

Patient Name - Treatment chart

S.NO	DATE	DIAGNOSIS	TREATMENT CHART	PDF REF
1	05/22/YYYY	<ul style="list-style-type: none"> • Rib pain on left side • Chronic pain • Acute pain of left shoulder • Fall 	Recommended RICE	5
2	05/26/YYYY	<ul style="list-style-type: none"> • Acute traumatic pain in the neck and left upper extremity 	Prescription of Percocet Valium	201-203
3	05/26/YYYY	<ul style="list-style-type: none"> • Acute on chronic pain 	Chronic opioid therapy	289-292
4	05/30/YYYY	<ul style="list-style-type: none"> • Left shoulder recurrent rotator cuff tear • Bilateral knee pain 	Administered Depo-Medrol injection	97
5	04/06/YYYY	<ul style="list-style-type: none"> • Chronic pain • Low back pain 	Medications reviewed	544-545
6	11/06/YYYY	<ul style="list-style-type: none"> • Left shoulder rotator cuff repair status post-surgery with non-compliance 	Repeat surgery	223-225
7	12/06/YYYY	<ul style="list-style-type: none"> • Chronic back pain 	Sacroiliac joint injections and physical therapy	402
8	06/18/YYYY	<ul style="list-style-type: none"> • Sacroilitis 	Bilateral sacroiliac joint injection	403
9	06/26/YYYY	<ul style="list-style-type: none"> • Bilateral leg cramps 	Epsom salt, massage	111

10	08/13/YYYY	<ul style="list-style-type: none"> • Lower back pain 	Repeat the sacroiliac joint injections	128
11	08/26/YYYY	<ul style="list-style-type: none"> • Left shoulder rotator cuff tear 	Left shoulder arthroscopic rotator cuff repair, left shoulder arthroscopic subacromial decompression and debridement	333
12	05/09/YYYY	<ul style="list-style-type: none"> • Status post left shoulder rotator cuff repair, decompression, and debridement 	Medications reviewed	77-78
13	03/10/YYYY	<ul style="list-style-type: none"> • Spondylosis without myelopathy or radiculopathy, lumbar region • Other intervertebral disc degeneration, lumbosacral region 	Bilateral L5-S1 medial branch nerve block	245-246
14	03/10/YYYY	<ul style="list-style-type: none"> • Status post left shoulder rotator cuff repair, decompression, and debridement 	Physical therapy	328-330
15	11/14/YYYY	<ul style="list-style-type: none"> • Status post left shoulder rotator cuff repair, decompression, and debridement 	Stretching, strengthening and range of motion	313-317
16	11/14/YYYY	<ul style="list-style-type: none"> • Spondylosis with myelopathy or radiculopathy, lumbar region and chronic low back pain. 	Radiofrequency ablation	430
17	12/20/YYYY	<ul style="list-style-type: none"> • Status post left rotator cuff repair 	Physical Therapy	430

18	12/30/YYYY	• • Status post left shoulder rotator cuff repair	Stretching, strengthening and range of motion	65
19	12/02/YYYY	• Bilateral meniscal tear	Prescription of Valium	66
20	02/24/YYYY	• Bilateral leg pain	Medication reviewed	198

Medico Legal Request LLC