

CAUSE No. 64596-0-I

COURT OF APPEALS, DIVISION ONE
IN THE STATE OF WASHINGTON

NADEZHDA PANITKOVA, individually, and NELLI PANITKOVA
and DENIS PANITKOV, minor children and herein represented by
their natural parent and legal guardian NADEZHDA PANITKOVA,
Appellants,

v.

PAVEL PANITKOV, individually, and KIM KUHNHAUSEN and
"JOHN DOE" KUHNHAUSEN, individually and / or the marital
community composed thereof, Respondents.

BRIEF OF RESPONDENT PANITKOV

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INTRODUCTION

This case arises from a motor vehicle accident between defendants Pavel Panitkov and Kim Kuhnhausen that occurred on October 12, 2007, in Vancouver, Washington. Mr. Panitkov's mother, plaintiff Nadezhda Panitkova, and his brother and sister, plaintiffs Nelli Panitkova and Denis Panitkov, were riding in the car with him. The accident was relatively minor. The plaintiffs walked away from the scene and declined emergency medical care, nor did they seek medical care the next day. Airbags did not deploy, and the plaintiffs were able to drive their vehicle following the accident.

At trial, Mr. Panitkova was found liable and the jury awarded \$4,300 in special damages to Mrs. Panitkova. Of that amount, \$4,000 was stipulated to by the parties. Pursuant to CR 59, the plaintiffs moved for a new trial on the grounds that the jury awarded inadequate damages and engaged in juror misconduct. The trial court denied the plaintiffs' motion.

While the plaintiffs had sought damages well in excess of what was awarded, the jury's verdict was within the range of evidence presented at trial. Through the cross examinations of Mrs. Panitkova and Dr. Alnoor Bhanji, D.C.¹, substantial evidence was presented that disputed whether the plaintiffs were even

¹ The plaintiffs treated at Dr. Bhanji's chiropractic clinic, Chiropractic Wellness & Rehabilitation Center.

injured in the accident, or, alternately, whether their injuries warranted the damages sought. On this record, the jury's conclusion that the plaintiffs were entitled only to minimal special damages, and to no general damages, was supported by the evidence.

The plaintiffs' appeal for a new trial as to damages should be denied.

STATEMENT OF THE ISSUES

1. As a matter of law, did the trial court abuse its discretion when it denied the plaintiffs' CR 59 motion.
2. As a matter of law, when damages are disputed and the jury's verdict is within the range of evidence, may the jury award less than the special damages sought and no general damages.

STATEMENT OF THE CASE

A. Background

This case arises from a motor vehicle accident that occurred on October 12, 2007, in Vancouver, Washington. Following a four day trial, the jury found defendant Pavel Panitkov liable for the accident and defendant Kim Kuhnhausen was absolved of any liability. CP at 74.

After hearing testimony by Dr. Alnoor Bhanji, D.C., about the chiropractic treatment each plaintiff received following the

accident², see RP (July 16, 2009) at 6-96, the jury declined to award general damages. CP at 74-75. Instead, the jury awarded a total of \$4,300 to the plaintiffs. *Id.* Of this amount, \$4,000 was stipulated to by all the parties as compensation for the damage to the plaintiffs' vehicle, see CP at 99, and the remaining \$300 was awarded to Nadezhda Panitkova for her medical costs. CP at 75.

Jury instruction, No. 20, instructed the jury that it must "determine the amount of money which will reasonably and fairly compensate the plaintiffs for such damages as you find were proximately caused by the negligence of the defendant." CP at 99. Further, the instruction explained that the plaintiffs bore the burden of proof to prove each element of damages. *Id.*

Following the verdict, the plaintiffs moved for a new trial pursuant to CR 59 on the grounds that the jury awarded inadequate damages and engaged in juror misconduct. CP at 107-15. The trial court denied the plaintiffs' motion. CP at 143-44. This appeal now follows as to the issue of damages only.

B. The Evidence Presented at Trial

The plaintiffs represented, in their assignments of error, that the medical care they received following the accident was

² Dr. Bhanji did not actually treat the plaintiffs. RP (July 16, 2009) at 7:14-19. Instead his former associate, Dr. Jack Willis, was the plaintiffs' provider. *Id.* Dr. Bhanji's testimony, therefore, was based solely upon his review of the plaintiffs' medical records maintained by Dr. Willis, and any consultation he may have had with Dr. Willis during the plaintiffs' treatment. *Id.* at 38:20-39:25.

reasonable and necessary. They assert that Mr. Panitkov failed to offer any evidence contradicting the reasonableness or necessity of the care. The plaintiffs therefore argue that the jury's decision to award less than the amount of actual medical expenses, and no general damages, is not supported by the evidence. See Pltfs' Brief at 2-3.

In fact, substantial evidence supported the jury's award. This evidence, introduced through the cross examinations of Mrs. Panitkova and Dr. Alnoor Bhanji, D.C., would permit the jury to conclude the plaintiffs were not injured in the accident, or that any injuries were minor and temporary, and that the plaintiffs' medical expenses were not reasonable or necessary.

1. Nadezhda Panitkova

Mrs. Panitkova testified that she sought medical treatment following the accident. She visited her primary care clinic, Des Moines Family Practice, once, and then treated at Chiropractic Wellness & Rehabilitation Center for approximately three months. RP (July 20, 2009) at 38:8-12, 45:10-14. The medical bills she entered into evidence total \$6,170.29. Pltfs' Brief, Appx. A. Despite claiming that she suffered serious injuries from the accident, Mrs. Panitkova conceded on cross examination that, while at the scene of the accident, she declined medical care for herself and for her children from the Vancouver Fire Department. RP (July 20, 2009) at 79:25-80:5. She admitted that neither the

airbags in her car, nor in Kim Kuhnhausen's car, deployed, *id.* at 79:17-20, and that her car was drivable following the accident. *Id.* at 80:10-13. Mrs. Panitkova spent the following day at a wedding, *see id.* at 64:16-21, and returned to the scene of the accident in order to take photographs. *Id.* at 62:15-20. At no time that following day did she seek medical care for herself or for her children. *See Id.* at 38:7-8, 91:13-16.

Mrs. Panitkova also conceded that, despite first claiming her primary care physician had told her to see a chiropractor, *id.* at 39:6-7³, and then claiming that she found a chiropractor on her own initiative, *id.* at 65:8-12, in fact her lawyer provided the referral. *Id.* at 67:11-68:10. She selected the Chiropractic Wellness & Rehabilitation Center, the clinic at which the plaintiffs treated, from a list provided to her by her lawyer. *Id.* at 68:9-10.

Finally, during her first visit to the chiropractor, Mrs. Panitkova completed a medical history questionnaire in which she certified she had never had complaints or problems with her neck, mid or low back before the October 12, 2007 accident. RP (July 16, 2009) at 52:1-13. However, on cross examination, Mrs. Panitkova was forced to admit that, in fact, she had suffered from

³ Despite Mrs. Panitkova's claim that her primary care physician first told her to see a chiropractor, her medical records from that visit make no reference to such a referral. Mrs. Panitkova's medical records from Des Moines Family Practice were admitted at trial as Defendant Kuhnhausen's exhibit 32. For the Court's reference, the records are attached hereto, as Appendix A. The records have also been included in Respondent Panitkov's supplement to the plaintiffs' designation of clerk's papers and exhibits.

headaches and chronic back pain that preexisted the accident. RP (July 20, 2009) at 68:22-76:14; Appx. A. The pain was so severe that Mrs. Panitkova had undergone an MRI, visited her primary care physician, consulted with a neurologist on two separate occasions, and received a referral to physical therapy. *Id.* Despite the severity of Mrs. Panitkova's preexisting conditions, and the extent of her prior treatment, Dr. Bhanji confirmed Mrs. Panitkova never informed Dr. Willis that she suffered from headaches and chronic back pain, or that she had previously sought medical care. RP (July 16, 2009) at 78:22-80:22.

2. Nelli Panitkova and Denis Panitkov

Both plaintiffs, Nelli Panitkova and Denis Panitkov, had a primary care physician at the time of the accident, Dr. Oleg Gordienko. RP (July 20, 2009) at 90:5-9. Dr. Gordienko's records on both plaintiffs were introduced into evidence at trial.⁴

At trial, Denis testified that he started experiencing pain from the accident the first night he went to bed. *Id.* at 8:25-9:3. Yet Denis' medical records reveal that when Mrs. Panitkova took Denis to Dr. Gordienko on October 19, 2007, neither she, nor Denis, made any mention to Dr. Gordienko that Denis had been

⁴ Nelli Panitkova's medical records were admitted at trial as Defendant Kuhnhausen's exhibit 33. Denis Panitkov's medical records were admitted at trial as Defendant Kuhnhausen's exhibit 35. For the Court's reference, the records are attached hereto, as Appendices B and C. The records have also been included in Respondent Panitkov's supplement to the plaintiffs' designation of clerk's papers and exhibits.

involved in a car accident, or that he was experiencing any neck pain. *Id.* at 19:15-19, 91:23-92:4; *see also* Appx. C. No mention was made of the accident or any physical complaints related to the accident when Denis returned to see Dr. Gordienko on October 23, 2007. *Id.* at 19:22-20:13. Only after Mrs. Panitkova's lawyer provided her with a list of chiropractors did she seek any medical treatment for Denis for alleged accident related injuries.

Nelli Panitkova's medical records indicate that Mrs. Panitkova is diligent about taking her daughter to see Dr. Gordienko following an injury. The records reveal that Mrs. Panitkova took her daughter to see Dr. Gordienko for treatment after roller skating accidents in July 2006, when Nelli broke her left wrist, and again in July 2007, when she injured her right forearm and wrist. *Id.* at 90:17-91:7; *see also* Appx. B.

Yet Mrs. Panitkova never took Nelli to see Dr. Gordienko after the October 12, 2007 accident, *id.* at 91:8-12, despite Nelli testifying at trial that she felt pain immediately upon exiting the car after the accident. RP (July 16, 2009) at 104:15-22. In fact, Nelli stated that she could not sleep that first night because of the pain. *Id.* Despite this alleged pain, it was only after Mrs. Panitkova's lawyer provided her with a list of chiropractors, days later, that Nelli received any kind of treatment whatsoever. Both Nelli and Denis Panitkov received chiropractic treatment for

approximately one month. Their medical bills for treatment each total \$711.80. *See* Pltfs' Brief, Appx. B, C.

On this record, the jury had substantial evidence to conclude that the plaintiffs were either not injured in the accident, or that any such injuries were minor at best. The plaintiffs treated with a chiropractor only after the referral by Mrs. Panitkova's lawyer. Mrs. Panitkova did not seek medical attention for either of her children immediately following the accident. And, the evidence undercut the credibility of Mrs. Panitkova's trial testimony; providing a basis from which the jury could conclude the plaintiffs were not entitled to special or general damages.

ARGUMENT

A. The trial court did not abuse its discretion when it denied the plaintiff's CR 59 motion because substantial evidence supported the jury's award of damages.

The trial court did not abuse its discretion when it denied the plaintiffs' CR 59 motion; substantial evidence supported the verdict. *See Sommer v. Dep't of Soc. & Health Servs.*, 104 Wn.App. 160, 170-71, 15 P.3d 664 (2001) (trial court's order reversible only for abuse of discretion). Further, the trial court showed proper deference to the jury because "[d]etermining the amount of damages is within the province of the jury, and courts are reluctant to interfere with a jury's damage award." *Lopez v. Salgado-Guadarama*, 130 Wn.App. 87, 91, 122 P.3d 733 (2005)

(citing *Palmer v. Jensen*, 132 Wn.2d 193, 197, 937 P.2d 597 (1997)). Indeed, the court may not disturb a jury's award of damages "if the amount is not so disproportionate as to indicate it resulted from passion or prejudice." *Wooldridge v. Woollett*, 96 Wn.2d 659, 668, 638 P.2d 566 (1981) (citing *Lundgren v. Whitney's, Inc.*, 94 Wn.2d 91, 96, 614 P.2d 1272 (1980)). In turn, "[i]f the damages are within the range of evidence they will not be found to have been motivated by passion or prejudice." *Id.* (citing *James v. Robeck*, 79 Wn.2d 864, 870-71, 490 P.2d 878 (1971)); see also *Palmer*, 132 Wn.2d at 198 ("Where sufficient evidence exists to support the verdict, it is an abuse of discretion to grant a new trial." (citing *McUne v. Fuqua*, 45 Wn.2d 650, 653, 277 P.2d 324 (1954))).

Here, the plaintiffs can point to no passion or prejudice warranting reversal of the trial court's decision. Because substantial evidence supports the jury's verdict, this Court should affirm the trial court.

1. The jury's award of damages was within the range of evidence in the record.

On a record such as this one:

When the evidence concerning injuries is conflicting, the jury decides whether the injuries are insignificant, minor, moderate, or serious, and it determines the amount of damages. Aside from the requirement that there be substantial evidence to support the verdict, the jury is the final arbiter of the effect of the evidence, for it determines

the credibility of the witnesses, the weight of their testimony, and the consequence of all other evidence.

Cox v. Charles Wright Acad., Inc., 70 Wn.2d 173, 176-77, 422 P.2d 515 (1967). Accordingly, “[i]f the evidence supports the verdict and the trial has been conducted without error of sufficient gravity to warrant a reversal, the trial court cannot substitute its views of damages for those of the jury.” *James v. Robeck*, 79 Wn.2d 864, 869, 490 P.2d 878 (1971).

In this case, the jury’s verdict was within the range of evidence because contradictory evidence was introduced at trial challenging whether Mrs. Panitkova was even injured in the accident. Despite claiming that the accident caused her substantial physical injury, Mrs. Panitkova admitted that she declined medical treatment at the scene of the accident. RP (July 20, 2009) at 79:25-80:5. She admitted that she was active the following day. *Id.* at 62:15-20, 64:16-21. And, although first denying it on cross examination, Mrs. Panitkova finally admitted that it was only after her lawyer provided her with a list of chiropractors, that she sought medical attention from one. *Id.* at 65:8-12, 67:11-68:10.

Compounding this contradictory evidence, Mrs. Panitkova’s testimony was impeached at trial and her credibility was made an issue. Mrs. Panitkova had reported to Dr. Willis, her chiropractor, that she had never had head, neck, mid-back, low-back, or leg pain prior to the accident. RP (July 16, 2009) at 52:1-13. On cross

examination, she was forced to admit that, in fact, she treated for extensive lower back pain and chronic migraines throughout 2006 and 2007. Her condition was so severe that she even sought treatment from a neurologist. RP (July 20, 2009) at 68:22-76:14; Appx. A.

She was also forced to admit at trial that her sworn testimony from September 29, 2008 was untrue. In her sworn testimony Mrs. Panitkova claimed that, following her treatment for back pain with Dr. Arshinova in 2006, she felt no further pain until the October 2007 accident. *Id.* at 73:14-19, 74:12-75:18. When confronted with her medical records, Mrs. Panitkova conceded that, in fact, she had sought treatment from Dr. Kutsy for back pain as recently as March 2007, just months before the accident. *Id.* at 72:19-73:13, 75:19-76:14; Appx. A. Furthermore, in response to her own medical records, Mrs. Panitkova had no explanation for why, despite Dr. Kutsy's recommendation that she immediately begin physical therapy for her lower back, she had failed to comply with his direction. *Id.* at 73:10-13. Instead, as the record reflects, she sought chiropractic treatment only after her lawyer's referral following the accident, months after Dr. Kutsy's recommendation.

Contradictory evidence was also introduced challenging whether Nelli Panitkova and Denis Panitkov were injured in the accident. Denis Panitkov saw his primary care physician twice

within days following the accident. Not once was any mention made to his doctor that Denis had been involved in a collision, or that he was suffering from accident related injuries. *Id.* at 19:15-19, 19:22-20:13, 91:23-92:4; Appx. C. Likewise, despite the fact that Nelli Panitkova had sought treatment from her doctor when she was previously injured, and that she testified she was in substantial pain following the accident, her mother never took her to see her primary care physician. *Id.* at 91:8-12; Appx. B.

On this record, the evidence supported the jury's verdict. It would have been improper for the court to substitute its judgment for the jury's. *James*, 79 Wn.2d at 869. The jury weighed the evidence at trial and assessed the credibility of the plaintiffs' testimony. *Cox*, 70 Wn.2d at 176-77. Because evidence rebutted the injuries claimed by the plaintiffs, the court did not abuse its discretion by deferring to the jury's determination that the evidence supported only a minimal award of damages.

B. Washington authority supports the trial court's denial of the plaintiffs' CR 59 motion for a new trial.

- 1. Each of the cases upon which the plaintiffs rely are distinguishable, because each involves damages that were undisputed at trial.**

In their opening brief, the plaintiffs rely in error upon *Palmer*, 132 Wn.2d 193, *Ide v. Stoltenow*, 47 Wn.2d 847, 289 P.2d 1007 (1955), and *Krivanek v. Fibreboard Corp.*, 72 Wn.App. 632, 865 P.2d 527 (1993), as the legal basis for their appeal. Because

each of these cases involved damages that were conceded, undisputed, and beyond legitimate controversy, they are distinguishable on their facts from the case at bar. They therefore cannot control.

The plaintiffs argue that *Palmer*, *Ide*, and *Krivanek* stand for the proposition that, if the issue of damages is undisputed and beyond legitimate controversy, it is reversible error when a jury fails to award proven special damages, or awards inadequate general damages. But the plaintiffs' argument ignores the factual record in this case. Here, the issue of damages *was* disputed, with contradictory evidence challenging the plaintiffs' damages introduced on cross examination.

The facts in *Palmer* distinguish it from the instant case. In *Palmer*, the plaintiff appealed because the jury's award was the exact amount of the plaintiff's medical expenses and failed to include damages for pain and suffering. 132 Wn.2d at 195-96. The defendant had presented no evidence to refute medical testimony that the special damages claimed by the plaintiff were reasonable and necessary. *Id.* at 196.

Unlike *Palmer*, here the jury verdict did not equal the special damages claimed by the plaintiffs. Instead, the verdict was less than the damages claimed, and reflected the substantial evidence controverting not only the plaintiffs' claimed injuries, but also the reasonableness and necessity of their chiropractic

treatment. On this record the case law is clear: because the verdict was inside the range of evidence presented at trial, the court must not substitute its judgment for the jury's. *See James*, 79 Wn.2d at 869.

Further, the plaintiffs cannot rely upon *Palmer* for the proposition that they are entitled to general damages as a matter of law. In *Palmer*, the Court recognized that "there is no per se rule that general damages must be awarded to every plaintiff who sustains an injury", and held only that "a plaintiff who substantiates her pain and suffering with evidence is entitled to general damages." *Id.* at 201. Because the plaintiffs in this case failed to substantiate their pain and suffering, they cannot avail themselves of *Palmer* to support an award of general damages.

Ide is also distinguishable from this case because, like *Palmer*, the issue of damages in *Ide* was neither controverted nor attacked by the defendants. 47 Wn.2d at 851. The Court stated that "in determining whether a new trial should be granted because of inadequate damages, the trial court and this court are entitled to accept as established those items of damage which are conceded undisputed, and beyond legitimate controversy." *Id.* No such uncontested record exists in this case, as the plaintiffs' damages were challenged on cross examination.

The plaintiffs' reliance upon *Krivanek* is equally misplaced. There, the plaintiff's expert testified to economic losses of

\$401,919 that the plaintiff would suffer as a result of her husband's death, including undisputed pension losses of \$215,169. 72 Wn.App. at 636-37. Despite these undisputed losses, the jury's award of \$30,000 "was less than the lost value of the pensions alone." *Id.* The verdict was similarly outside the range of evidence as to undisputed lost wages. *Id.* at 637. On this record, the court found that the trial court abused its discretion "in unreasonably finding the damage award to be within the range of the evidence." *Id.*

Like *Palmer* and *Ide*, *Krivanek* is wholly distinguishable from this case. Whereas *Krivanek* dealt with uncontroverted wage and pension losses, here, evidence introduced on cross examination disputed the plaintiff's claimed injuries and the reasonableness and necessity of the chiropractic treatment sought.

Because the plaintiffs' claimed damages were not conceded, undisputed, or beyond legitimate controversy, their reliance upon *Palmer*, *Ide*, and *Krivanek*, in support of a new trial is in error. The verdict was within the range of evidence; the trial court was correct to defer to the jury's assessment of the evidence and the plaintiffs' credibility. See *Lopez*, 130 Wn.App. at 91; *Cox*, 70 Wn.2d at 176-77.

- 2. Where the evidence as to damages is conflicting, the jury is not required to award general damages and its verdict may be for an award less than the special damages sought by the plaintiffs.**

Gestson v. Scott, 116 Wn.App. 616, 67 P.3d 496 (2003), involves facts substantially similar to this case and supports affirming the trial court's decision. In *Gestson*, the court affirmed a verdict that did not include general damages and awarded only enough to cover the cost of the plaintiff's initial emergency room visit. *Id.* at 625. The plaintiff had sought \$48,661.41 for her claimed medical expenses; the jury awarded just \$458.34. *Id.* at 618.

Gestson involved a minor car accident, wherein the defendant backed her car into the plaintiff's car, causing minimal damage to the plaintiff's front bumper. *Id.* at 618-19. Immediately following the accident, the plaintiff went to the emergency room, where she was diagnosed with lower back strain and chronic lower back pain. *Id.* She also claimed to have suffered a neck injury. *Id.* at 622. She began chiropractic treatment the next day. *Id.* at 619. The plaintiff claimed damages for medical expenses, for her pain and suffering from the alleged injury, for lost wages, loss of conjugal rights, and for loss of consortium. *Id.* All told, the plaintiff sought \$65,000 in damages. *Id.* at 618-19. Following the jury's award of \$458.34 to cover only the cost of the initial emergency room visit, and no general damages, the court granted the plaintiff's motion for a new trial. *Id.* at 619.

The Court of Appeals reversed the trial court. *Id.* at 625. Relying upon *Palmer*, the court stated that “[a] jury may award special damages and no general damages when ‘the record would support a verdict omitting general damages’”, *id.* at 620 (*quoting Palmer*, 132 Wn.2d at 202), and held the record supported the award of only special damages for the initial emergency room visit. *Id.* at 620.

The court based its holding upon the paucity of evidence supporting the plaintiff’s alleged injuries. For example, while the plaintiff claimed the accident caused her back pain, in fact, like Mrs. Panitkova, she had experienced “chronic and significant back pain” that predated the accident. *Id.* at 619. Similarly, while filling out her new patient questionnaire at her chiropractor’s office the day after the accident, the plaintiff failed to mention any neck pain. *Id.* at 623-25. Instead, she referenced only the chronic pain from which she had suffered since the 1990s. *Id.* at 624. Despite testimony by plaintiff’s medical experts that, on a more probable than not basis, the car accident caused the plaintiff’s neck injury, the court held:

[T]he record contains sufficient evidence to support the jury’s conclusion that the [plaintiff] failed to prove by a preponderance that the car accident caused [her] neck injury. As the record shows that the jury’s award of only special damages limited to [the plaintiff’s] emergency room visit was within the range of proven damages, the trial court erred by granting [her] motion for a new trial under CR 59(a)(5).

Id. at 625. Central to this holding were the court's findings that the vehicular impact may have been less than what the plaintiff described to her medical providers, and because the plaintiff suffered from chronic pain before the accident, "the jury could properly disregard the opinions of the [the plaintiff's] experts." *Id.* at 624.

Just as the *Gestson* court found that substantial evidence supported the jury's award, so too should this Court affirm the jury's verdict. Like *Gestson*, here substantial evidence disputes the plaintiffs' alleged injuries and damages. The plaintiffs' individual testimony, along with Dr. Bhanji's review of the plaintiffs medical records, permitted the jury to conclude that (1) the plaintiffs' injuries, if any, were minor; and (2) any pain actually suffered by Mrs. Panitkova was chronic and preexisted the accident.

On this record, the jury declined to award general damages and instead, as was the case in *Gestson*, awarded Mrs. Panitkova \$300 for her initial medical costs. CP at 75. Such an award was within the range of evidence and, like *Gestson*, reflects the plaintiffs' failure to prove by a preponderance that the car accident caused their claimed injuries. *See Gestson*, 116 Wn.App. at 625.

C. Because the jury's verdict was within the range of evidence, any alleged passion or prejudice on the part of the jury is an improper basis upon which to grant a new trial.

“Alleged passion or prejudice on the part of the jury is not grounds for granting a new trial under CR 59(a)(5) unless the record indicates that the verdict was not within the range of proven damages.” *Id.* at 621 (*citing James*, 79 Wn.2d at 870-71). Although the plaintiffs referred to passion or prejudice in their opening brief as one of several grounds for a new trial, they have offered no proof in support. Because the jury’s award was within the range of evidence, as a matter of law passion or prejudice are not valid grounds for a new trial. *Id.*

CONCLUSION

Based upon the disputed evidence at issue, including whether the plaintiffs were actually injured in the car accident and whether their medical expenses were reasonable and necessary, the trial court did not abuse its discretion by deferring to the judgment of the jury. Because the jury is the final arbiter, *see Cox*, 70 Wn.2d at 176-77, its assessment of the evidence and determinations about the plaintiffs’ credibility should be affirmed.

The jury’s verdict was within the range of evidence, and the plaintiffs’ appeal for a new trial as to damages is therefore without merit and should be denied.

RESPECTFULLY SUBMITTED this 14th day of October,
2010.

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APPENDIX A

(Trial Exhibit 32)



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06/05/2008

C-E-R-T-I-F-I-C-A-T-I-O-N

The Records Custodian For: Des Moines Family Practice
Answer the Following Questions Regarding: Nadezhda Panitkova
Date of Birth: 12/30/1962
Social Security Number: ***-**-9269

- 1. Please state your name, the name of the business, address and telephone number.
*John Carroll (MD)
27001 Maple View Dr S
Des Moines, WA, 98198 (253) 926-0500*
- 2. State the capacity in which you are employed by the above-named facility and state whether you are one of the authorized record librarians or custodians.

2.1 Are you an authorized record custodian or librarian? Yes

- 3. Are the attached documents the complete Medical, Billing and Film list Records of the above-named facility regarding the named person from Any and All Dates? Yes Yes No No

3.1 IF NOT, WHAT RECORDS HAVE BEEN OMITTED? WHY?

- 3.2 How many pages are in the Full Record: _____
- 3.3 How many pages are you providing T-Scan: _____
- 3.4 How many pages of Medical Records are you providing T-Scan: _____
- 3.5 How many pages of Billing Records are you providing to T-Scan: _____

- 4. Were these records made, kept and maintained by the above-named person/entity in the regular course of the business at or near the time of the act, condition or event recorded herein? Yes
- 5. If photocopies have been made of the original records, were such copies made under your direction and control and are they true and correct copies of such records? Yes

If no record exists for the above named patient or time frame, please indicate here:

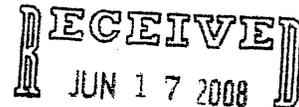
_____ I Certify that this facility does not have records pertaining to the above named patient and/or time period requested

Pursuant to RCW 9A.72.085, I hereby certify and declare under the penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

X [Signature]
Authorized Custodian Signature

Dated at Des Moines, WA,

this 12 of 06, 20 08.



BY:.....

T-SCAN 4200 23rd Avenue West, Suite 100, Seattle WA, 98199
206-285-6322 PHONE 1-800-238-7307 FAX mollyc@tscan.biz EMAIL

Nursing Notes: Temp: _____ BP: 120/82 HR: 88 Ht: _____ Wt: 168
 Other: NO ENGLISH

S: Current Meds: _____

Allergies: _____

Pain scale: (circle one) 1 2 3 4 5 6 7 8 9 10 Location of pain: _____

Patient Concerns (cc/HPI): BACK PX X 3 years, but for the last 6 months - pain got significantly worse. Pt. has really hard time bending, lifting, pushing. Sitting for

Symptom / HX (circle)	No	Yes	Days	COMMENTS
Const: (fever, chill, fatigue, wt, appetite, Other).				a long time - severe significant pain.
Eyes: (pain, blur, diplopia, itch, discharge, photophobia, Other).				
HENT: (HA, hoarse, epistax., runny nose, hearing, ear pain/drain, dizzy, oral, dental, Neck: pain, lump, supple, Other).				Pt. had Dray in Russia, no evaluation was done in US.
CV: (HTN, palpitations, chest pain, SOB, edema, orthopnea, murmur, Other).				
Resp: (cough, wheeze, phlegm, hemopt, SOB, URI, Other).				
GI: (pain, burn, bloat, NV, diarrhea, const, blood, stool color, hemorrh, rectal pain, Other).				
GU: (Male: prostate, test, penis, stream, sex prob; Female: menses, pelv, pain, hot-flash, sex prob, vag. disch., abn. paps, G/P/A, fertility, bcp; Both: freq., urg., pain, burn, color, blood, Other).				
Musculoskel: (myalgia, arthralgia, swelling, back pain, podalgia, scoliosis/ deformity, Other).		<input checked="" type="checkbox"/>		① gluteal area pain
SKIN / Breast: (rash, itch, chg wart/mole, hives, hair, nails, breast lump, disch, pain, swell, Other).				
Neuro: (faint, numb, tingle, tremor, weak, pain, coordination, speech, writing, focal, Other).				
Psych: (anxiety, depress, anger, sleep, Other).				
Endocrine: (thirst, hot, cold, wt, sexual, Other).				
Heme/Lymph: (bleed, bruise, nodes, Other).				
Allerg / immun: (hives, rash, joints, Other).				

Past, Fam, Soc, Habits	No Chng	Comments on new changes	(*see chart database for history to date)
Past Hx.	<input checked="" type="checkbox"/>		
Family Hx.	<input checked="" type="checkbox"/>		
Social Hx. / Habits			

Notes: _____

FAXED
[Signature]
 APR 28 2006

Name: PANITKOVA, NADEZHDA A
 Chart #: MR#: M233397
 DOB: Henkle, Esther

Visit Date: 4-27-06

Dictation? Yes No

Exam (circle)	NML	ABNML	N. E.	COMMENTS
Constitution: (general, NAD, coop, vitals, A&O, Other)				
Eyes: (gen appearance, vision, PERRLA, EOML, corneas, lids, funduscopic, disch, Other)				
EENT/mouth: (gen, NC/JAT, eac's, tm's, hearing, nose, sinus, mouth, throat, teeth, mucosa, Other)	✓			
Extremities: (gen, deformity, ROM, trach, thyroid, masses, nodes, Other)	✓			
Respiratory: (rate, sounds: wheeze, rhonchi, rales, a/e, tactile: fremitus, egoph, pectoriloqy, Other)	✓			
CV: (rate, PMI, sounds, carotids, jugulars, pulses, abd. aorta, edema, bruits, cyanosis, Other)	✓			
Chest/breasts: (thorax, excursion, breast tend, masses, nipples, axillae, skin, Other)				
GI / Abd: (scar, BT, liver, spleen, OM, tender, dist, mass, guard, rebound, rigid, CVA, hernia, Other)				
Lymph: (cervical, axillary, inguinal, supraclavic, epitrochlear, postauricular, edema, Other)				
GU: (Female: ext gen, vag, cx, uterus, adnex; Male: penis, test, prost; Both: discharges, UA, stool guaiac, rectal, Other)		✓		Walking = stiffness. Lumbar spine is tender to touch = paravertebral muscle tenderness. No muscle atrophy. Tenderness in L4/L5 level area. Neurologically - no significant
Musculoskeletal: (rom: joint/spine, deformity, cvat, tender, strength, musc, mass, gait, SLR, Other)				
Skin: (texture, color, nails, hair, lesions, Other)				
Neuro: (cranial nerves, motor, sensory, reflexes, cerebellar, Other)				
Psych: (mental status exam, demeanor, depression scale, Other)				

Lab, X-ray, ekg, Other studies: motor or sensory changes. Straight leg raising reproduced pain. DTRs intact.

A: Exacerbation of lumbar spine L4/L5 radicular

P: Celebrex 400 mg qd x 2 weeks
Tory
Tramadol ER 100 mg qd
MRI of lumbar spine

Education and Follow-up:
 Pt. Ed. + risk: dx rx Follow-up in 2 weeks days, (_____ days if symptoms not improving)
 Handout:
 Notes:

Signature: B. Arshinova Date: 4/27/06

(Small dictations may be affixed above signature and date, where space allows. Otherwise, see separate page.)

CONSULT	NEW	ESTAB	FFEE	X-RAY	FFEE	
99241	99201	99211		Ankle 3v	73610	
99242	99202	99212		Chest 2v	71020	
99243	99203	99213		Finger 2+v	73140	
99244	99204	99214		Foot 3v	73630	
99245	99205	99215		Hand 3v	73130	
PREVENTIVE						
1 yr.	V20.2	99381	99391	Hip 2v	73510	
1-4 yr.	V20.2	99382	99392	Knee 3v	73562	
5-11 yr.	V20.2	99383	99393	KUB	74000	
12-17	V20.2	99384	99394	Shoulder 2v	73030	
18-39	V70.0	99385	99395	Sinus 1-2 v	70210	
40-64	V70.0	99386	99396	Spine-C, complete	72052	
65+	V70.0	99387	99397	Spine-LS 4v	72110	
				Wrist 3v	73110	
LABORATORY						
Sports Physical	V70.3	99212.25		Venipuncture	36415	
L&I Accident Report		104094		Basic Met. Panel	80048	
Special Report		99080		General	85025	
IMMUNIZATIONS / INJECTIONS						
Admin. Immun. 1		90471		Health	Comp Met	80053
Admin. Immun. 2+		+90472				
Admin. Therapeutic Inj.		90782				
DT-child	V06.5	90702				
DTaP	V06.5	90700				
Flu (6-35 mos)	V04.81	90657				
Flu (3+ years)	V04.81	90658				
Hep A-adult	V05.3	90632				
Hep A-child	V05.3	90633				
Hep B-adult	V05.3	90746				
Hep B-child	V05.3	90744				
HRB	V03.81	90645				
IPV	V04.0	90713				
MMR	V06.4	90707				
Pneum-adult	V03.82	90732				
Pneum-child	V03.82	90669				
TB-PPD	V74.1	86580				
TD - adult	V03.7	90718				
Varicella	V05.4	90716				
Depo Provera	V25.09	J1055				
Kenalog	10 mg.	J3301				
Rocphin	250 mg.	J0696				
loradol	15 mg.	J1885				
PROCEDURES						
Aspir./Inj. Joint		206				
destruct. Genital Warts - F		56501				
destruct. Genital Warts - M		54050				
destruct. Lesion 1		17000				
destruct. Lesion 2+		+17003				
destruct. Skin Tags	701.8	11200				
Turn Disimpaction	380.4	69210				
G w/Interpretation		93000				
VT	BP	P				

HIGHLINE MEDICAL GROUP 15811 Ambaum Blvd SW, Suite A
 Burien, WA 98166 Tax I.D. # 91-1407026
 (206) 439-2988

DIAGNOSES	DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Splint
Abdominal pain	789.00	Hypertlipidemia, unspecified	272.4	LA	29065 29105
Abscess NOS	682.9	Hypertension, benign	401.1	SA	29875 29125
Acne, NOS	706.1	Hypertension, unspecified	401.9	SL	29405 29425
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9		
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30		
Allergies NOS	995.3	Indigestion NOS	536.8		
Amenorrhea	626.0	Insomnia	780.52		
Anemia, unspecified	285.9	Menopausal Symptoms	627.2		
Anxiety, unspecified	300.00	Migraine, unspecified	546.90		
Asthma, w/o Status Asthmaticus	493.00	Osteoarthritis NOS	715.90		
Asthma, w/Exacerbation	493.02	Osteoarthritis, Knee	715.96		
Atrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00		
Back Pain, unspecified	724.5	Otitis NOS	588.70		
Back Pain, Low	724.2	Otitis Externa NOS	580.10		

Des Moines Medical Clinic

22000 Marine View Dr. S., Suite 100
 Des Moines, WA 98198

Phone: (206) 870-4460
 Pharmacy Fax: (206) 870-4770
 Pharmacy VM: (206) 394-6670

Fariba Amiji, M.D.
 Bella Arshinova, P.A.C.
 Barry Bersch, M.D.
 Liliya Bilan, P.A.C.
 Esther Henkle, M.D.
 Michael Poirier, M.D.

FOR Panitkova Nadezhda Date 4/27/06

R Naproxen 500 mg bid # 60 pills

Blee M.D.

Substitution Permitted Dispense As Written

No-Refill Refill _____ Times

prima	87491
	87561
	86308
	85610
manual diff.	85007
	1000mcg. J3420
	A4550.04
tray	A4550.02
LABORATORY	
MCR	94780
	94640
	94010
pre and post-	94060
on/evaluation	94564
DIAGNOSES	
	626.2
	786.1

W/A/H/O

CONCERNS

Date 04/27/06 Enc# M22471619 Loc: HME.DMFM
 # M233397 Copay: 15.00 DOI:
 15 Msg: EDD:
 PANITKOVA, NADEZHDA A DD:
 3 2 43 F

FEDERAL WAY, WA 98023

PANITKOVA, NADEZ

#2
 Henkle, Esther
 Arshinova, Bella

son NP BACK PX (NOT MVA OR WRK) MOLINA

CA FAXED
 APR 28 2006

PLAN:
Celebrex 200 mg qd po qd x 7 days,
then qd po qd x 1 month

MRI of lumbar spine
 Pt Ed + Risk: Rx Handout
 Return 1 D/W M for 15 min. with Blee
 Prep _____ min. for _____ fasting _____ hrs.
 Recall _____ mo. For: _____

APPOINTMENT: DAY: _____ TIME: _____ WITH: _____
 DIAGNOSIS: Persistent low back ICD-9 _____
pain
radiculopathy.

PROVIDER: Blee DATE: 4/27/06
 INTERPRETER: _____

Nursing Notes: Temp: _____ BP: 120/82 HR: 88 Ht: _____ Wt: 168
Other: NO ENGLISH

S: Current Meds:

Allergies:

Pain scale: (circle one) 1 2 3 4 5 6 7 8 9 10 Location of pain:

Patient Concerns (cc/HPI): BACK PX X 3 years, but for the last 6 months - pain got significantly worse. Pt. has really hard time bending, lifting, pushing. Sitting for

Symptom / HX (circle)	No	Yes	Days	COMMENTS
Const: (fever, chill, fatigue, wt., appetite, Other).				a long time - severe significant pain.
Eyes: (pain, blur, diplopia, itch, discharge, photophobia, Other).				
HEENT: (HA, hoarse, epistax., runny nose, hearing, ear pain/drain, dizzy, oral, dental, Neck: pain, lump, supple, Other).				Pt. had dx in Russia, no evaluation was done in US.
CV: (HTN, palpitations, chest pain, SOB, edema, orthopnea, murmur, Other).				
Resp: (cough, wheeze, phlegm, hemopt, SOB, URI, Other).				
GI: (pain, burn, bloat, NV, diarrhea, const, blood, stool color, hemorrh, rectal pain, Other).				
GU: (Male: prostate, test, penis, stream, sex prob; Female: menses, pelv. pain, hot-flash, sex prob, vag. disch., abn. paps, G/P/A, fertility, bcp; Both: freq., urg., pain, burn, color, blood, Other).				
Musculoskel: (myalgia, arthralgia, swelling, back pain, podalgia, scoliosis/deformity, Other).		<input checked="" type="checkbox"/>		① gluteal area pain
Skin / Breast: (rash, itch, chg wart/mole, hives, hair, nails, breast lump, disch, pain, swell, Other).				
Neuro: (faint, numb, tingle, tremor, weak, pain, coordination, speech, writing, focal, Other).		<input checked="" type="checkbox"/>		
Psych: (anxiety, depress, anger, sleep, Other).				
Endocrine: (thirst, hot, cold, wt, sexual, Other).				
Heme/Lymph: (bleed, bruise, nodes, Other).				
Allerg / Immun: (hives, rash, joints, Other).				

Past, Fam, Soc, Habits	No Chng	Comments on new changes	(*see chart database for history to date)
Past Hx.	<input checked="" type="checkbox"/>		
Family Hx.	<input checked="" type="checkbox"/>		
Social Hx. / Habits			

Notes:

FAXED

Wm
APR 28 2005

Name: PANITKOVA, NADEZHDA A
Chart #: MR#: M233397
DOB: Henkle, Esther

Visit Date: 4-27-06

Dictation? Yes No

Exam (circle)	NML	ABNML	N. E.	COMMENTS
Const: (general, NAD, coop, vitals, A&O, Other)	✓			
Eyes: (gen appearance, vision, PERRLA, EOMI, corneas, lids, fundoscopic, disch, Other)				
ENT/mouth: (gen, NC/AT, eac's, tm's, hearing, nose, sinus, mouth, throat, teeth, mucosa, Other)	✓			
Neck: (gen, deformity, ROM, trach, thyroid, mass, nodes, Other)	✓			
Resp: (rate, sounds: wheeze, rhonchi, rales, a/e, tactile: fremitus, egoph, pectorily, Other)	✓			
CV: (rate, PMI, sounds, carotids, jugulars, pulses, abd. aorta, edema, bruits, cyanosis, Other)	✓			
Chest/breasts: (thorax, excursion, breast tend, masses, nipples, axillae, skin, Other)				
GI / Abd: (scar, BT, liver, spleen, OM, tender, dist, mass, guard, rebound, rigid, CVA, hernia, Other)				
Lymph: (cervical, axillary, inguinal, supraclavic, epitrochlear, postauricular, edema, Other)				
GU: (Female: ext. gen, vag, cx, uterus, adnex; Male: penis, test, prost; Both: discharges, UA, stool guaiac, rectal, Other)				
Musculoskel: (rom: joint/spine, deformity, cvat, tender, strength, musc. mass, gait, SLR, Other)		✓		Walking is stiffness. Lumbar spine is tender to touch is paravertebral muscle tenderness. No muscle atrophy.
Skin: (texture, color, nails, hair, lesions, Other)				
Neuro: (cranial nerves, motor, sensory, reflexes, cerebellar, Other)				tender in L4 gluteal area.
Psych: (mental status exam, demeanor, depression scale, Other)				Neurologically - no significant

Lab, X-ray, ekg, Other studies motor or sensory changes. Straight leg raising reproduced pain. DTRs intact.

A: Exacerbation of lumbar spine
L4 sciatica

P: Celebrex 400 mg qd x 2 weeks
Teny
Tramadol ER 100 mg qd
MRI of lumbar spine

Education and Follow-up:
Pt. Ed. + risk: dx rx
Handout: Follow-up in 2 weeks days, (_____ days if symptoms not improving)

Notes:

Signature B. Ashanova Date: 9/27/06

(Small dictations may be affixed above signature and date, where space allows. Otherwise, see separate page.)

CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73610
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
PREVENTIVE	NEW	ESTAB		Hip 2v	73510
1 yr	V20.2	99381	99391	Knee 3v	73562
1-4 yr	V20.2	99382	99392	KUB	74000
5-11 yr	V20.2	99383	99393	Shoulder 2v	73030
12-17	V20.2	99384	99394	Sinus 1-2 v	70210
18-39	V70.0	99385	99395	Sinuse-C, complete	72052
40-64	V70.0	99386	99396	Spine-LS 4v	72110
65+	V70.0	99387	99397	Wrist 3v	73110

DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Split
Abdominal pain	789.00	Hypertlipidemia, unspecified	272.4	LA 29065 28105
Abscess NOS	682.9	Hypertension, benign	401.1	SA 29075 29125
Acne, NOS	706.1	Hypertension, unspecified	401.9	SL 29405 29425
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30	LACERATION/EXCISION PROCEDURE
Allergies NOS	995.3	Indigestion NOS	536.8	SLITE
Amenorrhea	626.0	Insomnia	780.52	SLIFE
Anemia, unspecified	285.9	Menopausal Symptoms	627.2	
Anxiety, unspecified	300.00	Migraine, unspecified	346.90	
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.90	
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	
Atrial Fibrillation/A-Fib	427.31	Osteoporosis, unspecified	733.00	MISC.
Back Pain, unspecified	724.5	Osteoporosis, unspecified	733.00	Breast/pelvic exam-MCR
Back Pain, Low	724.2	Otitis Externa NOS	380.10	
BPH/Benign Prostatic Hypertrophy	600.00	Otitis Media NOS	382.9	Pap taken
Bronchitis, NOS	490	Pain-hip	718.45	Q0091
Bronchitis, acute	466.0	Pain-knee	718.46	Chlamydia-Aptima
CAD / Coronary Artery Disease	414.00	Pain In Limb	729.5	GC-Aptima
Candidal Vulvovaginitis	112.1	Pain-neck	723.1	Monospot
Celutitis NOS	682.9	Pain-shoulder	718.41	PT-PCR
Cerumen Impaction	380.4	Pad, screening	V76.2	Blood count, manual diff.
Chest pain, unspecified	786.50	Pharyngitis, acute	462	85007
CHF / Congestive Heart Failure	428.0	Pneumonia	486	Vitamin B12 1000mcg.
Conjunctivitis, unspecified	372.90	Pre-Op Exam, unspecified	V72.84	Pelvic tray
COPD	496	Rash	782.1	Circumcision tray
Contraceptive Counseling	V25.09	Rotator Cuff Syndrome NOS	726.10	A4550.84
Constipation	564.00	Sebacaceous Cyst	706.2	A4550.82
Cough	786.2	Sinusitis, acute	461.9	RESPIRATORY
Depression	311	Sinusitis NOS	473.9	Odometry-Not MCR
Dermatitis NOS	692.9	Skin Lesion NOS	709.9	Q 9476A
Diabetes/IDDM	250.01	Sprain-ankle	845.00	Nebulizer tx.
Diabetes/NIDDM	250.00	Sprain-knee	844.9	94610
Diarrhea	787.91	Sprain-lumbar	847.2	Spirometry
Dizziness	780.4	Sprain-neck	847.0	Spirometry, pre- and post-
Dysmenorrhea	625.3	Sprain-shoulder	840.9	MDI Instruction/Evaluation
Dysuria	788.1	Sprain-wrist	842.00	54664
Earache NOS	386.70	Strep Throat	034.0	DIAGNOSES
Eczema	692.9	Suture Removal	V56.3	Menorrhagia
Edema	782.3	Tobacco Abuse	305.1	626.2
Epicondylitis NOS (lateral)	726.32	Tonsillitis, acute	463	785.1
Fatigue	780.78	URI, acute	485.9	
Gastroenteritis NOS	568.9	Urinary Incontinence, unspecified	788.30	Total Charges
GERD	530.81	UTI, unspecified	599.0	PAID 1500
GYN Exam	V72.31	Vaginitis NOS	618.10	CK BC CA Copy
Headache NOS	784.0	Viral Infection NOS	078.99	W/A/H/O
Hematuria	596.7	Vulvovaginitis, Candidal	112.1	
Hypercholesterolemia	272.0	Warts, Viral NOS	078.10	

LABORATORY		LABORATORY	FEE	
Sports Physical	V78.3	99212.25	Venipuncture	36415
L&I Accident Report		10400	Basic Met. Panel	80048
Special Report		99080	General CBC	86025
IMMUNIZATIONS / INJECTIONS			Health Comp Met	80053
Admin. Immun. 1		90471	Panel TSH	84443
Admin. Immun. 2+		+90472	Hepatic Func. Panel	80076
Admin. Therapeutic Inj.		90782	Hepatitis Panel	80074
DT-child	V06.5	90702	Lipid Panel	80061
DTap	V06.5	90700	CBC w/o diff, WBC	85027
Flu (6-35 mos.)	V04.81	90657	Hematoctrit	85013
Flu (3+ years)	V04.81	90658	Chlamydia	V73.98 86631
Hep A-adult	V05.3	90632	Chlamydia ELFA	87320
Hep A-child	V05.3	90633	Chlamydia Urine	87491
Hep B-adult	V05.3	90746	ESR	85651
Hep B-child	V05.3	90744	Ferritin	82728
HIB	V03.81	90645	FSH	83001
IPV	V04.0	90713	Glyco HgB	83036
MMR	V06.4	90707	Glucose - not reagent strip	82947
Pneum-adult	V03.82	90732	Glucose - reagent strip	82048
Pneum-child	V03.82	90669	Glucose - by device	82962
TB-PPD	V74.1	86580	H. Pylori	86677
TD - adult	V03.7	90718	HIV	86701
Varicella	V05.4	90716	Iron	83540
Depo Provera	V25.09	J1055	Iron Binding Capacity	83560
Kenalog	10 mg.	J3301	PSA	V76.44 84153
Roccephin	250 mg.	J0696	Hemococtrit	V76.41 82276
Toradol	15 mg.	J1885	Throat Culture	87070
PROCEDURES			Sitrep Screen	87081
Aspic./Inj. Joint		206	Sitrep - RAPID	87580
Destruct. Genital Warts - F		56501	KOH	87220
Destruct. Genital Warts - M		54050	Wet Mount	87210
Destruct. Lesion 1		17000	Pregnancy UA	81025
Destruct. Lesion 2+		+17003	Urine Culture	87086
Destruct. Skin Tags	701.9	11200	UA Dip, no-auto/no-micro	81002
Cerum Disimpaction	380.4	69210	UA Dip, no-auto/micro	81000
EKG w/interpretation		93080	UA Dip, auto/no-micro	81003

WT 167.2 BP 118/78 P 91 T
 CONCERNS Flu, M, MRI

ALLERGIES: None ONSET / DOI
 PLAN: Celebrex 200 mg

502-98-1
 Date 05/24/06 Enc# M22624944 Loc: HME.DMFM
 MR# M233397
 1545 Msg: EDD:
 Pt PANITKOVA NADEZHDA A DD:
 FEDERAL WAY, WA 98023
 1b PANITKOVA, NADEZ SS#
 licy Coverage#
 CA 9080T
 Henkle, Esther
 Arshinova, Bella
 F/U MRI

Physical Exercises @ home
 SWI M M T W T F
 Pt Ed + Risk: Dx Rx Handout
 Return Flow W / M for ___ min. with ___ for ___
 Prep ___ min. for ___ fasting ___ hrs.
 Recall ___ mo. For: ___
 APPOINTMENT: DAY: TIME: WITH:
 DIAGNOSIS: lumbar spondylosis ICD-9
 PROVIDER: Olus DATE:
 INTERPRETER: DATE:

PATIENT NAME: Nadezhda Panitkova
DATE OF VISIT: 10/25/2006

SUBJECTIVE: A 43-year-old female is complaining of right-sided tingling and numbness, also sometimes pain and tingling in her right face. The patient does not know what it is related to. She does not experience any severe neck pain, or recent neck injury. There is no positive history of carpal tunnel so she is concerned and wants to be evaluated. Also she has been experiencing temperature intolerance. She is constantly cold when people feel hot and opposite. She has regular periods. No hot flashes. The patient is also complaining today of right breast pain that comes and goes and she is due for a mammogram. She wants us to evaluate her varicose veins and would like advice about them.

OBJECTIVE: The patient is alert and oriented. She is in no obvious distress. Vital signs: Blood pressure 120/78, pulse is normal bilaterally. Vesicular breath sounds. No rales, rubs, or wheezes heard. S1 and S2 throughout. No murmurs heard. Abdomen is unremarkable. Neurologic exam: Cranial nerves II through XII are intact. No obvious sensory changes noted. Full motor strength. Cervical spine is intact. No muscle atrophy or spasms around. Full range of motion in her neck and spine. Breast exam is intact and small superficial varicose veins are seen.

ASSESSMENT:

1. Right sided neuropathy.
3. Temperature intolerance.
4. Varicose veins
5. Right breast pain.
6. During exam, the issue of hemorrhoids came up. She noticed some blood in her stool, so we are going to treat it.

PLAN: Neurology consultation for EMG of right-sided ^{upper extremity} ~~high knee~~. Mammogram. Celebrex 200 mg samples were given and lab work was collected. The patient will be informed about results when they become available.

Bella Arshinova, PA-C

BYA: KA
Ref: BYA-102506



CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73810
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
				Hip 2v	73510
				Knee 3v	73562
				KUB	74000
				Shoulder 2v	73030
				Sinus 1-2 v	70210
				Spine-C, complete	72052
				Spine-LS 4v	72110
				Wrist 3v	73110

HIGHLINE MEDICAL GROUP
 Burien, WA 98166 Tax I.D. # 91-1407026
 (206) 439-2988

DIAGNOSES	DIAGNOSES	DIAGNOSES	DIAGNOSES
Abdominal pain	789.00	Hypertension, unspecified	272.4
Abscess NOS	682.9	Hypertension, benign	401.1
Acne, NOS	706.1	Hypertension, unspecified	401.9
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9
Allergic Rhinitis	477.8	Incontinence, Urine, unspecified	788.30
Allergies NOS	995.3	Indigestion NOS	536.8
Armenorrhea	626.0	Insomnia	780.52
Anemia, unspecified	285.9	Menopausal Symptoms	627.2
Anxiety, unspecified	300.00	Migraine, unspecified	346.90
Asthma, w/o Status Asthmaticus	493.00	Osteoarthritis NOS	715.90
Asthma, w/Exacerbation	493.82	Osteoarthritis, Knee	715.96
Atrial Fibrillation/A-Fib	427.81	Osteoporosis, unspecified	733.00
Back Pain, unspecified	724.5	Otitis Externa NOS	380.10
Back Pain, Low	724.2	Otitis Media NOS	382.9

REVENTIVE	NEW	ESTAB	FEE
1-4 yr.	V20.2	99381	99391
5-11 yr.	V20.2	99382	99392
12-17	V20.2	99383	99393
18-39	V70.0	99384	99394
40-64	V70.0	99385	99395
65+	V70.0	99387	99397

IMMUNIZATIONS/INJECTION	FEE
Admin. Immun. 1	904
Admin. Immun. 2+	+904
Admin. Therapeutic Inj	904
DT-cHd	V06.5
DTaP	V06.5
Flu (6-35 mos.)	V04.81
Flu (3+ years)	V04.81
Hep A-adult	V05.3
Hep A-child	V05.3
Hep B-adult	V05.3
Hep B-child	V05.3
HIB	V03.81
IPV	V04.0
MMR	V06.4
Pneum-adult	V03.82
Pneum-child	V03.82
TB-PPD	V74.1
TD - adult	V03.7
Tetanus	V05.4
Zepo Provera	V25.09
Genalog 10 mg	J3
Rocaphin 250 mg	J0
Toradol 15 mg	J1

PROCEDURES	FEE
Aspir./Inj. Joint	20
Destruct. Genital Warts - F	6
Destruct. Genital Warts - M	6
Destruct. Lesion 1	1
Destruct. Lesion 2+	+1
Destruct. Skin Tags	701.8
Cerum Disimpaction	380.4
EKG w/Interpretation	9
WT 109.4 BP 120/80	

Des Moines Medical Clinic
 Des Moines Medical Clinic
 22000 Marine View Dr. S., Suite 100
 Des Moines, WA 98198
 Phone: (206) 870-4460
 Pharmacy Fax: (206) 870-4770
 Pharmacy VM: (206) 394-6670

FOR Panitkova, NADEZHDA Date 10/25/06
 & Elastic knee highs pressure
Ex. Variocord w/TA 5
16.20 mmHg

Riley M.D.
 Substitution Permitted Dispense As Written
 No-Refill Refill _____ Times

ORTHOPEDIC	Cast	Spint
LA	29085	29105
SA	29075	29125
SL	29405	29425

LACERATION/EXCISION	PROCEDURE	SIZE
PPRO		
SITE		
SIZE		

WISC.	WISC.
Breast/pelvic exam-MCR	G0101
Pap taken	O0991
Chlamydia-Aptima	87491
GC-Aptima	87581
Monospot	86308
PT-INR	85610
Blood count, manual diff.	85007
Vitamin B12 1000mcg.	J3420
Pelvic tray	A4550.04
Circumcision tray	A4560.02

RESPIRATORY	RESPIRATORY
Oxymetry-Not MCR	94760
Nebulizer tx.	94640
Spirometry	94010
Spirometry, pre- and post-	94060
MDI instruction/evaluation	94564

DIAGNOSES	DIAGNOSES
Menorrhagia	626.2
Palpitations	785.1

Total Charges
PAID 15.00
 CK BC CA Copy
 W/A/H/O

last few days discomfort.
 Date 10/25/06 Enc# M23524739 Loc: HME.DMFM
 MR# M233397 [redacted] DOI:
 0745 [redacted] Msg: EDD:
 Pt PANITKOVA, NADEZHDA A DO:
 [redacted] 43 F
 [redacted] SE
 AUBURN, WA 98002
 Sub PANITKOVA, NADEZ [redacted]
 Poli [redacted]
 [redacted] CA 90801
 Ins#2
 PCP: Henkle, Esther
 Prov Arshinova, Bella
 Reason F/U

Speedy care w/TA 5 - EMB
Elastic knee-highs
Mammogram

Pt Ed + Risk: D Rx Handout
 Return + D/W/M for 15 min. with [signature]
 Prep _____ min. for _____ fasting _____ hrs.
 Recall _____ mo. For: _____

APPOINTMENT:	DAY:	TIME:	WITH:
DIAGNOSIS:	<u>(R) sided neovascular</u>		ICD-9
	<u>temperature elevated</u>		
	<u>varicose veins</u>		
	<u>(R) breast pain</u>		
PROVIDER:	<u>[signature]</u>		
INTERPRETER:	<u>[signature]</u>		

DATE 10/25/06

CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73610
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
REVENTIVE	NEW	ESTAB		Hip 2v	73510
1 yr.	V20.2	99381	99391	Knee 3v	73562
1-4 yr.	V20.2	99382	99392	KUB	74000
5-11 yr.	V20.2	99383	99393	Shoulder 2v	73030
12-17	V20.2	99384	99394	Sinus 1-2 v	70210
18-39	V70.8	99385	99395	Spine-C, complete	72052
40-64	V70.8	99386	99396	Spine-LS 4v	72110
65+	V70.8	99387	99397	Wrist 3v	73110
LABORATORY					
Sports Physical	V70.3	99212.25		Venipuncture	36415
L&L Accident Report		1040M		Basic Met. Panel	89048
Social Report		99080		General / CBC	85025
IMMUNIZATIONS / INJECTIONS					
Admin. Immun. 1		90471		Health Comp Met	80050
Admin. Immun. 2+		+90472		Panel TSH	80443
Admin. Therapeutic Inj.		90782		Hepatic Func. Panel	80076
DT-child	V06.5	90702		Hepatitis Panel	80074
DT-P	V06.5	90700		Lipid Panel	80061
Ru (6-35 mos.)	V04.81	90657		CBC w/o diff. WBC	85027
Ru (3+ years)	V04.81	90658		Hematocrit	85013
Hep A-adult	V06.3	90632		Chlamydia V73.98	86631
Hep A-child	V06.3	90633		Chlamydia ELFA	87320
Hep B-adult	V06.3	90746		Chlamydia Urine	87491
Hep B-child	V06.3	90744		ESR	85851
HIB	V03.81	90645		Femitin	82728
IPV	V04.0	90713		FSH	83001
MMR	V06.4	90707		Glyco Hgb	83036
Pneum-adult	V03.82	90732		Glucose - not reagent strip	82947
Pneum-child	V03.82	90669		Glucose - reagent strip	82948
TB-PPD	V74.1	86580		Glucose - by device	82962
TD - adult	V03.7	90718		H. Pylori	88677
Varicella	V06.4	90716		HIV	86701
Depo Provera	V25.09	11955		Iron	83540
Kenalog 10 mg.	J3301			Iron Binding Capacity	83550
Rocephin 250 mg.	J0696			PSA V76.44	84153
Toradol 15 mg.	J1885			Hemocult V76.41	82270
PROCEDURES					
Aspir./Inj. Joint		206		Throat Culture	87070
Destruct. Genital Warts - F		56501		Strep Screen	87081
Destruct. Genital Warts - M		54050		Strep - RAPID	87880
Destruct. Lesion 1		17000		KOH	87220
Destruct. Lesion 2+		+17003		Wet Mount	87210
Destruct. Skin Tags	701.9	11200		Pregnancy UA	81025
Cerum Disimpaction	380.4	89210		Urine Culture	87086
EKG w/ Interpretation		93080		UA Dip. no-auto/no-micro	81002
				UA Dip. no-auto/micro	81000
				UA Dip. auto/no-micro	81003

HIGHLINE MEDICAL GROUP 15811 Ambaum Blvd SW, Suite A
Burien, WA 98166 Tax I.D. #
(206) 439-2988 91-1407026

DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Spinal	
Abdominal pain	789.00	Hyperlipidemia, unspecified	272.4	LA 29065 29105	
Abscess NOS	662.9	Hypertension, benign	401.1	SA 29075 29125	
Acne, NOS	706.1	Hypertension, unspecified	401.9	SL 29405 29425	
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	LACERATION/EXCISION	
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.36	PROCEDURE	
Allergies NOS	996.3	Indigestion NOS	536.8	SITE	
Amenorrhea	626.0	Insomnia	780.52	SIZE	
Anemia, unspecified	286.8	Menopausal Symptoms	627.2		
Anxiety, unspecified	300.00	Migraine, unspecified	346.90		
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.90		
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	MISC	
Arrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00	Breast/pelvic exam-MCR 60101	
Back Pain, unspecified	724.5	Otalgia NOS	388.70		
Back Pain, Low	724.2	Otitis Externa NOS	380.10	Pap taken 00091	
BPH/Benign Prostatic Hypertrophy	600.00	Otitis Media NOS	382.9		
Bronchitis, NOS	490	Pain-hip	718.45	Chlamydia-Aptima 87491	
Bronchitis, acute	466.0	Pain-knee	719.46	GC-Aptima 87581	
CAD / Coronary Artery Disease	414.00	Pain in Limb	729.5	Monospot 86308	
Candidal Vulvovaginitis	112.1	Pain-neck	723.1	PT-INR 85610	
Cellulitis NOS	682.9	Pain-shoulder	719.41	Blood count, manual diff. 85007	
Cerumen Impaction	380.4	Pap, screening	V76.2		
Chest pain, unspecified	786.50	Pharyngitis, acute	482	Vitamin B12 1000mcg. J3420	
CHF / Congestive Heart Failure	424.0	Pneumonia	486		
Conjunctivitis, unspecified	372.30	Pre-Op Exam, unspecified	V72.84	Pelvic tray A4550.04	
COPO	496	Rash	782.1	Circumcision tray A4560.02	
Contraceptive Counseling	V25.08	Rotator Cuff Syndrome NOS	726.10	RESPIRATORY	
Constipation	564.00	Sebaceous Cyst	706.2	Oximetry-Not MCR 84760	
Cough	786.2	Sinusitis, acute	461.9	Nebulizer tx. 94640	
Depression	311	Sinusitis NOS	473.9	Spirometry 94010	
Dermatitis NOS	692.9	Skin Lesion NOS	709.9	Spirometry, pre- and post- 94060	
Diabetes/ IDDM	250.01	Sprain-ankle	845.00	MDI instruction/evaluation 94664	
Diabetes/NIDDM	250.80	Sprain-knee	844.9	DIAGNOSES	
Diarrhea	787.91	Sprain-lumbar	847.2	Menorrhagia 825.2	
Dizziness	780.4	Sprain-neck	847.0	Palpitations 785.1	
Dysmenorrhea	625.3	Sprain-shoulder	840.9		
Dysuria	788.1	Sprain-wrist	842.00		
Earache NOS	388.70	Strep Throat	034.0		
Eczema	682.9	Suture Removal	V58.3		
Edema	782.3	Tobacco Abuse	305.1		
Epicondylitis NOS (lateral)	726.32	Tonsillitis, acute	463		
Fatigue	780.78	URI, acute	465.9		
Gastroenteritis NOS	558.9	Urinary Incontinence, unspecified	788.30		
GERD	530.81	UTI, unspecified	599.0	Total Charges	
GYN Exam	V72.31	Vaginitis NOS	616.10	PAID	
Headache NOS	784.0	Viral Infection NOS	079.99		
Hematuria	599.7	Vulvovaginitis, Candidal	112.1		
Hypercholesterolemia	272.0	Warts, Viral NOS	078.10	CK BC CA Copay	

WT BP P T
CONCERNS

ALLERGIES: ONSET / DOI W / A / H / O
PLAN:

Date 12/06/06 Enc# M23784374 Loc: HME.DMFM
MR# M233397 Copay: 15.00 DOI:
1015 Msg: EDD:
Pt PANITKOVA, NADEZHDA A DD:
[REDACTED] 43 F
[REDACTED]
Sub PANITKOVA, NADEZ
[REDACTED]
[REDACTED] CA 90801
Ins#2
PCP Henkle, Esther
Prov Arshinova, Bella
Reason LAB ONLY

Pt Ed + Risk: Dx Rx Handout
Return ___ D / W / M for ___ min. with ___ for ___
Prep ___ min. for ___ fasting ___ hrs.
Recall ___ mo. For: _____
APPOINTMENT: DAY: TIME: WITH:
DIAGNOSIS: (R) Fide neuropathy ICD-9
Temperature intolerance
(R) breast ex
PROVIDER: DATE:
INTERPRETER: DATE:

CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73610
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
99246	99206	99216		Hip 2v	73510
99247	99207	99217		Knee 3v	73562
99248	99208	99218		KJIB	74900
99249	99209	99219		Shoulder 2v	73030
99250	99210	99220		Sinus 1-2 v	73610
99251	99211	99221		Spine-C	73610
99252	99212	99222		Spine-L	73610
99253	99213	99223		Wrist 3v	73610

REVENTIVE	NEW	ESTAB	FEE	X-RAY	FEE
1-4 yr.	V20.2	99381	99391	Knee 3v	73562
5-11 yr.	V20.2	99382	99392	KJIB	74900
12-17	V20.2	99383	99393	Shoulder 2v	73030
18-39	V70.0	99384	99394	Sinus 1-2 v	73610
40-64	V70.0	99385	99395	Spine-C	73610
65+	V70.0	99386	99396	Spine-L	73610
		99387	99397	Wrist 3v	73610

SPORTS PHYSICAL	FEE	ESTAB	FEE
Sports Physical	V70.3	99212.25	
L&A Accident Report		1040M	
Special Report		99080	

IMMUNIZATIONS / INJECTIONS	FEE	ESTAB	FEE
Admin. Immun. 1		90471	
Admin. Immun. 2+		+90472	
Admin. Therapeutic Inj.		90782	
DT-child	V06.5	90702	
DTap	V06.5	90700	
Ru (6-35 mos.)	V04.81	90657	
Ru (3+ years)	V04.81	90658	
Hep A-adult	V05.3	90632	
Hep A-child	V05.3	90633	
Hep B-adult	V05.3	90746	
Hep B-child	V05.3	90744	
HIB	V03.81	90645	
IPV	V04.0	90713	
MMR	V06.4	90707	
Pneum-adult	V03.82	90732	
Pneum-child	V03.82	90669	
TB-PPD	V74.1	86580	
TD - adult	V03.7	90718	
Varicella	V05.4	90716	
Depo Provera	V25.09	J1056	
Kenalog 10 mg.		J3391	
Rocophin 250 mg.		J0696	
Toradol 15 mg.		J1885	

PROCEDURES	FEE	ESTAB	FEE
Aspir/Inj. Joint		296	
Destruct. Genital Warts - F		66501	
Destruct. Genital Warts - M		54050	
Destruct. Lesion 1		17000	
Destruct. Lesion 2+		+17003	
Destruct. Skin Tags	701.9	11200	
Cerum Disimpaction	380.4	69210	
EKG w/interpretation		93000	

DIAGNOSES	DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Split
Abdominal pain	789.00	Hyperlipidemia, unspecified	272.4	LA	29065
Abscess NOS	862.9	Hypertension, benign	401.1	SA	29075
Acne, NOS	706.1	Hypertension, unspecified	401.9	SL	29405
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9		29425
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30		
Allergies NOS	995.3	Indigestion NOS	536.8		

PROCEDURE	FEE	ESTAB	FEE
LACERATION/EXCISION			
SITE			
SIZE			
	627.2		
	346.90		
	715.90		
	715.96		
	733.00		
	388.70		
	380.10		
	382.9		
	719.45		
	719.46		
	729.5		
	723.7		
	719.47		
	776.2		
	482		
	486		
	772.84		
	782.1		
	726.10		
	706.2		
	461.9		
	473.9		
	709.9		
	845.00		
	844.9		
	847.2		
	847.0		
	840.9		
	842.00		
	034.0		
	058.3		
	305.1		
	483		
	455.9		
	788.30		
	599.0		
	616.10		
	079.99		
	112.1		
	078.10		

MISC.	FEE	ESTAB	FEE
Breast/pelvic exam-MCR			60101
Pap taken			08091
Chlamydia-Aptima			87491
GC-Aptima			87591
Monospot			86308
PT-INR			85810
Blood count, manual diff.			85007
Vitamin B12 1000mcg.			J3420
Pelvic tray			A4550.04
Circumcision tray			A4550.02

RESPIRATORY	FEE	ESTAB	FEE
Oximetry-Not MCR			94760
Nebulizer tx.			94640
Spirometry			94010
Spirometry, pre- and post-			94090
MDI instruction/evaluation			94664

DIAGNOSES	FEE	ESTAB	FEE
Menorrhagia			626.2
Palpitations			785.1

TOTAL CHARGES	PAID	COPIES
599.0		
616.10		
079.99		
112.1		
078.10		

APPOINTMENT:	DAY:	TIME:	WITH:
DIAGNOSIS:	782.0		ICD-9

PROVIDER:	DATE:
INTERPRETER:	DATE:

ROMAN L. KUTSY, M.D.
 1940 116TH AVENUE N.E., SUITE 250
 BELL EVUE, WA 98004
 (425) 453-6836 TEL
 (425) 456-0106 FAX

NAME: PANITKOVA, N. AGE: _____
 ADDRESS: _____ DATE: 1/29/07
 Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B
 PT / PTT
 ESR FILE COPY
 ANA FEB 5 2007
 Antiphospholipid &
 Anticardiolipin AB
 Dx: 782.0

Refill _____ times
 SUBSTITUTION PERMITTED DISPENSE AS WRITTEN
 XENED 16471

Date 01/29/07 Enc# M24076432 Loc: HME.DMFM
 MR# M233397
 1055
 Pt PANITKOVA, NADEZHDA A
 Coverage#
 CA 90801

Reason LAB ONLY BLOOD DRAW
 Ins#2
 PCP Henkle, Esther
 Prov Arshinova, Bella

PLAN:
 Mail result to FILE COPY
 FEB 5 2007
 Pt Ed + Risk: Dx Rx Handout
 Return ___ D/W/M for ___ min. with ___ for ___
 Prep ___ min. for ___ fasting ___ hrs.
 Recall ___ mo. For: _____
 APPOINTMENT: _____ DAY: _____ TIME: _____ WITH: _____
 DIAGNOSIS: 782.0 ICD-9
 (Disid neuropathy temp
 intolerance)
 PROVIDER: Y. S. 1/29/07 DATE:
 INTERPRETER: _____ DATE: _____

Multi-System Visit

Nursing Notes: Temp: _____ BP: $\frac{112}{74}$ HR: 84 RR: _____ Wt: 163

O2 Sat: _____ Pain (0 to 10): 4-5 LMP: _____ Vision: Left _____ Right _____

S: Current Meds: Med List Reviewed Tylenol

Patient Concerns (cc/HPI): "Involved in MVA 10/12/07, now have (L) leg pain that radiates from buttocks down leg & HA"

Allergies: NKDA IV CONTRAST

SX / HX (circle if present; / if absent)	Days	COMMENTS
Const: fever, chill, fatigue, wt gain / loss appetite		
Eyes: pain, blur, diplopia, itch, discharge, photophobia		
HENT: HA, hoarse, epistax., runny nose, ST, congestion, hearing, ear pain/drain, dental pain, Neck: pain, lump, stiff, swollen glands		
CV: HTN, palpitations, chest pain, SOB, edema, orthopnea, murmur, PND		
Resp: cough, wheeze, phlegm, hemopt, SOB		
GI: pain, burn, bloat, N/V, diarrhea, const, blood, stool color, hemorrhoid, rectal pain		
GU: <u>Male</u> : prostate, test, penis, stream, sex prob; <u>Female</u> : menses, pelv. pain, hot-flash, sex prob, vag. disch., abn. paps, fertility, bcp; <u>Both</u> : freq. urg, pain, burn, incoont, blood		
Musculoskel: myalgia, arthralgia, swelling, back pain, podagra, scoliosis/deformity	-	<u>instability in stroke, then felt @ low back pain, ache, walk = wobble</u> SL → side → ant knee
Skin/Breast: rash, itch, chg wart/mole, hives, hair, nails, breast lump, disch, pain, swell		
Neuro: dizzy, faint (numb) tingle, tremor, weak, pain, coordination, speech, writing, focal	-	<u>numb ant leg? - leg</u>
Psych: anxiety, depress, anger, sleep		<u>@ arm + hand tingling</u>
Endocrine: thirst, hot, cold, wt, sexual		
Heme/Lymph: bleed, bruise, nodes		
Allerg / Immun: hives, rash, joints		

Past, Fam, Soc, Habits	No Chng	Comments on new changes (*see chart database for history to date)
Past Hx.		<u>prior MVA, had LBP ~1 yr ago - mid back</u>
Family Hx.		<u>first breast.</u>
Social Hx. / Habits		

* No ✓ = Not Reviewed

Notes: first passage of stool, hit on pungen, can still see ~2 in long @

PANITKOVA, NADEZHDA A
MR#: M233397 12/30/62
Bensch, Barry

Visit Date: 10/15/07

Dictation? Yes No

Exam (/ if not examined)	NML	ABNML	COMMENTS
Const: general, NAD, coop, vitals, A&O, W/D/WN	✓		
Eyes: gen appearance, PERRLA, EOMI, lids, discharge			40
HENT/mouth: gen, NCAT, eacs, tms, hearing, nose, sinus, mouth, throat, teeth, mucosa			✓
Neck: gen, deformity, ROM, thyroid, mass		✓	✓ Pit 10/15
Resp: rate, sounds: wheeze, rhonchi, rales, respiratory effort			
CV: rate, PMI, sounds, carotids, jugulars, pulses, abd. aorta, edema, bruits, cyanosis			
Chest/breasts: thorax, excursion, breast tend, masses, nipples, axillae, skin			RLR 40° (R) } = pin 30° (L) }
GI / Abd: BT, liver, spleen, OM, tender, dist, mass, guard, rebound, rigid, CVAT, hernia			
Lymph: cervical, axillary, inguinal, supraclavic, epitrochlear, postauricular, edema			
GU: Female: ext. gen, vag, cx, uterus, adnex; Male: penis, test, prost; Both: discharge Stool guaiac, rectal			30 20 30 30 30 30
Musculoskel: rom: joint/spine, deformity tender, strength, musc. mass, gait, SLR		✓	SLR 10
Skin: texture, color, nails, hair, lesions			
Neuro: cranial nerves, motor, sensory, reflexes, cerebellar, gait	✓		
Psych: mental status exam, demeanor, Depression scale			

* No ✓ = Not Examined

Lab, X-ray, ekg, Other studies _____

A/P:

See Fee Ticket

also report fluid test
blot

Education and Follow-up:

Pt. Ed. + risk: dx rx

Handout:

Follow-up in _____ D / W / M; (or in _____ days if symptoms not improving)

Notes:

PANITKOVA, NADEZHDA A

MR#: M233397

12/30/62

Bersch, Barry

Patient Name

rev 10/07

Date

Provider Signature

000013

CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73610
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2-v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
				Hip 2v	73510
				Knee 3v	73562
				KUB	74000
				Shoulder 2v	73030
				Sinus 1-2 v	70210
				Spine-C, complete	72052
				Spine-LS 4v	72110
				Wrist 3v	73110

PREVENTIVE	NEW	ESTAB	FEE	LABORATORY	FEE
1 yr.	V20.2	99381	99391	Vanipuncture	36415
1-4 yr.	V20.2	99382	99392	Basic Met Panel	80048
5-11 yr.	V20.2	99383	99393	General CBC	85025
12-17	V20.2	99384	99394	Health Comp Met	80053
18-39	V70.0	99385	99395	Panel TSH	84443
40-64	V70.0	99386	99396	Hepatic Func. Panel	80076
65+	V70.0	99387	99397	Hepatitis Panel	80074
				Lipid Panel	80061
				CBC w/diff. WBC	85027
				Hematocrit	85013
				Chlamydia V73.98	86631
				Chlamydia ELFA	87320
				Chlamydia Urine	87491
				ESR	85651
				Ferritin	82728
				FSH	83001
				Glyco Hgb	83036
				Glucose - not reagent strip	82947
				Glucose - reagent strip	82948
				Glucose - by device	82962
				H. Pylori	86677
				HIV	86781
				Iron	83640
				Iron Binding Capacity	83550
				PSA V76.44	84153
				Hemocult V76.41	82270
				Throat Culture	87070
				Strep Screen	87081
				Strep - RAPID	87880
				KOH	87220
				Wet Mount	87210
				Pregnancy UA	81025
				Urine Culture	87085
				UA Dip, no-auto/no-micro	81002
				UA Dip, no-auto/micro	81000
				UA Dip, auto/no-micro	81003

DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Sp/Int
Abdominal pain	789.00	Hypertlipidemia, unspecified	272.4	LA 29065 29105
Abscess NOS	682.9	Hypertension, benign	401.1	SA 29075 29125
Acne, NOS	708.1	Hypertension, unspecified	401.9	SL 29405 29425
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30	
Allergies NOS	995.3	Indigestion NOS	536.8	
Amenorrhea	626.0	Insomnia	780.52	
Anemia, unspecified	285.9	Menopausal Symptoms	827.2	
Anxiety, unspecified	300.00	Migraine, unspecified	346.90	
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.90	
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	
Atrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00	
Back Pain, unspecified	724.5	Otitis Media NOS	382.9	
Back Pain, Low	724.2	Otitis Media NOS	382.9	
BPH/Benign Prostatic Hypertrophy	600.00	Otitis Media NOS	382.9	
Bronchitis, NOS	490	Pain--hip	719.45	
Bronchitis, acute	466.0	Pain--knee	719.45	
CAD / Coronary Artery Disease	414.00	Pain in Limb	728.5	
Candidal Vulvovaginitis	112.1	Pain--neck	723.1	
Cellulitis NOS	682.9	Pain--shoulder	719.41	
Cerumen Impaction	380.4	Pap. screening	176.2	
Chest pain, unspecified	786.50	Pharyngitis, acute	462	
CHF / Congestive Heart Failure	428.0	Pneumonia	486	
Conjunctivitis, unspecified	372.30	Pre-Op Exam, unspecified	172.84	
COPO	496	Rash	782.1	
Contraceptive Counseling	125.08	Rotator Cuff Syndrome NOS	726.10	
Constipation	564.00	Sebaceous Cyst	706.2	
Cough	786.2	Sinusitis, acute	461.9	
Depression	311	Sinusitis NOS	473.9	
Dermatitis NOS	682.9	Skin Lesion NOS	709.9	
Diabetes/ IDDM	250.01	Sprain--ankle	845.00	
Diabetes/NIDDM	250.00	Sprain--knee	844.9	
Diarrhea	787.01	Sprain--lumbar	847.2	
Dizziness	780.4	Sprain--neck	847.0	
Dysmenorrhea	625.3	Sprain--shoulder	840.9	
Dysuria	788.1	Sprain--wrist	842.00	
Earache NOS	388.70	Strep Throat	834.0	
Eczema	682.9	Suture Removal	158.3	
Edema	782.3	Tobacco Abuse	305.1	
Epicystitis NOS (lateral)	725.32	Tonsillitis, acute	463	
Fatigue	780.79	URI, acute	466.9	
Gastroenteritis NOS	568.9	Urinary Incontinence, unspecified	788.30	
GERD	530.81	UTI, unspecified	599.0	
GYN Exam	172.31	Vaginitis NOS	616.100	
Headache NOS	784.0	Viral Infection NOS	878.99	
Hematuria	599.7	Vulvovaginitis, Candidal	112.1	
Hypercholesterolemia	272.0	Warts, Viral NOS	878.10	

WT BP P T

CONCERNS *rtm Jan 14th fast*
GHP lipid CAP VA

Date 10/15/07 Enc# M25588336 Loc: HME.DMFM
 MR# M233397 DOI: 10/12/07
 H789764.

1645 Msg: EDD:
 Pt PANITKOVA, NADEZHDA A DD:
 44 F

AUBURN, WA 98002
 ub PANITKOVA, NADEZ Coverage#
 CA 90801

Bersch, Barry
 Choi, Jack C
 MVA 101207 1630

ALLERGIES: QMSET / DOI 10/12/07 W/A/H/O

PLAN: *1) Numb - RT hand*
2) leg

Pt Ed + Risk: Dx Rx Handout

Return D M for *15* min. with *12* for *FIN*

Prep ___ min. for ___ fasting ___ hrs.

Recall ___ mo. For: ___

APPOINTMENT: DAY: TIME: WITH:

DIAGNOSIS: *1) arm paresthesia*
Low back pain
trapping numb 2) leg. ICD-9

PROVIDER: *[Signature]* DATE:
 INTERPRETER: *[Signature]* DATE:
10/15/07

CONSULT	NEW	ESTAB	FFC	X-RAY	FFC
99241	99201	99211		Ankle 3v	73610
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
PREVENTIVE	NEW	ESTAB		Hip 2v	73510
1 yr.	V20.2	99381	99381	Knee 3v	73562
1-4 yr.	V20.2	99382	99382	KUB	74090
5-11 yr.	V20.2	99383	99383	Shoulder 2v	73030
12-17	V20.2	99384	99384	Sinus 1-2 v	70210
18-39	V70.0	99385	99385	Spine-C, complete	72052
40-64	V70.0	99386	99386	Spine-LS 4v	72110
65+	V70.0	99387	99387	Wrist 3v	73110
LABORATORY					
Sports Physical	V70.3	99212.25		Venipuncture	36416
L&I Accident Report		1040M		Basic Met. Panel	80048
Special Report		99080		General CBC	85025
IMMUNIZATIONS / INJECTIONS					
Admin. Immun. 1		90471		Health Comp Met	80053
Admin. Immun. 2+		+90472		Panel TSH	84443
Admin. Therapeutic Inj.		90782		Hepatic Func. Panel	80076
DT-child	V06.5	90702		Hepatitis Panel	80074
DTAP	V06.5	90700		Lipid Panel	80061
Flu (6-35 mos.)	V04.81	90657		CBC w/o diff. WBC	85027
Flu (3+ years)	V04.81	90658		Hematocrit	85013
Hep A-adult	V05.3	90632		Chlamydia V73.96	86631
Hep A-child	V05.3	90633		Chlamydia ELFA	87320
Hep B-adult	V05.3	90745		Chlamydia Unne	87491
Hep B-child	V05.3	90744		ESR	85651
HIB	V03.81	90645		Ferritin	82728
IPV	V04.0	90713		FSH	83001
MMR	V05.4	90707		Glyco Hgb	83036
Pneum-adult	V03.82	90732		Glucose - not reagent strip	82947
Pneum-child	V03.82	90669		Glucose - reagent strip	82948
TB-PPD	V74.1	86580		Glucose - by device	82962
TD - adult	V03.7	90718		H. Pylori	86677
Varicella	V05.4	90716		HIV	86701
Depo Provera	V25.09	J1055		Iron	83540
Kenalog 10 mg.	J3301	J3301		Iron Binding Capacity	83550
Rocphin 250 mg.	J0696	J0696		PSA V76.44	84163
Toradol 15 mg.	J1885	J1885		Hemocult V76.41	82270
PROCEDURES					
Aspir./Inj. Joint		206		Throat Culture	87070
Destruct. Genital Warts - F		56501		Strep Screen	87081
Destruct. Genital Warts - M		54050		Strep - RAPID	87880
Destruct. Lesion 1		17000		KOH	87220
Destruct. Lesion 2+		+17003		Wet Mount	87210
Destruct. Skin Tags	701.9	11200		Pregnancy UA	81025
Cerum Disimpaction	380.4	89210		Urine Culture	87085
EKG w/interpretation		93000		UA Dip, no-auto/no-micro	81002
				UA Dip, no-auto/micro	81000
				UA Dip, auto/no-micro	81003

DIAGNOSES	DIAGNOSES	ORTHOPEDIC	Cast	Split	
Abdominal pain	789.00	Hyperlipidemia, unspecified	272.4	LA 29065 29105	
Abscess NOS	882.9	Hypertension, benign	401.1	SA 29075 29125	
Acne, NOS	706.1	Hypertension, unspecified	401.9	SL 29405 29425	
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	LACERATION/EXCISION	
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30	PROCEDURE	
Allergies NOS	995.3	Indigestion NOS	536.8	SITE	
Amenorrhea	626.0	Insomnia	780.52	SIZE	
Anemia, unspecified	285.9	Menopausal Symptoms	627.2		
Anxiety, unspecified	300.0	Migraine, unspecified	346.90		
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.90		
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	MISC.	
Atrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00	Breast/pelvic exam-MCR	60101
Back Pain, unspecified	724.5	Otaglia NOS	386.70		
Back Pain, Low	724.2	Otitis Externa NOS	380.10	Pap taken	00091
BPH/Benign Prostatic Hyperrophy	600.00	Otitis Media NOS	382.9		
Bronchitis, NOS	498	Pain-hip	719.45	Chlamydia-Aotima	87491
Bronchitis, acute	486.0	Pain-knee	719.46	GC-Aplima	87591
CAD / Coronary Artery Disease	414.00	Pain in Limb	729.5	Monospot	86308
Candidal Vulvovaginitis	112.1	Pain-neck	723.1	PT-INR	85610
Cellulitis NOS	682.9	Pain-shoulder	719.41	Blood count, manual dift.	85007
Cerumen impaction	380.4	Pap. screening	V76.2	Vitamin B12 1000mcg.	J3420
Chest pain, unspecified	786.50	Pharyngitis, acute	462		
CHF / Congestive Heart Failure	428.0	Pneumonia	486	Pelvic tray	A4550.04
Conjunctivitis, unspecified	372.30	Pre-Op Exam, unspecified	V72.84	Circumcision tray	A4550.02
COPD	496	Rash	782.1	RESPIRATORY	
Contraceptive Counseling	V25.09	Rotator Cuff Syndrome NOS	726.10	Oxymetry-Not MCR	84760
Constipation	584.00	Sebaceous Cyst	706.2	Nebulizer bc	94640
Cough	788.2	Sinusitis, acute	481.9	Spirometry	94010
Depression	311	Sinusitis NOS	473.9	Spirometry, pre- and post-	94060
Dermatitis NOS	682.9	Skin Lesion NOS	709.9	MDI Instruction/evaluation	94664
Diabetes/ IDDM	250.01	Sprain-ankle	845.00	DIAGNOSES	
Diabetes/NIDDM	250.00	Sprain-knee	844.8	Menorrhagia	626.2
Diarrhea	787.81	Sprain-lumbar	847.2	Palpitations	785.1
Dizziness	780.4	Sprain-neck	847.0		
Dysmenorrhea	625.3	Sprain-shoulder	840.9		
Dysuria	788.1	Sprain-wrist	842.00		
Earache NOS	386.70	Strep Throat	034.0		
Eczema	692.9	Suture Removal	V56.3		
Edema	782.3	Tobacco Abuse	305.1		
Epicondylitis NOS (lateral)	726.32	Tonsillitis, acute	463		
Fatigue	780.79	URI, acute	465.9		
Gastroenteritis NOS	558.9	Urinary Incontinence, unspecified	788.30		
GERD	530.81	UTI, unspecified	599.0	Total Charges	
GYN Exam	V72.31	Vaginitis NOS	616.19	PAID	
Headache NOS	784.0	Viral Infection NOS	079.99		
Hematuria	599.7	Vulvovaginitis, Candidal	112.1		
Hypercholesterolemia	272.0	Warts, Viral NOS	078.10	CK: BC: CA: Copay	

CAD

WT	BP	P	T

CONCERNS

Date 10/19/07 Enc# M25623703 Loc: HME.DMFM
 MR# M233397 [redacted] DOI:
 H789764

0910 Msg: EDD:
 Pt PANITKOVA, NADEZHDA A DD: 44 F

AUBURN, WA 98002 NM

Sub: PANITKOVA, NADEZ Coverage#

Ins#2 CA 90801
 PCP verified
 PCP Bersch, Barry
 Prov Archinova, Bella
 Reason LAB ONLY BLOOD DRAW
 [Signature]

ALLERGIES: _____ ONSET / DOI _____ W / A / H / O _____

PLAN: _____

Pt Ed + Risk: Dx Rx Handout _____

Return ___ D / W / M for ___ min. with ___ for _____

Prep ___ min. for _____ fasting ___ hrs.

Recall ___ mo. For: _____

APPOINTMENT: DAY: _____ TIME: _____ WITH: _____

DIAGNOSIS: (L) ARM PARALYSIS
 LBP
 Numbness (L) leg

PROVIDER: _____ DATE: _____

INTERPRETER: _____ DATE: _____

UPPER RESPIRATORY INFECTION

VITAL SIGNS: Temp: 98.4 BP 112/72 HR: RR: O2 Sat: % Wt: 194.8

Pain Scale: / 10 Peak Flow: Peak Flow after Neb:

CHIEF COMPLAINT: I have a cold x 1 wk.

HPI: Problem List Reviewed

MEDICATIONS: Med List Reviewed None. Atenalol.

ALLERGIES: NKDA None Contrast.

SYMPTOMS (circle if present; / if absent)	DURATION	COMMENTS
Fever Chills Myalgias		
EYES: Red Itch Tearing D/C		
EARS: Pain Drainage		
NOSE: Runny Congested		
SINUSES: Pressure Dental Pain		
<u>Sore Throat</u> Hoarse voice		
Headache		
<u>Cough</u> Sputum		
Shortness of Breath		
Nausea Vomiting Diarrhea		
↓ Appetite ↓ Activity		
PAST HISTORY		COMMENTS
Sick Contacts Daycare		
Tobacco user Exposure		
Allergic rhinitis Eczema		
Bronchitis Pneumonia		
Sinusitis		
Otitis Media		
Number in last 6 months:		
Asthma Wheezing		
Strep Throat		
Number in last 12 months:		

PANITKOVA, NADEZHDA V
 MR#: M2548Q4
 Bilan, Liliya

Visit Date: 3-13-08
 Dictation: yes no

CONSULT	NEW	ESTAB	FEE	X-RAY	FEE
99241	99201	99211		Ankle 3v	73810
99242	99202	99212		Chest 2v	71020
99243	99203	99213		Finger 2+v	73140
99244	99204	99214		Foot 3v	73630
99245	99205	99215		Hand 3v	73130
PREVENTIVE	NEW	ESTAB		Hip 2v	73510
1 yr.	V20.2	99381	99391	Knee 3v	73562
1-4 yr.	V20.2	99382	99392	KUB	74900
5-11 yr.	V20.2	99383	99393	Shoulder 2v	73030
12-17	V20.2	99384	99394	Sinus 1-2v	70210
18-39	V70.0	99385	99395	Spine-C, complete	72052
40-64	V70.0	99386	99396	Spine-LS 4v	72110
65+	V70.0	99387	99397	Wrist 3v	73110

DIAGNOSES	DIAGNOSES	ORTHOPEDIC CAST SUPPLIES			
Abdominal pain	789.00	Hyperlipidemia, unspecified	272.4	LA-adult-fiberglass	Q4006
Abscess NOS	682.8	Hypertension, benign	401.1	LA-child-fiberglass	Q4008
Acne, NOS	706.1	Hypertension, unspecified	401.8	SA-adult-fiberglass	Q4010
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	SA-child-fiberglass	Q4012
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30	SL-adult-fiberglass	Q4038
Allergies NOS	995.3	Indigestion NOS	536.8	SL-child-fiberglass	Q4040
Amenorrhoea	626.0	Insomnia	780.52	Other	
Anemia, unspecified	285.9	Menopausal Symptoms	627.2	ORTHOPEDIC Cast	Spinal
Anxiety, unspecified	300.00	Migraine, unspecified	348.90	LA	29085 29105
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.00	SA	29075 29125
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	SL	29405 29425
Atrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00	LACERATION/EXCISION	
Back Pain, unspecified	724.5	Otitis Media NOS	382.9	PROCEDURE	
Back Pain, Low	724.2	Pain-hip	719.45	SITE	
BPH/Benign Prostatic Hypertrophy	600.00	Pain-knee	719.46	SIZE	
Bronchitis, NOS	490	Pain in Limb	729.5		
Bronchitis, acute	486.0	Pain-neck	723.1		
CAD / Coronary Artery Disease	414.00	Pain-shoulder	719.41		
Candidal Vulvovaginitis	112.1	Pap. screening	462		
Cellulitis NOS	682.9	Pneumonia	486		
Cerumen Impaction	380.4	Pre-Op Exam, unspecified	772.84		
Chest pain, unspecified	786.50	Rash	782.1		
CHF / Congestive Heart Failure	428.0	Rotator Cuff Syndrome NOS	726.10		
Conjunctivitis, unspecified	372.30	Sebaceous Cyst	706.2		
COPD	496	Sinusitis, acute	481.9		
Contraceptive Counseling	425.05	Sinusitis NOS	473.9		
Constipation	684.00	Skin Lesion NOS	709.9		
Cough	786.2	Sprain-ankle	845.00		
Depression	311	Sprain-knee	844.9		
Dermatitis NOS	692.0	Sprain-lumbar	847.2		
Diabetes/ IDDM	250.01	Sprain-neck	847.8		
Diabetes/NIDDM	250.00	Sprain-shoulder	840.9		
Diarrhea	787.91	Sprain-wrist	842.00		
Dizziness	780.4	Strep Throat	834.0		
Dysmenorrhoea	625.3	Suture Removal	658.32		
Dysuria	788.1	Tobacco Abuse	305.1		
Earache NOS	388.70	Tonsillitis, acute	463		
Eczema	692.9	URI, acute	485.8		
Edema	782.3	Urinary Incontinence, unspecified	788.30		
Epicarditis NOS (lateral)	726.32	UTI, unspecified	599.0		
Fatigue	780.79	Vaginitis NOS	616.10		
Gastroenteritis NOS	558.9	Viral Infection NOS	878.99		
GERD	530.81	Vulvovaginitis, Candidal	712.1		
GYN Exam	772.31	Warts, Viral NOS	878.10		
Headache NOS	784.0				
Hematuria	599.7				
Hypercholesterolemia	272.0				

LABORATORY		FEE
Sports Physical	V70.3	89212.25
U/L Accident Report	1040M	
Patient Requested Report (not to be paid)	89080 P	
IMMUNIZATIONS/INJECTIONS		
Admin. Immun. 1	90471	
Admin. Immun. 2+	+90472	
Admin. Therapeutic Inf	90772	
DT-child	V06.5	90702
DTaP-child	V06.1	90700
Flu (6-35 mos.)	V04.81	90657
Flu (3+ years)	V04.81	90658
Gardasil	V04.89	90648
Hep A-adult	V05.3	90632
Hep A-child	V05.3	90633
Hep B-adult	V05.3	90746
Hep B-child	V05.3	90744
HB	V03.81	90645
IPV	V04.0	90713
Meningococcal acm	V03.89	90734
MMR	V06.4	90707
Pneum-adult	V03.82	90732
Pneum-child	V03.82	90669
TB-PPD	V74.1	86580
TD - adult	V03.7	90718
Tdap - adult	V06.1	90716
Varicella	V05.4	90716
Depo Provera	V25.09	J1055
Kenalog 10 mg	J3301	
Rocophin 250 mg	J0696	
Toradol 15 mg	J1885	
PROCEDURES		
Aspir/Inj. Joint	206	
destruct. Genital Warts - F	58601	
destruct. Genital Warts - M	54956	
destruct Lesions non-AK up to 14	17110	
destruct Lesions-AK 1	17000	
destruct Lesions-AK 2+	+17003	
destruct. Skin Tags	701.9	11200
Curumen Diimpaction	380.4	88210
EKG w/interpretation	93000	
Venipuncture	36415	
Basic Met. Panel	80048	
General CBC	85025	
Health Comp Met	80053	
Panel TSH	84443	
Hepatic Func. Panel	80676	
Hepatitis Panel	80074	
Lipid Panel	80061	
CBC w/o diff. WBC	85027	
Blood count, manual diff.	85007	
Hematocrit	85018	
Chlamydia V73.98	86631	
Chlamydia ELFA	87320	
Chlamydia Aptma	87491	
ESR	85651	
Ferritin	82728	
FSH	83801	
GC-Aptma	87591	
Glyco Hgb	83036	
Glucose - not reagent strip	82947	
Glucose - reagent strip	82948	
Glucose - by device	82962	
H. Pylori	86677	
HIV	86701	
Iron	83540	
Iron Binding Capacity	83550	
PSA V76.44	84153	
PT-INR	85610	
Hemoccult V76.41	82270	
Throat Culture	87070	
Strep Screen	87081	
Strep - RAPID	87880	
KOH	87220	
Wet Mount	87210	
Pregnancy UA	81025	
Urine Culture	87086	
UA Dip, no-auto/no-micro	81002	
UA Dip, no-auto/micro	81000	
UA Dip, auto/no-micro	81003	

DIAGNOSES	DIAGNOSES	ORTHOPEDIC CAST SUPPLIES			
Abdominal pain	789.00	Hyperlipidemia, unspecified	272.4	LA-adult-fiberglass	Q4006
Abscess NOS	682.8	Hypertension, benign	401.1	LA-child-fiberglass	Q4008
Acne, NOS	706.1	Hypertension, unspecified	401.8	SA-adult-fiberglass	Q4010
Actinic Keratosis	702.0	Hypothyroidism NOS	244.9	SA-child-fiberglass	Q4012
Allergic Rhinitis	477.9	Incontinence, Urine, unspecified	788.30	SL-adult-fiberglass	Q4038
Allergies NOS	995.3	Indigestion NOS	536.8	SL-child-fiberglass	Q4040
Amenorrhoea	626.0	Insomnia	780.52	Other	
Anemia, unspecified	285.9	Menopausal Symptoms	627.2	ORTHOPEDIC Cast	Spinal
Anxiety, unspecified	300.00	Migraine, unspecified	348.90	LA	29085 29105
Asthma, w/o Status Asthmaticus	493.90	Osteoarthritis NOS	715.00	SA	29075 29125
Asthma, w/Exacerbation	493.92	Osteoarthritis, Knee	715.96	SL	29405 29425
Atrial Fibrillation/A-Fib.	427.31	Osteoporosis, unspecified	733.00	LACERATION/EXCISION	
Back Pain, unspecified	724.5	Otitis Media NOS	382.9	PROCEDURE	
Back Pain, Low	724.2	Pain-hip	719.45	SITE	
BPH/Benign Prostatic Hypertrophy	600.00	Pain-knee	719.46	SIZE	
Bronchitis, NOS	490	Pain in Limb	729.5		
Bronchitis, acute	486.0	Pain-neck	723.1		
CAD / Coronary Artery Disease	414.00	Pain-shoulder	719.41		
Candidal Vulvovaginitis	112.1	Pap. screening	462		
Cellulitis NOS	682.9	Pneumonia	486		
Cerumen Impaction	380.4	Pre-Op Exam, unspecified	772.84		
Chest pain, unspecified	786.50	Rash	782.1		
CHF / Congestive Heart Failure	428.0	Rotator Cuff Syndrome NOS	726.10		
Conjunctivitis, unspecified	372.30	Sebaceous Cyst	706.2		
COPD	496	Sinusitis, acute	481.9		
Contraceptive Counseling	425.05	Sinusitis NOS	473.9		
Constipation	684.00	Skin Lesion NOS	709.9		
Cough	786.2	Sprain-ankle	845.00		
Depression	311	Sprain-knee	844.9		
Dermatitis NOS	692.0	Sprain-lumbar	847.2		
Diabetes/ IDDM	250.01	Sprain-neck	847.8		
Diabetes/NIDDM	250.00	Sprain-shoulder	840.9		
Diarrhea	787.91	Sprain-wrist	842.00		
Dizziness	780.4	Strep Throat	834.0		
Dysmenorrhoea	625.3	Suture Removal	658.32		
Dysuria	788.1	Tobacco Abuse	305.1		
Earache NOS	388.70	Tonsillitis, acute	463		
Eczema	692.9	URI, acute	485.8		
Edema	782.3	Urinary Incontinence, unspecified	788.30		
Epicarditis NOS (lateral)	726.32	UTI, unspecified	599.0		
Fatigue	780.79	Vaginitis NOS	616.10		
Gastroenteritis NOS	558.9	Viral Infection NOS	878.99		
GERD	530.81	Vulvovaginitis, Candidal	712.1		
GYN Exam	772.31	Warts, Viral NOS	878.10		
Headache NOS	784.0				
Hematuria	599.7				
Hypercholesterolemia	272.0				

WT BP P T
 CONCERNS

Date 03/13/08 -1630 Enc# TM0015323566 DMFM
 MR# M254804 [REDACTED] DOI:
 CT EPI#
 Pt PANITKOVA, NADEZHDA V 04/25/63
 [REDACTED] 44 F
 [REDACTED]
 [REDACTED]
 Sub: PANITKOVA, NADEZHDA V [REDACTED]
 [REDACTED] WA/AK
 [REDACTED] WA 98111-9180

PCP: Bilan, Liliya
 Prov: Bilan, Liliya
 DOUGH

ALLERGIES: ONSET/DOI W/A/H/O
 PLAN: CXR, 2v
 Pt Ed + Risk: Dx Rx Handout
 Return ___ D / W / M for ___ min. with ___ for ___
 Prep ___ min. for ___ fasting ___ hrs.
 Recall ___ mo. For: ___
 Return if no improvement or if getting worse
 APPOINTMENT: DAY: TIME: WITH:
 DIAGNOSIS: URT ICD-9
 PROVIDER: [Signature] DATE:
 INTERPRETER: [Signature] DATE:

HIGHLINE MEDICAL GROUP

Living Will YES No MR#: M233397 12/30/62
 Proxy _____ Henkle, Esther

LITKOVA, NADEZHDA A

Date Entered	CURRENT PROBLEMS <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	Date Resolved	ALLERGIES <input checked="" type="checkbox"/> NONE		
			Date	Substance	Reaction
1	Moderate anemia				
2	to H3-SF			contrast	
3					
4					
5					
6					
7			PAST PROBLEMS & HOSP / OPS <input checked="" type="checkbox"/> NONE		
8			Date		
9					
10					
11					
12					
13					
14					
15			IMMUNIZATIONS (Dates)		
16			DT/DTP		
17			Polio		
RISK FACTORS <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco			HIB		
A 5 P-5			MMR		
			Hep B		
			Flu		
FH - mother - cervical Ca brother - heart, sister - arrhythmia			Pneumo		
HEALTH MAINTENANCE (Dates)					
Complete PE					
Inter PE					
Pap/PSA	2004				
Occult Blood					
Mammogram	-				
Sigmoidoscopy					
Lipids					
CHRONIC CARE DIRECTIVES			OTHER NOTES		
Date					

RUN DATE: 10/26/06
 RUN TIME: 0701

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 1

Name: PANITKOVA, NADEZHDA A Provider: Arshinova, Bella Location: HLD
 Age/Sex: 43/F Clinic: Status: REG REF
 Unit#: H789764 Client: HMG DESM Home Phone: 253 333-0340
 Acct#: HB3247536 Submit by: Arshinova, Bella
 Copies to: Arshinova, Bella

HEMATOLOGY

Date Time	25OCT06 0800	Reference	Units
WBC	5.8	(4.00-11.0)	L/MM3
RBC	4.40	(4.00-5.20)	M/MM3
HGB	12.8	(12.0-16.0)	G/DL
HCT	37.6	(36.0-46.0)	%
MCV	86	(80-100)	fL
MCH	29.1	(26.0-34.0)	PG
MCHC	34.1	(31.0-37.0)	G/DL
RDW	12.5	(11.0-15.0)	%
PLT CT	233	(140-440)	K/MM3
DIFF METHOD	AUTO DIFF		
POLYS	45	(36-66)	%
LYMPHS	35	(24-44)	%
MONOCYTES	9	(2-14)	%
EOSINOPHILS	11 H	(0-4)	%
BASOPHILS	0	(0-1)	%

Handwritten notes: 10/26/06, ym on 10/27/06, 45, 35, 9, 11, 0

BLOOD CHEMISTRY

Date Time	25OCT06 0800	Reference	Units
FASTING STATUS	FASTING		
SODIUM	139	(135-145)	MEQ/L
POTASSIUM	4.4	(3.5-5.0)	MEQ/L
CHLORIDE	105	(98-111)	MEQ/L
TOTAL CO2	24	(21-31)	MEQ/L
ANION GAP	10.0	(7-13)	MEQ/L
GLUCOSE	98	(60-99)	MG/DL
BUN	11	(6-20)	MG/DL
CREATININE	0.9	(0.5-1.2)	MG/DL
TBIL	1.2	(0.4-1.3)	MG/DL
T PROT	6.6	(5.8-8.0)	G/DL
ALBUMIN	4.0	(3.1-5.2)	G/DL
CALCIUM	9.2	(9.0-10.6)	MG/DL
ALK PHOS	34 L	(42-121)	IU/L
AST/SGOT	20	(10-42)	IU/L
ALT/SGPT	18	(10-60)	IU/L
CHOLESTEROL	227 (A) H	(130-199)	MG/DL

Handwritten notes: 10/27/06, low fat diet

(A) This result is in the borderline elevated range of 200-239

TRIGLYCERIDE	59	(50-149)	MG/DL
HDL CHOL	53	(40-59)	MG/DL

KEY: * - CRITICAL NUMERIC RESULT

= NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A

Age/Sex: 43/F

Acct# HB3247536

Unit# H789764

HIGHLINE MEDICAL CENTER
16251 Sylvester Rd. S.W. Burien, WA 98166
Clinical Laboratory Report Phone: 206-431-5221

Garrett D. Alcorn, M.D.
Kindred A. Ritchie, M.D., Ph.D.
Thomas A Dean, M.D.

RUN DATE: 10/26/06
RUN TIME: 0701

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 2

Patient: PANITKOVA, NADEZHDA A #H83247536 Provider: Arshinova, Bella (Continued)

BLOOD CHEMISTRY - continued

Date Time	25OCT06 0800	Reference	Units
LDL CALCULATED	157(B)		MG/DL
(B) LDL CHOLESTEROL			
< 100		Optimal	
100-129		Near or above optimal	
130-159		Borderline high	
160-189		High	
>= 190		Very High	
CHOLESTEROL INDEX	4.2(C)		
(C)			
		Below average = < 3.7	
		Average = 3.7-5.6	
		Above average = 5.7-8.3	
		High = > 8.3	
TSH	3.24	(0.47-5.00)	MCIU/ML
VITAMIN B12	431(D)	(243-894)	PG/ML
(D) VITAMIN B12 REFERENCE RANGE:			
NORMAL:	243-894		PG/ML
INDETERMINATE:	175-242		PG/ML
DEFICIENT:	< 174		PG/ML

KEY: * - CRITICAL NUMERIC RESULT

- NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A

Age/Sex: 43/F

Acct#H83247536

Unit#H789764

000022

RUN DATE: 12/07/06
 RUN TIME: 0859

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 1

Name: PANITKOVA, NADEZHDA A Provider: Arshinova, Bella Location: HLHD
 Age/Sex: 43/F Clinic: Status: REG REF
 Unit#: H789764 Client: HMG DESM Home Phone: 253 333-0340
 Acct#: H83490623 Submit by: Arshinova, Bella
 Copies to: Arshinova, Bella

HEMATOLOGY

Date Time	06DEC06 1005	Reference	Units
WBC	5.4	(4.00-11.0)	L/MM3
RBC	4.24	(4.00-5.20)	M/MM3
HGB	12.6	(12.0-16.0)	G/DL
HCT	36.5	(36.0-46.0)	%
MCV	86	(80-100)	FL
MCH	29.8	(26.0-34.0)	PG
MCHC	34.5	(31.0-37.0)	G/DL
RDW	13.1	(11.0-15.0)	%
PLT CT	210	(140-440)	K7/MM3
DIFF METHOD	AUTO DIFF		
POLYS	48	(36-66)	%
LYMPHS	42	(24-44)	%
MONOCYTES	7	(2-14)	%
EOSINOPHILS	3	(0-4)	%
BASOPHILS	0	(0-1)	%

BLOOD CHEMISTRY

Date Time	06DEC06 1005	Reference	Units
SODIUM	139	(135-145)	MEQ/L
POTASSIUM	4.1	(3.5-5.0)	MEQ/L
CHLORIDE	104	(98-111)	MEQ/L
TOTAL CO2	26	(21-32)	MEQ/L
ANION GAP	9.0	(2-11)	MEQ/L
GLUCOSE	90	(60-99)	MG/DL
BUN	14	(6-20)	MG/DL
CREATININE	0.8	(0.5-1.2)	MG/DL
TBIL	0.9	(0.1-1.3)	MG/DL
T PROT	6.7	(5.8-8.0)	G/DL
ALBUMIN	3.9	(3.1-5.2)	G/DL
CALCIUM	9.6	(9.0-10.6)	MG/DL
ALK PHOS	34	(42-121)	IU/L
AST/SGOT	18	(10-42)	IU/L
ALT/SGPT	16	(10-60)	IU/L
CHOLESTEROL	203(A) H	(130-199)	MG/DL
TRIGLYCERIDE	47 L	(50-149)	MG/DL
HDL CHOL	47	(40-59)	MG/DL

FILE COPY
 Provider: *[Signature]* Nurse: *[Signature]*
 Recall: *[Signature]*
 Phone: *[Signature]*
 Comment: *[Signature]*
 12/7/06

Continue diet

(A) This result is in the borderline elevated range of 200-239.

KEY: * = CRITICAL NUMERIC RESULT # = NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 43/F Acct#: H83490623 Unit#: H789764

HIGHLINE MEDICAL CENTER
16251 Sylvester Rd. S.W. Burien, WA 98166
Clinical Laboratory Report Phone: 206-431-5221

Garrett D. Alcorn, M.D.
Kindred A. Ritchie, M.D., Ph.D.
Thomas A Dean, M.D.

RUN DATE: 12/07/06
RUN TIME: 0859

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 2

Patient: PANITKOVA, NADEZHDA A #H83490623 Provider: Arshinova, Bella (Continued)

BLOOD CHEMISTRY - continued

Date 06DEC06
Time 1005
Reference Units

LDL CALCULATED 148(B) MG/DL

(B) LDL CHOLESTEROL
< 100 Optimal
100-129 Near or above optimal
130-159 Borderline high
160-189 High
>= 190 Very High

CHOL INDEX 4.3(C)

(C) Below average = < 3.7
Average = 3.7-5.6
Above average = 5.7-8.3
High = > 8.3

TSH 3.23 (0.47-5.00) MCIU/ML

KEY: * - CRITICAL NUMERIC RESULT # = NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 43/F Acct#H83490623 Unit#H789764

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 Thomas A Dean, M.D.

RUN DATE: 02/05/07
 RUN TIME: 0701

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 1

Name: PANITKOVA, NADEZHDA A Provider: Arshinova, Bella Location: HLHD
 Age/Sex: 44/F Clinic: Status: REG REF
 Unit#: H789764 Client: HMG DESM Home Phone: 253 333-0340
 Acct#: H83788729 Submit by: Arshinova, Bella
 Copies to: Arshinova, Bella

HEMATOLOGY

Date	Time	29JAN07	1100	Reference	Units
WBC		4.5		(4.00-11.0)	L/MM3
RBC		4.27		(4.00-5.20)	M/MM3
HGB		12.6		(12.0-16.0)	G/DL
HCT		36.8		(36.0-46.0)	%
MCV		86		(80-100)	fL
MCH		29.4		(26.0-34.0)	PG
MCHC		34.1		(31.0-37.0)	G/DL
RDW		12.6		(11.0-15.0)	%
PLT CT		224		(140-440)	K/MM3
DIFF METHOD		AUTO DIFF			
POLYS		47		(36-66)	%
LYMPHS		41		(24-44)	%
MONOCYTES		9		(2-14)	%
EOSINOPHILS		3		(0-4)	%
BASOPHILS		0		(0-1)	%

BLOOD CHEMISTRY

Date	Time	29JAN07	1100	Reference	Units
FASTING STATUS		FASTING			
SODIUM		138		(135-145)	MEQ/L
POTASSIUM		4.0		(3.5-5.0)	MEQ/L
CHLORIDE		107		(98-111)	MEQ/L
TOTAL CO2		23		(21-32)	MEQ/L
ANION GAP		8.0		(2-11)	MEQ/L
GLUCOSE		94		(60-99)	MG/DL
BUN		12		(6-20)	MG/DL
CREATININE		0.9		(0.5-1.2)	MG/DL
TBIL		0.7		(0.4-1.3)	MG/DL
T PROT		6.7		(5.8-8.0)	G/DL
ALBUMIN		3.9		(3.1-5.2)	G/DL
CALCIUM		9.2(A)		(8.5-10.1)	MG/DE

(A) PLEASE NOTE CHANGE IN REFERENCE VALUES EFFECTIVE 12/14/06

ALK PHOS		38 L		(42-121)	IU/L
AST/SGOT		18		(10-42)	IU/L
ALT/SGPT		14		(10-60)	IU/L
CHOLESTEROL		209(B) H		(130-199)	MG/DL

(B) This result is in the borderline elevated range of 200-239.

TRIGLYCERIDE		36 L		(50-149)	MG/DL
HDL CHOL		47		(40-59)	MG/DL

KEY: * - CRITICAL NUMERIC RESULT

= NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 44/F Acct#H83788729 Unit#H789764

HIGHLINE MEDICAL CENTER
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 Thomas A Dean, M.D.

RUN DATE: 02/05/07
 RUN TIME: 0701

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 2

Patient: PANITKOVA, NADEZHDA A #H83788729 Provider: Arshinova, Bella (Continued)

BLOOD CHEMISTRY - continued

Date	Time	Reference	Units
29JAN07	1100		
LDL-CALCULATED	155(C)		MG/DL
(C) LDL CHOLESTEROL			
< 100	Optimal		
100-129	Near or above optimal		
130-159	Borderline high		
160-189	High		
>= 190	Very High		
CHOL INDEX	4.4(D)		
(D)			
	Below average = < 3.7		
	Average = 3.7-5.6		
	Above average = 5.7-8.3		
	High = > 8.3		
TSH	2.63	(0.47-5.00)	MU/ML
ERYTHROPOETIN	7.1(@a)	(4.0-21.0)	MU/ML

COAGULATION

Date	Time	Reference	Units
29JAN07	1100		
PT-INR	1.0(E)	(9.5-11.5)	SEC
(E) SUGGESTED THERAPEUTIC RANGES FOR ORAL ANTICOAGULANT THERAPY:			
LEVEL OF THERAPY	INDICATIONS	TARGET INR RANGE	

STANDARD DOSE	TREATMENT OR PROPHYLAXIS OF EMBOLUS/THROMBOSIS	2.0-3.0	
HIGH DOSE	MECHANICAL HEART VALVES	2.5-3.5	

SEROLOGY/IMMUNOHEMATOLOGY

Date	Time	Reference	Units
29JAN07	1100		
ANA SCREEN	NEGATIVE(F)	(NEGATIVE)	

(F)

See also (@b)

NOTES: (@a) TESTING PERFORMED AT MAYO MEDICAL LABORATORIES OR AFFILIATE, ROCHESTER, MN
 (@b) TESTING PERFORMED AT QUEST DIAGNOSTICS OR AFFILIATE, SEA, WA

KEY: * = CRITICAL NUMERIC RESULT

= NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 44/F Acct#H83788729 Unit#H789764

HIGHLINE MEDICAL CENTER
16251 Sylvester Rd. S.W. Burien, WA 98166
Clinical Laboratory Report Phone: 206-431-5221

Garrett D. Alcorn, M.D.
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Thomas A Dean, M.D.

RUN DATE: 02/05/07
RUN TIME: 0701

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 3

Patient: PANITKOVA, NADEZHDA A #H83788729 Provider: Arshinova, Bella (Continued)

SEROLOGY/IMMUNOHEMATOLOGY - continued

Date 29JAN07
Time 1100 Reference Units

LA-CARDIOLIP SC NEGATIVE(G) (SEE COMMENT)

(G)

Reference Range:
NEGATIVE

See also (@c)

NOTES: (@c) TESTING PERFORMED AT QUEST DIAGNOSTICS OR AFFILIATE, SEA, WA

KEY: * = CRITICAL NUMERIC RESULT

= NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 44/F Acct#H83788729 Unit#H789764

000027

HIGHLINE MEDICAL CENTER
 16251 Sylvester Rd. S.W. Burien, WA 98166
 Clinical Laboratory Report Phone: 206-431-5221

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 Thomas A Dean, M.D.

RUN DATE: 10/22/07
 RUN TIME: 0501

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 1

Name: PANITKOVA, NADEZHDA A
 Age/Sex: 44/F
 Unit#: H789764
 Acct#: H85448900
 Copies to: Choi, Jack C

Provider: Choi, Jack C
 Clinic:
 Client: HMG DESM

Location: HLHD
 Status: REG REF
 Home Phone: 253 333-0340
 Submit by: Choi, Jack C

HEMATOLOGY

Date	Time	19OCT07 UNK	Reference	Units
WBC		4.8	(4.00-11.0)	K/MM3
RBC		4.23	(4.00-5.20)	M/MM3
HGB		12.4	(12.0-16.0)	G/DL
HCT		36.6	(36.0-46.0)	%
MCV		87	(80-100)	FL
MCH		29.4	(26.0-34.0)	PG
MCHC		34.0	(31.0-37.0)	G/DL
RDW		13.0	(11.0-15.0)	%
PLT CT		233	(140-440)	K/MM3
DIFF METHOD		AUTO DIFF		
POLYS		47	(36-66)	%
LYMPHS		43	(24-44)	%
MONOCYTES		8	(2-14)	%
EOSINOPHILS		2	(0-4)	%
BASOPHILS		0	(0-1)	%

BLOOD CHEMISTRY

Date	Time	19OCT07 UNK	Reference	Units
SODIUM		139	(135-145)	MEQ/L
POTASSIUM		4.3	(3.5-5.0)	MEQ/L
CHLORIDE		105	(98-111)	MEQ/L
TOTAL CO2		28	(21-32)	MEQ/L
ANION GAP		5.0	(2-11)	MEQ/L
GLUCOSE		91	(60-99)	MG/DL
BUN		12	(6-20)	MG/DL
CREATININE		0.9	(0.5-1.2)	MG/DL
TBIL		0.6	(0.4-1.3)	MG/DL
T PROT		6.6	(5.8-8.0)	G/DL
ALBUMIN		3.8	(3.1-5.2)	G/DL
CALCIUM		9.1	(8.5-10.1)	MG/DL
ALK PHOS		34 L	(42-121)	IU/L
AST/SGOT		17	(10-42)	IU/L
ALT/SGPT		12	(10-60)	IU/L
CHOLESTEROL		189	(130-199)	MG/DL
TRIGLYCERIDE		63(A)		MG/DL

(A) TRIGLYCERIDE REFERENCE RANGE
 < 150 MG/DL NORMAL
 150 - 199 MG/DL BORDERLINE HIGH
 200 - 499 MG/DL HIGH
 > OR = 500 MG/DL VERY HIGH
 Revised 9/1/07

- Dr. _____ Date _____
 RECALL
 PREVIOUSLY REV'D
 PHONE MAIL
 COM'NT _____

File - info noted
 -insg dev -info only

HDL CHOL		44	(40-59)	MG/DL
----------	--	----	---------	-------

KEY: * = CRITICAL NUMERIC RESULT

= NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A

Age/Sex: 44/F

Acct# H85448900

Unit# H789764

HIGHLINE MEDICAL CENTER
 16251 Sylvester Rd. S.W. Burien, WA 98166
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 Kindred A. Ritchie, M.D., Ph.D.
 Thomas A Dean, M.D.

RUN DATE: 10/22/07
 RUN TIME: 0501

OUTPATIENT LABORATORY REPORT-DESMOINES FAMILY MEDICINE

PAGE 2

Patient: PANITKOVA, NADEZHDA A #H85448900 Provider: Choi, Jack C (Continued)

BLOOD CHEMISTRY - continued

Date Time	19OCT07 UNK	Reference	Units
LDL CALCULATED	132(B)		MG/DL
(B) LDL CHOLESTEROL			
< 100	Optimal		
100-129	Near or above optimal		
130-159	Borderline high		
160-189	High		
>= 190	Very High		
CHOLE INDEX	4.3(C)		
(C)			
	Below average = < 3.7		
	Average = 3.7-5.6		
	Above average = 5.7-8.3		
	High = > 8.3		
TSH	1.73	(0.47-5.00)	MCIU/ML

SEROLOGY/IMMUNOHEMATOLOGY

Date Time	19OCT07 UNK	Reference	Units
CRP	0.5	(0.0-0.7)	MG/DL

KEY: * = CRITICAL NUMERIC RESULT # = NON-NUMERIC ABNORMAL RESULT

Patient: PANITKOVA, NADEZHDA A Age/Sex: 44/F Acct#H85448900 Unit#H789764

HIGHLINE MEDICAL GROUP

BURIEN ROXBURY
DES MOINES
RIVERTON VASHON ISLAND
WEST SEATTLE

HEMATOLOGY

ESR: _____

Normal Values:

Female: 0-20mm

Male: 0-15mm

WBC	(x10 ⁹ /L)	4.3-10.0
Gran	%	44.2-80.2
Lymph	%	28.0-48.0
Mono		
Hct (%) Spun QBC	MALES	40.0-54.0
	FEMALES	36.0-47.0
Platelets	(x10 ⁹ /L)	140-440

SCREENS

Strep Screen: _____

Urine Preg: _____

Stool Guaiac: 1 _____ 2 _____ 3 _____

Hemoglobin: _____

Glucose Strip: _____

Wet Mount/KOH: _____

Epi: _____

%Cluc: _____

Trich: _____

Bact: _____

WBC: _____

Yeast: _____

Whiff: _____

URINALYSIS

Clear

Straw

Hazy

Yellow

Cloudy

Amber

Dipstick:

Glucose Neg
 Bilirubin Neg
 Ketones Neg
 Sp. Gravity 1.010
 Blood Neg
 pH 5.0
 Protein Neg
 Urobilinogen 0.2
 Nitrites Neg
 Leukocytes Neg

Micro:

WBC _____
 RBC _____
 Epi _____
 Crystals _____
 Casts _____
 Bacteria _____
 Mucus _____
 Comments: _____

Miscellaneous

PATIENT: NADEZHDA

DATE 10/19/07

PROVIDER JC

TECH CD

H S U

HMG 0388 (06-05)

Pani Heova

Date of Referral 8/13/07

Authorization Request For
Final referral authorization to be confirmed by insurance carrier/HMSO.*
Not an authorization for payment.
Payment is subject to eligibility and benefits at the time of service.

Name of Office Contact _____

PATIENT:
Panitzkova Nadezhda
Name _____
Phone # _____
Date of Birth _____

PRIMARY CARE PROVIDER
Des Moines Family Medicine
22000 Marine View Dr. S., Ste. 100
206-870-4460
Fax: 206-870-4770
Fariba Aniki, MD
Bela Arshavara, PA-C
Barry J. Berach, MD
Ulysse Baur, PA-C

SPECIALTY CARE PROVIDER:
Name _____
Address _____
Phone # (253) 333-2581
Fax # _____
Type of Provider Arachnology Lab

HMSO CONTRACTED HEALTH PLANS:
HMSO MANAGED PLANS:
SECURE HORIZONS
PACIFIC CARE COMMERCIAL // PEBB
MOLINA HEALTHY OPTIONS
Fax referrals directly to HMSO specialists
EXCEPT Dermatology, Podiatry, PT, OT, Speech Therapy, Cardio Rehab, DME, Plastic Surgery, PET/CT Scan and Home Health.
Out-of-network referrals must be faxed to HMSO.
HMSO REFERRAL LINE (206) 878-1827
(This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC.; PACIFIC CARE OF WA, or SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.)

HMG CONTRACTED PLANS:
REFERRALS TO HEALTH PLAN:
FIRST CHOICE HEALTH PLAN
MOLINA BASIC HEALTH PLAN
MOLINA BASIC HEALTH PLAN PLUS
Fax referrals to Health Plan for authorization
REFERRAL SPECIFY:
Promote Blue Cross: WA/AR, Out-of-State, Lifetime, Health Plus, Dimensions
Original Managed Care: PPO, POS
First Choice Health Networks (Specify: _____) Injury (Auto)
Injury (Work/L&L, Self-insured (Carrier: _____) Injury (Auto)
Medicaid/DSHS: (NOT HEALTHY OPTIONS) Medicare
One Health Plan: PPO, POS, One+
Regeneron Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BH
United Healthcare (Specify: _____)
Zenith: Highline Medical Center / HMG, Other
Others: _____

TENTATIVE DIAGNOSIS:
ICD-9 CODE(S): _____
MEDICAL NECESSITY SUBSTANTIATION:
Standy walker for
comp / LPO x 1 year.
8/13/07 - General health panel with
CBC / TSH / CMP, once only.
 The clinical need for consultation has been explained and this patient demonstrates understanding. Dr. VIGN

Accompanying Patient Information: _____ Problem List _____ Medication List _____ Lab/XRAY _____ Other: UAS

SERVICES REQUESTED:
Consultation and Follow-up: _____ BEGIN DATE: _____
Referral Good: Through: _____ # of Visits / PPH / Open _____
Lab/XRAY: _____ Expires In: 90 / 180 / 365 days _____
Procedures: _____ / As Appropriate: CT / MRI: _____
Global Surgical Package and Appropriate Follow-up _____
DME _____
Other: _____
Assume management for this problem. _____
Mental/Behavioral Health or Chemical Dependency Assessment _____
An Interpreter will be required _____ (Language) _____
POP AUTHORIZED SIGNATURE: _____
I would like to receive periodic status reports on this patient.
Please send a thorough written report when the consultation is complete.
This is an urgent problem, please call after you've seen this patient.

REFERRAL PROCESSING:
Referral received: _____
Returned for: _____
Faxed to: _____
On: _____
By: _____
Called to: _____
Spoke with: _____
Authorization #: _____

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

Patient Name: PANITKOVA, NADEZHDA A
Account No: H82227091

EXAM# TYPE/EXAM
000731952 TMRI/MRI LUMBAR SPINE W/O

MRI OF THE LUMBAR SPINE - 05/16/06

CLINICAL HISTORY: Severe low back pain. Left leg pain. No known injury.

TECHNIQUE: Sagittal T1W, T2W, STIR, and axial T1W and T2W scans of the lumbar spine are performed.

FINDINGS: There is a mild dextroscoliosis. Vertebral body heights are preserved. Assuming five lumbar vertebral bodies, the conus medullaris terminates at L1. No conus lesion is seen. Vertebral body heights and signal intensities are preserved.

The L1-2 and L2-3 levels are unremarkable.

The L3-4 level demonstrates minimal disc space desiccation. There is no disc bulge or herniation. Facet joints show mild arthropathy. There is no central canal or neural foraminal stenosis.

The L4-5 level demonstrates preservation of the disc space. There is moderate-degree facet joint arthropathy bilaterally, with fluid within the joint spaces. There is a minimal posterior annular disc bulge. There is no central canal stenosis, nor neural foraminal narrowing.

The L5-S1 level demonstrates mild facet hypertrophy bilaterally. The disc space is moderately narrowed, with end plate degenerative changes (Modic type 1 and 2). There is a small central disc herniation, without central canal stenosis. There is continuation of disc bulge into the neural foramina bilaterally, and there is moderate-degree facet hypertrophy. There is mild neural foraminal stenosis. The posterior central herniated disc abuts, but does not displace, the bilateral S1 nerve roots, and there is minimal lateral recess narrowing bilaterally.

Incidental note is made of a small Tarlov-type cyst in the S2 level, likely incidental.

CONCLUSION:

Mild spondylosis, moderate at L5-S1. No spinal canal stenosis or sig-

PAGE 1 Signed Report Pr MONTGOME 10/30/2006 (0735) (CONTINUED)

Name: PANITKOVA, NADEZHDA A
Phys: Arshinova, Bella
Age: 43 Sex: F
Unit No: H789764 Location: UNK
Exam Date: 05/16/2006 Status: UNK

*Mailed
to PT
10/30/06
JS*

Patient Name: PANITKOVA,NADEZHDA A
Account No: H82227091

EXAM# TYPE/EXAM
000731952 TMRI/MRI LUMBAR SPINE W/O
<Continued>

nificant neural foraminal encroachment. Moderate facet arthropathy at
L4-5 and L5-S1.

** REPORT SIGNATURE ON FILE 05/17/2006
Reported By: DAVID HENLEY, MD
Signed By: DAVID S HENLEY, MD

CC: Bella Arshinova

Transcribed Date/Time: 05/16/2006 (1258)

PAGE 2 Signed Report Pr MONTGOME 10/30/2006 (0735)

Name: PANITKOVA,NADEZHDA A

Phys: Arshinova,Bella

██████████ Age: 43 Sex: F

Unit No: H789764 Location: UNK

Exam Date: 05/16/2006 Status: UNK

000033

Highline Medical Imaging
Main Campus
18251 Sylvester Road S.W.
Burien, WA 98166
(206) 248-9729
Fax (206) 431-5231

Highline Diagnostics
205 SW 180th Street
Burien, WA 98166
(206) 248-8900
Fax (206) 244-3569

Southwest Medical Imaging
16259 Sylvester Road
Burien, WA 98166
(206) 248-8900
Fax (206) 248-8000

Highline Medical Imaging
Specialty Campus
12844 Military Road South
Tukwila, WA 98168
(206) 248-4770
Fax (206) 248-0538

Patient Name: PANITKOVA, NADEZHDA A
Account No: H82227091

Bella Arshinova
22000 MARINE VIEW DR SUITE 101
DES MOINES, WA 98198

206 870-4460

EXAM# TYPE/EXAM
000731952 TMRI/MRI LUMBAR SPINE W/O

MRI OF THE LUMBAR SPINE - 05/16/06

CLINICAL HISTORY: Severe low back pain. Left leg pain.
injury.

TECHNIQUE: Sagittal T1W, T2W, STIR, and axial T1W and T2W scans of
the lumbar spine are performed.

FINDINGS: There is a mild dextroscoliosis. Vertebral body heights
are preserved. Assuming five lumbar vertebral bodies, the conus
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The L1-2 and L2-3 levels are unremarkable.

The L3-4 level demonstrates minimal disc space desiccation. There is
no disc bulge or herniation. Facet joints show mild arthropathy.
There is no central canal or neural foraminal stenosis.

The L4-5 level demonstrates preservation of the disc space. There is
moderate-degree facet joint arthropathy bilaterally with fluid within
the joint spaces. There is a minimal posterior annular disc bulge.
There is no central canal stenosis, nor neural foraminal narrowing.

The L5-S1 level demonstrates mild facet hypertrophy bilaterally. The
disc space is moderately narrowed, with end plate degenerative changes
(Modic type 1 and 2). There is a small central disc herniation, with-
out central canal stenosis. There is continuation of disc bulge into
the neural foramina bilaterally, and there is moderate-degree facet
hypertrophy. There is mild neural foraminal stenosis. The posterior
central herniated disc abuts, but does not displace, the bilateral S1
nerve roots, and there is minimal lateral recess narrowing
bilaterally.

PAGE 1 Bella Arshinova MONTGOME 05/17/2006 (0830) (CONTINUED)

Name: PANITKOVA, NADEZHDA A
Phys: Arshinova, Bella
Age: 43 Sex: F
Unit No: H789764 Location: TDMI
Exam Date: 05/16/2006 Status: REG REF

IMAGING REPORT

iRad Medical Imaging
William S. Grabowski, M.D.
David S. Henley, M.D.
Chuck D. Martin, M.D.

David G. Omdal, M.D.
Peter A. Ory, M.D.
Michael T. Ricci, M.D.

Highline Medical Imaging
Main Campus
16251 Sylvester Road S.W.
Burien, WA 98166
(206) 248-9729
Fax (206) 431-5231

Highline Diagnostics
2700 SW 160th Street
Burien, WA 98166
(206) 248-8900
Fax (206) 244-3569

Southwest Medical Imaging
16259 Sylvester Road S.W.
Burien, WA 98166
(206) 248-8900
Fax (206) 248-8000

Highline Medical Imaging
Specialty Campus
12844 Military Road South
Tukwila, WA 98168
(206) 248-4770
Fax (206) 248-0538

Patient Name: PANITKOVA, NADEZHDA A
Account No: H82227091

EXAM# TYPE/EXAM
000731952 TMRI/MRI LUMBAR SPINE W/O
<Continued>

Incidental note is made of a small Tarlov-type cyst in the S2 level,
likely incidental.

CONCLUSION:

Mild spondylosis, moderate at L5-S1. No spinal canal stenosis or significant neural foraminal encroachment. Moderate facet arthropathy at L4-5 and L5-S1.

** REPORT SIGNATURE ON FILE 05/17/2006
Reported By: DAVID HENLEY, MD
Signed By: DAVID S HENLEY, MD

*Remedies.
Ph: 206-529-1199
425-712-3791*

*Relafen 750mg bid
x 60 pills*

*Done spine
If not helping - Pt advised
of spine
facet injection
in spine*

*DR
A N/A on
02/06 - 1:55pm.
5/22/06 - 3:35pm - Busy. YK*

CC: Bella Arshinova

Transcribed Date/Time: 05/16/2006 (1258)

PAGE 2 Bella Arshinova MONTGOME 05/17/2006 (0830)

Name: PANITKOVA, NADEZHDA A
Phys: Arshinova, Bella
Age: 43 Sex: F
Unit No: H789764 Location: TDMI
Exam Date: 05/16/2006 Status: REG REF

IMAGING REPORT

iRad Medical Imaging
William S. Grabowski, M.D.
David S. Henley, M.D.
Chuck D. Martin, M.D.

David G. Omdal, M.D.
Peter A. Ory, M.D.
Michael T. Ricci, M.D.

Highline Medical Imaging
Main Campus
16251 Sylvester Road S.W.
Burien, WA 98166
(206) 248-9729
Fax (206) 431-5231

Highline Diagnostics
275 SW 160th Street
Burien, WA 98166
(206) 248-8900
Fax (206) 244-3569

Southwest Medical Imaging
16259 Sylvester Road S.W.
Burien, WA 98166
(206) 248-8900
Fax (206) 248-8000

Highline Medical Imaging
Speciality Campus
12844 Military Road South
Tukwila, WA 98168
(206) 248-4770
Fax (206) 248-0538

Patient Name: PANITKOVA, NADEZHDA A
Account No: H83298083

Bella Arshinova
22000 MARINE VIEW DR SUITE 101
DES MOINES, WA 98198

206 870-4460

EXAM# TYPE/EXAM
000778739 TMAMMO/MAMMOGRAM SCREENING

ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

HISTORY: Screen.

FINDINGS: CAD (Computer Aided Diagnosis) was used in the evaluation of this film, using the R2 system version 5.3.

The parenchymal pattern is unremarkable, without suspicious masses or calcifications. The axillary regions are benign.

IMPRESSION: Benign mammogram; no mammographic evidence of malignancy.

The patient will be notified of mammographic findings by mail.

*****NOTE*****

A negative x-ray report should not delay biopsy of a clinically suspicious mass. False-negative reports average 5-10%. Dense breast tissue may obscure an underlying neoplasm. American Cancer Society Guidelines for Screening Mammography: Yearly mammograms beginning at age 40.

Double-read by Chuck Martin, M.D.

Reported By: PETER A. ORY, MD

CC: Bella Arshinova; Mammography Department

Transcribed Date/Time: 11/15/2006 (0941)

PAGE 1 Bella Arshinova CAESSENS 11/15/2006 (1015)

Name: PANITKOVA, NADEZHDA A
Phys: Arshinova, Bella
Age: 43 Sex: F
Unit No: H789764 Location: TDMI
Exam Date: 11/10/2006 Status: REG REF

IMAGING REPORT

iRad Medical Imaging
William S. Grabowski, M.D.
David S. Henley, M.D.
Chuck D. Martin, M.D.

David G. Omdal, M.D.
Peter A. Ory, M.D.
Michael T. Ricci, M.D.

As received + marked on 6/10/06

HIGHLINE MEDICAL SERVICES ORGANIZATION

Date of Referral 4/27/06

Authorization Request Form
 Final referral authorization to be confirmed by insurance carrier/HMSO.
 Not an authorization for payment.
 Payment is subject to eligibility and benefits at the time of service.

Uelena
 Name of Office Contact
May 16, 10:20 AM
 w/Appointment Date

PANITKOVA, NADEZHDA A
 MR#: M233397
 Henkle, Esther

MARY CARE PROVIDER
 s Moines Family Medicine
 100 Marine View Dr. S., Ste. 100
 206-870-4460
 Fax 206-870-4770

SPECIALTY CARE PROVIDER

SMI
 Name D/Koom

Phone # _____ Date of Birth _____

Amiri, MD
 Beka Arshnova, PA-C
 Barry J. Bensch, MD
 Lirya Bilan, PA-C
 Jerri L. Henry, ARNP
 Michael Pitler, MD
 Margaret V. Sobek, ARNP

Address _____
 Phone # 248-8900 Fax # 248-8000
Radiology

Health Ins Group # _____

HMSO CONTRACTED HEALTH PLANS:		HME CONTRACTED PLANS:
HMSO MANAGED PLANS:	REFERRALS TO HEALTH PLAN:	Aetna: (Specify: _____)
SECURE HORIZONS	FIRST CHOICE HEALTH PLAN	Primeria Blue Cross: WA/AK, Out-of-State, Lifewise, Health Plus, Dimensions
PACIFICARE COMMERCIAL /P/EBB	HEALTH WASHINGTON BOEING	Cigna: Managed Care, PPO, POS
MOLINA HEALTHY OPTIONS	<u>MOLINA BASIC HEALTH PLAN</u>	First Choice Health Network: (Specify _____)
Fax referrals directly to HMSO specialists EXCEPT Dermatology, Podiatry, PT, OT, Speech Therapy, Cardiac Rehab, DME and Plastic Surgery. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (206) 870-1827	MOLINA BASIC HEALTH PLAN PLUS	Injury (Work) L&I, Self-insured (Carrier _____) Injury (Auto)
	REGENCARE	Medical/DSHS: (NOT HEALTHY OPTIONS) Medicare:
	Fax referrals to Health Plan for authorization	One Health Plan: PPO, POS, One+
		Regence: Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BHP
		United Healthcare: (Specify _____)
		Zenith: HCH/HME, Other
		Other (be specific): _____

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC. For services to be covered, the member must be enrolled at the time the service is provided. HME clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Community Hospital.

TENTATIVE DIAGNOSIS: *Significant lumbar spine disk*
ICD-9 CODE(S): _____
MEDICAL NECESSITY SUBSTANTIATION: *got significantly worse x 6 months*
Significant redaction in ROM. @ radiology
 FILE COPY
 MRI of lumbar spine
 * Russian interpreter

Accompanying Patient Information: _____ Problem List _____ Medication List _____ Lab/XRAY _____ Other _____

SERVICES REQUESTED:

___ Consultation and Follow-up: _____ # of visits / PRN / Open

___ Referral Good: Through _____ Expires In: 90 / 180 / 365 days

___ Lab/XRAY: _____ /As Appropriate CT / MRI: _____

___ Procedure: _____ CPT Code: _____

___ Global Surgical Package and Appropriate Follow-up

___ DME: _____

___ Other: _____

___ Assume management for this problem

___ Mental/Behavioral Health or Chemical Dependency Assessment

___ An Interpreter will be required _____ (Language)

PCP AUTHORIZATION SIGNATURE: *N. Panitkova*

___ I would like to receive periodic status reports on this patient.

___ Please send a thorough written report when the consultation is complete.

___ This is an urgent problem, please call after you've seen this patient.

REFERRAL PROCESSING:

Referral received _____

Returned for: FAXED

Uelena

APR 28 2006

Faxed to: _____ Specialist's office

On: _____

By: _____

Called to: _____

Spoke with: _____

Authorization #: _____

HIGHLINE MEDICAL GROUP

We are unable to determine eligibility for this member. Please refax request with a copy of the medical ID card.

Date of Referral 10/25/06

Authorization Request Form
Final referral authorization to be confirmed by insurance carrier/HMSO.
Not an authorization for payment.
Payment is subject to eligibility and benefits at the time of service.

Name of Office Contact Yelena

PATIENT: Paritrova Nadezhda

PRIMARY CARE PROVIDER
Bella Arshinova, PA-C
Des Moines Medical Clinic

SPECIALTY CARE PROVIDER:
SMI

Address: 22000 Marine View Dr S Suite 100 Des Moines, WA 98198
Phone: 206.870.4460 Fax: 206.870.4770
www.HighlineMedicalGroup.org

Address: 206-248-8900 248-8000
Phone #: Radiology Fax #
Type of Provider

Health Ins. ID# / Group #

HMSO CONTRACTED HEALTH PLANS:		HMG CONTRACTED PLANS:
HMSO MANAGED PLANS:	REFERRALS TO HEALTH PLAN:	Active (Specify):
SECURE HORIZONS	FIRST CHOICE HEALTH PLAN	Providers: Blue Cross WA/AK; Out-of-State; Lifetime/Health Plus/Dimensional
PACIFICARE COMMERCIAL / PPO	MOLINA BASIC HEALTH PLAN	Options: Managed Care, PPO, POS
MOLINA HEALTH OPTIONS	MOLINA BASIC HEALTH PLAN PLUS	First Choice Health Network (Specify):
Fax referrals directly to HMSO specialists EXCEPT Dermatology, Podiatry, PT, OT Speech Therapy, Cardio Pulm, DME, Plastic Surgery, PEDIAT Scas and Home Health. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (Toll) 878-1427	Fax referrals to Health Plan for authorization.	Injury (Work) LIL Self-Insured Carrier: Injury (Auto) Medical/Dental (NOT HEALTHY OPTIONS) Medicare One Health Plans PPO, POS, One+ Regence Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BC-P United Healthcares (Specify): Zenith Highline Medical Group / HMG, Other Other:

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or SECURE HORIZONS. For services to be covered, the member MUST be enrolled at the time the service is provided.

HMG clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Medical Center.

TENTATIVE DIAGNOSIS: Breast pain

ICD-9 CODE(S):
MEDICAL NECESSITY SUBSTANTIATION:

FILE COPY

OCT 25 2006

FILE COPY + faxed
OCT 2 2006
YS

Mammogram

The clinical need for consultation has been explained and this patient demonstrates understanding.

Accompanying Patient Information: Problem List Medication List Lab/XRAY Other

SERVICES REQUESTED:	BEIGN DOS:	REFERRAL PROCESSING:
<input type="checkbox"/> Consultation and Follow-up <input type="checkbox"/> Referral Good: Through: Expires in 90 / 180 / 365 days <input type="checkbox"/> Lab/XRAY: / As Appropriate CT / MRI: <input type="checkbox"/> Procedures: CPT Code: <input type="checkbox"/> Global Surgical Package and Appropriate Follow-up <input type="checkbox"/> DME: <input type="checkbox"/> Other: <input type="checkbox"/> Assume management for this problem. <input type="checkbox"/> Mental/Behavioral Health or Chemical Dependency Assessment <input type="checkbox"/> An interpreter will be required (language)	<input type="checkbox"/> # of Visits / PPR / Open <input type="checkbox"/>	Referral received: Returned to: Faxed to: On: _____ By: _____ Called to: Spoke with: Authorization #:
PCP AUTHORIZED SIGNATURE <input type="checkbox"/> I would like to receive periodic status reports on this patient. <input type="checkbox"/> Please send a thorough written report when the consultation is complete. <input type="checkbox"/> This is an urgent problem, please call after you've seen this patient.		

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

Primary - White Specialist - Yellow Patient - Pink

HMG0018 Template: P0909

HIGHLINE MEDICAL GROUP

Date of Referral 10/25/06

Authorization Request Form
 Final referral authorization to be confirmed by insurance carrier/HMSO.*
 Not an authorization for payment.
 Payment is subject to eligibility and benefits at the time of service.

Yelena
 Name of Office Contact

PATIENT:
Arshinova Nadezhda

PRIMARY CARE PROVIDER:
Bella Arshinova, PA-C

SPECIALTY CARE PROVIDER:
SMI

Name: [Redacted]
 Phone #: [Redacted] Date of Birth: [Redacted]
 22000 Marine View Dr S Suite 100 Des Moines, WA 98198
 Phone: 206.870.4460 Fax: 206.870.4770
 www.HighlineMedicalGroup.org

Name: [Redacted]
 Address: 206-248-8900 248-8000
 Phone #: Radiology Fax #: [Redacted]
 Type of Provider: Radiology

Health Ins. ID# / Group #

HMSO CONTRACTED HEALTH PLANS:	
HMSO MANAGED PLANS:	REFERRALS TO HEALTH PLAN:
SECURE HORIZONS	FIRST CHOICE HEALTH PLAN
PACIFICARE COMMERCIAL // PEBB	MOLINA BASIC HEALTH PLAN
MOLINA HEALTHY OPTIONS	MOLINA BASIC HEALTH PLAN PLUS
Fax referrals directly to HMSO specialists EXCEPT Dermatology, Podiatry, PT, OT, Speech Therapy, Cardiac Rehab, DME, Plastic Surgery, PET/CT Scan and Home Health. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (206) 878-1827	Fax referrals to Health Plan for authorization

HMG CONTRACTED PLANS:
Aetna: (Specify: _____)
Premiera Blue Cross: WA/AK, Out-of-State, Livewise, Health Plus, Dimensions
Cigna: Managed Care, PPO, POS
First Choice Health Network: (Specify: _____)
Injury (Work) L&I, Self-Insured (Carrier: _____) Injury (Auto)
Medicaid/MSHS: (NOT HEALTHY OPTIONS) Medicare
One Health Plan: PPO, POS, One+
Regence: Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BHP
United Healthcare: (Specify: _____)
Zenith: Highline Medical Center / HMG, Other
Other: _____

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.

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TENTATIVE DIAGNOSIS: breast pain

ICD-9 CODE(S): _____

MEDICAL NECESSITY SUBSTANTIATION: FILE COP

OCT 3 5 2006

Mammogram

FILE COPY
 10/25/06
 OCT 3 5 2006
 YS
 (PPT)

The clinical need for consultation has been explained and this patient demonstrates understanding.

Accompanying Patient Information: _____ Problem List _____ Medication List _____ Lab/XRAY _____ Other _____

SERVICES REQUESTED:

___ Consultation and Follow-up: _____ BEGIN DOS: _____ # of visits / PRN / Open

___ Referral Good: Through: _____ Expires In: 90 / 180 / 365 days

___ Lab/XRAY: _____ / As Appropriate CT / MRI: _____

___ Procedure: _____ CPT Code: _____

___ Global Surgical Package and Appropriate Follow-up

___ DME: _____

___ Other: _____

___ Assume management for this problem.

___ Mental/Behavioral Health or Chemical Dependency Assessment

___ An Interpreter will be required _____ (Language)

PCP AUTHORIZED SIGNATURE [Signature]

___ I would like to receive periodic status reports on this patient.

___ Please send a thorough written report when the consultation is complete.

___ This is an urgent problem, please call after you've seen this patient.

REFERRAL PROCESSING:

Referral received: _____

Returned for: _____

Faxed to: [Signature]

On: 2-10-07

By: [Signature]

Called to: _____

Spoke with: _____

Authorization #: _____

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

Date of Referral 8/13/12

Authorization Request Form
 Final referral authorization to be confirmed by insurance carrier/HMSO.
 Not an authorization for payment.
 Payment is subject to eligibility and benefits at the time of service.

Name of Office Contact _____

PATIENT:
Pavutkova Nadezda
 Name

 Phone # _____ Date of Birth _____

PRIMARY CARE PROVIDER
 Des Moines Family Medicine
 22000 Marine View Dr. S., Ste. 100
 206-870-4460
 Fax: 206-870-4770
 Fariba Amir, MD
 Bella Arshinova, PA-C
 Barry J. Berach, MD

SPECIALTY CARE PROVIDER:
 Name _____
 Address _____
 Phone # (253) 333-2720 Fax # (253) 333-2570

 Type of Provider _____

HMSO CONTRACTED HEALTH PLANS:

HMSO MANAGED PLANS:	REFERRALS TO HEALTH PLAN:
SECURE HORIZONS	FIRST CHOICE HEALTH PLAN
PACIFICARE COMMERCIAL / PEBB	MOLINA BASIC HEALTH PLAN
MOLINA HEALTHY OPTIONS Fax referrals directly to HMSO specialists EDEPT Dermatology, Podiatry, PT, OT, Speech Therapy, Cardiac Rehab, DME, Plastic Surgery, PET/CT Scan and Home Health. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (206) 878-1827	MOLINA BASIC HEALTH PLAN PLUS Fax referrals to Health Plan for authorization

HMG CONTRACTED PLANS:

Specialty (Specify) _____
 Premier Plus Care, (VA/VAK, Out-of-State, Lifetime, Health Plus, Dimensions
 Clinical Managed Care, PPO, POS
 First Choice Health Network (Specify: _____)
 Infancy (Work) L&I, Self-insured (Center: _____) Infancy (Auto)
 Medicaid/DSDS: (NOT HEALTHY OPTIONS) Medicare
 One Health Plan PPO, POS, One+
 Regeneron Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BH
 United Healthcare (Specify: _____)
 Zenith Highline Medical Center / HMG, Other _____

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.

HMG clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Medical Center.

TENTATIVE DIAGNOSIS: _____

ICD-9 CODE(S): _____
 MEDICAL NECESSITY SUBSTANTIATION:
 CXR, 2v
 L-wall chest wall
 pain

The clinical need for consultation has been explained and this patient demonstrates understanding.

Accompanying Patient Information: _____ Problem List _____ Medication List _____ Lab/RAY _____ Other _____

SERVICES REQUESTED:
 Consultation and Follow-up: _____ # of visits / PRN / Open
 Referral Good Through: _____ Expires In: 90 / 180 / 365 days
 Lab/RAY: _____ / As Appropriate CT / MRI: _____
 Procedure: _____ CPT Code: _____
 Global Surgical Package and Appropriate Follow-up
 DME: _____
 Other: _____
 Assume management for this problem.
 Mental/Behavioral Health or Chemical Dependency Assessment
 An Interpreter will be required _____ (Language) _____

PCP AUTHORIZED SIGNATURE: _____

REFERRAL PROCESSING:
 Referral received: _____
 Returned for: _____
 Faxed to: _____
 On: _____
 By: _____
 Called to: _____
 Spoke with: _____
 Authorization #: _____

I would like to receive periodic status reports on this patient.
 Please send a thorough written report when the consultation is complete.
 This is an urgent problem, please call after you've seen this patient.

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

Primary - White Specialist - Yellow Patient - Pink

1940706 Template 05/06

HIGHLINE MEDICAL GROUP

Date of Referral 3.13.08

Authorization Request Form
 Final referral authorization to be confirmed by insurance carrier/HMSO.
 Not an authorization for payment.
 Payment is subject to eligibility and benefits at the time of service.

Name of Office Contact _____

PATIENT:

Name Panitkova Nadzhda

Phone # _____

Date of Birth _____

PRIMARY CARE PROVIDER

Des Moines Family Medicine
 22000 Marine View Dr. S., Ste. 100
 206-870-4460
 Fax 206-870-4770

Fariba Aniki, MD
 Beki Arshinova, PA-C
 Barry J. Bensch, MD
 Ulya Blaz, PA-C

Jeri L. Henry, APRN
 Michael Pfler, MD
 Margaret V. Sotek, APRN
 Esther Henke, MD

SPECIALTY CARE PROVIDER:

HIGHLINE MEDICAL CENTER IMAG
 SOUTHWEST MEDICAL IMAGING
 SPECIALTY CAMPUS IMAGING
 HIGHLINE DIAGNOSTICS AT 160TH

HMSO CONTRACTED HEALTH PLANS:		HMG CONTRACTED PLANS:
<p>HMSO MANAGED PLANS:</p> <p>SECURE HORIZONS</p> <p>PACIFIC CARE COMMERCIAL / PERS</p> <p>MOLINA HEALTHY OPTIONS Fax referrals directly to HMSO specialists SPECIALTIES: Dermatology, Podiatry, PT, OT, Speech Therapy, Cardiac Rehab, DME, Plastic Surgery, PET/CT Scan and Home Health. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (206) 878-1827</p>	<p>REFERRALS TO HEALTH PLAN:</p> <p>FIRST CHOICE HEALTH PLAN</p> <p>MOLINA BASIC HEALTH PLAN</p> <p>MOLINA BASIC HEALTH PLAN PLUS Fax referrals to Health Plan for authorization</p>	<p>Acting (Specify): _____</p> <p>Professors like: ORWA, Out of State, Uterine, Health Plus, Dimensions Cigna: Managed Care, PPO, POS First Choice Health: Health (Specify: _____) Injury (Auto) Injury (Work) LA, Self Insured (Carrier: _____) Medicare Medicaid/DSHS: (NOT HEALTHY OPTIONS) Medicare One Health Plans: PPO, POS, One+ Regence: Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BE United Healthcare (Specify: _____) Zenith: Highline Medical Center / HMG, Other _____</p>

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.

HMG clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Medical Center.

TENTATIVE DIAGNOSIS:

ICD-9 CODE(S): _____
 MEDICAL NECESSITY SUBSTANTIATION: _____

CXR, 2 ✓
 cough

FAXED
 MAR 13 2008

- | | | | |
|---|---|--|---|
| Highline Medical Center Imaging
16251 Sylvester Road SW
Burien WA 98148
(206) 248-9728
Fax (206) 431-5231 | Southwest Medical Imaging
16259 Sylvester Road SW
Burien WA 98148
(206) 248-8900
Fax (206) 248-8000 | Specialty Campus Imaging
12844 Military Road S.
Tukwila WA 98168
(206) 248-4770
Fax (206) 248-0538 | Highline Diagnostics at 160th
275 SW 160th St
Burien WA 98148
(206) 248-8900
Fax (206) 244-5598 |
|---|---|--|---|

The clinical need for consultation has been explained and this patient demonstrates understanding.

Accompanying Patient Information: Problem List Medication List Lab/XRAY Other

SERVICES REQUESTED:	REFERRAL PROCESSING:
<p>BEGIN DATES:</p> <p>Consultation and Follow-up: _____ # of visits / PRN / Open _____</p> <p>Referral Goods Through: _____ Expires In: 90 / 180 / 365 days _____</p> <p>Lab/XRAY: _____ / As Appropriate CT / MRI: _____</p> <p>Procedures: _____ CPT Code: _____</p> <p>Global Surgical Package and Appropriate Follow-up: _____</p> <p>DME: _____</p> <p>Other: _____</p> <p>Assume management for this problem: _____</p> <p>Mental/Behavioral Health or Chemical Dependency Assessment: _____</p> <p>An Interpreter will be required: _____ (Language) _____</p>	<p>Referral received: _____</p> <p>Returned for: _____</p> <p>Faxed to: _____</p> <p>On: _____</p> <p>By: _____</p> <p>Called to: _____</p> <p>Spoke with: _____</p> <p>Authorization #: _____</p>
<p>PCP AUTHORIZED SIGNATURE: _____</p> <p>I would like to receive periodic status reports on this patient. Please send a thorough written report when the consultation is complete. This is an urgent problem, please call after you've seen this patient.</p>	

HIGHLINE MEDICAL SERVICES ORGANIZATION

Yelena
Name of Office Contact

Date of Referral 10/25/06

Authorization Request Form
Final referral authorization to be confirmed by insurance carrier/HMSO.
Not an authorization for payment.
Payment is subject to eligibility and benefits at the time of service.

w/Appointment Date

PATIENT

Nadezhda, Panikova
First Name Last Name
[Redacted] [Redacted]
Phone # [Redacted] Date of Birth [Redacted]
[Redacted]
Health Ins. ID # [Redacted]

PRIMARY CARE PROVIDER

Des Moines Family Medicine
22000 Marine View Dr. S., Ste. 100
206-870-4460
Fax 206-870-4770

Fariba Amiri, MD
Beata Arshinova, PA-C
Barry J. Berscht, MD

Joni L. Henry, ARNP
Michael Pittlor, MD
Margaret V. Softek, ARNP

SPECIALTY CARE PROVIDER

Iran, Jacqueline
Name
16259 Sylvester Rd, SW
Address
246-3800 246-3583 #503
Phone # Fax #

Neurology

HMSO CONTRACTED HEALTH PLANS:

HMSO MANAGED PLANS:

SECURE HORIZONS
PACIFICARE COMMERCIAL #PBB
MOLINA HEALTHY OPTIONS
Fax referrals directly to HMSO specialists
EXCEPT Dermatology, Podiatry, PT, OT,
Speech Therapy, Cardiac Rehab, DME and
Plastic Surgery.
Out-of-network referrals must be faxed to
HMSO.
HMSO REFERRAL LINE (206) 870-1827

REFERRALS TO HEALTH PLAN:

FIRST CHOICE HEALTH PLAN
HEALTH WASHINGTON BOEING
MOLINA BASIC HEALTH PLAN
MOLINA BASIC HEALTH PLAN PLUS
REGENCECARE
Fax referrals to Health Plan for authorization

HME CONTRACTED PLANS:

Aetna: (Specify: _____)
Premora Blue Cross: WA/AK, Out-of-State, Lifewise, Health Plus, Dimensions
Cigna: Managed Care, PPO, POS
First Choice Health Networks: (Specify _____) Injury (Auto)
Injury (Work) L&I, Self-insured (Carrier _____) Medicare:
Medicaid/DSHS: (NOT HEALTHY OPTIONS) Medicare:
One Health Plan: PPO, POS, One+
Regence: Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BHP
United Healthcare: (Specify _____)
Zenith: HCH/HME, Other _____
Other (be specific): _____

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC. For services to be covered, the member must be enrolled at the time the service is provided. HME clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Community Hospital.

TENTATIVE DIAGNOSIS: R-sided neuropathy. No Romberg-Tinel syndrome
ICD-9 CODE(S): _____
MEDICAL NECESSITY SUBSTANTIATION: _____

FILE COPIED
OCT 25 2006

EMG of R upper extremity

Accompanying Patient Information: _____ Problem List _____ Medication List _____ Lab/XRAY _____ Other _____

SERVICES REQUESTED:

___ Consultation and Follow-up: _____ BEGIN DOS: _____ # of visits / PRN / Open
___ Referral Good: Through _____ Expires in: 90 / 180 / 365 days
___ Lab/XRAY: _____ /As Appropriate CT / MRI:
___ Procedure: _____ CPT Code: _____
___ Global Surgical Package and Appropriate Follow-up
___ DME:
___ Other:
___ Assume management for this problem
___ Mental/Behavioral Health or Chemical Dependency Assessment
___ An Interpreter will be required _____ (Language)

PCP AUTHORIZATION SIGNATURE

Nadezhda Panikova
I would like to receive periodic status reports on this patient.
Please send a thorough written report when the consultation is complete.
This is an urgent problem, please call after you've seen this patient.

REFERRAL PROCESSING:

Referral received _____
Returned for: _____
Faxed to: _____ Specialist's office
On: _____
By: _____
Called to: _____
Spoke with: _____
Authorization #: _____

Primary - White Specialist - Yellow Patient - Pink

HIGHLINE MEDICAL GROUP 604653

Authorization Request Form

Final referral authorization to be confirmed by insurance carrier/HMO. Not an authorization for payment. Payment is subject to eligibility and benefits at the time of service.

Date of Referral 11/10/06

Name of Office Contact [Signature]

PATIENT: Name: Nadezhda Paalukina, Phone #, Date of Birth

PRIMARY CARE PROVIDER: Doc Holmes Family Medicine, 22000 Marine View Dr. S., Ste. 100, 206-870-4480, Fax 206-870-4770. Includes names of providers like Felice Aniel, MD, etc.

SPECIALTY CARE PROVIDER: Name: Roman Katsiy, Address: 1940 116th Ave SE #2100 Bellevue, WA 98004, Phone # 425-455-6238, Fax #, Type of Provider: Neurology

HMSO CONTRACTED HEALTH PLANS:

HMSO MANAGED PLANS: SECURE HORIZONS, PACIFICORE COMMERCIAL // PERS, MOLINA HEALTHY OPTIONS. Includes text about referral authorization and network requirements.

HMG CONTRACTED PLANS:

Keenan (Specify): Preferred Blue Cross WAJAC, Out-of-State, Lifetime, Health Plus Dimensions, etc.

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or, SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.

TENTATIVE DIAGNOSIS: [Handwritten: Dorsal neuropathy, r/o tarsal tunnel syndrome]

AUTHORIZATION # 604653, SERVICE/ CPT: Diagnostic Radiology, DOS RANGE: 11/10/2006-01/10/2007 AS. Includes handwritten notes: 'PA advised of approval 11-15-06 VS' and 'EMG of R arm'.

Accompanying Patient Information: Problem List, Medication List, Lab/DX, Other

SERVICES REQUESTED: Consultation and Follow-up, Referral Goal, Lab/DX, Procedure, Global Surgical Package, etc. Includes PCP AUTHORIZED SIGNATURE and checkboxes for report requirements.

REFERRAL PROCESSING: Referral received, Returned for, Faxed to, On, By, Called to, Spoke with, Authorization #.

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

HIGHLINE MEDICAL GROUP

Authorization Request Form

Date of Referral 11/10/05

Final referral authorization to be confirmed by insurance carrier/HMSO.*
Not an authorization for payment.
Payment is subject to eligibility and benefits at the time of service.

Jason
Name of Office Contact

PATIENT: <u>Adeshda Paatkova</u> Name [Redacted] Phone # Date of Birth [Redacted]	PRIMARY CARE PROVIDER Des Moines Family Medicine 22000 Marine View Dr. S., Ste. 100 206-870-4460 Fax 206-870-4770 Fariba Amiri, MD Jerri L. Henry, ARNP Bella Arshinova, PA-C Michael Pittier, MD Barry J. Bersch, MD Margaret V. Sollek, ARNP Liliya Bilan, PA-C Esther Henkle, MD	SPECIALTY CARE PROVIDER: <u>Roman Kotsiy</u> Name <u>1940 116th Avenue #203 Bellina</u> Address <u>425-453-6838</u> Phone # Fax # <u>Neurology</u> Type of Provider
--	--	---

HMSO CONTRACTED HEALTH PLANS: HMSO MANAGED PLANS: SECURE HORIZONS PACIFICARE COMMERCIAL // PEBB MOLINA HEALTHY OPTIONS Fax referrals directly to HMSO specialists EXCEPT Dermatology, Podiatry, PT., OT, Speech Therapy, Cardiac Rehab, DME, Plastic Surgery, PET/CT Scan and Home Health. Out-of-network referrals must be faxed to HMSO. HMSO REFERRAL LINE (206) 878-1827	HMG CONTRACTED PLANS: Author (Specify: _____) Premier Blue Cross WA/AK, Out-of-State, Lifewise, Health Plus, Dimensions Cigna Managed Care, PPO, POS First Choice Health Network (Specify: _____) Injury (Work) L&I, Self-Insured (Carrier: _____) Injury (Auto) Medicaid/DSHS (NOT HEALTHY OPTIONS) Medicare One Health Plan PPO, POS, One+ Regence Preferred, Traditional, Selections, Boeing Selections, Boeing Traditional, BHP United Healthcare (Specify: _____) Zenith Highline Medical Center / HMG, Other
---	---

This referral authorization does not authorize the provision of services in excess of those benefits currently provided under the member's service agreement with MOLINA HEALTHCARE OF WA, INC., PACIFIC CARE OF WA, or, SECURE HORIZONS. For services to be covered, the member must be enrolled at the time the service is provided.

HMG clinicians expect that all in-patient and out-patient activities relating to this referral (e.g. surgery, procedures, ancillaries, etc.) are performed at Highline Medical Center.

TENTATIVE DIAGNOSIS: Bilateral neuropathy of cervical-thoracic

ICD-9 CODE(S): _____

MEDICAL NECESSITY SUBSTANTIATION: _____

EMG of C arm.

The clinical need for consultation has been explained and this patient demonstrates understanding.

Accompanying Patient Information: Problem List Medication List Lab/XRAY Other

SERVICES REQUESTED: Consultation and Follow-up: _____ # of visits / PRN / Open Referral Good: Through: _____ Expires In: 90 / 180 / 365 days Lab/XRAY: _____ / As Appropriate CT / MRI: _____ Procedure: _____ CPT Code: _____ Global Surgical Package and Appropriate Follow-up DME: _____ Other: _____ Assume management for this problem. Mental/Behavioral Health or Chemical Dependency Assessment An Interpreter will be required _____ (Language)	REFERRAL PROCESSING: Referral received: _____ Returned for: _____ Faxed to: <u>sent by 11/10/05</u> On: _____ By: <u>[Signature]</u> Called to: _____ Spoke with: _____ Authorization #: _____
---	---

If this referral has not been fulfilled within 90 days please check this box and fax this request to the PCP listed above.

ROMAN L. KUTSY, M.D.

1940 116th Avenue NE, Suite 250
Bellevue, WA 98004

Dr. Roman Kutsy
NEUROLOGY
ELECTRODIAGNOSTIC MEDICINE

PATIENT NAME: Nadezhda Panitkova
DOB: 12/30/1962
DATE OF CONSULTATION: 12/12/2006

RECALL
 PREVIOUSLY REVD
 PHONE MAIL
COMINT

File -ri -abni noted
 -insig dev -info only
 PT ADVISED

DIAGNOSTIC IMPRESSION:

1. Classic migraine headache.
2. Suspect Raynaud phenomena.
3. Chronic low back pain secondary to mild lumbosacral spondylosis.

RECOMMENDATIONS:

1. Proceed with brain MRI scan.
2. I suggested Topamax for prophylactic treatment of migraine. The patient apparently declined it.
3. I do not see any need to augment acute treatment of migraine. Excedrin has been quite effective for her and she should continue to use it on a p.r.n. basis for breakthrough head pain.
4. I took the liberty of ordering blood work for ANA and sed rate to workup her Raynaud's phenomena. Since she mentions "elevated prothrombin time" that apparently was diagnosed when she still lived in Russia. I also took the liberty of ordering PT/PTT and lupus anticoagulant.

HISTORY OF PRESENT ILLNESS: Nadezhda is a pleasant 43, soon to be 44-year-old, right-handed woman who presents with several-year history of intermittent headaches that are preceded by focal neurological signs. Her headaches started approximately seven years ago and at the present time occur at least once per week. They are always preceded by numbness of the face and variable parts of the body but tend to be more intense on the right side. She typically develops numbness and tingling of the right half of the face, spreads to right hand and foot, and occasionally to the contralateral part of the body. After persisting for 20-30 minutes, numbness subsides and she develops intense pressure-like pain with photophobia and nausea. At least 30% of her headaches are accompanied by emesis. Head pain typically lasts several hours, but she usually does not wait too long before taking two pills of Excedrin that helps her almost 100%.

She has other complaints that include chronic low back pain that tends to be situated in the middle of her low back. She also experiences increased sensitivity to cold that is accompanied by change in the color of her fingertips (my fingers turn white).

Her workup consisted of MRI scan of the lumbosacral spine, which was performed on May 17, 2006 and disclosed L5-S1 facet joint hypertrophy with no compromise of the neural structures.

MEDICATIONS: Excedrin p.r.n.

Telephone: (425) - 453-6838

Fax: (425) - 456 - 0106

ROMAN L. KUTSY, M.D.

1940 116th Avenue NE, Suite 250
Bellevue, WA 98004

**NEUROLOGY
ELECTRODIAGNOSTIC MEDICINE**

PATIENT NAME: Nadezhda Panitkova

PAGE: 2

ALLERGIES: Penicillin.

SOCIAL HISTORY: She does not work and has five children. Does not smoke. Does not drink.

FAMILY HISTORY: Noncontributory.

Review of systems:

Constitutional: denies fever, weight loss, weight gain.

Eyes: denies loss of vision, eye pain, double vision, or blurring of vision.

HEENT: denies hearing loss, dizziness, vertigo, throat pain, difficulty speaking.

Cardiac: denies chest pain, palpitations, syncope.

Respiratory: denies shortness of breath, cough.

GI: denies constipation, diarrhea.

GU: denies disuria, incontinence, urinary urgency.

Endocrine: no history of diabetes or thyroid disease.

Musculoskeletal: no joint or bone pain except as outlined in HPI.

Neurological: see history of present illness.

NEUROLOGICAL EXAM: Deferred today.

Face-to-face counseling regarding management of headache and low back pain constituted more than 50% of this 45-minute visit.

Roman L. Kutsy, M.D.

REVIEWED AND APPROVED
BY
R. KUTSY, M.D.

ILHS/RLK/eud.

cc: Bella Arshinova, PA-C.

Telephone: (425) - 453-6838

Fax: (425) - 456 - 0106

000047

ROMAN L. KUTSY, M.D.

1940 116th Avenue NE, Suite 250
Bellevue, WA 98004

**NEUROLOGY
ELECTRODIAGNOSTIC MEDICINE**

PATIENT NAME: Nadezhda Panitkova

DOB: 12/30/1962

DATE OF FOLLOWUP: 03/16/2007

DIAGNOSES:

1. Migraine headache.
2. Lumbosacral spondylosis with L5-S1, predominantly right-sided, disc bulge with narrowing of left neural foramina.

RECOMMENDATIONS:

1. Start Topamax for treatment of migraine. Use 25 mg a day for the first one or two weeks and then increase the does to 50 mg a day if necessary.
2. Start physical therapy for treatment of lumbar spondylosis.

INTERVAL HISTORY: Ms. Panitkova has undergone brain MRI scan, which in my opinion is completely normal. There are few small white matter signal changes of nonspecific nature as that most likely represents "migraine vasculopathy," which is something very entirely benign.

If her headache continues to persist with the same frequency then she is willing to start taking Topamax. She continues to experience significant low back pain radiating into the right leg. She brought lumbosacral MRI for review. It does disclose L5-S1 disc bulge measuring approximately 2 to 3 mm with narrowing of the right neural foramen.

We had a very long discussion with Nadezhda regarding management of both headaches and low back pain. She has numerous questions regarding variable approaches to prophylactic medications including use of medicines that are not approved by FDA (Russian manufactured medications). She is also interested in nontraditional methods of treatment.

Face-to-face counseling regarding management of patient's symptoms constituted more than 50% of this 45-minute visit.

Roman L. Kutsy, M.D.

ILHS/RLK/eud

cc: B. Arshinova, PA-C

REVIEWED AND APPROVED
BY
R. KUTSY, M.D.

Dr. RLK Nurse _____

RECALL _____

PREV'LY REV'D _____

PHONE _____ MAIL _____

COM'NT _____

File -ni -abni noted
insig dev -into only

PT ADVISED

Telephone: (425) - 453-6838

Fax: (425) - 456 - 0106

APPENDIX B

(Trial Exhibit 33)



RECORD RETRIEVAL
4200 23rd Avenue West, Suite 100
Seattle WA, 98199
Tel: 206.285.6322
Fax: 1.800.238.7307

SEP 04 2013

10:20 AM

RECORDS OF	Nelli Panitkova
RECORD LOCATION	Dr. Oleg Gordienko
CASE NAME	Panitkova v. Kuhnhausen
ATTENTION	Gary A. Trabolsi ATTN: Deborah Newman
CASE NUMBER	08-2-13006-1 KNT
ADDRESS	Gardner Bond Trabolsi PLLC 2200 Sixth Ave, Suite 600 Seattle WA 98121
COMMENT	Medical Records, Billing Records
	Kate Szyperski

The information contained is confidential attorney work product and may also be privileged from disclosure under the attorney-client privilege. The information is intended only for the named addressee. If you are not the intended recipient or making delivery to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. Inadvertent delivery does not waive our privilege against disclosure. If you have received this in error, please do not read it and immediately notify us by a collect telephone call to 206.285.6322, and return the original message to us at the address below via the U.S. Postal Service.

	A	Allyce	2015
	K	Marion	2015
		ATL	10

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50. Date: -----

HEA 016 (02/81)

OLEG E. GORDIENKO, M.D.

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34309 - 9TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

NAME Nelli Panitkova

94.0

(206) 974-4352

DATE	PROB # V/S	NOTE (SOAP)
7-17-06	Ht: Wt: 92 B/P: t°:	7-15-06 Moses Lake 2 days ago patient riding roller skaters fell down and broke her L. wrist. Mother brought her in Moses Lake clinic. X-ray was done, shows fracture with deformity. Tylenol with codeine was prescribed. rise 4, 10, 15 M. 15 M. 15
Last Pd.		
Last PAP		

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34509 - 9TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

NAME Nelli Parotko

94.0 -

(206) 874-4352

DATE	PROB # V/S	NOTE (SOAP)
8-7-08	Ht: 52 1/2	1) Fever 38.5°
	Wt: 92 1/2	2) Headache
	B/P:	3) Voice change
	t°: 101.6	4) 30 lbs over weight
Last Pd.		Mother said Nelli drinks
Last PAP		soft drinks
		5) low back pain
		in p.m. in no water
		thin clear no rash
		MRI for spine of neck and
		throat swollen with
		lung bronchitis from
		throat & p. 50 yr
		Abdomen soft no rls,
		Neurological wfr
	A HT)	
	URI	
	P	None to
		Backer NS BVA
		Tylenol
		NS (dent)

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION
and MAMMOGRAM every 1-2 years after age 50. Date: -----

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34509 - 8TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

NAME Nelli Paristkov

9y. 0.

(206) 874-4352

DATE	PROB # V/S	NOTE (SOAP)
8-11-06	Ht:	mother didn't get
	Wt: 93	medication for UTI
	B/P:	write the child about
	t°:	no fever in no day
Last Pd.		no fever
Last PAP		M PAPST mda cough
		many clay
		more @ @ SS on
		th 3/4 no neck
		near m
	A	W i
	P	W m
		back DC BP
		no index

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50. Date: -----

HEA 016 (02/81)

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34509 - 9TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

NAME Nelli Panitkova

9.y.o.

206-874-4352

DATE	PROB # V/S	NOTE (SOAP)
8-17-06	Ht:	Pt. is found to be underweight
	Wt:	3 lbs WBC in urine noted
	B/P:	to know
	t°:	Normal
Last Pd.		HEENT: Mild conj.
Last PAP		lung ch.
		Heart: S1, S2
		Abdomen: soft, no mass
		Extremities: normal
		ATI
		Cost: painless
		skin: normal
		HR: normal

[Handwritten signature]

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50.

Date: _____

HEA 016 (02/81)

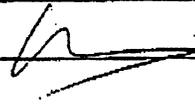
Color yellow
 Appear clear

OLEG E. GORDIENKO, M.D.

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
 34509 - 9TH AVE. SO., STE. 308
 FEDERAL WAY, WA 98003

NAME Nelli Panitko

DATE	PROB # V/S	NOTE (SOAP)
8-25-06	Ht:	No symptoms, checkup for UTI
	Wt: 91	Patient feels fine but
	B/P:	impaired AB in UTI
	t°:	not
Last Pd.		the ch
Last PAP		MARRI WA
		many Chem
		Heart & a S.C. W
		HbA1c w/pt no risk
		Diabetes wa
	A	UTI
	P	urine for C & S
		Microbid 100 152
		not after seen @
		

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION
 --- MAMMOGRAM every 1-2 years after age 50.

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34509 - 9TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

NAME Nelli Panitkos

94.0

(253) 874 4352

DATE	PROB # V/S	NOTE (SOAP)
4-9-07	Ht: 53 1/2 Wt: 95 B/P: t°:	4-1-07 Patient fell down when she was roller skating. She was brought to St. Francis Hospital with severe pain in R forearm and wrist. X-ray did not show any fractures site of injury is on distal 1/3 radius ulna on lateral MRBPT shows fracture of base of 5th metacarpal Minerals - normal Ulna normal A) Wrist injury Metacarpal injury P) Extremities Ulna normal NO if probe

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION
and MAMMOGRAM every 1-2 years after age 50.

Date: -----

HEA 016 (02/81)

Date: 8-07-06

Patient's name: Nelli A. Penikova

Test: Urinalysis
Color: yellow
Appear: clear

Glucose
Bilirubin
Ketone
Specific Grav. 1.005
BLOOD non-hem trace
PH 6.5
Protein 3+
Urobilinogen
Nitrite
LEUKOCYTES moderate

Neg.
Neg.
Neg.
1.003-1.030
Neg.
5.5-6.5
Neg.
Neg.
Neg.
Neg.

Microscopy: RBC/HPF none
WBD/HPF none
EPI/HPF none

FROM : GORDIENKO,MD
FAX NO. : 253 874 5537
Aug. 29 2008 07:38PM P7

URINALYSIS

Patient's name: Melli A Panitkova Date: 8-11-06

Test: Urinalysis
Color yellow
Appear clear

Glucose	Neg.
Bilirubin	Neg.
Ketone	Neg.
Specific Grav.	1.003-1.030
<u>BLOOD non-hem trace</u>	
PH	<u>6.0</u>
Protein	Neg.
Urobilinogen	5.5-6.5
Nitrite	Neg.
LEUKOCYTES	<u>S med-l - moderate</u>
Microscopy: RBC/HPF	none
WBD/HPF	none
EPI/HPF	none

FROM : GORDIENKO,MD FAX NO. : 253 874 5537 Aug. 29 2008 07:37PM PS

URINALYSIS

Date: 8-17-06

Patient's name: Nikki Smith-Kovar

Test: Urinalysis
Color: yellow
Appear: clear

Glucose: Neg.
Bilirubin: Neg.
Ketone: Neg.
Specific Grav: 1.003-1.030
BLOOD: Trace
PH: 5.5
Protein: Trace
Urobilinogen: Neg.
Nitrite: Neg.
LEUKOCYTES: Trace

Microscopy: RBC/HPF: none
WBD/HPF: none
EPI/HPF: none

FROM : GORDIENKO,MD
FAX NO. : 253 874 5537
Aug. 29 2008 07:47PM P28

URINALYSIS

Patient's name: Della Panitkos

Date: 8-25-06

Test: _____

Color yellow
Appear clear

Glucose Neg.
Bilirubin Neg.
Ketone Neg.
Specific Grav. 1.025
1.003-1.030

BLOOD Non-rem dyed to small
PH 5.0
Protein none
Urobilinogen Neg.
Nitrite Neg.

LEUKOCYTES moderate
Neg.

Microscopy: RBC/HPF none
WBD/HPF none
EPI/HPF none

FROM : GORDIENKO, JMD
FAX NO. : 253 874 5537
Aug. 29 2008 07:47PM P27

PATIENT NAME PANIKOVA, NELLI		PATIENT ID (0351)000171707		LOCATION FOP	PG 1
AGE 9 YRS	SEX	LAB NO.	ASSIGNED # 0340	REQUESTOR & TIME 08/25/06 18	
PHYSICIAN GORDIENKO, OLEG E			STATUS FINAL		

Franciscan Health System
member of



NETWORK LABORATORIES

OLEG E GORDIENKO, MD
34509 9TH AVE S #308
FEDERAL WAY WA 98003

ST. FRANCIS HOSPITAL
34515 9TH AVE S
FEDERAL WAY, WA 98003
(253)952-7980
FAX: (253)952-7940

DIAGNOSTIC PROCEDURE	RESULT		UNITS	REFERENCE RANGE	SITE CODE
	IN RANGE	OUT OF RANGE			
MICROBIOLOGY - UROGENITAL					
URINE CULTURE					
SOURCE: URINE					
		06-237-3696			COLLECTED: 08/25/06 1634
					RECEIVED: 08/25/06 1634
					STARTED: 08/25/06 1709
FINAL REPORT					
		VERIFIED:			
NO GROWTH IN 2 DAYS		08/27/06 1024			

=Report End=

Handwritten signature

Aug. 29 2008 07:41PM P14

FAX NO. : 253 874 5537

FROM : GORDIENKO,MD

000017

**ST. FRANCIS HOSPITAL
OUTPATIENT IMAGING CENTER**

Verified

PATIENT NAME : PANITKOVA, NELLI A					
SEX F	ORDER # 1770980	ORDER DATE 11/22/06	PROCEDURE COMPLETION 11/22/06 @ 1355	TECHNOLOGIST LCONKLIN	
BIRTHDATE [REDACTED]	AGE@EXAM 9 Y	LOCATION FUS	ADMISSION DATE 11/22/06 @ 0107	PT EPISODE O	REQUESTING PHYSICIAN: YI C. HSIEH

REASON: KIDNEY/BLADDER DX: HEMATURIA/WT: 95 LBS /INS: DSHS NAD50597 PANIT A/ RUSSIAN INTERF REQ THRU HOPELINK / order here (new rt)

EXAMS: US RETROPERI RENAL AORTA COMP	11/22/06	76770
--------------------------------------	----------	-------

CLINICAL HISTORY: The patient presents with history of hematuria and bladder infection.

RENAL ULTRASOUND 11/22/2006:

TECHNIQUE:

Renal ultrasound is performed.

FINDINGS:

The kidneys are normal in size, axis and contour without evidence of mass, stone or hydronephrosis. The right kidney measures 9.1 x 4.1 x 3.6 cm. The left kidney measures 9.0 x 4.7 x 4.4 cm. There is no evidence of renal mass, stone or hydronephrosis. There is no evidence of perinephric fluid collection. Renal cortical thickness appears normal. There is no evidence of renal cortical scarring. The bladder is normal. Bilateral ureteral jets are noted.

IMPRESSION:

Normal renal ultrasound.

ICD-9 code: hematuria, kidney infection

FIND CODE: 3N

DICTATED BY: FRANCIS WESSBECHER, MD
 DICT. DATE: 11/22/06 1423
 VERIFIED DATE: 11/24/06 1739
 TRANSCRIBED: 501 11/23/2006 0542
 RESULT ID / ADDENDUM: 1317877 / 0

PANITKOVA, NELLI FUS
 MR# F001087369 ACCT #: F0632601407
 YI C. HSIEH
 cc: OLEG B. GORDIENKO, MD

Diagnostic Imaging Report

Page 1 of 1

06

Aug. 29 2008 07:40PM P11

FRX NO. : 253 874 5537

FROM : GORDIENKO,MD

000018

OUTPATIENT NOTE

PANITKOVA, NELLI A
DO: [REDACTED] F
MR #: 85-36-05

CLINIC: ORTHOPEDIC

DATE OF SERVICE: 07/18/2006

CHIEF COMPLAINT: Left wrist injury.

HISTORY: Nelli is a delightful 9-year-old little girl who is accompanied by her mom and interpreter today. They state that on 07/15/2006, she fell while roller skating injuring her left wrist. She was initially seen at Moses Lake where she underwent a sedation reduction to a wrist fracture and referred to Children's Hospital. Since the time of injury she has had some complaints of swelling and pain in her wrist. No numbness or tingling. She has no associated fevers, chills, vomiting, or diarrhea. All other review of systems are negative.

Mom states that she is otherwise healthy with no significant past medical history, surgical history of hospitalizations.

CURRENT MEDICATIONS: Tylenol with codeine as needed for pain.

ALLERGIES: None.

IMMUNIZATIONS: Up to date.

PAST MEDICAL HISTORY/SOCIAL HISTORY/FAMILY HISTORY: Reviewed from the patient history and intake form dated 07/18/2006 and was noncontributory for this concern.

OBJECTIVE: Nelli is alert, cooperative, and in no apparent distress. Her left hand digits are swollen, though nontender to passive distention. She has good brisk capillary refill. Neurovascularly she is intact. Sensation is intact to light touch.

RADIOGRAPHS: X-rays could not be reviewed that she brought in. Their system did not match up with our system. We did retake the x-rays. X-rays a left distal radius Salter-Harris II fracture with 50% displacement on the lateral view. She also has an ulnar styloid fracture in good anatomic alignment.

ASSESSMENT: Left distal radius fracture, Salter-Harris II and left ulnar styloid fracture.

PLAN: The patient's splint was over wrapped with fiberglass material. She is to return to the clinic next week for repeat x-ray in plaster. X-rays needed will be of the left distal radius. Views needed AP and lateral in plaster. The patient may return to the clinic sooner if she is having any problems with her current cast. She has been encouraged to turn her fingers towards the ceiling to allow the swelling to go down. I have answered mom's questions to her satisfaction. I did tell her that she is at risk for a growth plate arrest given that much

Children's
Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

OUTPATIENT NOTE

NAME: PANITKOVA, NELLI A

DOB: [REDACTED]

MR #: 85-36-05

Page 1 of 2

COPY TO: Oleg Gordienko, MD

Aug. 29 2006 07:43PM P19

FAX NO. : 253 874 5537

FROM : GORDIENKO,MD

000026

displacement but because of her age and how much growth she has remaining, hopefully she will remodel this just fine.

Electronically Authenticated by
Cheryl Parker, PA-C 07/26/2006 08:08

Cheryl Parker, PA-C
Physician Assistant

CP/jwm
Doc #772615 d: 07/18/2006 4:05 P t: 07/21/2006 1:42 P (000000450-)
cc: Oleg Gordienko, MD

Children's
Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

OUTPATIENT NOTE

NAME: PANITKOVA, NELLI A
DOB: ██████████
MR #: 85-36-05

COPY TO: Oleg Gordienko, MD

OUTPATIENT NOTE

PANITKOVA, NELLI A
DOB: [REDACTED] F
MR #: 85-36-05

CLINIC: ORTHOPEDIC

DATE OF SERVICE: 07/25/2006

Nelli returns to the clinic for followup regarding her left distal radius Salter-Harris II fracture and left ulnar styloid fracture. She is accompanied by her mother today who states she has done fairly well in the cast. Review of systems continues to be negative.

OBJECTIVE: Nelli is alert and cooperative in no apparent distress. Left hand digit swelling has receded. She is nontender to passive extension. She has good brisk capillary refill. Neurovascularly intact. Sensation is intact.

X-rays taken show a minor shift in her left distal radius fracture, Salter-Harris II still in near anatomic alignment. X-rays were reviewed with Dr. Kit Song.

ASSESSMENT: Left distal radius fracture, Salter-Harris II, and left ulnar styloid fracture.

PLAN: Patient is to return to the clinic next week for repeat x-ray in plaster. X-rays needed are of the left distal radius, AP and lateral views. If there is enough bone healing at this time, we will possibly transfer her to a short-arm cast for the remainder of her healing time. She may return to the clinic sooner if she is having any increasing signs or symptoms.

Electronically Authenticated by
Cheryl Parker, PA-C 08/04/2006 08:54

Cheryl Parker, PA-C
Physician Assistant

CP/cmc10
Doc #777158 d: 07/25/2006 1:48 P t: 07/30/2006 9:45 P (000003922-)
cc: Oleg Gordienko, MD

Children's
Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

OUTPATIENT NOTE

NAME: PANITKOVA, NELLI A
DOB: [REDACTED]
MR #: 85-36-05

COPY TO: Oleg Gordienko, MD

Page 1 of 1

OUTPATIENT NOTE

PANITKOVA, NELLI A
DOB: [REDACTED] F
MR #: 85-36-05

CLINIC: ORTHOPEDIC

DATE OF SERVICE: 08/02/2006

Nelli returns to the clinic for followup regarding her left distal radius Salter-Harris II fracture and left ulnar styloid fracture. She is accompanied by her mom and interpreter today who states she is doing really well in the cast.

REVIEW OF SYSTEMS: Continues to be negative.

OBJECTIVE: Nelli is alert, cooperative, in no apparent distress. Left hand digits are warm and moist, nontender to passive extension. She has good brisk capillary refill and neurovascularly intact. Sensation intact.

X-rays taken show no further migration of the left distal radius fracture. Periosteal bone healing is appreciated.

ASSESSMENT: Left distal radius fracture, Salter-Harris II, and left ulnar styloid fracture.

PLAN: The patient was transitioned to a short-arm cast where she will remain for the next 5 weeks. Upon return we will remove the cast and x-ray the left distal radius and ulna. Views needed - AP and lateral. I have once again explained to mom that she is at risk for growth plate arrest. I have answered her questions to her satisfaction. She may return to this clinic sooner if she is having any increasing signs or symptoms.

Electronically Authenticated by
Cheryl Parker, PA-C 08/04/2006 08:54

Cheryl Parker, PA-C
Physician Assistant

CP/njm
Doc #779246 d: 08/02/2006 3:53 P t: 08/03/2006 9:56 A (00008572-)
cc: Oleg Gordienko, MD

Children's
Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

NAME: PANITKOVA, NELLI A
DOB: [REDACTED]
MR #: 85-36-05

OUTPATIENT NOTE

COPY TO: Oleg Gordienko, MD

Page 1 of 1

OUTPATIENT NOTE

PANITKOVA, NELLI A
DOE [REDACTED] F
MR #: 85-36-05

CLINIC: ORTHOPEDIC

DATE OF SERVICE: 09/06/2006

Nelli returns to the clinic for follow-up regarding her left distal radius Salter-Harris II fracture and left ulnar styloid fracture. She is accompanied by her mom and interpreter today. Mom states that she is doing well. Review of systems continues to be negative.

OBJECTIVE: Nelli's cast was removed. Her skin is warm, moist and intact, slightly atrophied from having been in the cast. She is nervous to have her arm palpated as she has been in a cast for quite a while though is nontender over the fracture site. Neurovascularly, she is intact. Sensation is intact to light touch with 2+ radial pulse and good capillary refill.

X-rays taken today show a very well healed left distal radius and ulnar styloid fracture.

ASSESSMENT: Satisfactory exam following left distal radius fracture, Salter-Harris II and left ulnar styloid fracture.

PLAN: Patient to return to the clinic in 6 months for remodeling check and a growth plate check as she had had a significant injury. I have asked her to abstain from physical education (PE) classes for the next 4 weeks. She may return to this clinic sooner if she has any increasing signs or symptoms. I have answered mom's questions to her satisfaction.

Electronically Authenticated by
Cheryl Parker, PA-C 09/13/2006 08:44

Cheryl Parker, PA-C
Physician Assistant

CP/sml
Doc #799278 d: 09/06/2006 10:46 A t: 09/11/2006 1:58 P (000026198-)
cc: Oleg Gordienko, MD

Children's
Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

NAME: PANITKOVA, NELLI A
DOB: [REDACTED]
MR #: 85-36-05

Db

OUTPATIENT NOTE

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Page 1 of 1

— ◆ —

SURGICAL ASSOCIATES NORTHWEST
Division of Urology

Brian L. Anderson, MD, FACS
Adult and Pediatric Urology
Diplomate American Board Urology

Kevin J. Ward, MD
Adult and Pediatric Urology
Diplomate American Board Urology

Anthony P. Caruso, MD
Adult and Pediatric Urology
Diplomate American Board Urology

Yi C. Hsieh, MD
Adult and Pediatric Urology
Diplomate American Board Urology

OFFICE NOTES

Nelli Panitkova
10/25/06

CC: Abnormal urine result and enuresis.

HPI: The pt is a 9 year old girl who has no significant medical problems, no gross hematuria who two months ago developed a high fever. The pt's U/A at that time showing multiple leukocytes and multiple heme. The pt at that time was also found to have proteinuria. The pt since has been doing well, however, a repeat urinalysis continued to be abnormal.

The pt is also complaining of enuresis.

PAST MEDICAL HX: Significant for history of pneumonia two years ago.

ALLERGIES: No known drug allergies.

CURRENT MEDS: None currently.

SURGERIES: No significance.

ROS: EENT: Negative. **CARDIOVASCULAR:** Negative. **RESPIRATORY:** Negative. **GI:** Negative. **GU:** Negative. **GYN:** Negative. **ENDOCRINE:** Negative. **DERMATOLOGIC:** Negative. **HEMATOLOGIC:** Negative. **ONCOLOGIC:** Negative. **MUSCULOSKELETAL:** Negative. **NEUROLOGIC:** Negative.

FAMILY HX: Significant for grandmother with cervical cancer.

SOCIAL HX: Non-significant.

HABITS: **TOBACCO:** The pt denies. **ALCOHOL:** The pt denies.

PEx: BP: 96/64. **GENERAL:** The pt is a well developed 9 year old. She is O x 3. Normal mood and appropriate affect. **SKIN:** No rashes or skin lesions. Normal skin turgor. **HEENT:** NC/AT. EOMs intact. **PERRLA.** Normal conjunctivae. No scleral icterus or injection. Oropharynx exam is within normal limits. Pharynx is benign. **NECK:** Supple, full ROM. Trachea is midline and mobile. Negative adenopathy to palpation. No thyroid nodules or thyromegaly. Carotids are 2+ and equal w/o bruits to auscultation. **CARDIAC:** RRR. Normal S₁ and S₂ w/o murmurs, rubs or gallops. **LUNGS:** Clear to A&P. **BACK:** No CVA, vertebral body or flank tenderness. **ABDOMEN:** Normal inspection. Soft, nontender, with no masses, no hepatosplenomegaly or abdominal adenopathy. Active bowel sounds, no bruits. Stool specimen not obtained, not indicated. **GU:** The pt is showing normal child female anatomy with tanner stage one. **EXTREMITIES:** Full ROM in her upper and lower extremities. Palpable pulses at all check points. No cyanosis, clubbing, dependent edema or adenopathy. **NEUROLOGIC:** Intact & nonfocal with a grossly

06

OUTPATIENT NOTE

PANITKOVA, NELLI A
DOB: [REDACTED] F
MR #: 85-36-05

CLINIC: ORTHOPEDIC

DATE OF SERVICE: 03/07/2007

Nelli returns to the clinic for follow up regarding left distal radius fracture. She had sustained a Salter-Harris II fracture 6 months ago, and she is here for a growth plate check. She is accompanied by her mom today. She states she is feeling well. She has no complaints of pain, numbness or tingling. All other review of systems is negative.

There has been no change in her health history since I last saw her in September 2006.

CURRENT MEDICATIONS: None.

ALLERGIES: None.

IMMUNIZATIONS: Up to date.

The rest of the patient's past medical history, social history and family history were reviewed from the patient history and intake form dated 3/7/2007 and was noncontributory for this concern.

OBJECTIVE: Nelli is alert, cooperative and in no apparent distress.

Left wrist exam: The skin is warm and moist. No blemishes or scars. No warmth, swelling, redness or deformity is noted. No warmth or tenderness is palpated over the distal radius or ulna. No warmth or tenderness is palpated over the carpals, metacarpals or phalanges. Neurovascularly, she is intact. Sensation is intact to light touch with 2+ radial pulse and good capillary refill.

X-rays taken today show a very well healed distal radius fracture. No growth plate injury is noted.

ASSESSMENT: Satisfactory exam following left distal radius Salter-Harris II fracture.

PLAN: The patient has no restrictions and may resume all activities normal for a young girl her age. She may return to this clinic on an as-needed basis.

Electronically Authenticated by
Cheryl Parker, PA-C 03/18/2007 13:48

Children's

Hospital & Regional Medical Center
PO Box 5371
Seattle, Washington 98105-0371

OUTPATIENT NOTE

NAME: PANITKOVA, NELLI A
DOB: [REDACTED]
MR #: 85-36-05

DL

Page 1 of 2

COPY TO: Oleg Gordienko, MD

APPENDIX C
(Trial Exhibit 35)



RECORD RETRIEVAL
4200 23rd Avenue West, Suite 100
Seattle WA, 98199
Tel: 206.285.6322
Fax: 1.800.238.7307

RECORDS OF	Denis Panitkov
RECORD LOCATION	Dr. Oleg Gordienko
CASE NAME	Panitkova v. Kuhnhausen
ATTENTION	Gary A. Trabolzi ATTN: Deborah Newman
CASE NUMBER	08-2-13006-1 KNT
ADDRESS	Gardner Bond Trabolzi PLLC 2200 Sixth Ave, Suite 600 Seattle WA 98121
COMMENT	Medical Records, Billing Records
	Man-Chi Leung

The information contained is confidential attorney work product and may also be privileged from disclosure under the attorney-client privilege. The information is intended only for the named addressee. If you are not the intended recipient or making delivery to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. Inadvertent delivery does not waive our privilege against disclosure. If you have received this in error, please do not read it and immediately notify us by a collect telephone call to 206.285.6322, and return the original message to us at the address below via the U.S. Postal Service.

PATIENT REGISTRATION

Patient Name Denis Panitkov Birthdate [REDACTED]
 Address [REDACTED] City Federal Way State WA Zip 98023
 Home Phone [REDACTED] Work Phone _____ Social Security # [REDACTED]
 Marital Status: Single Married _____ Widowed _____ Sex: Male Female _____ Smoke? Yes _____ No
 Employer _____ Occupation _____
 Spouse's Name _____ Employer _____ Work Phone _____
 Parent's Name if patient is minor or student Aleksander, Nadezhda

INSURANCE INFORMATION

PRIMARY INSURANCE NAME <u>DBRS</u>	ADDRESS (STREET - CITY - STATE - ZIP)		PHONE NO. ()
NAME OF INSURED	RELATIONSHIP	I.D. NO.	GROUP NO.
SECONDARY INSURANCE NAME	ADDRESS (STREET - CITY - STATE - ZIP)		PHONE NO. ()
NAME OF INSURED	RELATIONSHIP	I.D. NO.	GROUP NO.

Referred to this office by _____

Who should be notified, other than husband or wife, in case of an emergency?

Name Nadezhda Lesnenko Relationship friend
 Address _____ Phone (253) 874-2540

RELEASE OF INFORMATION

I authorize Dr. Gordienko to furnish information from my medical records or copies of my medical records to my insurance company.

Signed [Signature]

ASSIGNMENT OF BENEFITS

I authorize my insurance company to pay any benefits, basic or major medical, directly to physician. I am financially responsible for charges not paid by my insurance.

Signed [Signature]

I also authorize the doctor to perform any and all forms of treatment, give medication, and therapy, that may be indicated in connection with myself or with my child. I further, authorize the doctor to choose and employ such assistance as he deems necessary.

Signed [Signature]

CLINIC PROGRESS NOTES

NAME Denis Paritko

12y.o

(253) 874-4352

DATE	PROB # V/S	NOTE (SOAP)
10-19-07	59	1) Fever 38.4° F 2) Cough 3) Herbscible 4) 12yo of in one day 5) No other 6) No other 7) No other 8) No other 9) No other 10) No other 11) No other 12) No other 13) No other 14) No other 15) No other 16) No other 17) No other 18) No other 19) No other 20) No other 21) No other 22) No other 23) No other 24) No other 25) No other 26) No other 27) No other 28) No other 29) No other 30) No other 31) No other 32) No other 33) No other 34) No other 35) No other 36) No other 37) No other 38) No other 39) No other 40) No other 41) No other 42) No other 43) No other 44) No other 45) No other 46) No other 47) No other 48) No other 49) No other 50) No other 51) No other 52) No other 53) No other 54) No other 55) No other 56) No other 57) No other 58) No other 59) No other 60) No other 61) No other 62) No other 63) No other 64) No other 65) No other 66) No other 67) No other 68) No other 69) No other 70) No other 71) No other 72) No other 73) No other 74) No other 75) No other 76) No other 77) No other 78) No other 79) No other 80) No other 81) No other 82) No other 83) No other 84) No other 85) No other 86) No other 87) No other 88) No other 89) No other 90) No other 91) No other 92) No other 93) No other 94) No other 95) No other 96) No other 97) No other 98) No other 99) No other 100) No other
		Pheniramine 100 mg
		Acetaminophen 500 mg Tylenol 300 mg PRN

PATIENT S INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50. Date: _____

OLEG E. GORDIENKO, M.D.

CLINIC PROGRESS NOTES

NAME Denis Panitkov

ST. FRANCIS MEDICAL BLDG.
34509 • 9TH AVE. SO., STE. 308
FEDERAL WAY, WA 98003

124. D.

(253) 874-4352

DATE	PROB # V/S	NOTE (SOAP)
10-23-07	it:	Patient feels better
	vt:	No fever for 2 days
	3/P:	124.0 m no hr
	:°:	Normal
Last Pd.		Normal
Last PAP		Clear
		to 5.5. 10/24/07
		to 10.24.07
		RTL PR

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50.

HEA 016 (07/81)

Date: _____

CLINIC PROGRESS NOTES

ST. FRANCIS MEDICAL BLDG.
34509 9TH AVE, SO., STE. 308
FEDERAL WAY, WA 98003

NAME

Loris Panitkos

12y 10m

(253) 874-4352

DATE	PROB # V/S	NOTE (SOAP)
5-16-08	Ht:	1) Redness on both forearms from last evening.
	Wt: 96	
	B/P:	2) L check "cyst" inside.
	t°:	ax 12.40 ↑ in ax
Last Pd.		skin clear
Last PAP		all clear
		MURDER and some more
		in ax (D) check in 4-20
		lymph node
		lung clear
		throat 4-20 55 mm
		throat w/fe no fever
		throat w/fe
	A	Allergy rxn
		lymph (D) check
	P	reminds 25 TMs
		neck lymph? in lymph

[Handwritten signature]

PATIENT IS INFORMED ABOUT NECESSITY OF ANNUAL PAP AND BREAST EXAMINATION and MAMMOGRAM every 1-2 years after age 50.

HEA 016 (02/81)

Date: _____