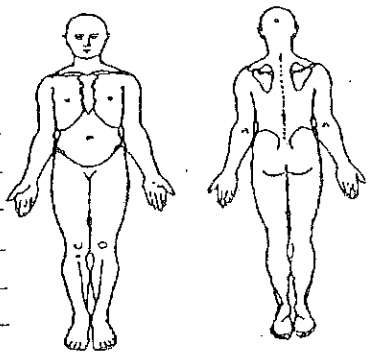
RT Code	Description	Units
A001	PT Eval	
A002	PT Re Eval	
A003	OT Eval	
A004	OT Re Eval	
F003	HP/CP	1
F004	Estim Unattend	

RT Code	Description	Units
F010	Vasopneumatic Device	
G001	Ultrasound	
B001	Manual Therapy	(1)
C001	Theraputic Activities	
C002	Neuromuscular Re-Ed	
C003	Therapeutic Exercise	(2)

RT Code	Description	Units
C005	Gait Training	
F008	Traction Mechanical	
H003	Custom WHFO Static	
H008	Custom WHC Static	
H005	Custom WHFO Dynamic	
H018	Custom HFO Static	

Additional Treatment Codes: _____

SOAP: S: "I saw the MD, He said I need compression on my elbow.
O: Cont. Per Rx flow sheet. Pt reports the same spot in his forearm has a sharp pain. But he reports improved ability to pick up a glass or cafe pot. Cont scar control, STM, AROM, placed Rad, Intrinsic exs, isolated FDS. Instructed pt to (1) overall nerve excursion.
A: Sharp pain remains in forearm, but Ability to perform isolated FDS and ROM have improved. Improved overall ROM held since Sx. If Isolated FDS is decreased per pt report.
P: Continue to upgrade, per pt tol. MD ordered compression sleeve - applied Tubegrip



THERAPIST / CREDENTIALS

LICENSE NO. _____

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0042000185 Co - Pay: _____ OR Co - Insurance: _____

Name: Dulberg, Paul Injury #: 001 Dx: 88100 Open wound of forearm, w/out

Payor Code: 00001 Payor Name: Patient Responsibility Financial Class: SELF

Appointment Detail

Discipline: OT Tx Time In: 2 00 Units: 4

Tx Time Out: 3 00 Total Time Based Time: _____

Date: 08 / 02 / 12 # Visits Prior To Today: 43 of 40 Total Treatment Time: _____

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound	1	F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	NC	C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	

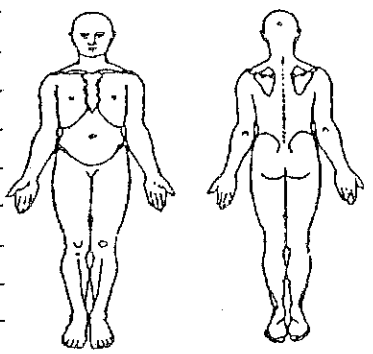
Additional Treatment Codes: _____

SOAP: S: "My arm feels very swollen around the area of my scar."

O: Presents w/ region of edema at level of distal scar — No sign of infection noted, but scar tissue seems to have developed in this area. Cont per Ex flow sheet. Applied US to scar tissue 1 8m prior to STM.

A: Scar tissue is forming in synovial region. Improved "strength" reported by patient while grasping object.

P: Continue to upgrade per pt tolerance. US to scar tissue prior to STM / stretching.



PAIN SCALE 0 10

THERAPIST / CREDENTIALS

LICENSE NO. _____

Open Advanced MRI

PATIENT:	DULBERG, PAUL	PHYSICIAN:	LEVIN, MD, KAREN
MRN:	1585839	EXAM:	MR FOREARM W/ AND W/O 73220
DOB:	03/19/1970	DOS:	02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633
www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient, Please call 1-888-874-4674.

Open Advanced MRI

DULBERG, PAUL
MR FOREARM W/ AND W/O 73220
02/03/2012

Thank you for referring your patient to Open Advanced MRI of Round Lake.

Thomas A. Predey, MD

Electronically Signed By: THOMAS A. PREDEY MD
To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report: Dr. Ian Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847 546-3600 Fax: 847-546-3633
www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg
SS #: 323 76 4001

Date of Birth: 03/19/70
Chart #: 19877

5/06/2004 SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His arm is feeling much better. The strength in his hand has improved dramatically. He is very pleased with the results of his surgery. He does not report any paresthesias in his hand.

PHYSICAL EXAMINATION: The left elbow scar is stable. Range of motion is full. Sensation around the scar is decreased as expected. This should improve with time. Intrinsic strength is 5/5. Pulp-to-palm distance is 0. Sensation is intact in all distributions.

TREATMENT PLAN: He will continue home exercises as directed by the therapist. He may resume use of his left hand for activities as tolerated. He was cautioned to limit heavy lifting activities if any symptoms arise.

He did not wish to schedule a follow-up appointment. He was invited to return back to the office at his discretion if any further problems or concerns arise. Follow-up PRN. Work status is no restriction.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./sld

Hand Surgery Associates, S.C.
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Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

3/18/2004 **SCOTT D. SAGERMAN, M.D.** -CONTINUED-

CHART NOTES

function is intact.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The need for activity restriction was explained.

He was given a therapy referral for fabrication of an elbow extension-block splint and instruction in protected range of motion exercises.

The sutures will be removed next week, and he will begin scar management after that. Follow up is three weeks. Work status is no use, wear splint.

NEXT VISIT: Three weeks.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry. Wear splint.
Scott D. Sagerman, M.D./jkl

4/08/2004 **SCOTT D. SAGERMAN, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. His pain is decreased. Sensation has improved. He is participating in therapy. His progress is satisfactory.

PHYSICAL EXAMINATION: The left elbow scarring is stable. Range of motion is satisfactory. There is no nerve subluxation. He reports diminished sensation surrounding the surgical scar which is expected. Sensation is intact distally. Finger motion is satisfactory.

TREATMENT PLAN: He will continue postoperative therapy including scar management and gradual strengthening exercises. I reviewed the need for temporary activity restriction and protection of the left arm. He was given a padded elbow sleeve for protection of the surgical scar. The sensation surrounding the scar should improve gradually over time. Follow-up one month. Work status is no forceful, no heavy.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting.
Scott D. Sagerman, M.D./sld

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

1/19/2004 **JOHN R. RUDER, M.D.** -CONTINUED-

CHART NOTES

with Dr. Sagerman who will be contacting the patient to schedule the surgery.

NEXT VISIT: Dr. Sagerman will call.

ACTIVITY/WORK STATUS: Unrestricted.
John R. Ruder, M.D./sld

3/10/2004 **SCOTT D. SAGERMAN, M.D.**

SURGERY NOTE

DATE OF SURGERY: 3/10/04

SURGERY: REVISION, LEFT ULNAR NEUROLYSIS AND ANTERIOR TRANSPOSITION.
Scott D. Sagerman, M.D./sld

3/15/2004 **JOHN R. RUDER, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left elbow.

PHYSICAL EXAMINATION: Wound is unremarkable. There is no hematoma. No sign of infection.

The dressing is changed. The posterior splint is replaced. He will return to see Dr. Sagerman later this week.

NEXT VISIT: 3/18/2004 with Dr. Sagerman.

ACTIVITY/WORK STATUS: Off work.
John R. Ruder, M.D./all

3/18/2004 **SCOTT D. SAGERMAN, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left arm. He is doing well. His pain is controlled. No other problems reported after surgery. His preoperative symptoms have improved.

PHYSICAL EXAMINATION: On exam, the left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. There is minimal swelling as expected. Circulation and sensation are intact distally. Ulnar nerve

Hand Surgery Associates, S.C.
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Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

1/15/2004 **SCOTT D. SAGERMAN, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing okay. Overall, his ulnar nerve symptoms have improved. He still has intermittent medial elbow pain and paresthesias associated with movement of his elbow. He is concerned about the persistent snapping of the ulnar nerve.

PHYSICAL EXAMINATION: Left elbow scar is stable. The ulnar nerve is nontender. There is no Tinel's sign. Range of motion is full. Sensation is intact distally. Intrinsic strength is normal. There is marked left ulnar nerve subluxation at the cubital tunnel.

TREATMENT PLAN: I reviewed the clinical findings. The patient's questions were answered. Treatment options were discussed.

Additional surgery may be indicated to address the ulnar nerve instability. Options would include ulnar nerve transposition or medial epicondylectomy. The timing of additional surgery would be elective, and I believe observation is appropriate at this time.

I asked the patient to obtain a second opinion regarding additional surgery. Follow up for second opinion with HSA M.D. Work status is no restriction.

NEXT VISIT: After second opinion.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./jkl

1/19/2004 **JOHN R. RUDER, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left elbow. The history is as given by Dr. Sagerman.

PHYSICAL EXAMINATION: On examination, his symptoms are reproduced with elbow flexion and extension with subluxation of the ulnar nerve.

The soft tissues are soft. I don't think that there would be a problem with proceeding with a second surgery at this point.

Because his symptoms are present both at rest, though aggravated with flexion extension, it may be that an epicondylectomy would not be enough. I would favor a submuscular transposition and have reviewed reasonable expectations of outcome of such a surgery with Mr. Dulberg as well as potential risks and complications. He believes that he would proceed and I have discussed this

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TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

11/06/2003 **SCOTT D. SAGERMAN, M.D.** -CONTINUED-

CHART NOTES

stable. Range of motion is satisfactory. Sensation is intact distally.

TREATMENT PLAN: He will continue therapy for range-of-motion exercises, scar management and strengthening. I reviewed the need for activity restriction. He will use a padded elbow sleeve for protection.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting. Wear splint.
Scott D. Sagerman, M.D./all

12/04/2003 **SCOTT D. SAGERMAN, M.D.**

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. He reports some residual paresthesias, which is expected.

PHYSICAL EXAMINATION: Left elbow scar is stable. Range of motion is full. There is slight ulnar nerve subluxation at the cubital tunnel. Sensation is intact in all distributions. The patient reports that his grip strength has improved.

TREATMENT PLAN: He will continue postoperative therapy for range of motion exercises and gradual strengthening. Continued improvement is expected over time.

I briefly explained the option for ulnar nerve transposition, if the nerve subluxation causes persistent symptoms. For now, his symptoms will be observed.

Follow up is one month. Work status is no restriction.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, M.D./jkl

Hand Surgery Associates, S.C.
515 West Algonquin Road, Suite 120
Arlington Heights, IL 60005
TEL: 847/956-0099 * FAX: 847/956-0433

Patient name: Paul Dulberg | Date of Birth: 03/19/70
SS #: 323 76 4001 | Chart #: 19877

9/11/2003 SCOTT D. SAGERMAN, M.D.
CORRESPONDENCE
(Ref) MITCHELL S. GROBMAN, M.D

10/28/2003 SCOTT D. SAGERMAN, M.D.
SURGERY NOTE
DATE OF SURGERY: 10/28/03

SURGERY: LEFT CUBITAL TUNNEL RELEASE.
Scott D. Sagerman, M.D./all

10/30/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES
The patient was in the office today for evaluation of left arm. He is doing well. No problems reported after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. Elbow motion is satisfactory. Circulation is intact distally.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The expectation for gradual improvement and ulnar nerve symptoms was discussed.

A therapy referral was provided for range-of-motion exercise and scar management. Infection precautions were reviewed. Follow up in one week for suture removal.

NEXT VISIT: One week.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry.
Scott D. Sagerman, M.D./all

11/06/2003 SCOTT D. SAGERMAN, M.D.
CHART NOTES
The patient was in the office today for evaluation of left elbow. He is doing well. His pain is controlled. His symptoms have improved. He still reports scar tenderness and weakness which is expected.

PHYSICAL EXAMINATION: The left elbow incision is healed. The scar is

HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULDER, ELBOW, WRIST AND HAND

MICHAEL I. VENDER, M.D.
JOHN R. RUDER, M.D.
SCOTT D. SAGERMAN, M.D.
PRASANT ATLURI, M.D.

DONNA J. KERSTING, MBA
EXECUTIVE DIRECTOR

September 16, 2003

Mitchell Grobman, M.D.
1900 Hollister Drive
Suite 280
Libertyville, IL 60048

RE: Paul Dulberg
O/V: 9/11/03

Dear Dr. Grobman:

I had the opportunity to examine your patient, Paul Dulberg, concerning his left arm. He reports persistent numbness and tingling in the ulnar nerve distribution of the left hand following a motor vehicle accident which occurred in March, 2002. He has had conservative treatment including injections, medications and therapy. A nerve conduction study from May, 2002 and repeat study in December, 2002 showed evidence of ulnar neuropathy at the elbow.

PHYSICAL EXAMINATION: Examination in the left arm shows positive Tinel sign at the cubital tunnel with local sensitivity. Range of motion is full. Sensation is diminished in the ulnar nerve distribution. There is slight weakness of the intrinsic muscles and positive Froment's sign. There is no visible atrophy. Circulation is normal distally.

X-RAY EXAMINATION: X-rays of the left elbow are negative.

IMPRESSION: Left cubital tunnel syndrome.

TREATMENT PLAN: I explained the diagnosis and treatment options. Surgery is indicated on an elective basis for cubital tunnel release.. The patient requested to proceed with surgery. This may be scheduled at his convenience.

Thank you for the opportunity to participate in his care.

Sincerely,

Scott D. Sagerman, M.D.
SDS/cla

515 W. ALGONQUIN RD, STE 120
ARLINGTON HEIGHTS, IL 60005
TEL: 847-956-0099
FAX: 847-956-0433

565 LAKEVIEW PKWY, STE 140
VERNON HILLS, IL 60061
TEL: 847-247-5100
FAX: 847-956-0433

222 N. LASALLE, STE 260
CHICAGO, IL 60601
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NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55233
DD: Wed Mar 10 12:03:00 2004 CST
DT: Wed Mar 10 18:23:44 2004 EST
JN: 27810

DSC OPERATIVE REPORT

DATE OF OPERATION: 03/10/2004

PREOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

POSTOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

PROCEDURE: Revision of left ulnar neurolysis at the cubital tunnel with anterior transposition.

SURGEON: Scott D. Sagerman, MD

ASSISTANT: John R. Ruder, MD

ANESTHESIA: General.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour and 10 minutes.

OPERATIVE FINDINGS: The patient developed symptomatic ulnar nerve subluxation at the cubital tunnel with recurrent ulnar neuritis following previous cubital tunnel release surgery. Exploration revealed marked instability of the ulnar nerve which easily subluxated anterior to the medial epicondyle with elbow flexion. Scar formation was present surrounding the ulnar nerve within the cubital tunnel.

TECHNIQUE: Consent was signed by the patient, and he was taken to the operating room. General anesthesia was given. The left arm was prepped and draped sterilely. A sterile tourniquet was applied to the upper arm and inflated following exsanguination of the limb.

The previous longitudinal scar over the cubital tunnel was incised at the posteromedial aspect of the elbow, and the incision was extended proximally and distally in longitudinal fashion for additional exposure. Under loupe magnification, the subcutaneous tissue was dissected. The branches of the medial antebrachial cutaneous nerve were identified, dissected, and retracted safely. The skin flaps were elevated, and the ulnar nerve was exposed.

Neurolysis was performed to mobilize the ulnar nerve from surrounding scar tissue. The release was carried proximally and to the upper arm. The medial intermuscular septum was excised. The arcade of Struthers were absent. The release was then carried distally into the flexor/pronator musculature. The aponeurosis was divided to mobilize the ulnar nerve. The articular branch had to be divided to allow adequate mobility of the ulnar nerve for anterior transposition. Small horizontal vessels were ligated and divided, preserving the longitudinal blood supply to the ulnar nerve.

The ulnar nerve was then transposed to the medial epicondyle, assuring a straight line course of the nerve. There was no kinking of the nerve either proximally or distally. The transposition was then stabilized using submuscular flap. The flexor/pronator muscle fascia was incised to create a Z-plasty, permitting lengthening of the muscle fascia. The muscle fibers were then divided, with ligation of perforating vessels. The ulnar nerve was placed in the submuscular position, maintaining a thin layer of muscle fibers deep to the nerve. The fascia was then reapproximated in a lengthened position using 3-0 Vicryl sutures, maintaining the ulnar nerve in the transposed position without excessive tension on the nerve. The elbow was taken through a range of motion, and the nerve showed excellent gliding with no visible angulation of the nerve.

The field was irrigated with antibiotic solution. One free end of a cutaneous nerve branch was identified. This was placed deep to the medial arm fascia which was sutured with Vicryl, to prevent symptomatic neuroma formation.

The subcutaneous tissue was reapproximated with buried 5-0 Vicryl sutures, and the skin edges were reapproximated with 5-0 nylon sutures. A sterile bulky gauze dressing was applied followed by posterior plaster splint to maintain the elbow in a flexed position. The patient was awoken, extubated, and transported to the recovery room in stable condition. He tolerated the procedure well. There were no complications.

Scott D. Sagerman, MD

OPERATIVE REPORT

Preoperative Diagnosis:
Left cubital tunnel syndrome.

Postoperative Diagnosis:
Same.

Operation Performed:
Left cubital tunnel release.

Surgeon: Scott Sagerman, M.D.
Anesthesia: General.
Complications: None.
Tourniquet Time: 38 minutes.

OPERATIVE FINDINGS: The left ulnar nerve showed obvious constriction at the distal aspect of the cubital tunnel beneath the cubital tunnel ligaments. The ligament was thickened with several bands of deep layers over the area of nerve compression. The floor of the cubital tunnel was clear. The ulnar nerve did subluxate slightly over the medial epicondyle at end range of flexion. There was no arcade of Struthers.

PROCEDURE: Consent was signed by the patient, taken to the operating room, general anesthesia was administered. The left arm was prepped and draped sterilely. A tourniquet was inflated on the upper arm following exsanguination of the limb. A longitudinal incision was made over the cubital tunnel at the posteromedial aspect of the left elbow. Under loupe magnification the subcutaneous tissues dissected, superficial veins were ligated with bipolar cautery. Branches of the medial interbrachial cutaneous nerve were identified. These were dissected and gently retracted safely using a vessel loop. The fascia was incised proximal to the cubital tunnel to expose the ulnar nerve. The nerve was dissected distally by dividing the cubital tunnel ligament, until the nerve entered the flexor/pronator fascia of the proximal forearm. The fascia was incised distally and motor branches of the ulnar nerve were seen with normal perineural fat at this level. Proximally, the nerve was dissected by dividing the arm fascia for a distance of 10 cm proximal to the epicondyle.

The ulnar nerve was inspected, adhesions around the nerve were divided with gentle blunt dissection. The nerve was noted to be constricted at the distal aspect of the cubital tunnel. Following neurolysis, tendon gliding was found to be satisfactory with elbow motion. No other areas of nerve compression were seen.

The field was irrigated with antibiotic solution. The vessel loop was removed. The subcutaneous tissues were reapproximated with 5-0 Vicryl undyed buried sutures. The skin edges were reapproximated with 5-0 and 6-0 nylon sutures. A sterile bulky compressive dressing was applied. The tourniquet was deflated, circulation returned to the left hand with normal capillary refill. The patient was

awoken and transported to the recovery room in stable condition. The patient tolerated the procedure well, there were no complications.

Scott Sagerman, M.D.

SS/jmt
D: 10/28/2003
T: 10/29/2003 14:52:37

cc: Scott Sagerman, M.D., <Dictator>
Mitchell Grobman, M.D.

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55235
DD: Tue Mar 09 20:02:00 2004 CST
DT: Wed Mar 10 02:12:39 2004 EST
JN: 27318

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 03/10/2004 12:00 AM EST

DATE OF BIRTH: 03/19/70

DATE OF SURGERY: 03/10/04

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old male who reports symptoms of left medial elbow pain and intermittent paresthesias due to ulnar neuritis decubitus tunnel. Previously he underwent decubital tunnel release surgery in October of 2003 which resulted in some improvement in his symptoms, however, due to persistent symptoms he is now being admitted for additional surgery.

PAST MEDICAL HISTORY: Negative.

MEDICATIONS: Naproxen.

ALLERGIES: None.

HABITS: Smoking history is positive.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:
VITAL SIGNS: Stable.
LUNGS: Clear.
HEART: Rate is regular.
EXTREMITIES: The left elbow shows healed surgical scar across the cubital tunnel. Range of motion is satisfactory. Circulation and sensation are intact distally. There is ulnar nerve subluxation at the cubital tunnel and paresthesias with flexion and extension of the elbow. Circulation and sensation are intact distally.

X-rays of the left elbow are negative.

IMPRESSION: Left ulnar neuritis at the cubital tunnel with nerve subluxation.

TREATMENT PLAN: Repeat neurolysis left ulnar nerve with anterior transposition. Surgery scheduled under general anesthesia in Day Surgery. The patient understands the risks, benefits and possible complications of surgery and requests to proceed.

Scott D. Sagerman, MD

Lateral Epicondylitis (Tennis Elbow) (726.32)
Current Plans
| Treatment options explained
| Patient provided with referral for Occupational Therapy
| Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605)
| PROCEDURE / INJECTION

PROCEDURE: STEROID INJECTION

SITE: left elbow

Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected to proceed.

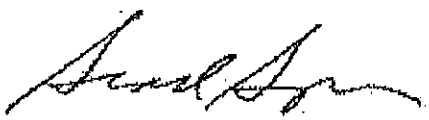
A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well. Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.
| 1% Lidocaine HCl Injection, USP (J3490) (3 Units)
| Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100)
| Follow up in 6 weeks
| Return to Work Date: _7-8-13_____

Work status discussed with patient and written statement was provided.

[x] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

[ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling
[ ] No use of affected hand / arm [ ] Limited overhead use
[ ] Limited lifting / pushing / pulling _____#
[ ] Wear Splint / Sling / Cast [ ] No forceful gripping [ ] No gym / sports
[ ] Sedentary [ ] Limited forceful gripping

[ ] Other:



Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

Procedures

Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered)
1% Lidocaine HCl Injection, USP (J3490) (3 Units) Performed: 07/08/2013 (Ordered)
Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (J1100) Performed: 07/08/2013 (Ordered)

Hand Surgery Associates, S.C.
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515 W. Algonquin Rd., Arlington Heights, IL 60005
ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

PATIENT NAME: Dulberg, Paul

DOI: _____ DOS: _____ [ ] MUST BE SEEN TODAY [X] UPDATED ORDERS [ ] CAN BE RESCHEDULED

DIAGNOSIS: Lateral Epicondylitis

THERAPY: ORDER/EOR _____ 1-2 VISITS 1-2 TIMES/WEEK 6 WEEKS FREQUENCY CODE _____

SITE OF THERAPY ORDERED: SHOULDER ____ UPPER ARM ____ ELBOW ____ WRIST ____ HAND ____ PLEASE INDICATE R OR L

ACUTE HAND THERAPY
- ____ EVALUATE
- ____ TREATMENT
- ____ AROM
- ____ PROM/STRETCHING
- ____ STRENGTHENING
- ____ BTE
- ____ EDEMA CONTROL
- ____ SCAR MGMT/MOBILIZATION
- ____ DESENSITIZATION
- ____ HOME PROGRAM
- PREVENTION

MODALITIES
- ____ ULTRASOUND/PHONOPHORESIS
- ____ ELECTRICAL STIM ____
- ____ FLUIDOTHERAPY
- ____ PARAFFIN
- ____ IONTOPHORESIS ____ DEXAMETHASONE
- ____ COLD/HOT PACKS
- ____ BIOFEEDBACK

SPLINTING INSTRUCTIONS

SPLINTING: _STATIC _DYNAMIC
_ SERIAL STATIC
_ HAND BASED THUMB CMC SPLINTS ALTERNATIVES

TO: _____

SPECIAL THERAPY INSTRUCTIONS

NIRSCHL
Manual

WOUND CARE
____ WHIRLPOOL
FREQUENCY ____
____ DRESSING CHANGES
TYPE _____
FREQ _____

WORK READINESS

SIGNATURE: _____ DATE: 9/8/13

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAN J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.
SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

DYNAMIC HAND THERAPY

Re-Evaluation of Progress, Goals and Plan of Care

4-29-13

Patient: Paul Dulberg Physician: Dr. Sagerman Date: 4-22-13

Diagnosis: ① Lateral Epicondylitis Date of Injury: 11/12

Surgical Hx: Date _____ Procedure _____ Start of Care: _____

Number of visits to date: _____

SUBJECTIVE:

Pain: 2 /10 at rest / best 3-4 /10 with activity / at worst "Spikes up to 6/10

Details: Only using splint now "after I hurt it", Pain spikes ↑ quick supination movements

Function/ADL's:

Improvements: Opening plastic chip bags, ↓ing pain ↑ most activities, lifting ½ gallon

Continued difficulties: Opening a yogurt, opening tight containers, resealing bags making bread, lifting full pots & pans

OBJECTIVE:

Wound/Scar: N/A

See flow sheet for:

☐ Edema: NT

☐ Sensation: NT

☑ ROM: ↑'d elbow ✓ & supination

☑ Strength: ③ grip ↑'d 16#, ① 3pt ↑'d 2#, ① 2pt ↑'d 3#, ① lat pinch ↑'d 8#

Treatment summary to date: Pt has been performing home exercises & using splint as needed for pain for past 4 wks. Pt has shown continuing improvements in strength & functional activities.

~~Goals:~~ ~~STG's met: ☐ yes ☐ no~~ ~~LTG's met: ☐ yes ☐ no~~

Revised functional goals:

1. D/C OT; ↑ H.E.P.
2. _____
3. _____

APR-22-2013 MON 02:16 PM P. 003

Patient: Paul Dulberg Date: 4-22-13

Assessment/therapist impression: Pt has shown improvements in all areas while continuing HEP & feels he is ready for discharge at this time

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: D/C O.T.

PLAN:

Modalities:

Exercise:

Splinting:

Other:

Rehabilitation Potential: ☐ excellent ☒ good ☐ fair ☐ guarded ☐ other

Frequency/Duration: 0 times/week for 0 weeks or 0 additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns:

Therapist Signature

Physician's Signature 4/23/13
date

Fax this page back to 847-587-3346

APR-22-2013 MON 02:16 PM P. 004

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date			1/30/13		2-28-13		3/29/13		4/22/13	
Measurements: Kg Lb		R	L	R	L	R	L	R	L	R	L
Grip Strength – Jamar 2nd Position											
Trial 1		160	85	101	130	108	113	114	135		
Trial 2		114	110	102	137	110	130	84	136		
Trial 3		116	99	119	136	99	116	102	136		
Average		109	98	107#	134#	105	120		136		
Grip Curve – Jamar Dynamometer											
Intrinsics: 1st Position											
2nd Position											
3rd Position											
4th Position											
Extrinsics: 5th Position											
R Alternating Test L											
Pinch Strengths											
3-Point (3-Jaw Chuck)		14	12	15	23	11	22(21#)	15	24(19)		
2-Point (Pad)		8	13	11	13	14	12(11#)	13	15(13)		
Lateral Key		17	20	15	20	20	20(17#)	20	28(18)		
Examiner's Initials		AMS		ADU		AMS		ADU			

APR-22-2013 MON 02:17 PM P. 005

Dynamic Hand Therapy -- Active E... ...pf Motion Patient Name: ... Paul Dulberg

Exam Date	2/12/12	1/30/13	2/28/13	3/29/13	4/26/13				
Shoulder									
Flexion									
Extension									
Abduction									
External Rotation									
Internal Rotation									
Elbow & Forearm									
Flexion	100	20E-135	48	151	155				
Extension	14	20-8	0	0	-8				
Pronation	65	70	70	75	75+				
Supination	70	75	75	75	80				
Wrist									
Flexion	45	70+	75	75	75				
Extension	60	70+	70	75	70				
Radial Deviation	25	25	30	30	25				
Ulnar Deviation	25	35	30	35	30+				
Thumb									
MCP Extension/Flexion									
PIP Extension/Flexion									
Radial Abduction									
Palmar Abduction									
Opposition									
Index Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Long Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Ring Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Small Finger									
MCP Extension/Flexion									
PIP Extension/Flexion									
DIP Extension/Flexion									
TAM									
Therapist Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				

FAXED 8/29/13 HH

DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

Patient: Paul Dulberg Physician: Dr. Sazgarnejad Date: 8/22/13
Diagnosis: (L) Lateral Epicondylitis Date of Injury: 11/12
Surgical Hx: Date 7/8/13 Procedure Cortisone Injection (L) elbow Start of Care: 7/23/13
~~Number of visits to date:~~

SUBJECTIVE:
(L) Pain: 0 /10 at rest / best 2-3 /10 with activity / ~~at best~~ 5-6/10 c handgrasp.
Details: Pain improved from 3-4/10 c activity ; 5-6/10 at worst unchanged
Function/ADL's:
~~Improvements: Bringing hand to mouth (c minor discomfort); forceps~~
Continued difficulties: Strength & heavy lifting of objects

OBJECTIVE:
Wound/Scar: 0
See flow sheet for:
☐ Edema: No sig. edema noted
☐ Sensation:
☑ ROM: Slight improvements noted in ✓/E, snap in LUE
☑ Strength: (L) 3pt ; 2pt pinch improved ; (R) grasp decreased (R) > (L)
Treatment summary to date: Focus of Rx has been stm, stretching, lymphedema massage, and modalities (ultra ; US)

Goals: STG's met: ☐ yes ☑ no LTG's met: ☐ yes ☑ no

Revised functional goals:
1. TBA 4 pt RTD
2.
3.

Patient: Paul Dulberg Date: 8/22/13

Assessment/therapist impression: Pt has made some improvements, but has also regressed in grip bilaterally — he reports "hands weak today" we will continue to perform OT per MD order.

Skilled therapy needed for: ☐ progression of exercise ☐ continued need for manual therapy

☐ other: _____

PLAN:

Modalities: Cont OT per MD order

Exercise: _____

Splinting: _____

Other: _____

Rehabilitation Potential: ☐ excellent ☐ good ☑ fair ☐ guarded ☐ other _____

Frequency/Duration: _____ times/week for _____ weeks or _____ additional visits

I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.

Additional requests/concerns: Add HEP

Date

Therapist Signature

The above notes have been reviewed.
*Physician's Signature previous RX. date
*new RX will be provided if appropriate

8/29/13

Fax this page back to 847-587-3346

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

Exam Date	1/30/13	2-28-13	3/29/13	4/22/13	7/23/13
Measurements: Kg Lb					
Grip Strength – Jamar 2nd Position	R L	R L	R L	R L	R L
Trial 1	160 85	101 130	108 113	114 135	119 130
Trial 2	110 99	102 137	110 130	84 136	109 126
Trial 3	116 98	119 136	99 116	102 136	125 135
Average	109	107# 134#	105 121	136	118 134
Grip Curve – Jamar Dynamometer					
Initial Set: 1st Position					
2nd Position					
3rd Position					
4th Position					
Extinsiker: 5th Position					
Alternating Test					
Pinch Strengths					
3-Point (3-Jaw Chuck)	14 12	15 23	11 22 (9#)	15 24 (12)	82
2-Point (Pad)	8 13	11 13	14 12 (8#)	13 15 (13)	15 16
Lateral Key	17 20	15 20	20 (14#)	20 (18)	25 28
Examiner's Initials	LMS	MW LMS	LMS	MW	LMS

Dynamic Hand Therapy Grip / Pinch Strength Flow Sheet

Patient Name: Paul Dulberg

| Exam Date | | |

Dynamic Hand Therapy – Active Range of Motion Patient Name: Paul Dulberg

Exam Date	(L) 12/12/12	(L) 11/20/13	(L) 2/28/13	(L) 3/29/13	(L) 4/27/13	(L) 7/23/13	(L) 8/20/13
Shoulder							
Flexion							
Extension							
Abduction							
External Rotation							
Internal Rotation							
Elbow & Forearm							
Flexion	105	20°-135	148°	151	155	148	149
Extension	11°	20-8	0	0	-8	-6	-4
Pronation	65	75	70	75	75+	75+	75+
Supination	70	75	75	75	80	75	75+
Wrist							
Flexion	45	70+	75	75	75	75	
Extension	65	70+	70	75	70	70	
Radial Deviation	25	35	30	30	85	25	
Ulnar Deviation	25	35	30	35	30+	35	
Thumb							
MCP Extension/Flexion							
PIP Extension/Flexion							
Radial Abduction							
Palmar Abduction							
Opposition							
Index Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Long Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Ring Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Small Finger							
MCP Extension/Flexion							
PIP Extension/Flexion							
DIP Extension/Flexion							
TAM							
Therapist Initials	LMS	LMS	AV	LMS	LW	LMS	LMS

08/26/2013 MON 8:54 AM [TX/RX NO 8851] 0007

DATE OF SERVICE	CPT	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	ADJ.	INSURANCE BALANCE	PATIENT BALANCE	TOTAL BALANCE
04-22-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-22-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			306.00	0.00	0.00	0.00	0.00	306.00	306.00
07-23-13	97003	Occupational Therapy Eval	187.00	0.00	0.00	0.00	0.00	187.00	187.00
07-23-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
07-23-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			321.00	0.00	0.00	0.00	0.00	321.00	321.00
07-29-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
07-29-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
07-29-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			295.00	0.00	0.00	0.00	0.00	295.00	295.00
08-01-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
08-01-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-01-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
Total			220.00	0.00	0.00	0.00	0.00	220.00	220.00
08-05-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
08-05-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-05-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			295.00	0.00	0.00	0.00	0.00	295.00	295.00
08-09-13	97110	Therapeutic Exercise [2]	172.00	0.00	0.00	0.00	0.00	172.00	172.00
08-09-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-09-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			306.00	0.00	0.00	0.00	0.00	306.00	306.00
08-16-13	97140	Manual Therapy Techn [2]	150.00	0.00	0.00	0.00	0.00	150.00	150.00
08-16-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-16-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			295.00	0.00	0.00	0.00	0.00	295.00	295.00
08-19-13	97110	Therapeutic Exercise	86.00	0.00	0.00	0.00	0.00	86.00	86.00
08-19-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
08-19-13	97035	Ultrasound	59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total			220.00	0.00	0.00	0.00	0.00	220.00	220.00
08-22-13	97110	Therapeutic Exercise [3]	258.00	0.00	0.00	0.00	0.00	258.00	258.00
08-22-13	97140	Manual Therapy Techniques	75.00	0.00	0.00	0.00	0.00	75.00	75.00
Total			333.00	0.00	0.00	0.00	0.00	333.00	333.00
10-02-13	L3808	WHFO, Rigid w/o joints	445.00	0.00	0.00	-375.00	0.00	445.00	445.00
Total			445.00	0.00	0.00	-375.00	0.00	70.00	70.00

321
295
220
295
306
295
220
333
445
2730

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CURRICULUM VITAE

SCOTT DAVID SAGERMAN, M.D.

EDUCATION:

FELLOWSHIP: Division of Hand Surgery
Department of Orthopaedic Surgery
State University of New York Health
Science Center
550 Harrison Street
Syracuse, N.Y. 13202
August 1992 - July 1993

RESIDENCY: Emory University Affiliated Hospitals
Department of Orthopaedic Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1988 - June 1992

INTERNSHIP: Emory University Affiliated Hospitals
Department of Surgery
69 Butler Street S.E.
Atlanta, GA 30303
July 1987 - June 1988

MEDICAL SCHOOL: Northwestern University Medical School
303 E. Chicago Avenue
Chicago, IL 60611
July 1983 - June 1987
Doctor of Medicine, 1987

UNDERGRADUATE: Northwestern University
633 Clark Street
Evanston, IL 60201
July 1981 - June 1983
Bachelor of Science, 1985

BOARD CERTIFICATION:

National Board of Medical Examiners, Parts I, II, and III, 1988.

American Board of Orthopaedic Surgeons - Board Certified, 1995. Recertified through 2015.

Certificate for Added Qualifications in Surgery of the Hand, American Board of Orthopaedic Surgery 1996. Recertified through 2015.

American Board of Independent Medical Examiners, Certified Independent Medical Examiner (CIME), 2012

SOCIETY MEMBERSHIPS:

American Society for Surgery of the Hand
American Association for Hand Surgery
Chicago Society for Surgery of the Hand
Board of Directors 2006-2013
Secretary 2006-2007
Vice President 2008-2009
President 2010-2012
American Academy of Orthopaedic Surgeons
Illinois State Medical Society

COMMITTEE MEMBERSHIPS/ APPOINTMENTS:

Lurie Children's Hospital of Chicago
Chicago, IL

- Foundation Board Member
  2010 - Present

Alexian Brothers Medical Center

- Department Chairman, Hand/Microvascular Surgery - 2000-2006
- Section Chief, Hand/Microvascular Surgery - 2000-Present

LICENSURE:

Illinois - 1993 (036-086000)
"Certified with the Drug Enforcement Administration"
Illinois State Controlled Substance

EMPLOYMENT:

Hand Surgery Associates, S.C., Arlington Heights, IL 60005
August, 1993 - present

Research Assistant - Department of Orthopaedic Surgery
Children's Memorial Hospital, Chicago, IL
August 1986 - June 1987

Research Assistant - Division of Ambulatory Pediatrics
Children's Memorial Hospital, Chicago, IL
July 1982 - June 1985

ACADEMIC APPOINTMENT:

Northwestern University Medical School Department of Orthopaedic Surgery - Instructor of Clinical Orthopaedic Surgery: 1993-2000

HOSPITAL AFFILIATIONS:

Advocate - Condell Medical Center
Libertyville, IL 60048

Alexian Brothers Medical Center
Elk Grove Village, IL 60007

Elmhurst Memorial Hospital
Elmhurst, IL 60126

MetroSouth Medical Center
Blue Island, IL 60406-2428

Northwest Community Hospital
Arlington Heights, IL 60005

Northwestern - Lake Forest Hospital
Lake Forest, IL 60045

St. Alexius Medical Center
Hoffman Estates, IL 60194

PUBLICATIONS:

Short W., Sagerman S., TFCC Repair: Radial-Sided Tear In: Chow J ed. Advanced Arthroscopy 2000: 219-224.

Sagerman S., Palmer A., Short W., Triangular Fibrocartilage Complex Injury and Repair In: Watson K., Weinzweig J., ed. The Wrist. Lippincott Williams & Wilkins. 2001: 607-613.

Sagerman S., Vender M.I., Infections. In: Kasdan Morton L. ed. Occupational Medicine: State of the Art Reviews. Vol. 13 No. 3, Philadelphia: Hanley & Belfus, 1998.

Sagerman S., Vender M.I. Distal Radioulnar Joint. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc. 1998; 107-112.

Vender M.I., Sagerman S. Compression Neuropathies. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc., 1998; 133-138.

Sagerman S., Truppa KL. Diagnosis and Management of Occupational Disorders of the Shoulder. In: Kasdan, Morton L., ed. Occupational Hand & Upper Extremity Injuries & Diseases. 2nd ed. Philadelphia: Hanley & Belfus, Inc., 277-285, 1998.

Pomerance, J., Sagerman, S. "Replantation and Revascularization in a Community Based Microsurgical Practice". Alexian Medical Review, Vol. 13, No. 1: Fall 1997.

Pomerance, J., Truppa, K., Bilos, Z.J., Vender M.I., Ruder, J.R., Sagerman, S.D., "Replantation and Revascularization of the Digits in a Community Microsurgical Practice". Journal of Reconstructive Microsurgery, Vol. 13, No. 3: 163-170, April 1997.

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Sagerman S., Zogby R., Palmer A., Werner F., Fortino M., "Relative Articular Inclination of the Distal Radioulnar Joint - A Radiographic Study". J. Hand Surgery, 20A:597-601, 1995.

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Sagerman S., Hauck R., Palmer A., "Lunate Morphology - Can It Be Predicted With Routine X-Rays?" J. Hand Surgery, 20A:38-41, January, 1995.

Sagerman S., Lourie G., "Eikenella Osteomyelitis in a Chronic Nail Biter: A Case Report". J. Hand Surgery, 20A:71-73, January, 1995.

Seiler J., Sagerman S., Geller R., Fleming L., "Venomous Snakebite - Current Concepts of Treatment". Orthopedics, 17(8): 707-714 August 1994.

Sagerman S., Rooks M., Ensor C., "Carpal Tunnel Syndrome: An Alternative Method of Conservative Treatment". Submitted.

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Christoffel K., Marcus D., Sagerman S., Bennett S., "Adolescent Suicide and Suicide Attempts - A Population Study". Ped Emer Care 4(1):32-40, March 1988.

Tanz R., Christoffel K., Sagerman S., "Are Toy Guns Too Dangerous?". Pediatrics. 75(2):265-268, February 1985.

Christoffel K., Tanz R., Sagerman S, Hahn Y, "Childhood Injuries Caused by Non-powder Firearms". Am J Diseases of Children. 138:577-561, June 1984.

PRESENTATIONS:

Sagerman, S., "Wrist Arthroscopy". Presented at Northwest Community Hospital - October, 1995

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - June, 1995.

Sagerman, S., "Wrist Fractures". Presented at Alexian Brothers Medical Center Conference Center, National Association of Orthopaedic Nurses - April, 1995

PRESENTATIONS (Cont):

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Sagerman, S., "Management Issues In Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - October, 1994.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Mid America Orthopaedic Association Annual Meeting, Bermuda - April, 1994.

Sagerman S., Palmer A., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Chicago Society for Surgery of the Hand, Quarterly Meeting, Chicago, IL - January, 1994.

Hauck R., Sagerman S., Palmer A., "Lunate Morphology - Can it be Predicted With Routine X-rays?". Presented at the American Association for Hand Surgery, Cancun, Mexico - November, 1993.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression plating". Presented at S.U.N.Y. Health Science Center, department of Orthopaedic Surgery, Alumni Day, Syracuse, NY - June, 1993.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at S.U.N.Y. Health Science Center Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - March, 1993.

Sagerman S., "Flexor Tendon Injury and Repair". Presented at S.U.N.Y. Health Science Center, Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - November, 1992.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at Emory University, Department of Orthopaedic Surgery Grand Rounds, Atlanta, GA - March, 1992.

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Presented at Southern Orthopaedic Association Residents Conference, Atlanta, GA - November, 1991.

PRESENTATIONS (Cont):

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at American Orthopaedic Association Residents' Conference, Kansas City, MO April, 1991.

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Hajek M., Conway J., Sagerman S., Carroll N., Dias L., "A Scientific Classification of Legg-Calve-Perthes Disease". Presented at Northwestern University of Orthopaedic Surgery Resident-Alumni Thesis Day, Chicago, IL - 1987.

EXHIBITS:

Sagerman S., Truppa K., Bohan Ruff S., "Fasciotomy for Acute Compartment Syndrome in the Upper Extremity: A Follow-up Study". Poster exhibit, Annual Meeting American Association for Hand Surgery, Boca Raton, Florida, 1997

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Poster exhibit at the Annual Meeting of the American Academy of Orthopaedic Surgeons, Washington D.C. - February, 1992.

Sagerman S., Seiler J., Fleming L., "Long Term Results of Distal Ulna Replacement Arthroplasty". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida October 1991.

Sagerman S., Ensor C., Rooks M., "Treatment of Carpal Tunnel Syndrome with a Full Tendon Gliding Hand Therapy Protocol". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida - October, 1991.

Sagerman S., Roberson R., "Periacetabular Bone Loss with Early Loosening of the Mecron Threaded Ring". Poster exhibit, American Academy of Orthopaedic Surgeons Annual Meeting, Anaheim, CA - March, 1991.

INSTRUCTOR:

Lab Instructor - "The Wrist: Arthroscopic and Open Techniques". Wrist Arthroscopy 2004. Co-sponsored by the American Society for Surgery of the Hand and the American Academy of Orthopaedic Surgeons, held at Orthopaedic Learning Center, Rosemont, IL - August 7-8, 2004.

Lab Instructor - "Common Hand and Wrist Problems". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - October 1998

Lab instructor - "Open and Arthroscopic Shoulder Surgery: Advanced Anterior and Posterior techniques". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - May 1998.

"The Masters Experience" in Arthroscopic Surgery of the Wrist, Elbow & Carpal Tunnel. Presented by the Arthroscopy Association of North America, Rosemont, IL - November, 1996.

A Comprehensive Approach to Challenging Wrist Problems
American Society of Hand Therapists
Chicago, IL - April 28-30, 1995

Problem Based Learning
Northwestern University Medical School, Chicago, IL
1995, 1996, 1998

3M Endoscopic Carpal Tunnel Release Course
Syracuse, NY - May, 1993.

Cardiopulmonary Resuscitation
Northwestern University Medical School, Chicago, IL
July, 1984 - July, 1985.

03/2013

History & Physical Report #1

Paul Dulberg
7/8/2013 10:39 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)
No Known Drug Allergies. 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Cancer
Diabetes Mellitus

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Hand Dominance. Right Handed.
Current Occupation. not working
Alcohol use. 07/08/2013: does not drink alcoholic beverages
Diabetic Diet. 07/08/2013: no
Illicit drug use. 07/08/2013: no
Tobacco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)
Naproxen DR (Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Chronic or past head / neck disorders
Depression
Head Injury
Neurological disorder
Pneumonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)
General: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling.
HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.
Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.
Breast: Not Present- Breast Mass.
Cardiovascular: Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.
Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.
Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.
Musculoskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.
Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.
Hematology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)
7/8/2013 10:42 AM
Weight: 165 lb **Height:** 69 in
Body Surface Area: 1.91 m² **Body Mass Index:** 24.37 kg/m²

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)
The physical exam findings are as follows:
Note: Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: **No data for Vitals.**
Appearance: No distress, good color on room air. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes.
Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.
Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.
Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

Fax Created - Dated 06/5/2012 9:38 AM Prepared By: MT MD

Addendum - Dated 06/21/12

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

Fax Created - Dated Jun 21 2012 9:52AM

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4646 Aden Court PID: 1002454
Mchenry, IL 60051

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal.
I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY:	Arthritis
MEDICATION:	naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES:	nkda
SOCIAL HISTORY	Alcohol - Denies Marital Status: Single Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:	No distress. Alert and cooperative.
Skin:	Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro:	Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam:	Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)

[redacted]

MEDICAL HISTORY

Initial Symptoms Onset: (Immediate) Gradual Date of Injury 6/28/2011

41 Year old (R)/L/A handed F/M:

Patient @ 5 month dtr of Laceration @ chainsaw 2½ inch hole in forearm & it was entered @ the ER. Pt was no bone or major nerve damage. Patient here due to shooting pains up & down arm & sleep disturbances also interfering with work. DR LEVIN thinks nerve damage or tendon. 40% of forearm damaged initial date of injury

Current Symptoms

Location: Right FOREARM / ULNAR SIDE Left –

Pain: Mild Moderate Severe 2/3 @ rest @ night 7/8.
Intermittent Continuous
Sleep disturbance
Sensory: Th I M R S tingling
Intermittent Continuous
Numbness Tingling Paresthesias

Other: Swelling –
Stiffness –
Triggering –
Crepitus –
Cold intolerance –
Color Change –
Mass –

Left –
Mild Moderate Severe
Intermittent Continuous
Sleep disturbance
Sensory: Th I M R S
Intermittent Continuous
Numbness Tingling Paresthesias
Swelling
Stiffness
Triggering
Crepitus
Cold intolerance
Color Change
Mass

Neurology Karen Levin

(R) volar medial forearm

Ulnar nerve (-)

8/11

Previous similar symptoms/injury: No Yes _____

Treatment to date:

Tetanus: 6-28-2011 Therapy: _____

Current Medications: Antibiotics NSAIDs Pain Medication
Name/Route/Frequency NAPROXIN for NECK & degenerative disc in neck.

Steroids Injections: No Yes _____ - intermittent shooting pain

Splint/cast: No Yes _____

Previous Surgery: No (Yes) ULNAR NERVE TRANSPOSITION (left arm) - N/T intermittent ring + small

Previous tests and results

EMG/NCV: No/Yes DR. LEVIN
MRI: No/Yes _____
X-Ray: No/Yes 6/28/11

Arthrogram: No/Yes _____
Bone Scan: No/Yes _____
CAT scan: No/Yes _____

- grip weakness & endurance

Height 5'10" Weight 165 BMI _____ OT

- & therapy

Occupation/Hobbies: Graphic designer

Referred By DR. LEVIN Age 41

Examined in the presence of KN Date 12/21/11

Name: DOLBERG, PAUL

(+) numbness & fingers (-)

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD	☐ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

>08428 2116426 001 092096
PAUL DULBERG
4606 HAYDEN
MCHENRY, IL 60050

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
1	08/10/12	08/25/12	(847) 956-0099	80330	Continued	

☐ Please check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Paul Dulberg						
		Balance Forward	116.00			
		---- Balance Forward Total				116.00
Provider: Sagerman, Scott D						
Voucher: 751730						
06/28/12	RECEIPT 124	Self Pay Credit Card Pa			-20.00	
07/30/12	RECEIPT 126	Self Pay Credit Card Pa			-20.00	
		---- Visit Total				-40.00
Voucher: 767730						
05/14/12	99212	Office Outpt Est 10 Min	90.00			
		---- Visit Total				90.00
Voucher: 841480						
06/06/12	99214	Office Outpt Est 25 Min	171.00			
		---- Visit Total				171.00
Voucher: 887630						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	3318.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	3353.00			
		---- Visit Total				6671.00
Provider: Biafora, Sam J						
Voucher: 818900						
05/17/12	99213	Office Outpt Est15 Min	116.00			
		---- Visit Total				116.00
Voucher: 887640						
07/09/12	64718	Neurp&/Trpos Ur Nrv Elb	829.00			
07/09/12	64708	Neurp Major Prph Nrv Ar	838.00			

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Account Number: 80330
Office Phone Number: (847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending: 0.00
Patient Balance: Continued

08428 2116426 016856 016856 00001/00002 920966912

92096S11028

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

IF PAYING BY MASTERCARD, OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
☐ MASTERCARD	☐ VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

SA11 1003 0004274 220004274

[redacted] ADDRESSEE [redacted]

PAUL DULBERG

[redacted] REMIT TO [redacted]

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO IL 60678-1374

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	Show Amount Paid Here $
2	08/10/12	08/25/12	(847) 956-0099	80330	8791.00	

☐ Please check box and use reverse side to indicate address or Insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYMENT

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
		---- Visit Total				1667.00

HAND SURGERY ASSOCIATES SC
37400 EAGLE WAY
CHICAGO, IL 60678-1374

Your prompt payment is greatly appreciated.

Account Number:	80330
Office Phone Number:	(847)956-0099
Ins. Pending:	0.00
Patient Balance:	8791.00

08428 2116426 016857 016857 00002/00002

92096S11028

Account Summary
Hand Surgery Associates SC

Account: 80330

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60051

Home: 847 497-4250
Work:
Cell:

	Current	31-60	61-90	Over 90	Balance
Self:	0.00	0.00	0.00	9384.00	9384.00
Insur:	0.00	0.00	0.00	0.00	0.00
Collect:	0.00	0.00	0.00	0.00	0.00
				Unassigned:	0.00
				Total Balance:	9384.00

Account Type: LITIGATI Stmt? Y Dun? Y Last Stmt: 08/08/2014 9384.00 Last Pmt: 04/18/2014 20.00

Patient: 80330 Paul Dulberg DOB: 03/19/1970 Sex: M 1st Service: 02/27/2012 Last Service: 10/11/2013
Self Pay Insurance Cert: Grp: Sub:Paul Dulberg

Voucher	Service Date	Original Bill Date	Patient No. & Name / Payor	Location	Actual Provider	Pract	Charges	Pmts & Adjs	Net Due	Age
841480	06/06/2012	07/11/2012	80330 Paul Dulberg Self-Pay	HSAAH	SDS	HSASC	171.00	118.00	53.00	762
06/06/2012	Proc: 99214	Office Outpt Est 25 Min			Diag: 354.2		Units: 1	Charge: 171.00		
10/31/2013	Ref: receipt # 16612 v	Self Pay Credit Card Payment				18.00				
11/19/2013	Ref: Receipt #16722	Self Pay Credit Card Payment				20.00				
12/31/2013	Ref: receipt #16865	Self Pay Credit Card Payment				20.00				
01/29/2014	Ref: receipt #15978	Self Pay Credit Card Payment				20.00				
02/27/2014	Ref: Receipt #16144	Self Pay Credit Card Payment				20.00				
04/18/2014	Ref: Receipt #15597	Self Pay Credit Card Payment				20.00				
887630	07/09/2012	08/10/2012	80330 Paul Dulberg Self-Pay	NWCH	SDS	HSASC	6671.00	0.00	6671.00	732
07/09/2012	Proc: 64718	Neurp&/Trpos Ur Nrv Elbw			Diag: 354.2		Units: 1	Charge: 3318.00		
07/09/2012	Proc: 64708	Neurp Major Prph Nrv Arm/Leg Oth/Thn Spe			Diag: 955.2		Units: 1	Charge: 3353.00		
887640	07/09/2012	08/10/2012	80330 Paul Dulberg Self-Pay	NWCH	SJB	HSASC	1667.00	0.00	1667.00	732
07/09/2012	Proc: 64718A	Neurp&/Trpos Ur Nrv Elbw			Diag: 354.2		Units: 1	Charge: 829.00		
07/09/2012	Proc: 64708A	Neurp Major Prph Nrv Arm/Leg Oth/Thn Spe			Diag: 955.2		Units: 1	Charge: 838.00		
919100	08/27/2012	09/13/2012	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	50.00	0.00	50.00	698
08/27/2012	Proc: 99024	Po F-Up Vst Related To Original Px			Diag: 354.2		Units: 1	Charge: 0.00		
08/27/2012	Proc: 91	Protector Heel Or Elbow Each			Diag: 354.2		Units: 1	Charge: 50.00		
1020590	10/22/2012	12/07/2012	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	116.00	0.00	116.00	613
10/22/2012	Proc: 99213	Office Outpt Est15 Min			Diag: 354.2		Units: 1	Charge: 116.00		
1025240	12/03/2012	01/10/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	282.00	0.00	282.00	579
12/03/2012	Proc: 99213	Office Outpt Est15 Min			Diag: 726.32		Units: 1	Charge: 116.00		
12/03/2012	Proc: 73080	Radex Elbw Compl Minimum 3 Views			Diag: 726.32		Units: 1	Charge: 166.00		
1076080	01/14/2013	02/08/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	550
01/14/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 354.2		Units: 1	Charge: 90.00		
1208470	03/25/2013	04/10/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	489
03/25/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 354.2		Units: 1	Charge: 90.00		
1345580	07/08/2013	08/09/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	275.00	0.00	275.00	368
07/08/2013	Proc: 99213	Office Outpt Est15 Min			Diag: 719.42		Units: 1	Charge: 116.00		
07/08/2013	Proc: 20605	Arthrocnts Aspir&/Njx Intrm Jt/Bursa			Diag: 726.32		Units: 1	Charge: 159.00		
1400320	08/26/2013	09/11/2013	80330 Paul Dulberg Self-Pay	HSAVH	SDS	HSASC	90.00	0.00	90.00	335
08/26/2013	Proc: 99212	Office Outpt Est 10 Min			Diag: 719.42		Units: 1	Charge: 90.00		

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February 29, 2012

FRANK SEK, M.D.
4606 W. ELM STREET
MC HENRY, IL 60050

RE: PAUL DULBERG
OV: 02/27/2012

Dear Dr. Sek:

On February 27, 2012, I evaluated your patient, Mr. Paul Dulberg, concerning his right arm. He sustained a laceration of his forearm from a chainsaw accident on June 28, 2011. He developed symptoms of numbness in the small finger with weakness. He was treated with therapy. He had an EMG test and MRI scan.

PAST MEDICAL HISTORY: Remarkable for arthritis and cervical disc disease

MEDICATIONS: Naproxen, Tramadol, Cyclobenzoprine, Flexetine.

PHYSICAL EXAMINATION: The right forearm shows a 7 cm. transverse scar at the ulnar aspect of the mid forearm. There is local tenderness and sensitivity to percussion with a positive Tinel sign and paresthesias radiating into the small finger. There is also sensitivity at the cubital tunnel region. Wrist and elbow motion are unrestricted. There is no visible atrophy. He is unable to adduct the small finger. Flexion strength is grossly normal. Sensation is decreased to light touch in the small finger only with inconsistent two point discrimination.

X-RAY EXAMINATION: Outside films of the right forearm from June 20, 2011 were reviewed. There is no fracture or foreign body.

MRI films of the right forearm from February 3, 2012 were reviewed. No abnormality is seen.

A nerve conduction study by Dr. Levin from August 10, 2011 shows no evidence of diffuse neuropathy.
Sporadic Nerve damage

IMPRESSION: Right forearm laceration with probable partial ulnar nerve injury.

TREATMENT PLAN: I explained the diagnosis. For further evaluation, the patient was referred for additional electrodiagnostic testing including an EMG.

Occupational therapy reports were reviewed.

I explained the potential indication for surgery for nerve exploration, pending review of the electrical study.

He will follow-up after the EMG. Work status is no restriction.

If you have any further questions regarding Mr. Paul Dulberg, please feel free to contact me.

Sincerely,

Scott D. Sagerman, M.D.

SDS/sld
Cc: Karen Levin, MD

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 04/02/2012

CHART NOTE:
The patient was in the office today for evaluation of the right hand. He reports no change in his symptoms.

He had an EMG test by Dr. Levin, and the report from March 13, 2012 shows no evidence for neuropathy. The EMG portion showed no denervation, and ulnar nerve conduction was within normal limits.

PHYSICAL EXAMINATION: The right forearm scar is stable and nontender. There is sensitivity to percussion with a positive Tinel sign at the ulnar aspect of the scar. Adduction of the small finger remains limited consistent with a positive Wartenberg's sign.

TREATMENT PLAN: I explained the findings of the EMG test. Treatment options were given. He does not wish to pursue any surgery at this time.

A therapy referral was given for strengthening exercises and scar management.

NEXT VISIT: Six weeks or PRN.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./all

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 05/14/2012

CHART NOTE:
The patient was in the office today for evaluation of the right arm. He reports persistent pain with use of his arm, especially gripping activities. He has had additional therapy which has been beneficial. He reports no change in his symptoms of numbness which is not bothersome. However, his function is limited due to his pain symptoms.

PHYSICAL EXAMINATION: The right forearm scar is tender at the ulnar aspect with a positive Tinel sign and local sensitivity. Composite finger flexion is full. There is no triggering or locking, there is no clawing. Wartenberg sign is positive. Intrinsic strength is slightly weak.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The possible surgical indication for ulnar nerve neurolysis was discussed. Before deciding on surgery, the patient will contact Dr. Levin for discussion of medication to address his nerve-related pain symptoms.

He will also see Dr. Biafora for a second opinion regarding possible surgical intervention.

NEXT VISIT: 5/17/2012 with Dr. Biafora.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./ail

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Dr. Biafora

Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	05/17/2012

CHART NOTE:
The patient was seen in the office today for evaluation of the right upper extremity. Mr. Dulberg is a patient of Dr. Sagerman's who presents today for a second opinion, referred by Dr. Sagerman. Briefly, Mr. Dulberg is a 41 year old, right hand dominant male who on June 28, 2011 sustained a chain saw injury to the right forearm. The patient states that he was told he had a partial nerve injury in the emergency room. Today, he reports some weakness in his right hand. He reports numbness in his right small and ring fingers at rest with occasional tingling. He also reports occasional shooting, burning type pain which radiates both proximally and distally from the area of the injury in the proximal forearm. This occurs several times a day at rest and more predictably with use. He denies ny previous injuries. He has undergone electrodiagnostic tests in the recent past. He was recently seen by Dr. Levin a few days ago and has been taking Neurontin over the past couple of days. The patient is currently applying for disability, secondary to his injury as he states that he is unable to perform his previous work activities.

PAST MEDICAL HISTORY: Arthritis, migraine headaches.

PAST SURGICAL HISTORY: Ulnar nerve decompression at the elbow with anterior transposition.

MEDICATIONS: Neurontin, Naproxen, Flexitine, Tramadol, Cyclobenzoprine.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He smokes one pack of cigarettes per day.

PHYSICAL EXAM: Examination of the right upper extremity – elbow motion is from 0 to 140 degrees with full forearm rotation which is painless. There is a positive Tinel at the cubital tunnel through to approximately several centimeters distal to this. There is a transverse swelling and a healed scar, several millimeters in length in the proximal third of the forearm on the ulnar side. There is a positive Tinel over the scar at the most volar radial aspect of the scar. There is also significant tenderness at the scar to deep palpation on its most ulnar and distal border near the ulna. The Tinel over the most volar and radial aspect of the scar radiates into the ulnar digits. Moving two point discrimination in the small finger is 6-7 mm. There appears to be good strength to first dorsal

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 05/17/2012

Interosseous testing. Negative Froment's sign. Positive Wartenberg's. Full digital motion. He has good strength to DIP flexion of the small and ring fingers. There is pain at the scar on its most dorsal and ulnar border with resisted DIP flexion of the small finger. FCU function also appears to be intact, also eliciting pain at the scar. Electrodiagnostic studies dated March 13, 2012 has been reviewed.

ASSESSMENT: Approximately one year status post right forearm laceration with likely partial ulnar nerve injury, with ulnar nerve neuritis.

PLAN: The nature of the patient's condition has been explained in detail. All of his questions were answered. The patient may benefit from an ulnar nerve exploration with neurolysis. I would recommend this also include a cubital tunnel decompression with possible anterior transposition. He understands that this will not likely improve the motor deficits in his hand, however, it may improve he pain to his forearm. An ulnar nerve repair of a partial laceration is unlikely at this point. He also has a separate and distinct tenderness in the most dorsal ulnar aspect of the wound. He may require exploration of this portion of the scar as well. The patient would like some time to think about this. He will continue to be treated with the Neurotin under the neurologist. He will follow-up with Dr. Sagerman in four weeks.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Unrestricted.
Sam J. Biafora, MD/sld

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 06/06/2012

CHART NOTE:
The patient was in the office today for evaluation of the right elbow. He reports no change in his symptoms despite medication. He has side effects from the medication which interfere with functioning. He would like to proceed with surgery which was discussed with Dr. Biafora previously. He had additional therapy, but this was discontinued due to lack of progress.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm is unchanged. A positive Tinel sign is present at the cubital tunnel without ulnar nerve subluxation. The forearm scar is stable with tenderness and sensitivity to percussion. He indicates pain with gripping activities localized to the forearm region and resulting in increased numbness in his ring and small fingers with weakness of his grip.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The surgical indication was discussed. Informed consent was obtained for the procedure. He understands the risks, benefits and possible complications of surgery as well as the expected outcome. The prognosis is guarded in terms of symptom improvement. However, he feels that any improvement in symptoms would be beneficial in terms of his arm functioning.

He was advised to contact the neurologist to report his symptoms associated with the use of Neurontin medication. Medical clearance will be obtained from his primary care physician before surgery is scheduled.

NEXT VISIT: After surgery.

ACTIVITY/WORK STATUS: Unrestricted.
Scott D. Sagerman, MD./all

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Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	07/11/2012

CHART NOTE:
The patient was in the office today for evaluation of the right arm. He is doing Ok. No problems after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are clean. Sutures are in place. Minimal swelling. No drainage. No sign of infection. Circulation and sensation are intact distally.

TREATMENT PLAN: Operative findings were reviewed. Dressing was reapplied. Infection precautions were explained. Activity restrictions were given.

A therapy referral was provided for range-of-motion exercises and edema control measures. A padded elbow sleeve was applied for protection.

Follow up in two weeks for suture removal.

NEXT VISIT: Clinical 7/23/2012. Dr. Sagerman in Vernon Hills office 7/30/2012.

ACTIVITY/WORK STATUS: Off work.
Scott D. Sagerman, MD./all

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/23/2012

CLINIC NOTE:
The patient was seen for a clinic visit today for evaluation of right forearm/elbow.

The patient states he is doing Ok.

All dressings are removed, and Steri-strips are applied.

NEXT VISIT: 7/30/2012 with Dr. Sagerman in the Vernon Hills office.

ACTIVITY/WORK STATUS: Off work.
Clinic Staff/all

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 07/30/2012

CHART NOTE:
The patient was in the office today for evaluation of the right forearm/elbow. He is doing well. His arm feels better. His hand function has increased, and he feels that his symptoms have improved since the surgery was performed.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are healed. Scarring is stable. There is mild diffuse swelling adjacent to the forearm scar but no erythema, warmth or tenderness. Wrist, elbow and finger motion are satisfactory. Sensation is intact in all distributions. He indicates improved independent finger flexion in comparison to the preoperative function.

TREATMENT PLAN: I reviewed the operative findings. He will continue supervised therapy and home exercises, including light strengthening and scar management. A forearm sleeve will be prescribed for edema control.

Activity restrictions were reviewed. Follow up in one month.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. No lifting/pushing/pulling.
Scott D. Sagerman, MD./all

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 08/27/2012

CHART NOTE:
The patient was in the office today for evaluation of the right elbow. He is doing ok. His elbow is sore. He is participating in therapy. His progress is satisfactory. His grip strength has increased. His hand function has improved.

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable. There is mild tenderness over the forearm scar at the ulnar aspect. There is no sign of infection. Elbow and wrist motion are unrestricted. There is no ulnar nerve subluxation. Intrinsic strength is increased. Sensation is intact in all distributions.

TREATMENT PLAN: The therapy progress report from August 21 2012 was reviewed. Additional therapy was prescribed, including scar management and strengthening. Continued improvement is expected over time.

He may advance activities as tolerated in conjunction with therapy. Follow-up six weeks. Work status is limited forceful gripping and no lifting/pushing/pulling.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping and no lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

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Patient ID: 80330
Patient Name: PAUL DULBERG
Date of Birth: 03/19/1970
Date of Service: 10/22/2012

CHART NOTE:
The patient was in the office today for evaluation of the right arm. He is feeling better. His function has improved. He had additional therapy with gains in his strength. The sensation in his fingers has improved. He is pleased that he can now grasp objects better than he did before surgery. He still has some difficulty with certain activities involving gripping and pinching small objects.

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable and nontender. There is no sensitivity at the cubital tunnel. There is no ulnar nerve subluxation. He still has tenderness at the dorsal aspect of the forearm scar but less pain with gripping activities. His maximum grip strength was 112 pounds, according to the most recent therapy measurement.

TREATMENT PLAN: The patient will continue home exercises as previously directed by the therapist. He may advance activities with use of his right arm as tolerated. Continued improvement in strength is expected over time.

We discussed his work activities. He is currently unemployed and plans to pursue disability.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

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Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	12/03/2012

CHART NOTE:
The patient was in the office today for evaluation of his right hand. He still has some weakness in his pinch strength and difficulty grasping objects. He is performing home exercises.

He also reports a recent onset of left elbow symptoms with no preceding trauma.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm scars are stable with no tenderness or sensitivity. Finger motion is normal. There is slight weakness in key pinch. Sensation is intact in all distributions.

The left elbow shows tenderness at the lateral epicondyle. Range of motion is guarded. There is pain at the end range of extension and pain is reproduced with resisted wrist extension. There is no effusion or bursitis. The posteromedial scar is stable. There is no joint crepitus.

X-RAY EXAMINATION: Multiple views of the left elbow today are negative.

IMPRESSION: Left lateral epicondylitis.

TREATMENT PLAN: I explained the diagnosis and treatment options. The etiology of the condition was discussed. A therapy referral is given for epicondylitis protocol. Activity modifications were explained. He will continue home exercises for the right hand for strengthening.

Follow-up 4-6 weeks. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: 4-6 weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

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Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	01/14/2013

CHART NOTE:
The patient was in the office today for evaluation of the left arm. He is doing ok. He is participating in therapy. His symptoms have improved.

PHYSICAL EXAMINATION: Examination of the left elbow shows tenderness at the lateral epicondyle which is improved. Range of motion is improved. There is slight pain with resisted wrist extension. There is no crepitus. The skin is intact.

TREATMENT PLAN: He will continue therapy and home exercises for epicondylitis protocol. Activity modifications reviewed. A counterforce forearm brace may also be tried in conjunction with the therapy program.

Follow-up one month. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling.
Scott D. Sagerman, MD./sld

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Patient ID:	80330
Patient Name:	PAUL DULBERG
Date of Birth:	03/19/1970
Date of Service:	03/25/2013

CHART NOTE:
The patient was in the office today for evaluation of left elbow. He is doing well. His elbow feels better following therapy.

He has intermittent soreness in his right forearm area.

PHYSICAL EXAMINATION: The left elbow shows minimal tenderness at the lateral epicondyle. The skin is intact. Range of motion is full. There is slight pain with resisted wrist extension. There is no weakness.

The right forearm scar is stable. There is mild sensitivity at the most ulnar aspect.

TREATMENT PLAN: He will continue therapy and home exercises for the left elbow epicondylitis protocol. Continued improvement is expected over time. It does not appear that any invasive treatment is needed.

For the right forearm scar, a padded elbow sleeve was provided for protection.

He may return for follow up on an as-needed basis if symptoms worsen.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling.
Scott D. Sagerman, MD./all

PHONE: 847-956-0099 FAX: 847-956-0433
515 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

WWW.HSASC.COM

History & Physical Report #2

Paul Dulberg
8/26/2013 10:57 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)
The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)
The physical exam findings are as follows:
Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.
right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)
Lateral Epicondylitis (Tennis Elbow) (726.32)
Story: Left
Current Plans
| Treatment options explained
| Therapy notes reviewed / discussed with patient
| Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
| Activity restrictions discussed
| Follow up as needed
| Return to Work Date: _08/26/13_____

Work status discussed with patient and written statement was provided.

[xx] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

[ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling
[ ] No use of affected hand / arm [ ] Limited overhead use
[ ] Limited lifting / pushing / pulling _____#
[ ] Wear Splint / Sling / Cast [ ] No forceful gripping [ ] No gym / sports
[ ] Sedentary [ ] Limited forceful gripping

[ ] Other:

PAIN IN JOINT, FOREARM / ELBOW (719.43)
Story: right
Current Plans
| Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.

Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 55223
DD: Mon Jul 09 17:36:30 2012 EST
DT: Tue Jul 10 02:03:22 2012 EST
JN: 51418590

DSC OPERATIVE REPORT

DATE OF OPERATION: 07/09/2012

PREOPERATIVE DIAGNOSES:
1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

POSTOPERATIVE DIAGNOSES:
1. Right cubital tunnel syndrome.
2. Right ulnar nerve injury at the forearm.

PROCEDURES:
1. Right cubital tunnel release.
2. Right ulnar neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

ASSISTANT: Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulnar nerve was not visibly constricted at this level.

The right forearm, the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were in intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this level.

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was elevated following exsanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexor pronator aponeurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branches were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulnar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulnar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulnaris muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm
with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
DSC OPERATIVE REPORT Page 2 of 2
cc: Sam Biafora, MD

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
DSC OPERATIVE REPORT Page 2 of 2
cc: Sam Biafora, MD

Authenticated and Edited by Scott Sagerman MD On 7/10/12 11:58:39 AM

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL

CYCLE 07/13/12
OUT:

NORTHWEST COMMUNITY HOSPITAL
800 W CENTRAL
ARLINGTON HTS, IL 60005-2349
847 618-4747
FEI # 362340313

HOSP. NO.

BIRTH-DATE 03/19/70 424

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
S G						
DULBERG, PAUL	71265382	M	42	07/09/12		

GUARANTOR NAME AND ADDRESS
PAUL R DULBERG
4606 HAYDEN COURT
MCHENRY IL 60051

C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	SELFPAY		00000

SAGERMAN, SCOTT D MD

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT $

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
07/09	001 NEUROLYSIS		1559.00					1559.00
07/09	001 ULNAR NERVE REPAIR		3817.00					3817.00
07/09	001 BLOCK,SUPRACLAVICULAR		479.00					479.00
07/09	001 US ECHO GUIDE FOR BIO		511.00					511.00
BALANCE FORWARD			0.00					
SUMMARY OF CURRENT CHARGES								
	OPERATING ROOM		5855.00					5855.00
	IMAGING/X-RAY		511.00					511.00
SUB-TOTAL OF CURR. CHARGES			6366.00					6366.00

THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS. WE ARE BILLING THE INSURANCE THAT IS LISTED ABOVE. IF SELF PAY IS LISTED, AND YOU DO HAVE INSURANCE, PLEASE CALL 847-618-4747.

PATIENT NUMBER
71265382

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT 6366.00

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

U01

IWC DAY SURGERY CENTER
175 W KIRCHOFF
ARLINGTON HT IL 600052349
1476184747

NORTHWEST COMMUNITY HOSP
PO BOX 95865
CHICAGO IL 60694

25 PAT CNTL # 71265382 | 1 TYPE OF BILL 0831
26 MED REC # 0001307925
27 FED TAX NO 363540436 | 28 STATEMENT COVERS PERIOD FROM 070912 THROUGH 070912

PATIENT NAME: DULBERG , PAUL
8 PATIENT ADDRESS: 4606 HAYDEN COURT | MCHENRY | IL | 60051

9 BIRTHDATE	10 SEX	11 DATE	12 ADMISSION HR	13 TYPE	14 SRC	15 DHR	16 STAT	17 CONDITION CODES	20 ACDT STATE	30
13191970	M	070912	12	3	1		01			

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	OCCURRENCE SPAN FROM	THROUGH	36 OCCURRENCE SPAN CODE	OCCURRENCE SPAN FROM	THROUGH	37

AUTO OWNERS INS
6000 TALLGATE
SUIT D
ELGIN IL 60123

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a						
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
402	ULTRASOUND	76942	070912	1	511.00		
490	AMBUL SURG	64718RT	070912	1	5855.00		

07/09/2012 12:02

NORTHWEST COMMUNITY HOSPITAL / DAY SURGERY CENTER

PATIENT FACE SHEET

PATIENT NUMBER	ADM. DATE	ADM. TIME	NRS ST	ROOM/BD	FCL	TP/SVC	REG BY	CLN CD	MEDICAL RECORD NO.
71265382	07/09/12	12:02			S	G / DSC	RBAGG	DSC	0001307925

PATIENT

PATIENT NAME AND ADDRESS
DULBERG ,PAUL R
4606 HAYDEN COURT
MCHENRY IL 60051-

S.S. NUMBER	AGE	DATE OF BIRTH	SEX	RACE	M/S	PATIENT STATUS
XXX-XX-XXXX	42	03/19/1970	M	1	S	OA

PHONE: 847/497-4250
RELIGION: NOP
CNTRY CD:
CASE MGR:
COMPLAINT/DX: RIGHT ULNAR NEURITIS
NCMG(Y)/Elec Ord(Q):

EMPLOYER

NONE
7777 WINN ROAD
SPRING GROVE IL 60081-
WORK PHONE 999/999-9999

SUBSCRIBER

DULBERG ,PAUL
4606 HAYDEN COURT
MCHENRY , IL 60051-
HOME PHONE 847/497-4250

EMERGENCY CONTACT

PRIMARY
DULBERG ,BARB
HOME PHONE 847/497-4250
WORK PHONE / EXT
RELATIONSHIP: ADULT CHIL

SECONDARY
HOME PHONE / -
WORK PHONE / - EXT
RELATIONSHIP

INSURANCE

Ins 1: S99 SELFPAY
Pol #: 00000 Type:
DULBERG
4606 HAYDEN COURT
MCHENRY , IL 60050-
Sub1: DULBERG ,PAUL
Phn #:847/497-4250
Grp #:00000
SELF
COB: 1
Vfy: Y

Ins 2:
Pol #: Type:
Sub2:
Phn #:/ -
Grp #:
COB:
Vfy:

Ins 3:
Pol #: Type:
Sub3:
Phn #:/ -
Grp #:
COB:
Vfy:

EPISODE INFO

ATTENDING PHYSICIAN: 009628 SAGERMAN, SCOTT D MD ORH
PHYSICIAN GROUP: 628 HAND SURGERY ASSOC S.C.
ADMITTING PHYSICIAN: 009628 SAGERMAN, SCOTT D MD ORH
REF/FAMILY PHYSICIAN: / -
PRIMARY CARE PHYSICIAN: / -
LAST EPISODE ACTIVITY DATE: 06/11/12

Outpatient Coding Summary

Patient Name		Sex	Birth Date	Age	MR Number	Account Number
DULBERG, PAUL R		**Male**	**03/19/1970**	**42**	**0001307925**	**71265382**
Admit Date	Discharge Date	LOS	Financial Class		Disposition	
07/09/12 12:02 PM	**07/09/12 12:02 PM**	**1**	**Self Pay**			
Attending Physician		Coder			Patient Type	
SAGERMAN, SCOTT D MD		**Litty Vincent**			**O/P Day Surgery Center (DSC)**	

Reason for visit

3542 Lesion of ulnar nerve

Secondary Diagnosis

9552 Injury to ulnar nerve
E9289 Unspecified environmental and accidental causes

Procedures	Provider	Date
0449 Peripheral nerve/ganglion decompression/lysis of adhesion	SAGERMAN, SCOTT D MD	07/09/12

CPT Procedures and Modifiers	Provider	Date
64718 -RT Neuroplasty and/or transposition; ulnar nerve at elb	SAGERMAN, SCOTT D MD	07/09/12

APC	CPT	APC Text	APC Weight	APC Pct	APC Reimb	CMS Reimb
00220	64718	00220 Level I Nerve Procedures	18.88	1.00	1344.01	1075.21

APC Total Reimbursement	APC Total Weight	Total CMS Reimbursement
1344.01	**18.88**	**1075.21**

Bill Type	Claim Type	Claim Disposition	Condition Code
131	**Single day proc**	**No edits on claim**	**None of the above**

nch Northwest Community Hospital

Outpatient Coding Summary

Patient Name		Sex	Birth Date	Age	MR Number	Account Number
DULBERG, PAUL R		**Male**	**03/19/1970**	**42**	**0001307925**	**71265382**
Admit Date	Discharge Date	LOS	Financial Class		Disposition	
07/09/12 12:02 PM	**07/09/12 12:02 PM**	**1**	**Self Pay**			
Attending Physician		Coder			Patient Type	
SAGERMAN, SCOTT D MD		**Litty Vincent**			**O/P Day Surgery Center (DSC)**	

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00220	64718	00220 Level I Nerve Procedures	18.88	1.00	1344.01	1075.21

APC Total Reimbursement	APC Total Weight	Total CMS Reimbursement
1344.01	**18.88**	**1075.21**

Bill Type	Claim Type	Claim Disposition	Condition Code
131	**Single day proc**	**No edits on claim**	**None of the above**

nch Northwest Community Hospital

AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT

A peripheral nerve block has been chosen by both your surgeon and anesthesiologist as a way to manage your pain after surgery. The following information outlines the type of block that has been indicated for your procedure. Your anesthesiologist, who is specially trained in performing this procedure, and is an independent practitioner and not an employee of Northwest Community Healthcare, will be placing the nerve block.

Though peripheral nerve blocks have a good safety record, all the listed blocks below have possible adverse effects of incomplete block, infection, bleeding, hematoma formation, adverse drug reaction, local anesthetic systemic toxicity, damage to nerve and/or surrounding structures. The duration of block may vary between patients and some motor and sensory deficits may last longer then expected.

Right
___ **Brachial Plexus block**
This is performed to reduce post operative pain in the upper extremity. Possible specific adverse effects include but are not limited to dryness or numbness of the throat/facial region, hoarseness of the voice, redness of the eye, drooping of the eye lid, shortness of breath and rarely collapsed lung.

___ **Femoral, Sciatic, Popliteal nerve block(s)**
This is performed to reduce post operative pain in the lower extremity. This block(s) will reduce your sensation and muscle strength in your leg. You will be required to have a leg splint on at all times when standing or walking until full feeling and muscle strength has returned, otherwise a potential injury due to fall may occur.

___ **Lumbar Plexus block**
This is performed to reduce post operative pain in the hip and lower extremity. Possible specific adverse effects include but are not limited to hematoma of the retroperitoneal space, spread of local Anesthetic to epidural/subarachnoid space, hypotension, possible injury due to fall.

___ **Transversus Abdominis Plane Block (TAP block)**
This is performed to reduce post operative pain in the abdominal area. Possible adverse effects include inadvertent needle puncture of the peritoneal space or abdominal viscera, bowel hematoma.

Other regional nerve blocks: _____

_____

With your signature, you have acknowledged that you have been informed of risks and benefits as well as expected outcomes for the post operative nerve block chosen for you. You are also confirming that you have read and fully understand the content of this authorization.

Patient Signature Paul Dulberg Date and Time 7/6/12 10:1

Witness Signature _____ Date and Time 7/6/12 12:

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 56917

Northwest Community Hospital
Arlington Heights, IL 60005

14675CONSN

AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT

Form # 001.175-07/11-1-PS

1. I hereby authorize Sagerman

M.D. and whomever he may designate as physician, assistants, to administer such medical treatment, including blood transfusions, as he deems necessary and/or to perform upon Paul Dulberg (State Name of Patient) the following procedure: Right ulnar nerve decompression and transposition, neurolysis at forearm

(State Nature of Procedure(s) to be Performed)

and if any unforeseen condition arises in the course of the procedure calling, in his judgment, for procedures in addition to, or different from, those now contemplated, I further request and authorize him to do whatever he deems advisable.

2. My physician has explained the nature and purpose of the procedure, or blood transfusion, possible alternative methods of treatment, the risks involved, and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I consent to the administration of anesthesia and/or sedation to be applied by or under the direction of a qualified physician, and to the use of such anesthetics as he may deem advisable, and that the risks and benefits of anesthesia have been explained to me, with the exception of:

(A Blank Space or the Word "None" Indicates No Exceptions)

4. I consent to the disposal by authorities of Northwest Community Hospital of any tissues or parts which may be removed.

5. I consent to and authorize the photographing or televising of such operations and/or procedures, including appropriate portions of my body for medical, scientific or educational purposes, provided my identity is not revealed by the picture or by descriptive text accompanying them.

6. I consent to and authorize students in the health care professions and appropriate non-medical persons to be present during the above procedure.

7. The above physician, the anesthesiologist, if applicable, their assistants, and their physician groups are not employees or agents of the hospital, but are independent practitioners.

8. I certify that I have read and fully understand the entire contents of this authorization in proof of which I affix my signature below.

(WITNESS) (SIGNATURE OF PATIENT)

NOTE: If patient is a Minor or incompetent to give consent, complete the following:

(WITNESS) (SIGNATURE OF PERSON AUTHORIZED TO CONSENT FOR PATIENT)

(WITNESS) (RELATION TO PATIENT)

7/9/12 1230
(DATE/TIME)

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 1143 (front)

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

2 4 6 0 1 C O N S N

AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES

Form No. 001.011-03/10-1-SD

1. Por medio de este documento autorizo al Doctor_____

_____

y a quien él señale como médico, y asistentes, para que administren tratamiento médico, lo cual incluye transfusiones de sangre, si lo estima necesario, y /o practicar en _____ el siguiente procedimiento:

(Indique nombre del paciente)

_____

_____

_____

(Indique la naturaleza del procedimiento o procedimientos a ser practicado(s))

y, si surgiere alguna situación imprevista en el transcurso del procedimiento mencionado, yo pido y también le autorizo para que, a su criterio, aplique otros procedimientos que no hayan sido aquí considerados; y que proceda con lo que estime aconsejable.

2. Mi médico me ha explicado la naturaleza y el propósito del procedimiento, o transfusión de sangre, los métodos alternativos posibles del tratamiento, los riesgos que implica y la posibilidad de complicaciones. Declaro que ni garantía ni seguridad ha sido expresada acerca de los resultados que puedan ser obtenidos.

3. Consiento en que la administración de anestesia y/o sedación sea aplicada por o bajo la supervisión de un médico calificado, y que el uso de tales anestésicos será según el lo estime aconsejable, con la excepción de:

_____

(Un espacio en blanco o la palabra "ninguna" indica que no hay excepciones)

4. Consiento en que las autoridades de Northwest Community Hospital dispongan de los tejidos o partes que hayan sido removidos.

5. Consiento y autorizo la toma de fotografías y las grabaciones televisivas de tales operaciones y/o procedimientos, lo cual incluye porciones apropiadas de my cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no sea revelada en las fotografías o en el texto que acompaña a éstas.

6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico calificado, puedan estar presentes durante el procedimiento arriba mencionado.

7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados ni agentes del hospital, pero son personal médico independiente.

8. Certifico que he leído y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo mi firma aquí.

_____ _____

(TESTIGO) (FIRMA DEL PACIENTE)

Si el paciente es menor de edad o está incapacitado para dar su consentimiento, complete la siguiente información:

_____ _____

(TESTIGO) (FIRMA DE LA PERSONA AUTORIZADA PARA DAR CONSENTIMIENTO POR EL PACIENTE)

_____ _____

(TESTIGO) (RELACION CON EL PACIENTE)

_____

(FECHA/HORA)

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

AUTORIZACIÓN PARA PROCEDIMIENTOS E DIAGNÓSTICO, TERAPÉUTICOS Ó QUIRÚRGICOS
AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES (SPANISH)
Form No. 001.011-03/10-1-SD

NCH Item # 1143 (backer)

DAY SURGERY CENTER PATIENTS

☒ I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

☐ I have received a copy of the Patient Rights and Responsibilities.

SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the patient to be the primary contact to receive updates about the patient's condition. An alternate spokesperson(s) may be selected in case the primary spokesperson is not available. It is a requirement that both primary and alternate spokespersons have the patient's permission to receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this written document.

Physician may share information about my procedure with the following individuals:

Name	Relationship	*(Cell Phone Number)*
Barb	mom	

☐ ***Do not share routine information regarding my procedure***

Responsible adult that will drive me home: _____

☐ Same as above

☐ *My driver plans to stay in the immediate area (waiting room)- **Pager number*** 42

☐ *My driver will pick me up when ready:* _____
Name and phone number for driver

☐ *Adult who will stay with me at home for 24 hours:* _____

Notes: _____

Patient/Guardian Signature: Paul Dulberg Date: _____

BLOCK

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 57533

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

2-

14629CONSN

SHARING PATIENT INFORMATION FORM

Form # 001.170-09/11-1-SD

UNIVERSAL CONSENT

LANGUAGE SERVICES [PL] (please initial)
I understand that I have the right to a free interpreter.

[X] English Speaking - No Interpreter Necessary.

[ ] I accept the interpreting services provided by the hospital.

Language Requested: _____ Name of Interpreter: _____

[ ] I refuse the interpreting services. [ ] I request a friend or family member to interpret.

Refusal Signature: _____

[ ] Form read to patient by: _____

CONSENT FOR TREATMENT [PL] (please initial)
I hereby consent to the administration and performance of all tests and treatments by members of the medical staff and personnel at Northwest Community Hospital, Northwest Community Day Surgery Center, and/or Northwest Community Medical Group ("NCH") which in the judgment of the physicians may be considered necessary or advisable for the diagnosis or treatment for the condition for which I am presenting myself. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me. I authorize NCH to request and receive information, including my medical record, from my treating physician(s) or agents.

DISCLOSURE STATEMENT [PL] (please initial)
My care will be managed by physicians who are not employed by or acting as agents of NCH but have privileges at these facilities. My physician may decide to call in consultants who are also not employed by or agents of NCH and who practice in other specialties to provide care to me. To provide specialized services such as emergency medicine, radiology, radiation oncology, pathology and anesthesiology, NCH has entered into agreements with independent physician groups. The members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.

RELEASE OF RESPONSIBILITY FOR VALUABLES [PL] (please initial)
I acknowledge that NCH **WILL NOT** be liable for any loss or theft of any personal property of mine, other than that which is deposited in the hospital safe, whether such loss or theft is caused by any patient, visitor, guest, agent or employee of NCH. I hereby release and exonerate NCH from any loss or theft of my personal property.

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF RECORDS [PC] (please initial)
I currently maintain insurance coverage which will reimburse the charges from NCH, my treating physicians, and any ambulance transport for medical care provided to me. In consideration of those services, I hereby assign, transfer and convey to NCH, my treating physicians, and any ambulance providers all of my rights, title and interest in my medical insurance for medical expense reimbursement, including, but not limited to adding dependent eligibility, and to have a policy continued or issued in accordance with the terms and benefits under any insurance policy continued or issued.

I hereby authorize the NCH and any physician or other healthcare provider who may treat me to release, for the purpose of billing and collecting, any and all pertinent information contained in my medical records, including HIV, to one another and/or their billing agents, and third party payors responsible for payment of patient charges including but not limited to insurance companies, health benefit plans, employers involved in approval of benefit claims, government agencies or intermediaries representing any of the above.

PAYMENT GUARANTEE [PC] (please initial)
I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by NCH and/or my treating physicians, whether as an inpatient or outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be fully responsible for payment of the balance.

RECEIPT OF NOTICE OF PRIVACY PRACTICES [PC] (please initial)
I acknowledge that I have received NCH's Notice of Privacy Practices. I understand that the notice describes the uses and disclosures of my protected health information by NCH and informs me of my rights with respect to my protected health information. For more information, please contact the Patient Advocate Office at 847.618.4390.

RECEIPT OF CHARITY CARE/FINANCIAL ASSISTANCE BROCHURE [PC] (please initial)
I acknowledge that I have received the NCH Charity Care/Financial Assistance brochure. For more information, please contact a Financial Counselor at 847.618.4542.

Upon signing this consent, I acknowledge that I have read and understand the foregoing and accept its terms.

Patient Signature Paul Dulberg Date 7/9/12

If Patient under 18 years Parent or Guardian Signature _____ Date _____

If Patient unable to sign-Legal Representative _____

Relationship to Patient and reason Patient unable to sign _____

Date of Service _____

NCH Employee Witness Signature [illegible] Date _____

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

UNIVERSAL CONSENT

LANGUAGE SERVICES [P.L.] (please initial)
I understand that I have the right to a free interpreter.

- [X] English Speaking - No Interpreter Necessary.
- [ ] I accept the interpreting services provided by the hospital.

Language Requested: _____ Name of Interpreter: _____

- [ ] I refuse the interpreting services. [ ] I request a friend or family member to interpret.

Refusal Signature: _____

- [ ] Form read to patient by: _____

CONSENT FOR TREATMENT [P.L.] (please initial)
I hereby consent to the administration and performance of all tests and treatments by members of the medical staff and personnel at Northwest Community Hospital, Northwest Community Day Surgery Center, and/or Northwest Community Medical Group ("NCH") which in the judgment of the physicians may be considered necessary or advisable for the diagnosis or treatment for the condition for which I am presenting myself. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me. I authorize NCH to request and receive information, including my medical record, from my treating physician(s) or agents.

DISCLOSURE STATEMENT [P.L.] (please initial)
My care will be managed by physicians who are not employed by or acting as agents of NCH but have privileges at these facilities. My physician may decide to call in consultants who are also not employed by or agents of NCH and who practice in other specialties to provide care to me. To provide specialized services such as emergency medicine, radiology, radiation oncology, pathology and anesthesiology, NCH has entered into agreements with independent physician groups. The members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.

RELEASE OF RESPONSIBILITY FOR VALUABLES [P.L.] (please initial)
I acknowledge that NCH **WILL NOT** be liable for any loss or theft of any personal property of mine, other than that which is deposited in the hospital safe, whether such loss or theft is caused by any patient, visitor, guest, agent or employee of NCH. I hereby release and exonerate NCH from any loss or theft of my personal property.

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF RECORDS [PD] (please initial)
I currently maintain insurance coverage which will reimburse the charges from NCH, my treating physicians, and any ambulance transport for medical care provided to me. In consideration of those services, I hereby assign, transfer and convey to NCH, my treating physicians, and any ambulance providers all of my rights, title and interest in my medical insurance for medical expense reimbursement, including, but not limited to adding dependent eligibility, and to have a policy continued or issued in accordance with the terms and benefits under any insurance policy continued or issued.

I hereby authorize the NCH and any physician or other healthcare provider who may treat me to release, for the purpose of billing and collecting, any and all pertinent information contained in my medical records, including HIV, to one another and/or their billing agents, and third party payors responsible for payment of patient charges including but not limited to insurance companies, health benefit plans, employers involved in approval of benefit claims, government agencies or intermediaries representing any of the above.

PAYMENT GUARANTEE [PD] (please initial)
I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by NCH and/or my treating physicians, whether as an inpatient or outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be fully responsible for payment of the balance.

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Upon signing this consent, I acknowledge that I have read and understand the foregoing and accept its terms.

Patient Signature [Paul Dulberg] Date 7/9/12

If Patient under 18 years Parent or Guardian Signature _____ Date _____

If Patient unable to sign-Legal Representative _____

Relationship to Patient and reason Patient unable to sign _____

Date of Service _____

NCH Employee Witness Signature [RBaro] Date _____

DAY SURGERY CENTER PATIENTS

☒ I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

☐ I have received a copy of the Patient Rights and Responsibilities.

SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the patient to be the primary contact to receive updates about the patient's condition. An alternate spokesperson(s) may be selected in case the primary spokesperson is not available. It is a requirement that both primary and alternate spokespersons have the patient's permission to receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this written document.

Physician may share information about my procedure with the following individuals:

Name	Relationship	*(Cell Phone Number)*
Barb	mom	

☐ ***Do not share routine information regarding my procedure***

Responsible adult that will drive me home: _____

☐ Same as above

☐ *My driver plans to stay in the immediate area (waiting room)-* ***Pager number*** 42

☐ *My driver will pick me up when ready:* _____
Name and phone number for driver

☐ *Adult who will stay with me at home for 24 hours:* _____

Notes: _____

Patient/Guardian Signature: X Paul Dulberg Date: _____

BLOCK

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

2-

14629CONSN

SHARING PATIENT INFORMATION FORM

NCH Item # 57533

Form # 001.170-09/11-1-SD

Key Points to observe after hospital discharge:

1) Begin to take your oral pain medication when you start to have feeling in your operative limb. This will provide more effective pain relief than if you wait until the block wears off completely.

2) Start taking your home medications as directed by your family physician or surgeon.

3) You may notice a slight temperature difference between your "blocked" limb versus your other limbs. This is not unusual and is a normal occurrence for this type of anesthesia.

Upper Limb (Arm)

1) The nerve block will wear off in about 6 - 24 hours. Until then, your arm and shoulder area will be numb and weak. DO NOT lift or carry objects.

2) Limit your activities until full feeling and strength have returned to avoid injury due to altered sensation.

3) If given an arm sling, wear sling until you have feeling and muscle strength to control your arm or your surgeon tells you to remove it. This also is to prevent injury.

Lower Limb (Leg)

1) The nerve block will wear off in about 6 - 24 hours. Until then, your leg will be numb and weak. DO NOT try to bear weight on your leg or you might fall! When given a brace, wear it at all times that you are up and about, until your surgeon tells you otherwise.

2) Limit your activities until full feeling and muscle strength have returned to avoid injury due to altered sensation.

3) Use assistive devices such as crutches or a walker as ordered by your physician.

If you have redness or swelling at the injection site, metallic taste in your mouth, facial numbness or tingling, slurred speech, restlessness, or any question that is of concern please call the 847.618.7200 immediately and ask to talk to an anesthesiologist.

Patient/Patient Rep Signature

Nurse Signature 7/9/12 Date and Time 540

DULBERG ,PAUL R
71265382 M 42 07/09/12
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SAGERMAN, SCOTT D MD

Northwest Community Hospital
Arlington Heights, IL 60005

14054DISR

Regional Anesthesia/ Single Block Injection
Discharge Instruction Sheet

NCH Item # 56906

Form # 005.789-12/11-1-PS

Original – Chart

Photocopy – Patient

You are urged to carefully follow these instructions. Following anesthesia you may experience lightheadedness, dizziness, and sleepiness.

YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR THE FIRST 24 HOURS.

ACTIVITY:

☒ The first 24 hours after surgery/procedure
- ☒ NO operating of power/heavy equipment.
- ☒ NO driving a motor vehicle.
- ☒ NO activities that require judgment decisions.
- ☒ NO work or school.

☐ REST at home. Limited activity as tolerated. No heavy lifting.
☒ No weight bearing. ☐ Weight bearing as tolerated with crutches/walker/surgical shoe as discussed.
☒ Keep operative site elevated. (R) arm
☐ Fall prevention discussed.
☐ May shower on _____
☐ May return to work on _____

DIET:

☐ Clear liquids for 24 hours, then advance to soft diet then regular diet.
☒ Resume normal diet ☒ as tolerated ☐ after _____
☒ Do not drink alcoholic beverages including beer or wine for 24 hours.

MEDICATIONS: Norco

Pain medication containing codeine or other narcotics may produce some loss of judgment and/or coordination. If you are taking such medication, please adhere to the following instructions:
☒ Do not drive a motor vehicle; operate power tools or machinery while taking this medication.
☒ Do not drink alcoholic beverages (including beer and wine) while taking pain medication.
☒ Medication reconciliation sheet discussed and given to patient.

IMPORTANT: Call your physician promptly for the following:

☒ Signs of infection at operative area(s) and/or IV site: fever >101 or chills, pus or foul smelling drainage, redness or swelling at site, severe pain.
☒ Any abnormal bleeding ☒ Heart palpitations ☒ New or unusual pain
☒ Persistent nausea and vomiting ☒ Rash
☒ If your extremity looks pale or blue, becomes swollen, or you feel a change in sensation.

If you are unable to contact your physician/surgeon and feel that your symptoms require a physician's attention, call or go directly to the nearest emergency department or call 911.

GYNECOLOGY / UROLOGY

☐ Avoid sexual intercourse as instructed by your physician for _____
☐ No tampons, no douching, and no tub baths or swimming as instructed by your physician for _____
☐ You may expect some vaginal bleeding, some abdominal cramping, and lower back pain.
☒ If unable to urinate within 6-8 hours after discharge, go to the Emergency Room.

FOLLOW UP:

☐ Call for an appointment to see Dr SAGERMAN in/on 7/12
☐ With Dr _____ as follows _____

Call 911 or go directly to the nearest emergency department for the following:

• difficulty breathing • chest pain • inability to remain alert.

ADDITIONAL INSTRUCTIONS

keep dressing dry, elevate (R) arm, sling x24 o

I have received and understand the above instructions:

Patient Signature _____ Nurse Signature _____ RN Date 7/9/12

Guardian/Adult with Patient Signature Barb Dulberg Date 7/9/12

DULBERG ,PAUL R
71265382 M 42 07/09/12
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SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

140100ISR

PATIENT DISCHARGE INSTRUCTIONS
for Diagnostic, Therapeutic or Surgical Procedures

NCH Item # 27008 White Copy - Chart Yellow Copy - Patient Form # 005.044-04/11-2-PS

DATE: _____ **TIME:** _____

HISTORY AND PHYSICAL:
This patient was examined, and "no change" has occurred in the patient's condition since the history and physical was completed.

Physician Signature _____ **M.D. / D.O.**

Interval Changes:

Physician Signature _____ **M.D. / D.O.**

DULBERG ,PAUL R
71265382 M 42 07/09/12
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Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

100037 H P

HISTORY AND PHYSICAL UPDATE NOTE

NCH Item # 46027

Form # 005.739-01/12-1-SD

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331
DD: Mon Jul 09 11:20:41 2012 EST
DT: Mon Jul 09 11:35:47 2012 EST
JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

CHIEF COMPLAINT/DETAILS OF PRESENT ILLNESS: The patient is a 42-year-old male being admitted for elective surgery for right ulnar nerve injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY: left ulnar nerve decompression - SS

FAMILY HISTORY: n/c - SS

ALLERGIES: None.

MEDICATIONS : Naproxen, tramadol and fluoxetine

SOCIAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:
HEART AND LUNGS: Normal.
EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activities.

DIAGNOSTIC DATA : X-rays of the right forearm from June 20, 2011, are negative. The MRI of the right forearm from February of 2012 was unremarkable.

IMPRESSION: Right ulnar neuritis at the cubital tunnel and partial ulnar nerve injury right forearm.

PLAN: Right ulnar nerve decompression, possible transposition and neurolysis at the forearm. The surgery is scheduled under regional block anesthetic in day surgery. The patient understands the risks and benefits of surgery and the chance of complications, and he requests to proceed.

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2
cc:

SS - Sagerman MD, Scott Tue Jul 31 12:24:16 CDT 2012

SS - Sagerman MD, Scott Fri Aug 24 13:15:32 CDT 2012

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2
cc:

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331
DD: Mon Jul 09 11:20:41 2012 EST
DT: Mon Jul 09 11:35:47 2012 EST
JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

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PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY:

FAMILY HISTORY:

ALLERGIES: None.

MEDICATIONS : Naproxen, tramadol and fluoxetine

SOCIAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:
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EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activities.

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DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2
cc:

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2
cc:

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

DATE: 7/9/12 TIME: _____

EXPECTED PATIENT OUTCOMES

Patient/significant other verbalizes understanding of planned procedure.
- ☑ Surgical consent signed
- ☑ Compliance with verbal or written instructions
- ☑ States in own words understanding of pre-procedure teaching

*Patient demonstrates or verbalizes an acceptable level of coping with anxiety.
- ☐ States in own words anxiety level
- ☐ States in own words coping needs
- ☑ Demeanor appropriate to situation

*(one or more of above)

Patient exhibits evidence of being prepared for the procedure in a safe and supportive environment.
- ☐ Complies with activity restrictions
- ☐ Ready for procedure

IMMEDIATE PRE-PROCEDURE PATIENT ASSESSMENT

- ☑ ID bracelet on ☐ ALLERGIES denies
- ☐ allergy bracelet on

Scaled Weight: 76.1 kg Height 5'9" Last menses N/A

Vital Signs: T 98.1 ☐ oral ☐ axillary ☐ tympanic ☑ temporal

P 60 Resp 18 BP 102/63 SaO2 100%

NPO since 1700 7/8/12 Last Void 1220

Check For, Following and/or Remove:

Present		Removed
☐	make up/nail polish	☐
☐	jewelry/piercing/ring	☐
☐	dentures/partials	☐
☐	glasses/contact lenses	☐
☐	wig	☐
☐	hearing aid (right/left)	☐

☐ other _____

Given to _____

Impairments:
- ☐ none
- ☐ hearing (right / left)
- ☐ mobility ☐ vision
- ☐ speech ☐ language
- ☐ prosthesis _____

Implants: ☐ none ☐ pacemaker ☐ joint replaced ☐ ICD ☐ other _____

☐ Surgical side/site verified with patient/family/guardian.

Surgical site location right hand RN Initials _____

IV: Time: 1348 Solution: LR Gauge: 20g

Site: Lt hand Rate: TKO By: _____

IV: Time: _____ Solution: _____ Gauge: _____

Site: _____ Rate: _____ By: _____

Preps: ☐ enema ☐ foley catheter ☐ other _____
- ☐ anti-embolism stockings ☐ SCD (☐ OR aware)
- ☐ Hair clipped: time _____ location _____ by _____
- ☐ Skin Prep: time _____ location _____ by _____

Type _____

Instructions: ☑ stay in bed, on cart or in chair ☐ side rails up
- ☐ crutch / cane walking ☑ deep breathing, coughing, leg exercises
- ☐ PCA ☐ Incentive Spirometry ☐ pain scale ☐ CPM
- ☐ Other _____

Outpatients: ☐ NA
- ☑ Confirm ride home, Name mom
- Phone # if not present _____
- ☑ Confirm adult supervision at home, Name mom

Signature: _____ RN

CHART REVIEW

- ☐ Old Records ____ ☑ Consent completed SB
- ☐ H&P complete ____ ☐ Advanced directives NO

Underline Test Ordered - Check Box & Initial Results On Chart

☐ Basic Metabolic ____	☐ Pregnancy Test ____
☐ CBC / with Diff ____	☐ Blood Glucose denies
☐ Comp. Metabolic ____	☐ U/A ____
☐ Micro Rhogam ____	☐ Urine Culture ____
☐ PT/PTT ____	☐ CXR ____
☐ Coagulation Profile ____	☐ EKG ____
☐ HIV ____	☐ Other ____

Abnormal Labs	Anes. notified	M.D. notified	Comments	Init

Blood Orders:

Directed donor blood available ____

☐ Type and screen ____ Autologous blood available ____

☐ Type and crossmatch ____ Number of units ordered ____

Nurses Notes: 7/9/12 - 1310 TB Bagot
Mile + OR'd 1st pol
Allergy tag

Rocha #5

Initials	Signature	Date

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

15400PIOP

PRE-PROCEDURE PLAN OF CARE

NCH Item

Form No. 005.015-12/09-1-SD

Teaching Audience ☑ Patient ☐ Family/Significant Other ☑ Phone Interview ☐ In Person

Purpose: To educate the patient in preparation for their procedure.

Expected Outcomes

I	The patient will verbalize the planned procedure.
II	The patient will arrive on day of surgery safely prepared for procedure and anesthesia.
III	The patient will be aware that discharge instructions will be given to them and their family or significant other upon discharge.

Individual Needs Assessment

Patient		Family/Significant Other	
☐ Language	☐ Vision	☐ Language	☐ Vision
☐ Hearing	☑ Physical Limitations	☐ Hearing	☐ Physical Limitations
☐ Cognitive	☐ None	☐ Cognitive	☑ None

☐ Comment _____

Readiness to learn is evidenced by:

☐ Asking questions ☐ Verbalization of treatment plan ☐ Focusing attention

Patient preference for learning:

☐ Demonstration ☐ Printed material
☑ Verbal Instruction/discussion ☐ Return demonstration
☐ Video (if available) ☐ Other _____

Teaching Plan and Material

	Discussed	Provided		Discussed	Provided
DSC Brochure	☐	☐	Pre Operative Instructions	☐	☐
Pre Operative Booklet	☐	☐	Pain Management	☐	☐
Advance Directives	☐	☐	Herbal/Dietary Supplement	☐	☐
☐ Carelink			Peripheral Nerve Block	☐	☐
☐ Complete on ADM			Crutch Walking	☐	☐
☑ Not Interested			Smoking Cessation	☐	☐

☐ Other _____

RN Signature: _____ Date/Time 6/26/12

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 64479

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

15416PIOP

PRE-SURGICAL TEACHING NEEDS ASSESSMENT

Form # 005.867-08/10-1-SD

Northwest Community Hospital
800 W. Central Rd.
Arlington Heights, IL, 60005
☐ **847.618.7258** ☐ **847.618.7255**
Entrance # 2
North Elevator to 2nd Floor

Date of Procedure_____

On_____between 2:00-7:00PM

Call **847.618.7244** for arrival time

Northwest Community Day Surgery Center
675 W. Kirchoff Rd.
Arlington Heights, IL, 60005
847.618.7080
Entrance # 3

PS mom Angie Dulberg, Paul 1:30

Monday

Date of Procedure	7/9	7/9	
Time of Procedure	1:30	200	
Time of Arrival	1:30	1200	

☑ Beginning at midnight prior to surgery, do not eat or drink anything, including water, candy, mints, or gum.

☑ No solid food after midnight before surgery.

☐ Clear liquids until _____ and then nothing by mouth after that time.

☑ Continue to take all of your routine medications up until the night before surgery. Check with your physician regarding taking any blood thinning medications like Aspirin, NSAIDS (Motrin®, Advil®, Aleve®), Coumadin®, Plavix®, or Herbal supplements/Vitamins.

☑ If not allergic, you may take the following acceptable pain medications (e.g. Tylenol®, Acetaminophen, Vicodin®, etc.)

_____

☑ On the day of surgery, take the following inhalers and/or medications with a small sip of water_____

_____

☑ No alcoholic beverages and no smoking 24 hours before and after surgery.

☑ Bathe/shower day of surgery. Leave off makeup, contact lenses, nail/toe polish, and all jewelry including wedding bands/body piercings. Wear loose, comfortable clothes. Leave all valuables at home.

directions to DSC given

☑ Bring on the day of surgery if applicable:

☑ Photo ID & Insurance Card ☐ Medications/inhalers ☐ Glasses with Case
☐ Crutches/Walker ☐ CPAP machine ☐ Hearing Aids ☐ Physician Orders
☐ Toiletries, robe, and slippers if desired ☐ Laboratory/X-ray results/ECG
☐ Advance Directives/Living Will/ Power of Attorney for Healthcare
☐ Other: _____

☑ Report any signs of illness/infection/respiratory symptoms to your surgeon. You may need to reschedule your surgery.

☑ Name of responsible adult to drive you home after the procedure Ramart

☑ Name of responsible adult to stay with you overnight after your procedure Ramart

Patient/Significant Other Signature_____ Date_____

RN Signature Shanalan Scafe Date/Time 6/26/12

☑ Phone Interview

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Arlington Heights, IL 60005

15401PIOP

PRE-OPERATIVE INSTRUCTIONS

NCH Item # 26675

Form # 005.033-08/10-2-SD

White Copy (Chart) Yellow (Patient)

DATE: 7/9/12 | SURGEON: Sagerman, Scott | ALLERGIES: NKDA

DIAGNOSIS PER SURGEON: Right ulnar Neuritis

NOTES: DS #7
14:02-14:14
US single block
Right supraclavicular block
Versed 2mg, Fentanyl 50mcg
30cc 0.5% Bupivacaine Epi

TIME 14:3 15 16 17

ANESTHETIC AGENTS
O_2 (L/M) Mask 4 4 4
N_2O (L/M)

PROPOSOL (mcg/kg/min) 150 100 80 60
KETOROLAC
VERSED (mg) 2
FENTANYL (mcg) 50
MONITOR
EKG
PULSE OX / SpO_2 % 98 99 99 98 98
FiO_2
CAPNOGR / $EtCO_2$
PC STETH
TEMP
BIS

TOURNIQUET
NERVE STIM

PREOPERATIVE:
WT: 70k HT: 5'4"
B/P: 102/63
P: 66
AIRWAY: 1
PHYSICAL STATUS: 2
SUPPORTIVE DIAGNOSIS: Cancer DJD

PREOP. MEDS

☑ PATIENT ASSESSMENT/CHART CHECKED
☑ ANESTH. MACHINE SAFETY CHECK
☐ NASAL CANNULA

260 240 220 200 180 160 140 120 100 80 60 40 20

SV SV SV SV

FOOTNOTES NUMBER

POSITION: Supine

I.V. SITE: (L) FLUIDS: NS 800

TECHNIQUE: ☐ GA ☐ MAC ☒ REGIONAL (TYPE: Supraclavicular Block

OPERATION: Right ulnar nerve decompression Neurolysis at forearm

Anesthesiologist | PRINT NAME: Sagerman | SIGNATURE: [signature]

INDUCTION
☐ MASK INDXN
☐ PREOXYGEN/ DENITROGENATION
☐ RAPID SEQUENCE
☐ CRICOID PRESS.
☐ MASK POS PRESSURE VENT

INTUBATION
☐ DIRECT LARYNGOSCOPY
MAC MILLER, MS NO. ___
GRADE: CORDS ARYTENOIDS EPIGLOTTIS PALATE
☐ ENDOTRACHEAL TUBE ___
☐ ORAL ☐ NASAL ☐ CUFF
AIR LEAKS AT ___ cmH2O
☐ BILAT BREATH SOUNDS
___ cm
AT ___
☐ SCCA ☐ OTHER: ___
☐ EYECARE: LARILUBE, TAPE, OPTIGARD
☐ PRESSURE POINTS CHECKED & PADDED

MONITORS
TYPE LOCATION
☐ A-LINE
☐ CVP
☐ S-CATH
☐ TEE
☐ OTHER

POST-OP PAIN BLOCK
☐ EPIDURAL
☐ OTHER

FLUID TOTALS
CRYSTALLOID: 900
BLOOD:
COLLOID:
EBL:
URINE:
OTHER:

EXTUBATION
☐ FOLLOWS COMMANDS
☐ SWALLOWS
☐ SUSTAINED TET, PRESENT (50 Hz sec)
☐ PHARYNX SUCTIONED
☐ SPON RESPIRATIONS, RATE ___
☐ $EtCO_2$ ___
☐ REVERSAL ___ mg(+) ___ mg
☐ NALOXONE ___
☐ HEAD LIFT > 5 SEC.
☐ PATENT TO PACU WITH ANESTHESIA MD
☐ REPORT GIVEN TO PACU RN

STATUS PACU:
☐ AWARE ☐ STABLE
☐ DROWSY ☐ UNSTABLE
☐ SOMNOLENT ☐ INTUBATED
☐ UNAROUSABLE ☐ VENTILATED

☐ NASAL 02 3 L/M
☐ MASK 02 ___ %
☐ T-PIECE 02 ___ %
TEMP. 96.4
SPO2: 95 R: 16
P: 67 B/P: 96/47

ANESTHESIA STARTED	14:47
OPERATION STARTED	15:04
OPERATION ENDED	16:08
ANESTHESIA ENDED	16:20

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

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Arlington Heights, IL 60005

21502ANE

ANESTHESIA RECORD

Item # 01038

Form # 005.095 - 05/04 - 2 - S&D

NOTES

DULBERG ,PAUL R
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ANESTHESIA PRE-OPERATIVE HEALTH HISTORY ASSESSMENT & PHYSICAL EXAM

DULBERG ,PAUL R
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NCH Item # 32132

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

41501ANE

ANESTHESIA PRE-OPERATIVE HEALTH HISTORY ASSESSMENT AND PHYSICAL EXAM
Form # 002.018-02/11-1-SD

Please Print:
Patient's full name: Paul (first) middle initial R Dulberg (last) Date: 6/26/12.
Age: 42 Sex: ☒ Male ☐ Female Stated height: 5'10" Stated weight: 160 lbs. BMI 24.4
Home phone: ( ) Work phone: ( ) BMI - DOS - 24.8
Primary care physician: Dr. Socki Phone #:
Specialist: Phone #:

ALLERGIES: ☒ None ☐ Yes (Include food & latex, list; if yes, describe reaction).

MEDICAL / HEALTH HISTORY given by Patient obtained by Dr ☐ In person ☒ Phone

		NO	YES			NO	YES			NO	YES
1.	Heart attack/disease	☒	☐	14.	Tuberculosis	☒	☐	28.	Cancer	☒	☐
2.	Chest pain/pressure	☒	☐	15.	Cold in last 2 weeks	☒	☐	29.	Blood Clots/disorders	☒	☐
3.	Irregular heart beat/palpitations	☒	☐	16.	Acid reflux/hiatal hernia	☒	☐	30.	Bruises easily	☒	☐
4.	Mitral Valve Prolapse	☒	☐	17.	Hepatitis/jaundice	☒	☐	31.	Arthritis DJD neck	☐	☒
5.	High Blood Pressure	☒	☐	18.	Liver disease/cirrhosis	☒	☐	32.	Neck/back pain	☐	☒
6.	Pacemaker/AICD	☒	☐	19.	Kidney disease/dialysis	☒	☐	33.	Glaucoma	☒	☐
7.	Shortness of breath	☒	☐	20.	Peripheral vascular/arterial disease	☒	☐	34.	Infectious Disease (C-Diff, HIV, MRSA, VRE)	☒	☐
8.	Able to climb 1 flight of stairs	☐	☒	21.	Stroke	☒	☐				
9.	Able to walk 2 city blocks	☐	☒	22.	Seizures	☒	☐	35.	Malignant Hyperthermia Self	☒	☐
10.	Asthma/wheezing	☒	☐	23.	Motion Sickness	☒	☐		Family	☒	☐
11.	COPD (emphysema/bronchitis)	☒	☐	24.	Parkinson's disease	☒	☐	36.	Any Anesthesia complications Self	☒	☐
12.	Other lung Disease	☒	☐	25.	Multiple Sclerosis	☒	☐		Family	☒	☐
13.	Sleep Apnea	☒	☐	26.	Diabetes	☒	☐	37.	Other Illness/injury	☐	☒
				27.	Thyroid	☐	☐				

Comments:
(31) June 2011, was involved in a chainsaw accident involving the right arm.

Previous surgery and previous anesthesia: ☐ None

	SURGERY TYPE	DATE OF SURGERY	TYPE OF ANESTHESIA	ANESTHESIA PROBLEMS
(32)	Left Ulnar Nerve Transposition	10yrs ago	Gen.	Lungs
2.				
3.				
4.				
5.				
6.				
7.				

Aspirin; NSAIDS (Motrin/Advil), Coumadin, Plavix, Other blood thinners? ☒ No ☐ Yes Last taken: Monday - Last Tuesday
Steroid use in the last 6 months? ☒ No ☐ Yes
Do you smoke? ☐ No ☒ Yes # packs/day? 1 ppd # years smoked: 20 yrs Date quit?
Do you drink alcoholic beverages? ☒ No ☐ Yes How much every day/week?
Do you use recreational drugs? ☒ No ☐ Yes How much every day/week?
Females: could you be pregnant? ☐ No ☐ Yes Date of last menstrual period:
Did you donate blood for surgery? ☐ No ☐ Yes Number of units

Patient/Guardian Signature: X Paul Dulberg Date: 7/9/12
Admitting RN Signature: Date: 7/9/12

PRE-OPERATIVE HEALTH HISTORY

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PRE-OPERATIVE HEALTH HISTORY

NCH Item # 32132

Form #002.018-02/11-1-SD

PHYSICAL EXAM: PAT Vitals: T _____ P _____ RR _____ BP _____ SAO2 _____

Airway

DENTAL WORK:
- Loose Caps
- Partials
- Dentures

ASSESSMENT:

	Female	Male
☐ Underweight	<19	<20
☐ Acceptable	19-25	20-25
☐ Overweight	25-30	25-30
☐ Obese	30-40	30-40
☐ Morbidly Obese	>40	>40

ASA CLASS: I (II) III IV V E

PREOPERATIVE ORDERS:

☑ NPO past midnight

MEDICATIONS

☑ IV: LR 1000 cc TKO

☐ Reglan 10mg po OCOR

☑ Pepcid 20mg po OCOR

☑ Vallum 5 mg po OCOR

☐ Versed _____ mg po OCOR

☐ Home med:

TEST	REASON/DX
☐ ECG	
☐ CXR	
☐ CBC	
☐ Metabolic Panel, Basic	
☐ Metabolic Panel, Comprehensive	
☐ Hepatic Function Panel	
☐ Coagulation Profile	
☐ PT	
☐ PTT	
☐ Pregnancy Test serum/urine	
☐ Other	

PLAN:

☑ Physician reviewed health history ☑ Risks discussed ☐ Patient accepts anesthesia plan

☑ Anesthesia options discussed ☐ Common complications discussed

Physician Signature: Date: Time:

Day of surgery, Patient seen and record reviewed. **Physician Signature:** Date: 7/9/12 Time: 14:01

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ANESTHESIA ASSESSMENT & PHYSICAL EXAM
COMPLETED BY ANESTHESIOLOGIST ONLY

ANESTHESIA ASSESSMENT & PHYSICAL EXAM

MEDICATIONS (Daily, Over the Counter, Herbal, Vitamins, Dietary Supplements)

NAME	DOSE	ROUTE	FREQUENCY	LAST DOSE TAKEN
Advance Directives ☐ Yes ☐ Bring copy day of surgery ☐ Carelink Validated ☐ No ☐ Form mailed/to be given day of surgery ☐ Not interested				

ADDITIONAL COMMENTS	
DATE / TIME	

Post Anesthesia Evaluation Note for Outpatients

- ☐ Blood Pressure and pulse returned to baseline
- ☐ Cardiovascular function/hydration status stable
- ☐ Respiratory function stable; airway patient; O2 saturation returned to baseline
- ☐ Temperature returned to baseline
- ☐ Mental status recovered; patient participates in evaluation
- ☐ Nausea and vomiting control satisfactory
- ☐ Pain control satisfactory

Post Anesthesia Evaluation Note for Inpatients

Cardiopulmonary status returned to baseline:	☐ yes	☐ no	(explain below)
Level of consciousness returned to baseline:	☐ yes	☐ no	(explain below)
Complications occuring during post-anesthesia recovery:	☐ yes	☐ no	(explain below)
Mental status recovered; patient participates in evaluation:	☐ yes	☐ no	(explain below)
Anesthetic follow-up care and/or observations:	☐ yes	☐ no	(explain below)

Notes: _____

Physician Signature _____ Date 9/9/12 Time 10:22

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ANESTHESIA ASSESSMENT

Date: 7-9-12 Room Number: 1 Allergies: None

Report received from L. BURNS at 1318

Check Identity: (X) Band (X) Consent Anxiety Level: (X) Mild ☐ Moderate ☐ Severe

Position Verified:	(Y)	
Correct Patient:	(Y)	
Agreement Procedure	(Y)	
Correct Site / Side	(Y)	
Correct Implants	Y	(N/A)
Antibiotics Given	Y	(N/A)

TYPE OF BLOCK: (X) Right ☐ Left (X) Single ☐ Continuous

☐ Interscalene (X) Supraclavicular ☐ Infraclavicular ☐ Axillary ☐ Femoral ☐ Sciatic ☐ Lumbar plexus ☐ Popliteal ☐ tap

☐ Other_____

PLANNED SURGICAL PROCEDURE: Right Ulnar Nerve Decompression and Transposition, Neurolysis at Forearm

PROCEDURAL TEAM (name, title, relief time)	Initials
Anesthesiologist: S. STUSH MD DO	SS
Nurse: M. ZIEGLER RN	MZ
Nurse:	

PATIENT MAINTAINED IN A SAFE AND SUPPORTIVE ENVIRONMENT
- ✓ Proper body alignment for self and procedure maintained
- ✓ Provide quiet environment
- ✓ Explain procedure and reassure patient
- ✓ Skin integrity maintained
- ✓ Siderails elevated
- ✓ Patient is free from extraneous objects

PATIENT POSITION:
(X) Supine ☐ Right/Left Lateral ☐ Prone ☐ Sitting (X) Other Blanket Roll behind Right Shoulder

SKIN PREPARATION:
☐ Betadine (X) Chloraprep ☐ Other_____ by SS O₂ per Nasal Cannula at 3 L/min

EQUIPMENT
(X) Stimuplex (X) Ultrasound ☐ Other_____

VITAL SIGNS:

TIME	B/P	HR	Rhythm	O₂ SAT%	RESPIRATORY RATE	RESPIRATORY DEPTH	LOC	COLOR	MEDICATIONS TYPE	MEDICATIONS DOSE	MEDICATIONS ROUTE	PATIENT RESPONSE
Bline	107/63	66	—	100%	18	R	A	2				C
1328	116/69	54	NSR	99%	16	R	A	2				C
1402	117/67	52	NSR	96	16	R	A	2	VERSED	2mg	IV	C
									FENTANYL	50mcg	IV	
1411	103/62	56	NSR	96	14	R	S	2				C
1421	103/50	66	NSR	98	12	R	S	2				C
1431	110/58	58	NSR	98	13	R	S	2				C
1441	112/56	66	NSR	99	14	R	S	2				C

KEY: Color: 2=Pink 1=Changes in skin condition (pale,jaundice,flushed) 0=Cyanotic, Dusky, Extreme pallor
RESP Depth: R=Regular I=Irregular S=Shallow L=Labored
LOC: A=Awake S=Sleepy NR=Not Responding
PATIENT: A=Anxious/apprehensive C=Calm/Comfortable CO=Combative G=Grimacing M=Moaning R=Restless ST=States Pain

NARRATIVE: Pt tolerated Procedure well, safety precautions given, Post Op Arm padded & with blankets. Meds updated - not pursuit in lobby - updated given to Nurse Jacqueline at 1328 MZ Pt sleeping, easily arousable. Meds updated in lobby MZ. D.S. Sagerman Dr to meet pt prior to OR MZ

Time Patient In room 1318 Procedure start 1402 Procedure end 1414 DRESSINGS: ☐ Bandaid ☐ Tegaderm (X) None ☐ Other_____

Time Patient Tranferred to: 1442 OR room 7 Condition: Stable /Report given to: N. Martini by MZ

ANESTHESIOLOGIST'S SIGNATURE _____

RN Initials	Signature	RN Initials	Signature
MZ	MZiegler		

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11510ANE

REGIONAL BLOCK PROCEDURE
PRE AND POST PROCEDURE ASSESSMENT/PLAN OF CARE

Do you have known Sleep Apnea?

☐ Yes (complete section A only) ☑ No (complete sections B only)

A. Diagnosed Sleep Apnea

1. Do you have a CPAP machine? ☐ Yes ☐ No
2. Do you know your pressure settings? ☐ Yes _____ ☐ No
3. Who supplies your equipment? _____
4. How many hours/night do you wear your CPAP? _____

Patients with a CPAP machine should bring the unit for use during hospital stay.

B. Screening:

Do you snore?	☐ Yes	☑ No
Are you excessively tired during the day?	☐ Yes	☑ No
Have you been told you stop breathing during sleep?	☐ Yes	☑ No
Do you have a history of hypertension?	☐ Yes	☑ No
Do you wake during the night feeling breathless?	☐ Yes	☑ No

Comments: _____

To be completed by NCH Staff

C. Results Calculation of BMI = 24.4

A positive screening for sleep disordered breathing is one or more of the following:

1. A "YES" response in section A
2. A "YES" response to 3 or more of the screening questions
3. BMI > 35 and "YES" response to one additional screening question

PLEASE CIRCLE THE FINAL RESULT: (Negative) Positive

Results of this screening are not diagnostic. Formal evaluation is required for diagnosis.

Notify physician of positive screening or history of sleep apnea.

RN Signature: Lilian Ann Date: 6/26/12

☐ See Preoperative Health History Assessment and Exam for additional orders/comments.

Reviewing Physician Signature: _____ Date: 6/26/12

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1 1 5 0 8 A N E

OBSTRUCTIVE SLEEP APNEA SCREENING

NCH Item # 53718

Form # 005.761-08/09-1-PS

Allergies: NKA **Date:** 07-09-12

Pre-Operative RN confirms
- ☑ ID Band w/2 identifiers ☑ Procedural Consent
- ☑ Site Marked/☐ NA ☑ Preanesthesia assessment
- ☑ NPO Status ☑ H & P ☐ DNR ☑ NA
- ☐ Diagnostic test results; ☑ NA
- ☐ Type/Screen ☑ NA ☐ Blood available ____ units; ☑ NA
- ☑ Equipment/Implant avail; ☐ NA ☐ Isolation ☑ NA
- ☑ Pre-op antibiotic ordered ☐ NA
- ☐ VTE Prophylaxis order ☑ NA

Level of Consciousness: ☑ Responsive ☐ Non Responsive
Anxiety Level: ☑ Mild ☐ Moderate ☐ Severe
Skin Condition: ☑ Intact ☐ Other ____
Report From M. Ziegler at 1140
Transferred to OR per ☐ Cart ☑ Bed ☐ Chair
☐ Ambulated ☐ Carried By ____

Pre-Induction RN/Anesthesia discuss
- ☑ Confirm patient identity, and signed consent
- ☑ Allergies ☐ Latex Precautions ☑ NA
- ☑ Difficult airway/Aspiration risk/Preparation confirmed

RN Confirm
VTE prophylaxis
- ☑ NA
- ☐ SCD/Ted Hose/PlexiPulse Left/Right Knee/Thigh
- ☑ Medication given

RN/Scrub Confirm
- ☑ Chemical Indicators Verified

Pre-Incision Team reviews:
- ☑ Team Introductions
- ☑ Allergies
- ☑ Anticipated blood loss ☐ NA
- Blood products available ____ units
- ☑ Plan of Care discussed
- ☐ Imaging Displayed ☑ NA
- ☑ Skin prep dry per manufacturer's guideline

Other ____

	Time Out #1 at 1502	Time Out #2 at ____
Correct Patient	☑ Yes	☐ Yes
Correct Procedure	☑ Yes	☐ Yes
Correct Site	☑ Yes	☐ Yes
Site/Side Marked	☑ Yes ☐ NA	☐ Yes ☐ NA
Implants available	☑ Yes ☐ NA	☐ Yes ☐ NA
Position verified	☑ Yes	☐ Yes
Antibiotic given	☑ Yes ☐ NA	☐ Yes ☐ NA
Redose ordered	☐ Yes ☐ NA	☐ Yes ☐ NA

Preoperative diagnosis: Right ulnar neuritis at the cubital tunnel and distal ulnar nerve entrapment right forearm
Operative Procedure 1: Right ulnar nerve release with neurolysis at forearm
Start ____ Stop ____
Operative Procedure 2: ☐ NA ____
Start ____ Stop ____
Post operative diagnosis: ☐ Same as preoperative

OR Number	Anesthesia (Circle) General Mac Local Consed Regional (Type) Block	☑ Scheduled ☐ Add-On ☐ Emergency	Acuity # 3 ASA# 2
1			

OR In	1443	Case Start	1504	Family Notified	Family Notified
OR Out	1613	Case Stop	1608	Family Notified	Family Notified

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5

3126710RR

OPERATING ROOM RECORD AND PLAN OF CARE
PAGE 1 OF 3

NCH Item # 25901 White - Chart Yellow - Journal Form # 005.017-12/11-2-SD

				Date:	
	initial		initial	in / out	in / out
Surgeon 1 DR. S. SAGERMAN MD		Circulator 1 S. MAGFIRA RN			
Surgeon 2 DR BRAFORA MD		Circulator 2 A. BELTON RN			
Assistant		Circulator relief			
Assistant		Scrub 1 V. LAWRY RN			
Anesthesiologist 1 DR. SINGH		Scrub 2			
Anesthesiologist 2		Scrub relief			
Perfusionist/Cell Saver		Other			
Other		Other			

Surgical Position: ☒ Supine ☐ Prone ☐ Jackknife ☐ Sitting ☐ Lithotomy ☐ Lateral ☐ Right ☐ Left

☒ Arm Secured on Armboard ☒ Right ☒ Left | ☐ Arm at Secured Side ☐ Right ☐ Left | ☐ Fluroscopy ☐ Fluroscan ☐ X-Ray ☐ Patient shielded location _____

Check all those that apply

- ☐ Andrews Frame
- ☐ Arthroscopy leg holder Left/Right
- ☐ Axillary Roll Left/Right
- ☐ Beach chair positioner _____
- ☐ Bean Bag
- ☐ Elbow Pads Left/Right
- ☐ Fracture Table
- ☐ Hand table
- ☐ Head butler
- ☐ Head support _____
- ☐ Heel Pads Left/Right
- ☐ Jackson Table
- ☐ Kidney Rest
- ☐ Lateral Arm Holder Left/Right
- ☐ Lateral positioner _____
- ☐ Mayfield Head Holder
- ☐ Montreal Positioner
- ☐ Pillows
- ☐ Positioning Rolls
- ☐ Sandbags
- ☐ Shoulder Holder Left/Right
  - ☐ Type _____
- ☐ Spreader bars
- ☐ Stirrups (Circle) Padded Fins Candycane
- ☐ Wilson Frame

Warming/Cooling Interventions

Forced Air Warming
☐ Upper ☐ Lower Setting
☐ Blanketrol Setting _____
☒ Warm Blankets

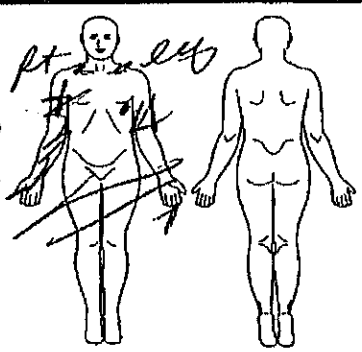
Comments: _____

Skin Preparation
☐ Betadine: ____ 10% ____ 5%
☐ Other: _____
☒ CHG ☐ Chloroprep ☐ Duraprep
By: A.B

Hair Removal:
☐ None ☒ Clipper by DR. S. SAGERMAN MD

Item Locations

BP Cuff △
Safety Strap =
ESU Pad ☐
Monitor Leads ○
Tourniquet +
Pulse Oximeter ←
Prep ////
Reddened R
Bruise B
Decubiti D



ESU No 9841 Type Bovie
Bipolar 15 Medo
Coag _____
☐ Standard ☐ Spray
Cut _____
☐ Blend ☐ Pure

ESU No _____ Type _____
Bipolar _____
Coag _____
☐ Standard ☐ Spray
Cut _____
☐ Blend ☐ Pure

Tourniquet ☒ Padded Cuff Applied By: DR S. SAGERMAN
8801 Inflated @ 1503 Deflated @ 1625 Pressure 250
_____ Inflated @ _____ Deflated @ _____ Pressure _____
_____ Inflated @ _____ Deflated @ _____ Pressure _____

☐ Laser Protocol Followed, Joules _____
Laser Type _____ Time _____

Additional equipment:
Type _____ Unit No _____
Setting(s) _____

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OPERATING ROOM RECORD AND PLAN OF CARE

Medications	Dose	Route	Time	Administered By	Verified: Initials

Irrigation Type	Amount	Warmed	
1000 ml 9% NACL WITH		Y or N	
50,000 BACITRACIN		Y or No	
Scrub Relief Meds Verified: Initials			

Blood Products Given ☒ No ☐ Yes (See Transfusion record)	☐ Pathology (See Tissue Record) ☒ NA
Cultures	☐ Implant (See Implant Record) ☒ NA
A	Drains
B	Drains
C	Urinary Catheter: Type _____ Size _____ By _____
D	Amount Color Source Time
	☐ Indwelling ☐ Voided prior to OR ☐ Discontinued at _____

Initial Count By: SM VL	First By: SM VL	Relief By: _____	Final By: SM VL
SPONGE: ☒ Completed ☐ NA	Correct: ☒ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☐ NA	Correct: ☒ Y ☐ N ☐ NA
ITEM: ☒ Completed ☐ NA	Correct: ☒ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☐ NA	Correct: ☒ Y ☐ N ☐ NA
INSTRUMENT: ☐ Completed ☐ NA	Correct: ☐ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☐ NA	Correct: ☐ Y ☐ N ☒ NA

☐ UNRESOLVED COUNT X-RAY TAKEN ☐ YES ☒ NO SURGEON NOTIFIED ☐ YES RESULTS: _____ PER: _____

DRESSING ☐ NONE ☒ SOFT ☐ PRESSURE ☐ CAST ☐ SPLINT ☐ IMMOBILIZER ☐ BINDER LOCATION: RT ARM

PACKING: ☐ NONE ☐ LOCATION _____ ☐ TYPE _____

Post-Procedure Team review:

☒ Procedure(s) Confirmed ☒ Wound Class confirmed I II III IV

☐ Specimen(s) identified and labeled Number of Specimens _____ ☐ NA

Outcomes: ☒ Patient maintained in a safe and supportive environment
☒ Aseptic technique maintained
☒ Skin integrity maintained
☒ Body alignment maintained

☐ Concerns for recovery discussed

Transferred to: ACute Report Given to: E. BALAWENDER RN. by DR Singh

Notes _____

☐ See additional progress note ☐ NA

RN Signature(s): A Martin R. Date: 07/09/12

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OPERATING ROOM RECORD AND PLAN OF CARE

Check or fill in appropriate areas/blanks. Write NA if not appropriate.

TO BE COMPLETED BY DISCHARGE RN

Date of surgery 7/9/12 Phone Number 8479971450 Alternate number ___/___/___ Admitted to ___

☒ Verify phone number(s) and permission: to call patient and/or leave message, representative Mom - Barb

Procedure right ulnar nerve decompression + transposition + possible neurolysis

Anesthesiologist/Radiologist ___

At time of Discharge
☐ Nausea/vomiting
☐ Able to urinate
☐ Other ___

Block time 1400

Anesthesia(circle one) General (MAC) Spinal Epidural Conscious Sedation Local Regional Nerve Block: Single Continuous

Attempt to Call

1st 7/10/12 Date 1640 Time — Spoke with ☒ Patient ☐ Patient representative as identified above ☐ Left Message ☐ Unable to Contact

2nd ___/___/___ Date ___ Time — Spoke with ☐ Patient ☐ Patient representative as identified above ☐ Left Message ☐ Unable to Contact

4th Day (CPNB) ___/___/___ Date ___ Time — Spoke with ☐ Patient ☐ Patient representative as identified above ☐ Left Message ☐ Unable to Contact

PATIENT OUTCOMES

Pain Scale 0-None 1-3.Minimal 4-7 Moderate 8-10 Severe

Pain level at 3

IV/Surgical Site condition WNL	Yes	No	NA
Tolerating Diet	Yes	No	NA
Urinating as usual	Yes	No	NA
Minimal bleeding	Yes	No	NA
Taking prescription meds as directed	Yes	No	NA

Questions or concerns regarding Post-Operative Care and Activity ___

Instructions/Narrative
Stitch block worked great. Dsn + wear ff until this AM

Physician notified of any issues Yes No NA
Who notified/Action taken ___

Perineural Local Anesthethetic

Alternate pain relief ☐ po meds ☐ IV meds

Site redness or swelling noted Yes No
☐ Site covered/dressing

Any unusual symptoms/problems Yes No
Date ___ Comment ___

Date ___ ☐ No Change
Comment ___

We would appreciate feedback on your surgical experience. If you receive a survey in the mail, we hope that you will take a moment to complete it.
Any comments/suggestions:

Reminded/Advised to contact Physician:
☒ Any problems ☒ Follow-up appt: 7-11-12

RN Signature [signature] Date 7-10-12

DULBERG ,PAUL R.
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

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14501PACU

PATIENT POST-OPERATIVE PHONE ASSESSMENT

Form # 005.021-03/12-1-SD

NCH Item # 25014

DATE / TIME	POST-OPERATIVE OUTCOME OF PROCEDURE NOTE	DATE / TIME	PRE-OPERATIVE ORDERS:
7/9 2012	SURGEON: Sagerman		
	ASSISTANT: Bifano		
			7/9/12 (1615)
	PREOPERATIVE DIAGNOSIS: Right cubital tunnel syndrome, ulnar nerve injury forearm		☒ STATUS OUTPATIENT:
			DISPOSITION: (select one)
			☒ Discharge when criteria met with Post-Op Instructions
			☐ To Phase III Recovery for _____ hours
			Discharge when criteria met with Post-Op Instructions
	POSTOPERATIVE DIAGNOSIS: Same		
			Discharge Instructions:
			Diet: Regular
			Medications:
	PROCEDURE PERFORMED: Right cubital tunnel release, hemolysis ulnar nerve forearm		DOCUMENT ON MEDICATION RECONCILIATION FORM
			Incision Care: Keep dry
	FINDING / COMPLICATIONS: N/A		Activity: Ulnar @ arm sling x 24°
	(none)		Follow-up: Office 7/12/12
	SPECIMENS REMOVED: None		
			Other:
			Disposition/condition on discharge: stable
	ESTIMATED BLOOD LOSS: none		
	Physician Signature:		Physician Signature: 7/9/12

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NCH ITEM # 5365

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10503PRGN

OUTPATIENT PHYSICIAN POST OPERATIVE ORDERS / DISCHARGE NOTE

Form # 002.011-02/09-1-PS

Directions: Check boxes to indicate a choice and select all those that apply.

ALLERGIES: NKA

GENERAL MEDICAL ORDERS

☐ Bypass Phase I Recovery

OXYGEN THERAPY:
☐ Nasal Cannula at 2-6 liters per minute ☐ Wean to room air as tolerated ☐ High humidity face tent _____FIO2
☐ Pulse Oximetery: Wean patient to lower FiO2 of ____% as long as SPO2 is greater than _____ for 15min
☐ Continue Oxygen overnight per _____at _____liters.
☐ Ventilator: TV_____FIO2_____% Rate:_____PS:_____PEEP:_____
☐ Other_____

PAIN MANAGEMENT:
Nurses: Give the analgesic medication(s) below in the order specified until the patient's pain score is an acceptable level to the pt.

Treatment Order

1 2 3 4 ☐ Fentanyl_____ mcg IV every_____minutes PRN up to a total of _____mcg.
1 2 3 4 ☐ Morphine 1 mg IV every 5 minutes PRN pain up to total of 10 mg.
1 2 3 4 ☐ Hydromorphone (Dilaudid) 0.2 mg IV every 5 minutes PRN pain up to 6 mg.
1 2 3 4 ☐ Meperidine (Demerol) 25 mg IV every 5 minutes PRN pain up to a total 100 mg.
1 2 3 4 ☐ Other_____

☐ Acetaminophen (Ofirmev) 1000 mg IV x 1 PRN pain; infuse over 15 minutes IVPB
☐ Ketorolac (Toradol)_____mg IV x 1 dose
☐ Hydrocodone/Acetaminophen (Norco) 5/325mg po x 1 PRN pain

ANTIEMETICS:
Treatment Order

1 2 3 4 ☐ Ondansetron (Zofran) 4 mg IV x 1 PRN nausea
1 2 3 4 ☐ Metoclopramide (Reglan) 10 mg IV x 1 PRN nausea
1 2 3 4 ☐ Prochlorperazine (Compazine) 10 mg IV x 1 PRN nausea
1 2 3 4 ☐ Ondansetron (Zofran) ODT 4 mg place on the tongue x 1 PRN nausea
1 2 3 4 ☐ Dexamethasone (Decadron) 10mg IV x 1 PRN for nausea
☐ Other_____

OTHER MEDICATIONS:
☐ Meperidine 12.5 mg IV x 1 time as needed for shivering
☐ _____ ☐ _____

IV FLUIDS:
☐ LR ☐ D5LR ☐ NS ☐ Other_____Infuse at _____ml/hour
☐ Give _____ ml bolus x1 for SBP lower than _____.
☐ Give _____ ml bolus x 1 for low urine output less than < _____.

STAT LABORATORY:
☐ CBC (Without Diff) ☐ Metabolic Panel, Basic ☐ ABG ☐ POC blood glucose ☐ Cardiac Markers
☐ Other_____

RADIOLOGY:
☐ PA Chest X-Ray Reason: _____ ☐ Other_____

CARDIAC DIAGNOSTICS:
☐ 12 Lead ECG Reason:_____ ☐ Central Telemetry ☐ Other_____

GENERAL MEDICAL ORDERS:
☐ Warming blanket for temperature less than < _____.
☐ Discharge to inpatient unit when PACU discharge criteria are met.
☐ Discharge to: ☐ Phase II ☐ Home when discharge criteria are met.
☐ Provide Perineural Nerve Block discharge Instructions sheet.
☐ Provide Obstructive Sleep Apnea Discharge Instructions.
☐ Other_____

Physician Signature: _____ Date: 7/9/12 Time: 15:02 7/9/12 1620

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1040700RD

POST ANESTHESIA CARE
PREPRINTED ORDERS

NCH Item # E34391

Form # 003.107-02/12-1-E

Peripheral Nerve Block (PNB) Procedure Note

Allergies None known

Reason for Block: ☑ Primary Anesthesia Type

☐ Post-op Pain Management ☑ Surgeon Request

Block start time 1430 Block end time 1441

Blocks performed:	Left	Right	Single	Continuous
☐ Interscalene	☐	☐	☐	☐
☑ Supraclavicular	☐	☑	☑	☐
☐ Infraclavicular	☐	☐	☐	☐
☐ Axillary	☐	☐	☐	☐
☐ Lumbar Plexus	☐	☐	☐	☐
☐ Sciatic	☐	☐	☐	☐
☐ Femoral	☐	☐	☐	☐
☐ Popliteal	☐	☐	☐	☐
☐ tap	☐	☐	☐	☐
☐ Other				

Ultrasound guided: ☑ Yes ☐ No

Position:

☑ Supine ☐ Lateral Left ☐ Right ☐

☐ Prone ☐ Other

Prep:

☑ Chlora-prep ☐ Other

Skin infiltration 1% Lidocaine 1 mls

Needle type: Nerve Response @:

☐ Touhy Gauge mA

☐ Stimuplex Gauge mA

☑ Other Arrow 2-1 Sure

Catheter (if applicable):

☐ Stimucath ☐ Perifix ☐ Other

Test dose: 1.5% Lidocaine with Epinephrine 5 mls

☑ Yes ☐ No

Secured on the skin @ cm

Medication(s):		With Epinephrine		Volume (ml):
☑ Bupivacaine	0.1 %	☐ Yes	☐ No	32
☐ Ropivacaine	%	☐ Yes	☐ No	
☐ Mepivacaine	%	☐ Yes	☐ No	
☐ Xylocaine	%	☐ Yes	☐ No	
☐ Clonidine	mcg			
☐ Other				

Narrative: After negative aspiration, medications injected in 5ml increments.

Complications: ☑ No ☐ Yes (please explain)

Note:

CPNB Administration Orders Post-Operatively

Pump continuous Peripheral Nerve Block

Fill with ml of %

☐ Bupivacaine
☐ Ropivacaine
☐ Mepivacaine
☐ Other

Rate ml/H

Bolus ml

Interval min

Initiated @ (time)

1. Nursing to instruct patient on use of the pain pump.
2. Place post block peripheral caution sign at patient bed.
3. If lightheadedness, oversedation, tinnitus, metallic taste in the mouth or circumoral numbness occurs, stop the infusion and notify anesthesiologist immediately.
4. If redness, swelling, fever, purulent drainage occurs at the catheter site, immediately notify anesthesiologist on call.
5. Maintain integrity of dressing. Reinforce if needed. If leakage occurs at the catheter site, reinforce with gauze and tape.
6. For breakthrough pain, call primary anesthesiologist, if not available, notify on-call anesthesiologist.
7. For pump discontinuation consult surgeon.
8. Adjuvant pain meds:

Anesthesiologist Signature

Date 7/9/12 Time 14:16

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1110470RD

Procedural Note/Orders for Continuous Peripheral Nerve Block Infusion (CPNB)

NCH Item # E52182

Form No. 003.282-04/11-1-E

☒ Day Surgery
Fax: 847.618.7068

☐ Main OR
Fax: 847.618.7259

☐ Labor & Delivery
Fax: 847.618.8409

Admission Status: ☐ Inpatient ☒ Outpatient

Patient Name: DULBERG, PAUL DOB: 3/19/70 Medicare: ☐ yes ☒ no

Surgeon: Scott Sagerman, M.D. Doctor responsible for H&P:

Reason / Dx for Surgery: Right Elbow Neuritis

Surgery Date: 7/9/12 Allergies: None

DIRECTIONS: Check boxes indicate a choice. Select those that apply.

TESTING:

	Reason/Dx		Reason/Dx
☐ Basic Metabolic		☐ Pregnancy - Serum	
☐ CBC / with Diff		☐ Pregnancy - Urine	
☐ Comprehensive Metabolic		☐ Type & Cross	X ____ units
☐ Micro Rhogam		☐ Type & Screen	
☐ Potassium		☐ U/A	
☐ PT		☐ U/A (with reflex)	
☐ PTT		☐ EKG	
☐ Other:		☐ CXR	

DIET: ☐ NPO after midnight
☐ Per anesthesia order / guidelines.
☐ Other:

PATIENT EDUCATION PRE-OP:
☐ Continuous Peripheral Nerve Block ☐ PCA Pump
☐ Epidural ☐ Single Injection Block

(3 pgs)

TREATMENTS:
☐ Surgical Site Hair Removal Location:
☐ Incentive Spirometry – Instruct Pre op
☐ Enema ☐ Fleets ☐ Other:
☐ Other:

Muted 7/9/12 SM

VTE PROPHYLAXIS - Mechanical:
☐ Graduated Compression Stockings (TEDS) ☐ Knee ☐ Thigh
☐ Intermittent Pneumatic Compression ☐ Knee (SCD) ☐ Thigh(SCD) ☐ Foot (Plexipulse)

MEDICATIONS: Antibiotic – order on page 2
☐ IV (Non-anesthesia patients):
☐ Other:
Patient on Dialysis ☐ Yes ☐ No
Soaked Weight:

CONSENT:
Obtain Procedural Consent for: Right Ulnar Nerve decompression & transposition & Neurolysis at forearm

Procedure including Risks, Benefits, Common Complications and Alternatives have been discussed with patient / guardian.

Physician Signature: Date: 6/29/12 Time:

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SAGERMAN, SCOTT D MD

NCH Item # L

3042270RD

PRE-SURGICAL TESTING / PRE-OPERATIVE ORDERS
Form# 003.121-02/12-1-SD

Jun 29 2012 12:28PM HAND SURGERY ASSOCIATES 8479560433 p.1

Patient name: Dulberg, Paul

Initial and repeat dose and times per "Perioperative Prophylactic Antibiotic Policy"

☐ **MD aware of PCN allergy - ok to give antibiotics as ordered below**

Nature of Operation	Preoperative Antibiotic Regimen IVPB X 1 dose OCOR	Alternative Regimen for pt with Beta lactam allergy IVPB X 1 dose OCOR
Colon Surgery - adult pt	☐ cefoxitin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ ampicillin / sulbactam 3 gm ☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg AND metronidazole 500 mg	☐ clindamycin 900 mg AND gentamicin 1.5 mg / kg ☐ clindamycin 900 mg AND ciprofloxacin 400 mg ☐ clindamycin 900 mg AND levofloxacin 500 mg ☐ clindamycin 900 mg AND aztreonam 2 gm ☐ metronidazole 500 mg AND gentamicin 1.5 mg / kg ☐ metronidazole 500 mg AND ciprofloxacin 400 mg ☐ metronidazole 500 mg AND levofloxacin 500 mg
Hysterectomy - adult pt	☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ cefoxitin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ ampicillin / sulbactam 3 gm	☐ clindamycin 900 mg AND gentamicin 1.5 mg / kg ☐ clindamycin 900 mg AND ciprofloxacin 400 mg ☐ clindamycin 900 mg AND levofloxacin 500 mg ☐ metronidazole 500 mg AND gentamicin 1.5 mg / kg ☐ metronidazole 500 mg AND ciprofloxacin 400 mg ☐ metronidazole 500 mg AND levofloxacin 500 mg For hysterectomy WITH colon procedure ☐ clindamycin 900 mg AND aztreonam 2 gm
CABG - adult pt **Cardiac** - adult pt **Vascular** - adult pt **Orthopedic** - adult pt Hip arthroplasty Knee arthroplasty	☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ vancomycin (MRSA risk) 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg	☐ vancomycin 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg ☐ clindamycin 900 mg
Other Procedures adult pt For procedures not listed above, consult published guidelines for current procedure - specific antibiotic recommendations	Common Regimens: ☐ cefazolin 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg ☐ vancomycin (MRSA risk) 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg	Common Regimens: ☐ vancomycin 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg ☐ clindamycin 900 mg
Pediatric Procedures consult published guidelines for current procedure - specific antibiotic recommendations	Common Regimens: ☐ cefazolin 25 mg / kg* for pt <40 kg 1 gm for pt 40 - 80 kg 2 gm for pt ≥ 80 kg *dose rounded to the nearest 50 mg ☐ cefoxitin 30 mg / kg* for pt <30 kg 1 gm for pt 30 - 80 kg 2 gm for pt ≥ 80 kg *dose rounded to the nearest 50 mg	Common Regimens: ☐ clindamycin 10 mg / kg * for pt < 80 kg *dose rounded to the nearest 50 mg 800 mg for pt ≥ 80 kg ☐ vancomycin 20 mg / kg * for pt < 50 kg *dose rounded to the nearest 50 mg 1 gm for pt 50 - 80 kg 1.5 gm for pt ≥ 80kg

Other antibiotic(s) _____

Physician signature _____ Date 6/29/12 Time _____

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DULBERG ,PAUL R
71265382 M 42 07/09/12
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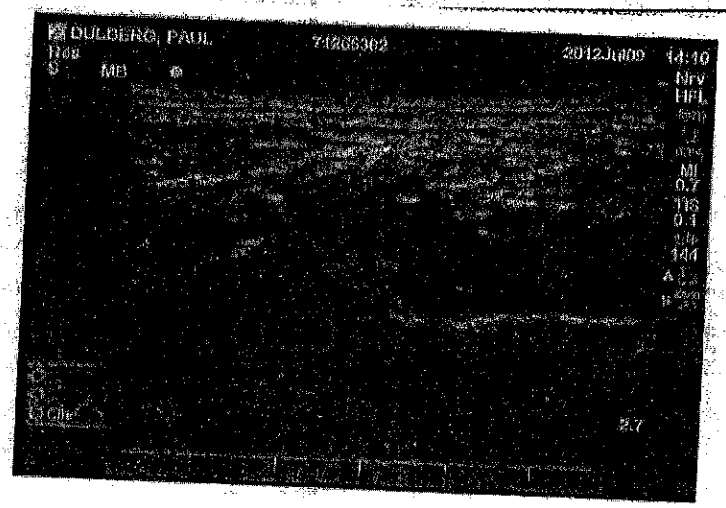
NCH Item SAGERMAN, SCOTT D MD

PRE-SURGICAL TESTING / PRE-OPERATIVE ORDERS

Form# 003.121-02/12-1-SD

Jun 29 2012 12:28PM HAND SURGERY ASSOCIATES 8479560433 p.2

DATE	TIME	NOTES



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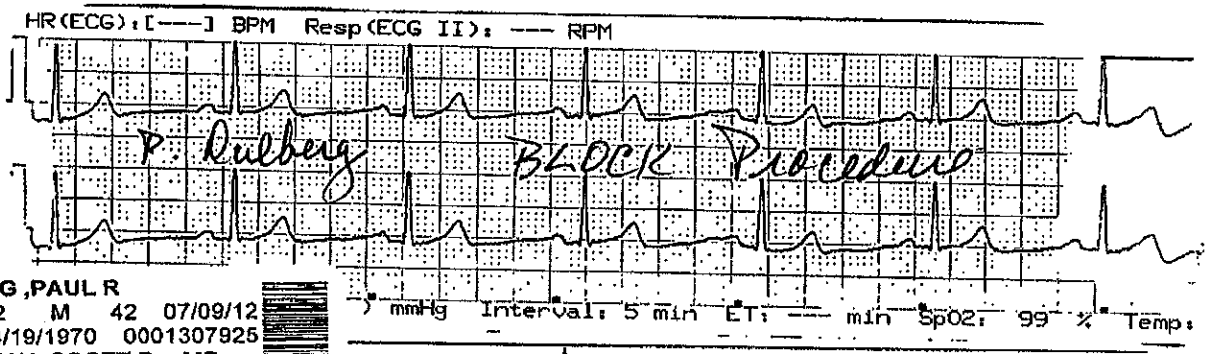
1100031
Scanned Radiology Reports

PATIENT

DATE:

PR:
QRS
QT
R-R
RATE
INTERPRETATION



SIGNATURE

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

(Post 3rd report on this line)

PR:
QRS
QT
R-R
RATE
INTERPRETATION

SIGNATURE

(Post 2nd report on this line)

PR:
QRS
QT
R-R
RATE
INTERPRETATION

SIGNATURE

(Post 1st report on this line)

PR:
QRS
QT
R-R
RATE
INTERPRETATION

SIGNATURE

DULBERG ,PAUL R
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NCH Item #973

Northwest Community Hospital
Arlington Heights, IL 60005

12000EKG

ELECTROCARDIOGRAM TRACINGS

Form # 005.673-10/04-1-S&D

PROCEDURE: R ulnar nerve release with neurolysis at forearm.

ALLERGIES: NKDA

MEDICAL HISTORY: SMOKER

SURGEON: SAGERMAN ANESTHESIOLOGIST: SEIGET

ANESTHESIA (CIRCLE ONE) GENERAL REGIONAL MAC SPINAL EPIDURAL LOCAL

LEGEND

L = LOW M = MED. H = HIGH ✓ = PRESENT / = NOT APPLICABLE A = ADMISSION D = DISCHARGE * = SEE NURSES NOTES
A = ART. V = LINE
X = HEART RATE O = RESPIRATIONS] = BLOOD PRESS.
PULSES: +1 = FLEETING +2 = WEAK +3 = NORMAL +4 = FULL & BOUNDING
G = GRAVITY C = CLEAR I = INTERMITTENT
CL = CLOUDY Y = YELLOW BL = BLOODY
BC = BLOOD CLOTS B = BILE SS = SEROSANGUINOUS FB = FRANK BLOOD

AIRWAY	A	D
NONE	✓	
ORAL / NASAL		
CHIN / JAW SUPP		
ENDOTRACHEAL ORAL / NASAL cm @ LIP		
TIME OUT		

RT Method	FIO2	ON	OFF
NASAL CANNULA	3L	✓	1650
MASK			
FACE TENT			
T-PIECE			

REFLEXES	Time
COUGH	1637
SWALLOW	
LIFT HEAD	
ENCOURAGED TO COUGH/ DEEP BREATHE q 10	✓

LUNG SND	A	D
BILAT CLEAR	✓	

COLOR	A	D
PINK	✓	
PALE		
JAUNDICED		
DUSKY		

BED Position	Time
FLAT	
HOB ↑ 30°	17
HOB ↑ 45°	1645

DRESSING	A	PH I D	PH II D
SITE: RUE	✓	✓	✓
DRY/INTACT	✓	✓	✓
REINFORCED / CHANGED			
EXTREMITY ELEVATED	✓	✓	✓
ICE			

VENTILATOR

Time	FIO2	Rate	Tidal Vol	PEEP	Press. Supp.

RESTRAINTS TIME ON TIME OFF

DRAINS	Size / Mode	Drng Characteristics	A	PH I D	PH II D
FOLEY					
NG POSITION VERIFIED BY AIR BOLUS					
J-P / HEMOVAC					
CONSTAVAC					
CHEST TUBE					
OTHER					

EQUIPMENT	A	PH I D	PH II D
SCD'S / TEDS			
ELECTRICOOL			
PLEXIPULSE			
SLING / IMMOB	SITE		
TRACTION	SITE		
OTHER	SITE		

PAR SCORE II

	A	D
SURGICAL BLEEDING (2) Minimal does not require dsg change (1) Moderate up to two dsg changes (0) Severe more than three dsg changes	2	2
NAUSEA / VOMITING (2) Minimal / absence of N & V (1) N & V controlled by meds (0) Uncontrolled N & V	2	2
PAIN (2) 0-2 No Pain / Mild (1) 3-6 Discomforting / Distressing (0) 7-10 Horrible / Excruciating	1	1
AMBULATION (2) Steady gait, No dizziness or meets preoperative level (1) Ambulate with Assistance (0) Unable to Ambulate	1	2
PHASE II TOTAL:	6	7

PATIENT OUTCOMES POST-PROCEDURE

- ☑ PATIENT WILL EXHIBIT PATENT AIRWAY AND GAS EXCHANGE
- ☐ PATIENT WILL DEMONSTRATE REFLEXES & LEVEL OF CONSCIOUSNESS APPROP FOR PROCEDURE
- ☑ PATIENT WILL EXHIBIT STABLE HEMODYNAMIC PARAMETERS
- ☑ PATIENT WILL EXHIBIT FLUID BALANCE WITHIN NORMAL LIMITS FOR SELF AND PROCEDURE
- ☑ PATIENT MAINTAINS BODY TEMPERATURE WITHIN PARAMETERS FOR SELF AND PROCEDURE
- ☐ PATIENT COMMUNICATES THAT DISCOMFORT IS MINIMAL OR TOLERABLE

PATIENT/SO COMMUNICATES UNDERSTANDING OF POST PROCEDURE CARE.

- ☒ VERBALIZES UNDERSTANDING OF INSTRUCTIONS
- ☒ RETURN DEMONSTRATION OF CARE IF APPROPRIATE
- ☒ DISCHARGE INSTRUCTIONS SIGNED

EXTREMITY CIRC. CHK.	RUE A	RUE PH I D	RUE PH II D	LUE A	LUE PH I D	LUE PH II D	RLE A	RLE PH I D	RLE PH II D	LLE A	LLE PH I D	LLE PH II D
TEMPERATURE	WM	WM	WM									
COLOR	PK	PK	PK									
PULSE	+	+	+									
CAPILL. REFILL	+	+	+									
SENSATION	+	Ø	NUMB									
MOBILITY	+	Ø										

PAR SCORE I

		A	15'	D
CONSCIOUSNESS	(2) AWAKE, FOLLOWS COMMANDS (1) SLEEPY, AROUSABLE (0) NOT RESPONDING, ASLEEP	1	1	2
CIRCULATION	(2) B.P. ± 20mm OF PREANESTHETIC LEVEL (1) ± 20-50mm OF PREANESTHETIC LEVEL (0) ± 50mm OF PREANESTHETIC LEVEL	2	2	2
RESPIRATION	(2) COUGH / DEEP BREATH / CRY (1) DYSPNEA / SHALLOW / AIRWAY (0) APNEA / MECHANICAL VENTILATION	1	1	2
PAIN	(2) 0-2 NO PAIN / MILD (1) 3-6 DISCOMFORTING / DISTRESSING (0) 7-10 HORRIBLE / EXCRUCIATING	2	2	2
O_2 SATURATION	(2) MAINTAINS O_2 SAT >92% ON ROOM AIR (1) NEEDS O_2 INHALATION TO MAINTAIN O_2 SAT. > 90% (0) O_2 SAT. < 90% EVEN WITH O_2 SUPPLEMENTATION	1	1	2
ACTIVITY	(2) 4 EXTREMITIES OR AS PRE-OP (1) 2 EXTREMITIES (0) NO MOVEMENT OF EXTREMITIES	1	1	2
Temperature must be within 2° of preop temperature		✓	✓	✓
	PHASE I TOTAL:	8	10	14

INTAKE

OR / IV / BLOOD	900
ORAL	200
IV	100
BLOOD	200
TOTAL	1400

OUTPUT

OR / URINE / EBL	
URINE / VOIDED	
DRAINS	
EMESIS	
TOTAL	0

PAR SCORE I	A	15'	D
NAUSEA / VOMITING (2) Minimal / absence of N & V (1) N & V controlled by meds (0) Uncontrolled N & V	2	2	2

DATE: 7/9/12

Init.	SIGNATURE	Init.	SIGNATURE
		PR	P. Rebera PA

PHASE I	5	ARRIVAL 1614	DISCHARGE 1711	PACU GUIDELINES OF CARE FOLLOWED ☒
PHASE II	15	ARRIVAL 1711	DISCHARGE 1812	
TRANSFERRED TO		TRANSFERRED BY	REPORT GIVEN TO	

☐ O2 ☐ EKG ☐ RN

NCH Item # 25904

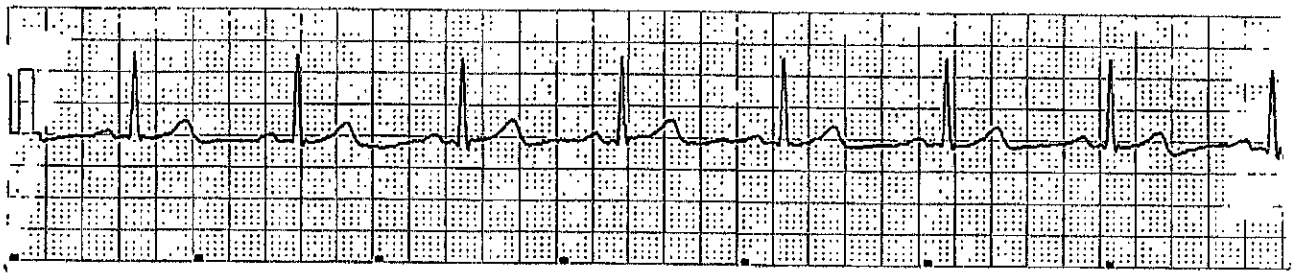
Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

406196RP

POSTANESTHESIA FLOWSHEET

DULBERG, PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

01 - 1 - S & D



TIME	A	15	30	45	60	1700	
PATIENT TEMP	96.4					96.8	96.8
WARMING METHOD	FA	FA					
RHYTHM STRIP	SR	SR	SR	SR	SR	SB	
PULSE OXIMETRY	96	97	99	99	98	98	100

220
200
180
160
140
120
100
80
60
40
20

R/A

Phase 2

HD	FA	PP	PP	PP	PP	MD

Init.	SIGNATURE	Init.	SIGNATURE
MM		FA	
		PP	P Patane RN

DATE 7/9/12

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

POSTANESTHESIA FLOWSHEET
PLAN OF CARE 2

TIME	MEDICATIONS	DOSE	RTE	LOCATION OF PAIN	PAIN SCALE	INITIALS OF NURSE
A	~~~~~~~~~~			RUE	0/10	[illegible]

TIME	IV SOLN / IVPB MEDS	IV SITE PATENT	A		PRN D	PRN D	INIT
A	LR (L)	La	900		0		[illegible]
1653	LR #2	LH	1000	900			

☐ Updated Patient Family Representative

TIME	EPIDURAL	DOSE	RTE	AMT A	AMT D	INITIALS OF NURSE

Character of pain _____

☐ Insertion Site Clean & Dry ☐ No Aspirate from Catheter

PCA	DOSE mg	CONT. mg	LOCKOUT mins	4 HOUR LOCKOUT mg.

PT TEACHING W/ RETURN DEMO OF PCA BUTTON ☐ AMOUNT USED

1900 IV CATH D/C'd AND INTACT X

A-LINE ○ GOOD WAVE A D

PA CATH GOOD WAVE A D

NURSE'S NOTES

TIME	SIDE RAILS UP AT ALL TIMES
A	Report from Dr Sengra, pt sleepy, 97% 3L O2 C
	VS stable
1637	Opens eyes to name, returns to sleep immediately. VSS O2 on
1652	Pain ✓ denies, + nausea denies. VSS. O2 off.
1708	Dr Sagerman in to see pt. Questions addressed.
1711	Upright in chair. VSS. To phase II #15 in stable cond.
1715	Received in phase 2, VSS, tolerating clear liquids Family @ BSR.
1750	Discharge instructions reviewed with patient and mother, verbalized understanding
1812	Discharged home escorted to car without difficulty

Init.	SIGNATURE	Init.	
MX		BP	B Bodewes RN
		PP	P. Peters RN

DATE 8/9/12

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

POSTANESTHESIA FLOWSHEET
PLAN OF CARE 3

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

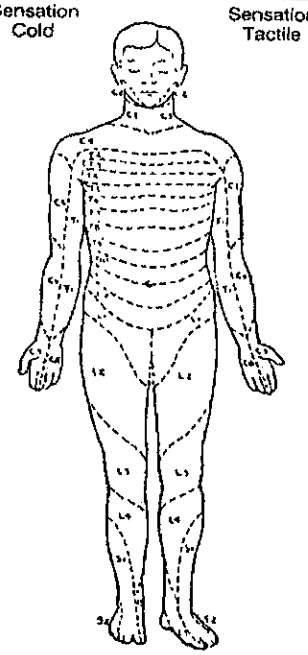
TIME													INITIALS OF NURSE

TIME	NURSE'S NOTES	INITIALS OF NURSE

CIRCLE ONE: Spinal Epidural
BLOCKS Femoral Caudal Scalene
Other

Sensation Cold

Sensation Tactile



☐ PROM q 30 minutes

Init.	SIGNATURE	Init.	SIGNATURE

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

DATE 7/9/12

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

POSTANESTHESIA FLOWSHEET
PLAN OF CARE 4

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE

LACTATED RINGERS RATE: ~~TKO~~ 100 cc/hr	IV 1000 ML X 1 RN: _____ DATE: 7/10/12	1345 [illegible]		
VALIUM 5 MG (DIAZEPAM) ON CALL TO OR	PO X 1 RN: _____ DATE: 7/10/12	1210 [illegible] 7/10/12		
PEPCID (FAMOTIDINE) ON CALL TO OR	PO 20 MG X 1 RN: _____ DATE: 7/10/12	1210 [illegible] HOLD Not Blocked		
REGLAN (METOCLOPRAMIDE) ON CALL TO OR	PO 10 MG X 1 RN: _____ DATE: _____			
TYLENOL TABLET _____ MG (ACETAMINOPHEN) ON CALL TO OR	PO X 1 RN: _____ DATE: _____			
ANCEF _____ GM (CEFAZOLIN) D5W 100 ML INFUSE OVER 30 MINUTES	IV PREOP X 1 RN: _____ DATE: _____			
VANCOMYCIN _____ MG (VANCOCIN) D5W 250 ML INFUSE OVER 1 HOUR	IV PREOP X 1 RN: _____ DATE: _____			
CLINDAMYCIN _____ MG (CLEOCIN) D5W 100 ML INFUSE OVER 30 MINUTES	IV PREOP X 1 RN: _____ DATE: _____			
MEFOXIN _____ GM (CEFOXITIN) D5W 100 ML INFUSE OVER 30 MINUTES	IV PREOP X 1 RN: _____ DATE: _____			
AMPLICILLIN _____ GM (AMPLICILLIN) NS 100 ML INFUSE OVER 30 MINUTES	IV PREOP X 1 RN: _____ DATE: _____			
GENTAMICIN _____ MG (GARAMYCIN) NS 100 ML INFUSE OVER _____ MINUTES	IV PREOP X 1 RN: _____ DATE: _____			
LEVAQUIN _____ MG (LEVOFLOXACIN) IN D5W _____ ML INFUSE OVER _____ MINUTES	IV PREOP X 1 RN: _____ DATE: _____			

Administration Period: 07:01 7/10/12 (date) to 07:00 _____ (date) **07:01 – 15:00** **15:01 – 23:00** **23:01 – 7:00**

Allergies: NKA

PATIENT ID DOB:
MED REC NO: AGE:
ADMITTED:
PHYSICIAN:
DX:

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 62496

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

30917MAR

DSC MEDICATION ADMINISTRATION RECORD

Form # 005.850-04/10-1-SD

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE

NORMAL SALINE RATE: TKO	IV 500 ML X 1 RN: _____ DATE: _____			
ZOFRAN (ONDANSETRON) ON CALL TO OR	PO 8 MG X 1 RN: _____ DATE: _____			
VERSED_____ MG (MIDAZOLAM) ON CALL TO OR	PO SYRUP X 1 RN: _____ DATE: _____			
TYLENOL LIQUID_____ MG (ACETAMINOPHEN) ON CALL TO OR	PO X 1 RN: _____ DATE: _____			
ALBUTEROL 8 GM INHALER (VENTOLIN HFA) ON CALL TO OR	2 PUFFS X 1 RN: _____ DATE: _____			
SCOPOLAMINE 1.5 MG (TRANSDERM-SCOP) ON CALL TO OR	PATCH X 1 SITE APPLIED:_____ RN: _____ DATE: _____			
SOLUCORTEF _____ MG (HYDROCORTISONE) ON CALL TO OR	IV PREOP X 1 RN: _____ DATE: _____			

Administration Period: 07:01_____(date) to 07:00 _____(date) **07:01 – 15:00** **15:01 – 23:00** **23:01 – 7:00**

Allergies:

PATIENT ID DOB:
MED REC NO: AGE:
ADMITTED:
PHYSICIAN:
DX:

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # 62496

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

DSC MEDICATION ADMINISTRATION RECORD

Form # 005.850-04/10-1-SD

1100034

Medication Reconcile Record

DULBERG, PAUL R.
NCH-A - DSC
MD: Sagerman, Scott D., MD
Acct: 71265382 MRN: 0001307925
Discharge Date:
Requested Date:07/09/2012 16:33
Page 1 of 1

Allergy History

Allergen	Onset Date	Primary Reaction	Severity
No Known Allergies			

Patient Medication Reconciliation

Medication	Dose	Route	Freq	Last Taken	Next Dose Due	Start Date	Stop Date
Neurontin Oral *Generic: gabapentin*	900 mg Tablet	Oral	2 times per day	07/08/2012			
Norco Oral *Generic: hydrocodone-acetaminophen*	7.5-352 mg	Oral	Every 6 hours as needed				
Comment: for severe pain							
cyclobenzaprine 10 mg Tab *Generic:*	1 Tablet	Oral	As Needed	06/08/2012			
naproxen Oral *Generic: naproxen*	500 mg Tablet	Oral	2 times per day	07/06/2012			
tramadol 50 mg Tab *Generic:*	1 Tablet	Oral	As Needed	06/16/2012			
Comment: not for months							

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

To the best of our knowledge, this is a list of the medications you are taking as of this date. Questions regarding these medications should be directed to the prescribing physician.

Nurse Signature: _____ Date: 7/9/12

Patient Signature: Barb Dulberg Date: 7/9/12

This report indicates medications to be taken/given following discharge. Do not take any additional medications unless you check with your Physician. Please take this report with you when you visit your Physician and other Healthcare Providers.

DULBERG, PAUL R. Opt Out:
NCH-A - DSC
Discharge Med Reconciliation Orders
From: 07/08/2012 12:49 To: 07/09/2012 12:49
Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/09/2012 12:49 (LB57) Page 1 of 2

Allergy History

No Known Allergies

Active Medications

Drug Name	Dose	Route	Frequency	Last Taken	Comments:	Continue	Discontinue	M.D. Initials	Start Date
cyclobenzaprine 10 mg Tab	1 Tablet	Oral	As Needed	06/08/2012	Strength: 10 mg	☑	☐	☐	☐
gabapentin(Neurontin Oral)	900 mg Tablet	Oral	2 times per day	07/08/2012		☑	☐	☐	☐
hydrocodone-acetaminophen 10-650 mg Tab	0.5-1 Tablet Tablet	Oral	As Needed	03/01/2012	Special Instructions: not for months Strength: 10-650 mg	☑	☐	☐	☐
naproxen(naproxen Oral)	500 mg Tablet	Oral	2 times per day	07/06/2012		☑	☐	☐	☐
tramadol 50 mg Tab	1 Tablet	Oral	As Needed	06/16/2012	Special Instructions: not for months Strength: 50 mg	☑	☐	☐	☐

NO DATA FOUND FOR MODULE: 3. Active Inpatient Medications

New Medication Orders

Drug Name	Dose	Route	Frequency
Norco	1 tab 5mg/325	PO	1-2 tabs q 4-6 hr prn

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

FORM: 1100042

DULBERG, PAUL R. Opt Out:
NCH-A - DSC
Discharge Med Reconciliation Orders
From: 07/08/2012 12:49 To: 07/09/2012 12:49
Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/09/2012 12:49 (LB57) Page 2 of 2

Signatures:
Any medication changes (ie, dose, route, frequency) needs to be written in the New Medication Order Section.

Physician: _____ Date: 7/9/12 Time: 1430
Physician: _____ Date: _____ Time: _____
Physician: _____ Date: _____ Time: _____
Nurse: _____ Date: _____ Time: _____
Nurse: _____ Date: 7/9/12 Time: 1630

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

FORM: 1100042

DULBERG, PAUL R. Opt Out:
NCH-A
nch_hhsadmhx
Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01
Page 1 of 4

Admission History Assessment

Observables

Template: Admission History

Category: Arrival Date/Time

Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Arrival Date/Time	07/09/2012 12:14	07/09/2012 12:48 BURNS, LYNDA, RN	07/09/2012 12:46 BURNS, LYNDA, RN	

Category: Tobacco Use

Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Have you smoked within the last 30 days?	yes	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN
Smoking status	current every day smoker	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN

Category: Advance Directives

Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance directives	no	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN

Medication Detail

Description	Dose	Route	Freq/ Rate	Form	Strength
Active - Unknown					
Neurontin Oral (gabapentin Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:43 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	900 mg	Oral	2 times per day	Tablet	

Medication Detail (continued)

Description	Dose	Route	Freq/ Rate	Form	Strength
Active - Unknown					
Norco Oral (hydrocodone- acetaminophen Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: for severe pain Comments: Entered: 07/09/2012 16:33 Balawender, Edyta , RN Confirmed: 07/09/2012 16:33 Balawender, Edyta , RN Modified: 07/09/2012 16:33 Balawender, Edyta , RN	7.5-352 mg	Oral	Every 6 hours as needed		
cyclobenzaprine 10 mg Tab (cyclobenzaprine 10 mg Tab) PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:45 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	1	Oral	As Needed	Tablet	10 mg
naproxen Oral (naproxen Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:42 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	500 mg	Oral	2 times per day	Tablet	
tramadol 50 mg Tab (tramadol 50 mg Tab) PRN: No AKA: Indication: Type: Info Source: Spec Instr: not for months Comments: Entered: 06/26/2012 11:45 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	1	Oral	As Needed	Tablet	50 mg

Medication Detail (continued)

Description	Dose	Route	Freq/ Rate	Form	Strength
Discontinued - Unknown					
hydrocodone- acetaminophen 10- 650 mg Tab (hydrocodone- acetaminophen 10- 650 mg Tab) PRN: No AKA: Indication: Type: Info Source: Spec Instr: not for months Comments: Entered: 06/26/2012 11:47 Manalansan, Lorena , RN Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN Modified: 07/09/2012 16:32 Balawender, Edyta , RN	0.5-1 Tablet	Oral	As Needed	Tablet	10-650 mg
Inactive- ERROR - Unknown					
Bayer Aspirin Oral (aspirin Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 06/26/2012 11:49 Manalansan, Lorena , RN Confirmed: 07/09/2012 12:46 Burns, Lynda , RN Modified: 07/09/2012 12:46 Burns, Lynda , RN		Oral	As Needed	Tablet	250 mg

Problem Detail

Description (Snomed code)	Chronicity	Additional Info
Active - Medical		
Neuritis (84299009) (Right)[1] ICD: 729.2 Problem Priority: Problem Onset: Current Occurrence: Comment: right ulna Entered: 06/26/2012 11:59 Manalansan, Lorena , RN Last Confirmed: 07/09/2012 12:46 Burns, Lynda , RN Last Modified: 07/09/2012 12:46 Burns, Lynda , RN		

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type

DULBERG, PAUL R. Opt Out:
NCH-A
nch_hhsadmhx
Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01
Page 4 of 4

Allergy Detail (continued)

Allergen	Reaction	Severity	Sensitivity Type
Active			
[NS] ***No Known Allergies***			
Onset Date:			
Reported By:			
Rel. to Patient:			
Comments:			
Entered: 07/09/2012 12:44 Burns, Lynda , RN			
Confirmed: 07/09/2012 00:00 Staffid, Auto			
Verified: 07/09/2012 00:00 Staffid, Auto			

NO DATA FOUND FOR MODULE: 5. Immunization Details

CURRENT LIVING SITUATION / SUPPORT SERVICES

Occupation has been on has not been working. Disabled.

- ☐ Lives Alone
- ☐ Home Health Agency
- ☐ Foster Care
- ☐ Other
- ☐ With Spouse / S.O. _____
- ☐ Assisted
- ☐ Hospice
- ☐ With Family Parents.
- ☐ Retirement Comm.
- ☐ Nursing Home

Facility: _____

Cultural/Religious Practices ☒ None List: _____

Primary Language Spoken: English Support System _____

Recent Stressors (Major Loss/Changes) ☐ None List: _____

FUNCTIONAL SCREEN

Y = Yes
N = No
I = Independent
A = Assisted
D = Dependent
U = Unknown

FUNCTIONAL LEVEL PRIOR TO ILLNESS	FUNCTIONAL LEVEL ON ADMISSION	IS THERAPY APPROPRIATE?	
I	I		Ambulation (PT)
I	I		Transfers (PT)
I	I		Toileting (OT)
I	I		Hygiene (OT)
I	I		Dressing (OT)
I	I		Feeding (OT)
I	I		Swallowing (ST)
I	I		Communication (CT)

☐ Therapy not appropriate upcoming surgery is within: 24 hours

FALL RISK ASSESSMENT (Check All That Apply)

- ☐ Previous Fall (in past 6 months)
- ☐ Mobility Problem
- ☐ Confusion
- ☐ Incontinent
- ☐ Hearing / Visual Impairment
- ☐ Meds That Put Patient at Risk of Falling
- ☐ Communication Barrier
- ☐ CNS Impairment
- ☒ None of Above

PRESSURE ULCER RISK ASSESMENT

- ☐ Braden Scale tool attatched
- ☐ Braden Scale Score ➤

CHECK IF PRESENT ON ADMISSION

EQUIPMENT/PROSTHESES USED (Check All That Apply)

- ☐ Cane
- ☐ Walker
- ☐ Crutches
- ☐ Wheelchair
- ☐ Dentures Full U L
- ☐ Partial U L
- ☐ Glasses
- ☐ Contact Lenses
- ☐ Artificial Eye R L
- ☐ Hearing Aid R L
- ☐ OTHER: NONE

NUTRITION SCREEN Circle numbers that apply to patient; total the points.

	Points		Points
Dx. of malnutrition	5	Nausea/vomiting/diarrhea > 3 days	2
Inadequate po intake/dehydration	3	Difficulty chewing/swallowing	3
Surgical patient > 65 yrs. old	2	Decubitis ulcer/non-healing wound	5
Appears emaciated/morbidly obese	4	Trauma/sepsis	3
Special diet/diet schedule _____	1	Unintentional 10 lb. gain/loss in 1 month	3
Pregnant/lactating (non-OB admission)	3		
Braden scale ≤ 12	5	**Total Points**	0

Risk Level: Low (1-4) / Moderate (5-7) / High > 7 **Risk total 5 or greater must be referred by documentation on physician orders for order to NFS.**

RN Signature _____ Date 6/29/12 7/9/12

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital
Northwest Community Day Surgery Center
Arlington Heights, IL 60005

22903NUR

NURSING ADMISSION ASSESSMENT

NCH Item No. 25668

Form # 005.014-02/04-1-S&D

Do not send mail to below address. For USPS use only.
P. O. Box 1259, Dept. 92667
Oaks, PA 19456

For more information about your statement, contact Patient Accounts at 1-800-709-2715, or visit our website at www.patientaccounts.net

MOST MAJOR CREDIT CARDS ACCEPTED		
To pay via credit card please call 1-800-709-2715or Pay online at www.patientaccounts.netand use Access Code: FP897		
Statement Date 07/16/2012	Pay This Amount $1,365.00	Account # *71265382*
Payment Due Date 08/13/2012	SHOW AMOUNT PAID HERE $	

95156 - 1225

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Northwest Suburban Anesthesiologist Ltd
8163 Solutions Center
Chicago IL 60677-8001

☐ Please check if address or insurance information is incorrect and complete form on back.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Pay online at www.patientaccounts.netand use Access Code: FP897

Account #: 71265382 **Please Pay: $1,365.00** **Due Date: 08/13/2012**

Date	Description	Case #	Insurance Balance	Patient Balance
	Anesthesiology Services by Dr. S. SINGH for Dr. S. Sagerman			
07/09/2012	CPT Code: 64718 Billed To Patient	13180035		$1,365.00

ACCOUNT CONDITIONS	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS
	$1,365.00	$0.00	$0.00	$0.00	$0.00

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

This is a bill for services not included on your Hospital bill.
Please call our office with questions concerning your bill.
If payment has been made please disregard this bill. Thank you.

Total Balance	$1,365.00
Insurance Pending	$0.00
Amount You Owe	$1,365.00

Make Checks Payable To: Northwest Suburban Anesthesiologist Ltd
Call 1-800-709-2715

For Billing Questions Call
1-800-709-2715 (En Español 1-888-850-1446)
Mon - Fri 8:00AM to 7:30PM ET

1 of 1

95156-1225

PAP-944-B-0

LL0029I5

BOTOX® onabotulinumtoxinA

BOTOX PATIENT ASSISTANCE℠ Program Re-Enrollment Notification

November 10, 2014

Kathy Kujawa, MD - Medical Doctor
Alexian Rehabilitation Hospital
Uberti Bldg 900 Biesterfield Rd # 610
Elk Grove Village, IL 60007

Service Request Number: AL000ZOP

Dear Kathy Kujawa, MD - Medical Doctor,

The BOTOX PATIENT ASSISTANCE℠ Program is pleased to have provided your patient, Paul Dulberg, with BOTOX® at no charge for the past year. After 10 months from the date of enrollment, we are required to review the patient's eligibility information to ensure that the patient continues to qualify for the program.

To re-enroll in the BOTOX PATIENT ASSISTANCE℠ Program, please complete the following steps.

1. Review the completed application for accuracy.
2. Ensure you and your patient sign the Certification and Consent Statement on the application form.
3. Include a copy of your patient's (or guardian's) income documentation.

Acceptable forms of income documentation include one of the following:

- 1040, 1 040A, or 1040 from the most recent tax year
- W-2
- Social Security Statement

Should your patient receive coverage for BOTOX® through Medicare, Medicaid, or any other third party payer benefit, please notify the BOTOX PATIENT ASSISTANCE℠ Program immediately so that we can review your patient's eligibility.

Please remember that in order to comply with applicable laws and regulations, you agree not to bill or collect from the patient or any government or private payer, or to trade, sell, barter for or return for credit any vial you receive under this program. In addition, if you are unable to waive the administration fee, please be sure that your patient understands that these costs are his or her responsibility.

As a reminder, the patient is not eligible for consideration to participate in the BOTOX PATIENT ASSISTANCE℠ Program until we receive the necessary form and income documentation. If we do not receive the required paperwork by , your patient will be withdrawn from the patient assistance program.

Thank you for your continual support in helping financially needy patients to gain access to BOTOX®.

Sincerely,

BOTOX PATIENT ASSISTANCE℠ Program

® mark owned by Allergan, Inc.

BOTOX onabotulinumtoxinA

BOTOX PATIENT ASSISTANCE® Program Application Form

Date: «Date»

PROVIDER/SPONSOR INFORMATION

Provider Sponsor Name: Kathy Kujawa
Contact Person and Title: Kathy Kujawa
Address: Eberle Bldg 800 Elmhurst Rd # 310
City: Elk Grove Village State: IL Zip: 60007
Phone Number:
Fax Number:
Facility Name: Alexian Rehabilitation Hospital
○Physician's Office ○Hospital ○Other
License Number:
NPI:

Please provide contact person and address for product shipment (if different from above):

Provider Sponsor Name:
Contact Person and Title:
Address:
City: State: Zip:
Phone Number: ( )
Fax Number: ( )

TREATMENT INFORMATION

Diagnosis (ICD-9 Code):
Estimated Dose (in 100 Unit vials):

I certify that I have read the Sponsor Certification and Consent Statement in full and that I understand and agree to the terms stated in the Declaration by signing below.

Provider Sponsor's Signature (required)
Date Signed (required)

PATIENT INFORMATION

Patient Full Name: Paul Dalberg
Social Security Number:
Address: 4606 Hayden Ct
City: Mchenry State: IL Zip: 60050
Phone Number: (847) 497-8259
Date of Birth: 03/19/1970
Number of members in household:
U.S. Resident (including Puerto Rico and U.S. Territories): ○Yes ○No
Patient's annual gross household income: $
Income Source: ○1040 ○1040A ○1099 ○W-2 ○Social Security Statement

I certify that I have read the Patient Certification and Consent Statement in full and that I understand and agree to the terms stated in the Declaration by signing below.

Patient's Signature (required)
Date Signed (required)

Please provide documentation verifying your income by attaching a copy of your 1040, 1040A, or 1099 from the most recent tax year, W-2, or Social Security Statement.

INSURANCE INFORMATION

○Medicaid ○Medicare ○PPO ○POS ○Indemnity ○Medicare ○Medicaid ○No Insurance

Primary Insurance Company:
Secondary Insurance Company:
Policy Number: Group Number:
Policy Number: Group Number:
Address:
Address:
City: State: Zip:
City: State: Zip:
Phone Number:
Phone Number:
Subscriber's Name: Date of Birth:
Subscriber's Name: Date of Birth:
Subscriber's Relationship to Patient:
Subscriber's Relationship to Patient:

Allergan reserves the right to modify or discontinue the BOTOX PATIENT ASSISTANCE® Program at any time, without further notice.

BOTOX onabotulinumtoxinA

PLEASE READ DECLARATION BEFORE SIGNING FRONT OF FORM

PLEASE READ CAREFULLY BEFORE YOU SIGN

The BOTOX PATIENT ASSISTANCE® Program offers assistance to financially eligible patients who need BOTOX® treatment. Patients who are uninsured or underinsured and are unable to afford the cost of therapy may be eligible for enrollment. While Allergan makes every effort to grant aid when needed and appropriate, the program is limited to available resources and may be discontinued at any time, without further notice.

I certify that the use of BOTOX® is medically necessary and appropriate and that I will be supervising the patient's treatment accordingly.

I further certify that, to the best of my knowledge, the patient has no medical insurance coverage for BOTOX®, including Medicaid/Medicare or other public programs, and the patient has insufficient financial resources to pay for the prescribed therapy. I agree not to bill or collect from the patient or any government or private payer, or to trade, sell, barter for or return for credit any BOTOX® provided under the BOTOX PATIENT ASSISTANCE® Program.

I also certify that my patient understands that these costs are his/her responsibility if I am unable to waive the administration fee.

I agree that any BOTOX® I receive for the patient named in the application will be used only for this patient.

I also understand that Allergan Inc. reserves the right to modify or discontinue the BOTOX PATIENT ASSISTANCE® Program at any time, without further notice.

PATIENT ENROLLMENT AND CONSENT STATEMENT

Under this program, Allergan agrees to ship product to the sponsor for vials of therapeutic BOTOX® for patients who have met the requirements set forth by the BOTOX PATIENT ASSISTANCE® Program. All of the terms and conditions below must be met in order for a patient to be enrolled in the program.

- Patient must meet the eligibility criteria
- Sponsor must complete and sign the application
- Patient must complete and sign the application and provide income documentation

I understand that this patient assistance program provides BOTOX® at no charge and does not include the provider administration fee.

I verify that the information provided in this application is complete and accurate to the best of my knowledge and may be used by Allergan Inc. and/or its agent or authorized designee in determining eligibility to participate in the BOTOX PATIENT ASSISTANCE® Program. I understand that at such time as I obtain coverage or have the financial resources to pay for the cost of therapeutic BOTOX®, I will notify Allergan of such a change in my coverage status. I understand that I will be re-evaluated for eligibility for the BOTOX PATIENT ASSISTANCE® Program every 12 months.

I understand that, by my signature, any and all information that I provide may be shared with my treating provider.

By my signature, I agree that Allergan Inc. and/or its agent or authorized designee may contact my health care provider to request information concerning my medical condition and I hereby direct them to provide information relative to my medical condition or treatment or drug therapy, as requested. In addition, I agree that Allergan Inc. and/or its agent or authorized designee may contact my payer to obtain benefit information for therapeutic BOTOX®.

Allergan Inc. and/or its agent or authorized designee agrees not to disclose any information obtained from these sources to any third party except as provided herein or except as required by applicable law.

I also understand that Allergan Inc. reserves the right to modify or discontinue the BOTOX PATIENT ASSISTANCE® Program at any time, without further notice.

PATIENT INFORMATION (OPTIONAL)

- ☐ Yes, I am interested in receiving additional information about BOTOX®
- ☐ No, I am not interested in receiving additional information about BOTOX®

_____ _____

Patient's Signature (required) Date Signed (required)

® mark owned by Allergan, Inc.

BOTOX PATIENT ASSISTANCE® Program
PO Box 1376 San Bruno, CA 94066 · Phone: 800-44-BOTOX (Option 5) · Fax: (877) 539-6680

Allergan reserves the right to modify or discontinue the BOTOX PATIENT ASSISTANCE® Program at any time, without further notice.

HIPAA AUTHORIZATION FOR THE USE AND DISCLOSURE OF PATIENT INFORMATION

I authorize my physician, _____ ("Physician") to give Allergan, Inc., any subcontractors or agents of Allergan, Inc. ("Allergan") information about me which is necessary to determine my eligibility for the BOTOX PATIENT ASSISTANT Program ("Program"), to administer the Program and to account for my withdrawal should I decide to stop participating in the Program. I understand that the type of information that can be given under this authorization may include my name, birth date, address, telephone number, social security number, income, prescription coverage, prescription for medication(s), financial documents and insurance records. I further understand that if my information is incomplete or the completed information does not allow me to participate in the Program that I may be notified of such by Allergan. I also understand that signing this authorization does not guarantee that I will be accepted into the Program. I further understand that because Allergan is not covered by federal privacy regulations, after my information is disclosed to Allergan, it will no longer be protected under federal law and could be subject to re-disclosure. This authorization will expire one (1) year after the date it is signed below, or one (1) year after the last date I receive medications under the Program, whichever is later. I may cancel this authorization at any time by providing written notice to Allergan at the address set forth below. My revocation will become effective on the date my written notice is received and processed by the Program and at such time I will no longer be qualified to receive medication assistance from the Program. I understand that my refusal to sign this authorization will not affect my ability to obtain treatment from my Physician, but that I will not be able to participate in the Program.

You are entitled to a copy of this authorization for your records.

_____ _____

Signature of patient or authorized person Date

_____

Relationship/Reason patient is unable to sign

Allergan reserves the right to modify or discontinue the BOTOX PATIENT ASSISTANCE℠ Program at any time, without further notice.

ALEXIAN BROTHERS MEDICAL GROUP

printed 12/01/2016 09:58 AM

BONAVENTURE MEDICAL
FOUNDATION
PO BOX 5588
BELFAST, ME 04915-5500
billing phone: (847) 506-6622

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
PAUL DULBERG 4606 HAYDEN COURT MCHENRY, IL 60051	315684	PAUL DULBERG
	DOB	HOME TELEPHONE
	03/19/1970	(847) 497-4250

Billing Summary

Claim ID	Procedure	Date of Service	Post Date	Type	Reason	Plan	Rendering Provider	Insurance Amount	Patient Amount	
Claim ID 3612197										
3612197	99213	11/11/2016	11/14/2016	CHARGE	99213	AETNA BETTER HEALTH - FAMILY HEALTH PLAN (MEDICAID HMO)	KATHY KUJAWA	$119.00		
3612197	99213	11/11/2016	11/28/2016	PAYMENT	CHECK 00877475	AETNA BETTER HEALTH - FAMILY HEALTH PLAN (MEDICAID HMO)	KATHY KUJAWA	$-28.35		
3612197	99213	11/11/2016	11/28/2016	ADJUSTMENT	CONTRACTUAL	AETNA BETTER HEALTH - FAMILY HEALTH PLAN (MEDICAID HMO)	KATHY KUJAWA	$-90.65		
							OUTSTANDING	$0.00	$0.00	$0.00
							TOTAL CHARGE OUTSTANDING AS OF 12/01/2016	**$0.00**	**$0.00**	**$0.00**

ALEXIAN BROTHERS MEDICAL GROUP • 800 BIESTERFIELD RD, ELK GROVE VILLAGE IL 60007-3361

DULBERG, PAUL (id #315684, dob: 03/19/1970)

AMITA HEALTH
NEUROSCIENCES INSTITUTE

Date: 11/22/2016

RE: **Patient:** Dulberg, Paul
DOB: 03/19/1970
Address: 4606 Hayden Court
McHenry, IL 60051

Patient ID: 315684

To Whom It May Concern:

I am writing at the request of my patient, Mr. Paul Dulberg, after our most recent clinic visit on 11/11/16. During that visit, we discussed at length the IME from Dr. Craig Phillips at the Illinois Bone & Joint Institute completed on 10/4/16. Dr. Phillips wrote a very detailed, elegant and comprehensive review of Mr. Dulberg's orthopedic injury that occurred on June 2011. However, I was rather surprised and shocked at the paucity of neurologic input into Mr. Dulberg's evaluation.

A Movement Disorders neurologist, like myself, practices in a highly subspecialized field that includes Tourettes syndrome, Parkinsons disease, Essential tremor, and Mr. Dulberg's condition of dystonia. I completed an additional 2-year fellowship program at Rush Medical Center in Chicago, after my 4-year neurologic resident training period, and have been practicing exclusively in this field for the past 17 years. I do not know Dr. (?Karen) Levin, from the Associates of Neurology, but I can assume this physician is a general neurologist.

Dystonia is a rare neurological disorder, and can be easily missed by any physician who does not have the specific training or experience to recognize its symptoms. Therefore I ask that this information be considered in Mr. Dulberg's case.

Sincerely,

Electronically Signed by: KATHY KUJAWA, MD

KATHY KUJAWA, MD
ALEXIAN BROTHERS MEDICAL GROUP

DULBERG, PAUL (id #315684, dob: 03/19/1970)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 08/05/2016

Patient

Name	DULBERG, PAUL (46yo, M) ID# 315684	**Appt. Date/Time**	08/05/2016 10:00AM
DOB	03/19/1970	**Service Dept.**	ABMG - ALEXIAN NSI EMR
Provider	KATHY KUJAWA, MD		
Insurance	Med Primary: MEDICAID-IL: ILLINOIS DEPARTMENT OF PUBLIC AID Insurance # : 921912416 Med Cash: SLIDING FEE SCHEDULE - DISCOUNT Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Followup: Organic writer's cramp
Followup: Acquired torsion dystonia

HPI

***HPI Text Box**
Reported by patient.

Notes:

Here with mother, last seen 2/11/16
Today is "pretty good" day.
He reports cramping is worse by the end of the day, only lasts seconds, could not tolerate Baclofen (sedation) in the past.
Requesting handicap parking placard (ok with me) since he has difficulty loading heavy groceries (dog food) into his car.
Pain still present, but improved with Neurontin

Vitals

Wt:	160 lbs 08/05/2016 10:14 am	**Ht:**	5 ft 8 in 08/05/2016 10:14 am	**BMI:**	24.3 08/05/2016 10:14 am
BP:	130/80 sitting R arm 08/05/2016 10:17 am	**Pulse:**	88 bpm regular 08/05/2016 10:17 am	**RR:**	18 08/05/2016 10:17 am
Pain Scale:	0 08/05/2016 10:14 am				

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

alfuzosin ER 10 mg tablet,extended release 24 hr — 01/29/16 filled
1 tab daily
Internal Note: (for bladder)

gabapentin 300 mg capsule — 02/08/16 filled
takes 3 caps in am, noon & 4 caps at hs (up to 10 tabs/day)
Internal Note: (reports difficulty cutting the scored 600 mg tabs)

naproxen 500 mg tablet — 01/07/15 filled
1 tab at 6a & 6p PRN for neck pain

Neurontin 600 mg tablet — 11/06/14 prescribed
1.5 tabs at 8a and 12noon, and 2 tabs at bedtime; scored-tabs
Note: never started this strength due to concern of being too weak to cut the

MAKE CHECKS PAYABLE TO:
ALEXIAN BROTHERS MEDICAL GROUP
PO BOX 5588
BELFAST, ME 04915-5500

FOR ACCOUNT QUESTIONS CALL:
847-506-6622
DUE DATE: 10/14/2013
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	PAUL DULBERG		
09/25/2013	NEW PATIENT OFFICE EXAM-DETAILED PROVIDER: KATHY KUJAWA, MD	$ 153.00	
09/25/2013	CREDIT PATIENT PAYMENT - THANK YOU	$ -110.00	
	PATIENT BALANCE DUE -		$ 43.00

*** YOU ASKED FOR IT, YOU GOT IT! ***
WE NOW OFFER THE ABILITY TO MAKE ONLINE PAYMENTS! PLEASE VISIT MYALEXIANDOC.NET TO LOG INTO OUR PATIENT PORTAL. YOU CAN ALSO CONTACT THE BILLING DEPT., MONDAY-FRIDAY, 8:30AM – 4:00PM. PHONE # 847-506-6622 EMAIL: ABMGBILLING@ALEXIAN.NET

THANK YOU FOR SELECTING ABMG AS YOUR PROVIDER! PLEASE REMIT BALANCE NOW.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
43.00	0.00	0.00	0.00	0.00	43.00	0.00	43.00

CLOSING DATE: 09/26/2013
ACCOUNT NUMBER: 315684A380 7890

000000525-A

Billing Summary: DULBERG, PAUL #315684 (E#315684)

ALEXIAN BROTHERS MEDICAL GROUP

printed 02/26/2016 11:09 AM

BONAVENTURE MEDICAL FOUNDATION
PO BOX 5588
BELFAST, ME 04915-5500
billing phone: (847) 506-6622

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
PAUL DULBERG 4606 HAYDEN COURT MCHENRY, IL 60051	315684	PAUL DULBERG
	DOB	HOME TELEPHONE
	03/19/1970	(847) 497-4250

Billing Summary

Claim ID	Procedure	Diagnosis	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 3028496											
3028496	99214	F488, G248	02/11/2016	02/16/2016	**CHARGE**	99214	FAMILY HEALTH NETWORK - APEX HEALTHCARE INC (MEDICAID HMO)	KATHY KUJAWA	$175.00		
								OUTSTANDING	$175.00	$0.00	$0.00
Claim ID 2824569											
2824569	99215	[illegible] (33384, 33379)	07/28/2015	07/29/2015	**CHARGE**	99215	FAMILY HEALTH NETWORK - APEX HEALTHCARE INC (MEDICAID HMO)	KATHY KUJAWA	$234.00		
2824569	99215	[illegible] (33384, 33379)	07/28/2015	01/12/2016	PAYMENT	CHECK 935849	FAMILY HEALTH NETWORK - APEX HEALTHCARE INC (MEDICAID HMO)	KATHY KUJAWA	$-54.75		
2824569	99215	[illegible] (33384, 33379)	07/28/2015	01/12/2016	ADJUSTMENT	CONTRACTUAL (136232)	FAMILY HEALTH NETWORK - APEX HEALTHCARE INC (MEDICAID HMO)	KATHY KUJAWA	$-179.25		
								OUTSTANDING	$0.00	$0.00	$0.00
Claim ID 2690356											
2690356	99215	[illegible] (33384, 33379)	03/10/2015	05/22/2015	**CHARGE**	99215	FAMILY HEALTH NETWORK - APEX HEALTHCARE INC (MEDICAID HMO)	KATHY KUJAWA	$234.00		
2690356	99215	[illegible] (33384, 33379)	03/10/2015	08/08/2015	PAYMENT	CHECK 919520	FAMILY HEALTH NETWORK - APEX	KATHY KUJAWA	$-48.00		

PAUL DULBERG
4806 Hayden Ct, McHenry, IL 600517918
(847)497-4260
RX # 2132245-05469 DATE: 06/28/11

HYDROCODONE/APAP 10MG/325MG TABS
QTY: 20 NO REFILLS - DR. AUTH REQUIRED
New NDC: 00591-0853-05

$ 20.69

DR A. FORD
MFG: WATSON
SMC/TNT/TNT/ /TNT

Walgreens 3926 W ELM ST MCHENRY, IL 600504361
PH: (815)363-0722

Customer Receipt

PAUL DULBERG
4606 Hayden Ct, McHenry, IL 600517918
(847)497-4250

RX # 2132246-05469

DATE: 06/28/11

CEFADROXIL 500MG CAPSULES
QTY: 10 NO REFILLS - DR. AUTH REQUIRED
New NDC:00093-3196-01

$ 27.99

DR A. FORD
MFG:TEVA
SMC/TNT/TNT/ /TNT

Walgreens

3925 W ELM ST MCHENRY, IL 600504361
PH: (815)363-0722

Customer Receipt

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

Patient: DULBERG,PAUL,
4606 HAYDEN CT
MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

Wal-Mart Pharmacy,3801 RUNNING BROOK FARMS BLVD, JOHNSBURG IL-60051
NABP Number:1458074 ID: BW2107806 NPI Number :1588681852

Date Filled / Date Written	Rx / Fill ID	Drug Name / NDC	Prescriber / Physician NPI	Qty / Refill #	Days Supply	Dispense As Written	Patient Paid / TP Ref #
05/16/2012	7547463	GABAPENTIN 300MG CAP	LEVIN,KAREN FAITH	60	30	0	$ 25.79 WHI
05/16/2012	3420093	53746-0102-05	1811930811	0			94291
06/11/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3435316	00228-2636-50	1811930811	0			91281
07/09/2012	4551869	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	25	4	0	$ 16.11 WHI
07/09/2012	3451595	7.5-325MG TAB	1841383031	0			97611
		00406-0366-01					
07/19/2012	4552169	HYDROCO/ACETAMIN	SAGERMAN,SCOTT D	35	3	0	$ 21.15 WHI
07/19/2012	3457029	7.5-325MG TAB	1841383031	0			50281
		00406-0366-01					
08/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3465201	00228-2636-50	1811930811	1			03741
[redacted]							
10/02/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.08 WHI
06/11/2012	3500318	00228-2636-50	1811930811	2			08581
11/16/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.78 WHI
06/11/2012	3527707	00228-2636-50	1811930811	3			123211810197015999
12/28/2012	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.54 WHI
06/11/2012	3553163	00228-2636-50	1811930811	4			123631811033010999
[redacted]							
02/09/2013	7552483	GABAPENTIN 600MG TAB	LEVIN,KAREN FAITH	135	45	0	$ 126.68 WHI
06/11/2012	3580282	00228-2636-50	1811930811	5			130401804678017999
[redacted]							

Report Date :03/25/2013
Attested To By :

Total: $ 886.44

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY. WAL*MART STORES, INC.**

Store #: 1377
Report Date: 03/25/2013

Connexus Pharmacy System
Wal-Mart Pharmacy10-1377
Medical Expenses Summary

Patient: DULBERG,PAUL,
4606 HAYDEN CT
MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**

FROM 8-01-13 TO 4-08-16

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

RUN DATE: 4-08-16

PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
[redacted]						
[redacted]						
00105375	9-02-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	300	0 of 5
00105375	3-17-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	5 of 5
00105375	1-12-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	4 of 5
00105375	12-09-14	APC	GABAPENTIN 300MG CAP 300MG 31722-0222-05 DS:30 $.00 DR KUJAWA	JS	300	3 of 5
00105375	11-06-14	ILM	GABAPENTIN 300MG CAP 300MG 31722-0222-05 DS:30 $2.00 DR KUJAWA	JS	300	2 of 5
00105375	10-06-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	300	1 of 5
[redacted]						
[redacted]						
[redacted]						
[redacted]						
[redacted]						
00100296	5-13-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	180	0 of 5
00100296	8-04-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	180	2 of 5

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

FROM 8-01-13 TO 4-08-16
RUN DATE: 4-08-16

PH# 815-344-3263

PAGE 2

RECORD OF PRESCRIPTIONS FOR:
PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
[redacted]						
[redacted]						
[redacted]						
[redacted]						
00118291	4-20-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	0 of 5
00118291	9-30-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	5 of 5
00118291	8-27-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	DL $.00 DR KUJAWA	300	4 of 5
00118291	7-23-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	3 of 5
00118291	6-23-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	2 of 5
00118291	5-19-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	1 of 5
[redacted]						
[redacted]						
[redacted]						
[redacted]						

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

FROM 8-01-13 TO 4-08-16
RUN DATE: 4-08-16

PH# 815-344-3263

PAGE 1

RECORD OF PRESCRIPTIONS FOR:
PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
[redacted]						
[redacted]						
[redacted]						
[redacted]						
[redacted]						
00132809	12-18-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:29 $.00 DR KUJAWA	AMB	290	0 of 11
00132809	3-29-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	4 of 11
00132809	3-04-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	3 of 11
00132809	2-08-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	2 of 11
00132809	1-12-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	1 of 11
00132241	12-08-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:7 $.00 DR KUJAWA	JS	70	0 of 0
00130047	11-02-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	CS	300	0 of 0
[redacted]						
[redacted]						
[redacted]						

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

RUN DATE: 4-08-16

PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
00108143	11-06-14	ILM	OXYBUTYNIN TAB 5MG ER 5MG ER 00378-6605-01 DS:30 $2.00 DR BERGER	JS	30	1 of 3
00107661	9-26-14	ILM	PROCHLORPERAZINE 5MG TAB 5MG 59746-0113-06 DS:2 $2.00 DR PARKER	JS	10	0 of 0
00105375	9-02-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	300	0 of 5
00105375	3-17-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	5 of 5
00105375	1-12-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR KUJAWA	JS	300	4 of 5
00105375	12-09-14	APC	GABAPENTIN 300MG CAP 300MG 31722-0222-05 DS:30 $.00 DR KUJAWA	JS	300	3 of 5
00105375	11-06-14	ILM	GABAPENTIN 300MG CAP 300MG 31722-0222-05 DS:30 $2.00 DR KUJAWA	JS	300	2 of 5
00105375	10-06-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	300	1 of 5
00105096	8-08-14	ILM	TAMSULOSIN 0.4MG CAP 0.4MG 00093-7338-01 DS:30 $2.00 DR BERGER	JS	30	0 of 2
00105096	10-06-14	ILM	TAMSULOSIN 0.4MG CAP 0.4MG 00781-2076-01 DS:30 $2.00 DR BERGER	JS	30	2 of 2
00105096	9-03-14	ILM	TAMSULOSIN 0.4MG CAP 0.4MG 62756-0160-88 DS:30 $2.00 DR BERGER	JS	30	1 of 2
00103621	7-14-14		SALINE MIST SPR 0.65% 0.65% 00536-2506-76 DS:10 $5.15 DR PRICE	JS	45	0 of 0
00103619	7-14-14	ILM	AZITHROMYCIN 250MG TAB 250MG 64679-0961-04 DS:5 $2.00 DR PRICE	JS	6	0 of 0
00100296	5-13-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	180	0 of 5
00100296	8-04-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	180	2 of 5

FROM 8-01-13 TO 4-08-16

GENOA A QOL HC CO #10170 RUN DATE: 4-08-16
4100 VETERANS PARKWAY
MCHENRY IL 60050 PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR: PAGE 3

PAUL DULBERG GENDER: M BIRTH DATE: 3-19-70
4606 HAYDEN COURT SENSITIVITIES:
MCHENRY IL 60050
847-497-4250

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
00111638	4-17-15	APC	ALFUZOSIN 10MG TAB 10MG 31722-0302-01 DS:30 $.00 DR BERGER	JS	30	4 of 5
00111638	3-18-15	APC	ALFUZOSIN 10MG TAB 10MG 31722-0302-01 DS:30 $.00 DR BERGER	DL	30	3 of 5
00111638	2-11-15	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30 $.00 DR BERGER	JS	30	2 of 5
00111638	1-07-15	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30 $.00 DR BERGER	JS	30	1 of 5
00110581	11-20-14		NAPROXEN 500MG TAB 500MG 53746-0190-01 DS:30 $4.00 DR ONWUTA	JS	60	0 of 1
00110581	1-07-15	APC	NAPROXEN 500MG TAB 500MG 53746-0190-01 DS:30 $.00 DR ONWUTA	JS	60	1 of 1
00109452	10-31-14	ILM	TIZANIDINE 4MG TABLET 4MG 57664-0503-89 DS:30 $2.00 DR ONWUTA	JS	60	0 of 0
00108149	10-08-14	RXW	VITAMIN D 2000UNIT TAB 2000UNIT 00904-6157-60 DS:30 $8.36 DR BERGER	JS	100	0 of 0
00108146	10-08-14	RXW	PHENAZOPYRID TAB 200MG 200MG 65162-0520-10 DS:7 $39.26 DR BERGER	JS	21	0 of 0
00108145	10-08-14	ILM	CIPROFLOXACIN 500MG TABLET 500M 00143-9928-01 DS:10 $2.00 DR BERGER	JS	20	0 of 0
00108144	11-04-14	ILM	TAMSULOSIN 0.4MG CAP 0.4MG 00781-2076-01 DS:30 $2.00 DR BERGER	JS	30	0 of 3
00108144	12-05-14	APC	TAMSULOSIN 0.4MG CAP 0.4MG 00781-2076-01 DS:30 $.00 DR BERGER	JS	30	1 of 3
00108143	10-08-14	ILM	OXYBUTYNIN TAB 5MG ER 5MG ER 00378-6605-01 DS:30 $2.00 DR BERGER	JS	30	0 of 3
00108143	1-07-15	APC	OXYBUTYNIN TAB 5MG ER 5MG ER 00378-6605-01 DS:30 $.00 DR BERGER	JS	30	3 of 3
00108143	12-05-14	APC	OXYBUTYNIN TAB 5MG ER 5MG ER 00378-6605-01 DS:30 $.00 DR BERGER	JS	30	2 of 3

FROM 8-01-13 TO 4-08-16

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

RUN DATE: 4-08-16

PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
00122242	11-02-15	APC	ALFUZOSIN 10MG TAB 10MG 31722-0302-01 DS:30	CS $.00 DR BERGER	30	4 of 5
00122242	9-30-15	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30	JS $.00 DR BERGER	30	3 of 5
00122242	8-27-15	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30	DL $.00 DR BERGER	30	2 of 5
00122242	7-23-15	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30	JS $.00 DR BERGER	30	1 of 5
00118291	4-20-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	0 of 5
00118291	9-30-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	5 of 5
00118291	8-27-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	DL $.00 DR KUJAWA	300	4 of 5
00118291	7-23-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	3 of 5
00118291	6-23-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	2 of 5
00118291	5-19-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30	JS $.00 DR KUJAWA	300	1 of 5
00116538	3-18-15	APC	PROCHLORPER TAB 10MG 10MG 00781-5021-01 DS:5	DL $.00 DR LI	30	0 of 0
00111640	12-09-14	APC	CIPROFLOXACIN 500MG TABLET 500M 00143-9928-01 DS:14	JS $.00 DR BERGER	28	0 of 0
00111639	12-09-14	APC	NAPROXEN 500MG TAB 500MG 53746-0190-01 DS:20	JS $.00 DR BERGER	40	0 of 0
00111638	12-09-14	APC	ALFUZOSIN 10MG TAB 10MG 60505-2850-01 DS:30	JS $.00 DR BERGER	30	0 of 5
00111638	5-19-15	APC	ALFUZOSIN 10MG TAB 10MG 31722-0302-01 DS:30	JS $.00 DR BERGER	30	5 of 5

FROM 8-01-13 TO 4-08-16

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

RUN DATE: 4-08-16

PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
[redacted]						
[redacted]						
[redacted]						
[redacted]						
[redacted]						
00132809	12-18-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:29 $.00 DR	AMB KUJAWA	290	0 of 11
00132809	3-29-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR	JS KUJAWA	300	4 of 11
00132809	3-04-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR	JS KUJAWA	300	3 of 11
00132809	2-08-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR	JS KUJAWA	300	2 of 11
00132809	1-12-16	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR	JS KUJAWA	300	1 of 11
00132241	12-08-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:7 $.00 DR	JS KUJAWA	70	0 of 0
00130047	11-02-15	APC	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $.00 DR	CS KUJAWA	300	0 of 0
[redacted]						
[redacted]						
[redacted]						

CASH PRICING

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY, IL60050

RUN DATE: 4-08-16

Drug Name	Str	Unt	Home	Cvg	FS	Qty	Aq Cst	Cost	Current Retail
GABAPENTIN 300MG CA	300MG	500				300	[redacted]	[redacted]	30.63
GABAPENTIN 300MG CA	300MG	100	00378-5427-01						53.93

[redacted]

FROM 8-01-13 TO 4-08-16

GENOA A QOL HC CO #10170
4100 VETERANS PARKWAY
MCHENRY IL 60050

RUN DATE: 4-08-16

PH# 815-344-3263

RECORD OF PRESCRIPTIONS FOR:

PAUL DULBERG
4606 HAYDEN COURT
MCHENRY IL 60050
847-497-4250

GENDER: M BIRTH DATE: 3-19-70
SENSITIVITIES:

RX #	DATE	BILL	DRUG	RPH	QTY	FILL#
00100296	6-30-14	ILM	GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $2.00 DR KUJAWA	JS	180	1 of 5
[redacted]						
00089746	11-26-13		GABAPENTIN 300MG CAP 300MG 67877-0223-05 DS:30 $19.24 DR KUJAWA	JS	60	0 of 3
[redacted]						
00084883	8-14-13		GABAPENTIN 300MG CAP 300MG 14550-0512-04 DS:30 $19.49 DR LEVIN	JS	60	0 of 2
00084883	10-25-13		GABAPENTIN 300MG CAP 300MG 14550-0512-04 DS:30 $19.24 DR LEVIN	JS	60	2 of 2
00084883	10-01-13		GABAPENTIN 300MG CAP 300MG 14550-0512-04 DS:30 $19.24 DR LEVIN	JS	60	1 of 2
[redacted]						

TOTAL COST OF PRESCRIPTIONS LISTED: $219.18

Higher Standards
meijer
Lower Prices

N. Richmond Rd.
McHenry, IL - # 218
(815) 578-9700 meijer.com

Meijer Team appreciates your busines
07/01/11
Your fast and friendly checkout was
provided by Fastlane114

UGSTORE

3330700	FIRST AID PADS	2.29	+ N
1073087	NEOSPORIN	7.19	N
3634008	PAIN RELIEF	9.79	N

TAL

	TOTAL TAX	.34
	TOTAL	19.61

YMENTS

SH	TENDER	20.00
SH	CHANGE	.39

NUMBER OF ITEMS 3

See Service Desk or Meijer.com for
notional and sale item return details.

A0218Ø0FNS5MRXS

Tx:40 Op:565 Tm:114

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

THIRD AMENDED NOTICE OF DISCOVERY DEPOSITIONS

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
Fax: 815/226-7701

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092
Fax: 312/558-9357

YOU ARE HEREBY NOTIFIED that on **March 20, 2013**, we shall for the purpose of discovery, take the depositions of

BILL MCGUIRE at 1:00 P.M.; and
CAROLINE MCGUIRE at 2:00 P.M.

at the **LAW OFFICES OF SCOTT A. HIERA, 3421 W. ELM STREET, MCHENRY, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice via facsimile and by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on January 29, 2013 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
18152267701	Normal	29:04:57pm	0'32"	1	* O K	Brdcast
13125589357	Normal	29:04:58pm	0'17"	1	# O K	Brdcast

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

vs.

No. 12 LA 178

DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

THIRD AMENDED NOTICE OF DISCOVERY DEPOSITIONS

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
Fax: 815/226-7701

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092
Fax: 312/558-9357

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BILL MCGUIRE at 1:00 P.M.; and
CAROLINE MCGUIRE at 2:00 P.M.

at the **LAW OFFICES OF SCOTT A. HIERA, 3421 W. ELM STREET, MCHENRY, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice via facsimile and by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on January 29, 2013 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

FAXED

THIRD AMENDED NOTICE OF DISCOVERY DEPOSITION

TO: Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114
Fax: 815/226-7701

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092
Fax: 312/558-9357

YOU ARE HEREBY NOTIFIED that on **JANUARY 17, 2012**, at **1:00 p.m.** we shall for the purpose of discovery, take the deposition of **DAVID GAGNON** at the **LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL,** upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

CERTIFICATE OF SERVICE

I certify that I served this Notice via facsimile and by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S. Mail at McHenry, IL 60050, on November 13, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

March 8, 2013

VIA CERTIFIED MAIL:

Michael McArtor
4606 Hayden Court
McHenry, IL 60051

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. McArtor:

Please find enclosed a Subpoena issued by the Circuit Court of McHenry County compelling your attendance at a discovery deposition set for March 20, 2013, beginning at 12:00 p.m. in the above-captioned matter. The deposition will proceed at the Law Office of Scott A. Hiera at 3421 W. Elm Street, McHenry, Illinois. Further enclosed, please find a check in the amount of $35.00 for your attendance.

Please contact my assistant, Sheila upon your receipt of this letter to confirm the date, time and location of your deposition. Do not appear on your deposition date without confirming your availability. Please be advised that pursuant to the applicable Supreme Court Rules, your failure to respond to the enclosed subpoena may subject you to further sanctions upon order of the Circuit Court of McHenry County.

Thank you in advance for your cooperation.

Very truly yours,

COPY

HANS A. MAST

smq
Enclosures

S:\Main\DULBERG, PAUL\Letters\Letter to Mike McArtor re sub 3-8-13.wpd

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Law Offices of Thomas J. Popovich, P.C.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
3416 W. Elm Street

Requester's name and address (optional)

City, state, and ZIP code
McHenry, IL 60050

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
			-		-				

Employer identification number
3	6	-	4	2	7	5	0	8	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here | **Signature of U.S. person** ▶ Thomas J. Popovich | **Date** ▶ 1-13-14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

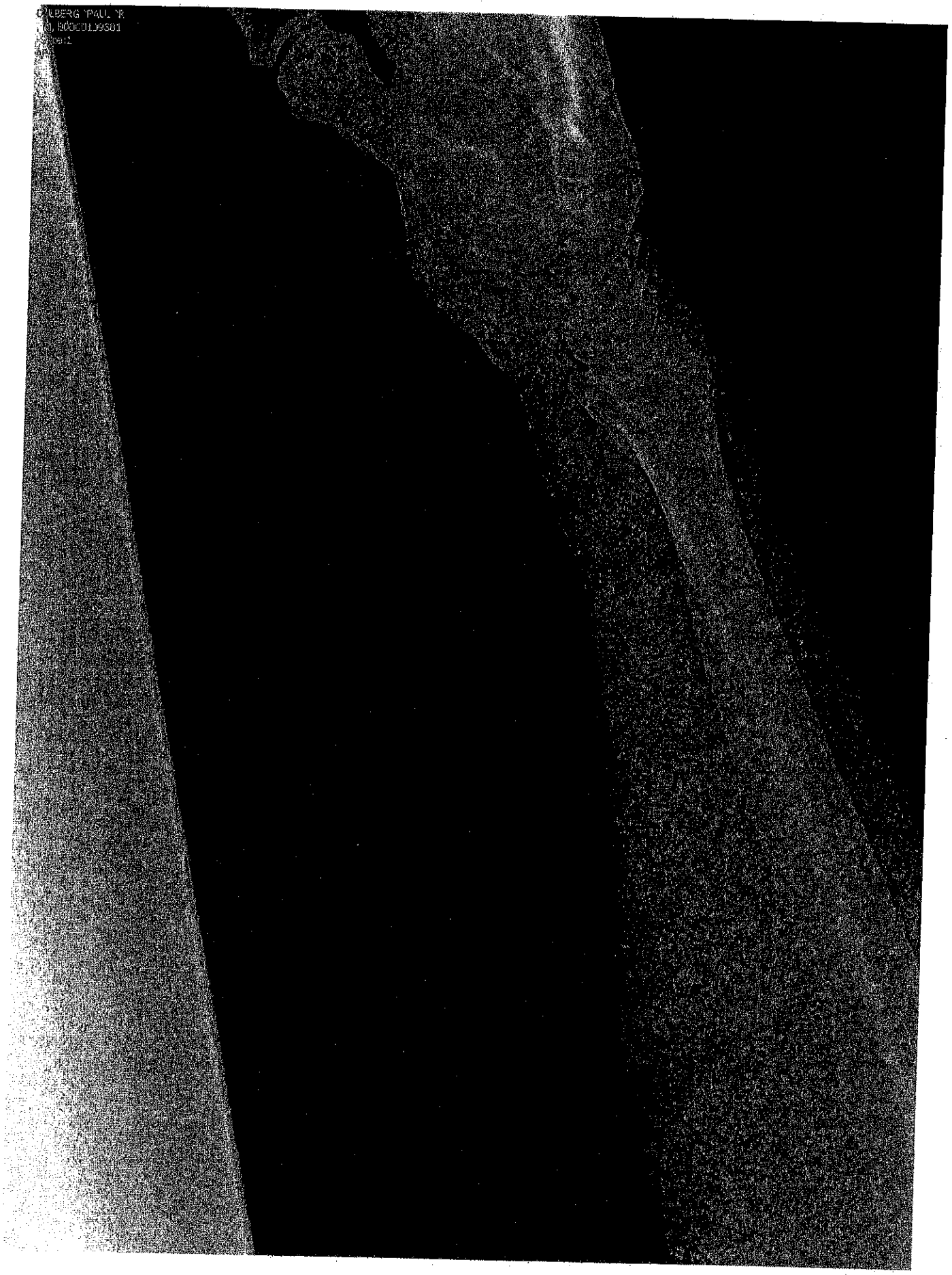
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

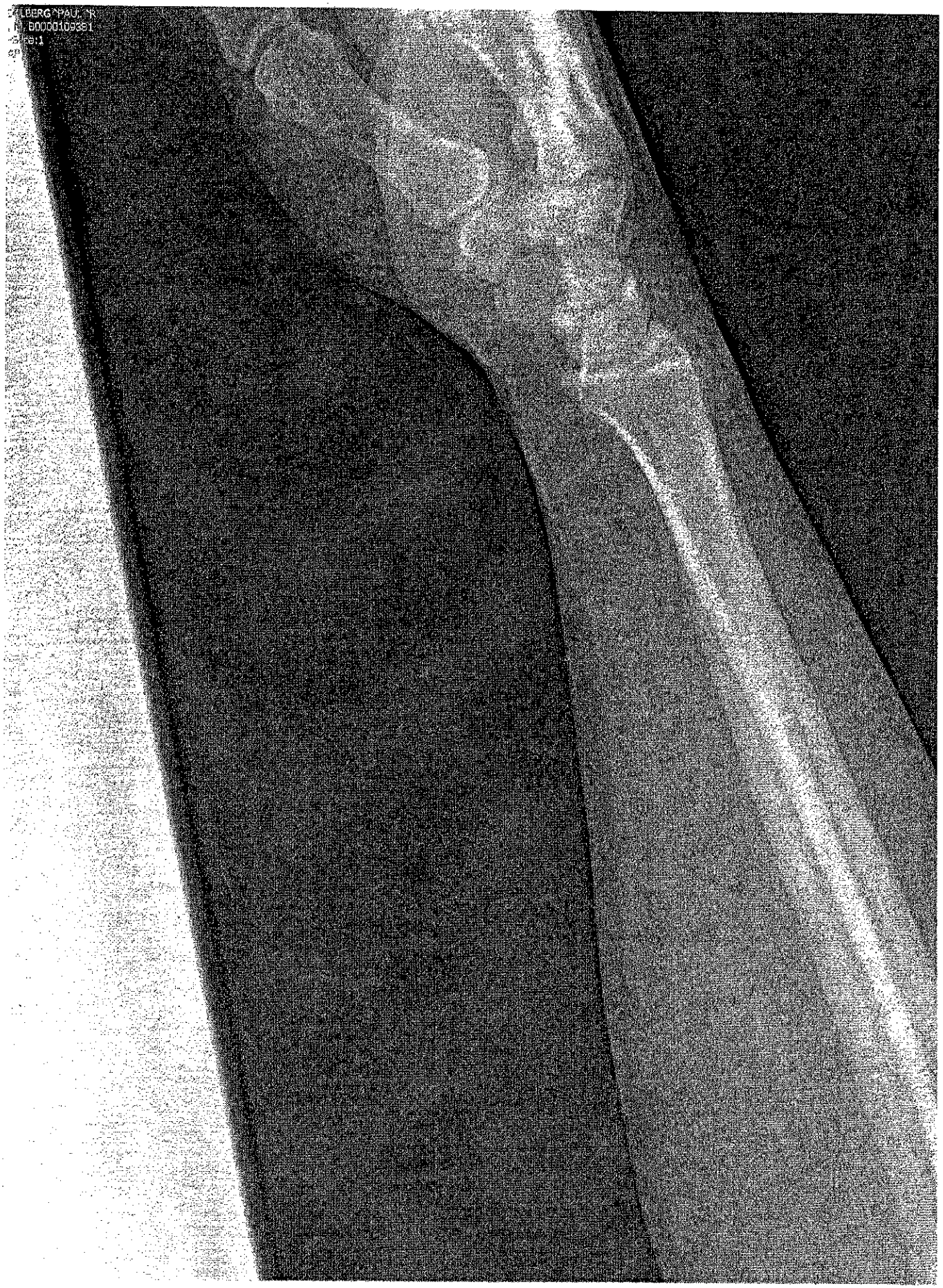
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.





BERG PAUL K
B0000109381

Your Benefits and Opportunities

With the Allstate ® Your Choice Home **Gold Protection** package, you enjoy a wide range of rewards!

Gold Protection Package Features at a Glance:

- ✓ **Guaranteed Renewal for Claims**—with this feature, your policy will be renewed regardless of the number of claims you have.
- ✓ **Claim-Free Bonus**—if you remain claim-free, you can earn a credit of up to 5%, which can be applied toward your next renewal premium. Your current credit amount is $19.59.
- ✓ **Coverage Cushion**—extended protection that provides reimbursement of up to 120% of your policy limit for covered losses.
- ✓ **Increased contents coverage**—for contents and valuables inside your home (while this amount is typically equal to 60% of your current Dwelling coverage limit, it is increased to 75%).
- ✓ **Coverage for theft of jewelry, watches and furs**—up to $5000.

Please see the "Important Information" section of this form for additional Gold Protection package features information.

New Personalized Options

In addition to Allstate ® Your Choice Home packages, we also now offer new Personalized Options. These specialized options provide specific coverage and limit combinations that cater to the individual interests of today's homeowner. Perhaps one of these Personalized Options is right for you:

Prized Possessions : provides extended coverage—up to $10,000—and increased limits for special assets, such as jewelry, watches and furs and increased limits for silverware.

Home Enterprise Coverage : provides increased coverage limits for those who work from home in an office or studio and need additional protection for equipment, supplies, furnishings and liability for business pursuits. Also includes $5000 worth of electronic data recovery expense.

Electronic Data Recovery Endorsement : provides expense reimbursement up to $5000 for costs associated with researching, replacing and restoring lost data. It also provides coverage in the event of lost data due to a computer virus.

Yard & Garden : includes higher limits and extended coverage for trees, shrubs, landscaping and motorized land vehicles (such as riding lawn mowers and garden tractors).

Sports & Leisure : provides expanded coverage for items such as sports equipment and increased coverage limits for certain watercraft.

Music & Photography : provides extended coverage for musical instruments and photography equipment.

You can add a Your Choice Home package or Personalized Option to your policy right away, without waiting for your current policy to expire—just call your Allstate representative for a quote today!

PROP *5100048100810530042210O2*

Information as of
August 10, 2010

Michael Koch Ins
612 S Wells, Unit F
Lake Geneva WI 53147

Your Quick Insurance Check

- ✓ Verify the information listed in the Policy Declarations.
- ✓ Please call if you have any questions.
- ✓ Now you can pay your premium before your bill is issued - visit allstate.com or call 1-800-Allstate ®.

David and Pam Gagnon
39010 90th Pl
Genoa City WI 53128-2402

With this renewal, keep getting protection and rewards like never before.

Allstate ® Your Choice Home Insurance—Your Renewal Offer
We're pleased to offer to renew your Allstate Property and Casualty Homeowners policy with the Your Choice Home Gold Protection package for another year.

With this package, you're saying YES to extra benefits, including:

- Being renewed regardless of the number of claims you have.
- For remaining claim-free, a credit of up to 5% to apply towards your next renewal premium.
- Extended protection in the event of a covered loss.
- Increased coverage for contents and valuables inside your home.
- Coverage for theft of jewelry, watches and furs—up to $5000.

Be sure to check the **Your Benefits and Opportunities** page, which provides information about the Gold Protection package features, along with ways to save even more on your premium. And don't forget that we now offer new Personalized Options, which provide tailored coverages designed to meet the needs of today's homeowner—details are also highlighted on the Your Benefits and Opportunities page.

Additional Information
You'll want to review the attached Policy Declarations to make sure you're comfortable with the coverage choices you've made. Also, unless a mortgage company or lienholder pays your insurance premium for you, your bill will be sent to you separately. If you're enrolled in the Allstate Easy Pay Plan, you won't receive a bill. Instead, we'll send you a statement detailing your payment withdrawal schedule.

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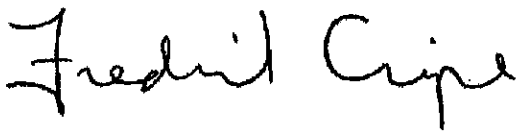
Have Questions? Please Contact Us
To learn more about Personalized Options, or if you have questions about your policy, please call your Allstate representative at (262) 248-0861. For online services, such as making a payment or viewing policy information, you can register at our Customer Care Center on *allstate.com*. And for 24-hour-a-day, 7-day-a-week service and information, just call 1-800-ALLSTATE® (1-800-255-7828).

We Appreciate Your Business
Thanks again for choosing Allstate—where you get more than just great coverage and service. You get Allstate's 75 years of business experience behind you. So you're working with a team of people who know insurance and give you the freedom to manage your policy your way.



Frederick F. Cripe
President, Allstate Property and Casualty Insurance Company