


**Division of Workers'  
Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:

DWC claim #

Insurance carrier claim # 25F30M590202

## Request to schedule, reschedule, or cancel a benefit review conference (BRC)

Este formulario está disponible en español en el sitio web de la División en

[www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf)

Para obtener asistencia en español, llame a la División al 800-252-7031.

### Part 1: Request specifications

<b>1. I want to:</b> <input checked="" type="checkbox"/> Schedule a BRC <input type="checkbox"/> Reschedule a BRC <input type="checkbox"/> Cancel a BRC (check only one box)	
<b>2. I need:</b> (check boxes)	
<input checked="" type="checkbox"/> <b>Special accommodations</b> (please specify)	<input type="checkbox"/> <b>Expedited BRC</b> (provide reason)
<b>APPEAR VIA ZOOM OR TELEPHONE</b>	

### Part 2: Information about the claim

<b>3. Employee's name</b> (first, middle, last) Steve Kaminczak		<b>4. Employee's physical address</b> (street, city, state, ZIP code) 5740 San Felipe, Apt 627, Houston, TX, 77057	
<b>5. Insurance carrier's name</b> Houston ISD Self-insured/CCMSI		<b>6. Date of injury</b> (mm-dd-yyyy) 01/30/2025	<b>7. Social Security number</b> XXX-XX- 8171
<b>8. Employer's business name</b> (at the time of the injury) Houston ISD		<b>9. Employer's business address</b> (street or PO box, city, state, ZIP code) Address Unknown	

### Part 3: Information about the party making the request

<b>10. Who is making the request?</b> <input type="checkbox"/> Injured employee <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Subclaimant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Attorney for _____		
<b>11. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>12. Requester's name and mailing address</b> (street or PO box, city, state, ZIP code) Gerard O'Neill Jr, 725 Canton Street, Norwood, MA, 02062		
<b>13. Business/firm name</b> (if applicable) ClaimAssist C/O Memorial Hermann Hospital	<b>14. Phone number</b> 866-759-7833 X 2607	<b>15. Requester's email</b> Goneill@ccsusa.com

Employee's name: Steve Kaminczak

DWC claim number:



For DWC Use Only

**Part 4: Request to schedule a BRC****16. If you want to request a BRC, explain what the dispute is about:** (check all boxes that apply)

- ☐ **Compensability of the claim** – The insurance carrier denied the claim and is not going to pay income or medical benefits.
- ☒ **Extent of the compensable injury** – The parties do not agree on what medical conditions were caused by the work-related injury.
- ☐ **Temporary income benefits** – The insurance carrier does not agree that the work-related injury stops the injured employee from getting or keeping a job that pays what they earned before the injury.
- ☐ **Supplemental income benefits** – The insurance carrier does not agree that the injured employee should get supplemental income benefits.
- ☐ **Average weekly wage** – The parties do not agree about the average amount of money the employer paid the injured employee before the work-related injury.
- ☐ **Maximum medical improvement and impairment rating** – The parties do not agree about whether the injured employee will have any further healing or recovery from the injury and to what percent the work-related injury affects the injured employee's body as a whole.
- ☐ **Death benefits or burial benefits** – The insurance carrier does not agree that the beneficiary or beneficiaries should be paid death or burial benefits.
- ☒ **Other** – Please describe. Patient is also stating the correct DOI should be 03/02/2025.

**Part 5: Request to reschedule or cancel a BRC****17. If you want to reschedule a BRC, explain why:** (📎 Attach any supporting documents.)

**Note:** If a BRC was held but you missed it, explain why you missed the BRC and why you did not contact the Texas Department of Insurance, Division of Workers' Compensation (DWC) before missing the BRC.

**18. If you want to cancel a scheduled BRC, explain why:** (📎 Attach any supporting documents.)

**Note:** There are strict deadlines for requesting a BRC in some disputes. Requesting to cancel a BRC may be considered a withdrawal of the dispute, which can cause serious legal problems with your case.

Employee's name: Steve Kaminczak

DWC claim number:



For DWC Use Only

**Part 6: Communication with other parties****19. Describe what you have done to resolve the disputed issues. This may include:**

- how and when you contacted the other parties about this request
- what you agreed on and what you still disagree about
- describing your efforts to contact the other parties if you were not able to reach them

Self-insured is standing by denial. Inpatient stay. Billed amount = \$73,605.04; MAR = \$25,267.33

**If you are requesting to reschedule a BRC, you must contact the other parties and DWC docketing to get an agreed date when everyone is available. The proposed date is:**

(  Attach more pages and supporting documents if needed.)

**Note:** Your request may be denied if you do not provide the required information.

**20. Certify with your signature:**

- I gave a copy of all important information that I have about the disputed issues to the other parties, and I made reasonable efforts to resolve the dispute. (You can learn more about important information, also called pertinent information, in the FAQ below on this form.)
- I sent a copy of this request to the other parties, including the injured employee's attorney or ombudsman (if they have one).

Signature Gerard O'Neill Jr Date 12/16/2025

Employee's name: Steve Kaminczak

DWC claim number:



For DWC Use Only

## FAQ

### Request to schedule, reschedule, or cancel a benefit review conference (BRC)

**Where do I send this form?** Send a copy of this form and attached documents to DWC and the other parties. You can fax or mail the completed form to DWC or drop the form off at a DWC field office.

- **Fax:** 512-804-4011
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation  
Hearings, Mail Code HRG  
PO Box 12050  
Austin, TX 78711-2050

**What happens after DWC gets the DWC Form-045?** If DWC approves your request, you will get a letter with the date and time of the BRC. If DWC denies your request, you will get a letter explaining why. You may send the request again with corrections or updated information. You may also request a contested case hearing to appeal the denial.

**How soon will a BRC be scheduled?** DWC will schedule a BRC within 40 days of getting a complete request. DWC will schedule a BRC within 20 days (expedited) if DWC determines that the BRC needs to happen sooner.

**How are BRCs held?** BRCs are held virtually, unless good cause is shown for an in-person BRC. **After** you get notice that a BRC is set, you may file a request with DWC if you think an in-person BRC is needed.

**Will DWC provide special accommodations?** DWC will provide accommodations to parties who qualify under the Americans with Disabilities Act. Other reasonable accommodations may be provided as needed.

**When will a request to reschedule be approved?** If you file your request to reschedule within 10 days of receiving notice of the BRC, it will be approved if there have been no other requests to reschedule by either party. For any other request to reschedule, you must explain your reason for the request.

**Am I required to be in the BRC?** Yes, unless you have good cause. There may be a penalty or fine if you miss a BRC.

**What information do I need to share?** You must share information about a dispute with the other parties before a BRC. This is called exchanging information. You should exchange only important information ([pertinent information](#)). Pertinent information includes any documents, records, or statements that will help you explain your side of the disputed issues. Go to [www.tdi.texas.gov/wc/idr/exchange.html](http://www.tdi.texas.gov/wc/idr/exchange.html) to learn more about exchanging information for a BRC.

### What are the deadlines for sharing information?

- Before asking for a BRC, send the other parties a copy of all your important information about the dispute.
- If you get a BRC request from another party, you have 10 days to send a copy of all your important information to them.
- At least 14 days before the BRC, send DWC a copy of all your important information. At this same time, send copies of any new important information that you have not previously exchanged with the other parties.
- If the BRC is less than 14 days away, you should exchange new important information with DWC and the other parties as you get it.



**Need help?**

- Go to [www.tdi.texas.gov/wc/employee/dispute.html](http://www.tdi.texas.gov/wc/employee/dispute.html) to learn more about dispute resolution.
- If you want an attorney and need help finding one, call the **State Bar of Texas** at 1-800-252-9690.
- If you do not have an attorney and want help from an ombudsman, go to [www.oiec.texas.gov](http://www.oiec.texas.gov) or call **OIEC** at 1-866-393-6432, ext. 44186.

**Questions?**

Call 1-800-252-7031, Monday through Friday, 8 a.m. to 5 p.m., Central time.

Go to [www.tdi.texas.gov/wc](http://www.tdi.texas.gov/wc) to learn more about workers' compensation.

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or go to the Corrections Procedure section at [www.tdi.texas.gov](http://www.tdi.texas.gov).

# MEMORIAL HERMANN

STEVE KAMINCZAK  
5740 SAN FELIPE #627  
HOUSTON, TX, 77057

December 16, 2025

**For questions or information, please  
call (866) 759-7833, Ext. 2627**

Dear MR. KAMINCZAK,

ClaimAssist has been retained by Memorial Hermann to assist with insurance follow-up. We are business partners with Memorial Hermann, and act as an extension of the hospital's Business Office. We are contacting you to notify you of the status of your workers' compensation claim. This is not an attempt to collect any amount from you.

Your employer's workers' compensation insurance carrier is disputing their obligation to pay your claim. In an effort to resolve that dispute, ClaimAssist has requested a Benefit Review Conference with the Texas Department of Insurance, Division of Workers' Compensation. This is an informal meeting between parties to discuss and mediate disputed issues in an attempt at resolution. The Department of Insurance assigns a Benefit Review Officer (BRO) who works for the Department to act as a mediator.

If the parties are able to resolve their disputes, a binding written agreement may be completed. If the parties are not able to resolve their disputes, the BRO will make a determination whether the parties would benefit by attempting to obtain more evidence, such as a witness statement(s) or medical reports, which might result in an agreement.

Your rights may be affected by the outcome of the benefit review conference and any agreement that may be reached. The insurance companies will be present, and your employer may send a representative if it so chooses. You have the right to attend and be heard at the conference. You may also be accompanied by a personal representative or an ombudsman from the Office of Injured Employee Counsel (if any).

If it appears that a resolution cannot be reached at the Benefit Review Conference, the BRO may schedule the dispute for a Contested Case Hearing before an Administrative Law Judge. The decision rendered by the Judge would be binding on all parties, subject to rights of appeal. Please note that you may not appeal the judge's decision unless you attend the Contested Case Hearing.

ClaimAssist does not represent you in this matter and we cannot advise you on whether to attend or have representation. If you have any questions or concerns about this, you may consult with the Office of the Injured Employee Counsel which represents the interests of injured workers in the workers' compensation system. You may contact the Office of the Injured Employee Counsel at 866-393-6432 to discuss your rights and obligations.

Sincerely,  
GERARD O'NEILL JR.  
Insurance Recovery Analyst  
(866) 759-7833, Ext. 2627

File Number: 7918991  
Patient Account Number: 10000616989

**eReceived DWC - 12/16/2025**



Houston ISD 9005

5827 CHIMNEY ROCK ROAD  
HOUSTON, TX 77081

**RE-EVALUATION**

Process Date: 10/08/2025

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 1 of 3

Rev/Aud: BL/BL

Claim Number: 25F30M590202\*  
Claimant: Kaminczak, Steve  
Claimant Address: 5740 San Felipe St Apt 627  
Houston, TX 770570013

PPO/OSR ID:  
NPI Number: 1982666111  
Social Security: XXX-XX-8171  
DOI: 01/30/2025  
Carrier Rcvd Date: 09/29/2025  
DWC Claim:

Provider Tax ID: 741152597 Vendor: 302586544\*  
Provider Ref: H100006169 Geo Zip: 77030

MHHS HERMANN HOSPITAL  
PO BOX 301208  
DALLAS, TX 75303

ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
ICD-DX2: K94.23 Gastrostomy malfunction  
ICD-DX3: I10 Essential (primary) hypertension  
ICD-DX4: D64.9 Anemia, unspecified

Admitted: 03/02/2025

Discharged: 03/07/2025

Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	Net/Red	Other/Red	Allowance	Reasons
03/02/25	21	120		ROOM-BOARD/SEI	4.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$9,170.00/\$0.00							
03/02/25	21	250		PHARMACY	139.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$474.25/\$0.00							
03/02/25	21	252		DRUGS/NONGENE	600.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$227.75/\$0.00							
03/02/25	21	255		DRUGS/INCIDENT	152.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$928.75/\$0.00							
03/02/25	21	258		IV SOLUTIONS	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$21.00/\$0.00							
03/02/25	21	278		SUPPLY/IMPLANT	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$1,202.04/\$0.00							
03/02/25	21	300		LABORATORY OR	3.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$904.00/\$0.00							
03/02/25	21	301		LAB/CHEMISTRY	7.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$3,903.00/\$0.00							
03/02/25	21	302		LAB/IMMUNOLOGY	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$361.00/\$0.00							
03/02/25	21	305		LAB/HEMATOLOG	8.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$1,886.75/\$0.00							
03/02/25	21	306		LAB/BACT-MICRO	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$314.50/\$0.00							





Houston ISD 9005

**RE-EVALUATION**5827 CHIMNEY ROCK ROAD  
HOUSTON, TX 77081

Process Date: 10/08/2025

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 2 of 3

Rev/Aud: BL/BL

Claim Number: 25F30M590202\*  
Claimant: Kaminczak, Steve  
Claimant Address: 5740 San Felipe St Apt 627  
Houston, TX 770570013PPO/OSR ID:  
NPI Number: 1982666111  
Social Security: XXX-XX-8171  
DOI: 01/30/2025  
Carrier Rcvd Date: 09/29/2025  
DWC Claim:Provider Tax ID: 741152597 Vendor: 302586544\*  
Provider Ref: H100006169 Geo Zip: 77030MHHS HERMANN HOSPITAL  
PO BOX 301208  
DALLAS, TX 75303ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
ICD-DX2: K94.23 Gastrostomy malfunction  
ICD-DX3: I10 Essential (primary) hypertension  
ICD-DX4: D64.9 Anemia, unspecified

Admitted: 03/02/2025

Discharged: 03/07/2025

Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	Net/Red	Other/Red	Allowance	Reasons
03/02/25	21	324		DX X-RAY/CHEST	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$843.50/\$0.00							
03/02/25	21	420		PHYSICAL THERP	4.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$1,024.50/\$0.00							
03/02/25	21	424		PHYS THERP/EVAL	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$982.25/\$0.00							
03/02/25	21	430		OCCUPATION THE	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$108.50/\$0.00							
03/02/25	21	434		OCCUP THERP/EV	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$1,028.25/\$0.00							
03/02/25	21	450		EMERG ROOM	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$5,509.50/\$0.00							
03/02/25	21	480		CARDIOLOGY	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$4,827.00/\$0.00							
03/02/25	21	612		MRI-SPINE	3.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$24,813.00/\$0.00							
03/02/25	21	761		TREATMENT RM	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
				Original Charge/Allowance: \$15,075.50/\$0.00							
<b>TOTALS:</b>						<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>TOTAL RECOMMENDED ALLOWANCE:</b>										<b>0.00</b>	

**Note:**

charge unrelated to compensable injury, admitted for chronic problem Osteomyelitis due to MRSA from an unrelated surgery

**Reason Code Reimbursement Description:**W3 -BILL IS A RECONSIDERATION OR APPEAL.  
219 -BASED ON EXTENT OF INJURY  
2005 -NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.





Houston ISD 9005

5827 CHIMNEY ROCK ROAD  
HOUSTON, TX 77081

**RE-EVALUATION**

Process Date: 10/08/2025

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 3 of 3

Rev/Aud: BL/BL

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PPO/OSR ID:  
NPI Number: 1982666111  
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DOI: 01/30/2025  
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DWC Claim:

MHHS HERMANN HOSPITAL  
PO BOX 301208  
DALLAS, TX 75303

ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
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Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

5154 -CHARGE UNRELATED TO THE COMPENSABLE INJURY

Thank you, Provider Relations

Additional ICD Codes: ICD-DX5: M48.56XA Collapsed vertebra, NEC, lumbar ICD-DX9: Z98.84 Bariatric surgery status  
ICD-DX6: M46.27 Osteomyelitis of vertebra, ICD-DX10: Z86.14 Personal history of methicillin resis  
ICD-DX7: G89.29 Other chronic pain ICD-DX11: Z79.899 Other long term (current) drug  
ICD-DX8: Z53.29 Proc/trtmt not crd out bec pt decision

Carrier/Insurer: HOUSTON INDEPENDENT SCHOOL DISTRICT, 4400 West 18th Street, Houston, TX 77092

Employer: BELLAIRE HIGH SCHOOL, 5100 MAPLE, BELLAIRE, TX 77401

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s). Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of the liability under Labor Code §408.024. However, pursuant to §133.250 of this title, the health care provider may file an appeal with the insurance carrier if the health care provider disagrees with the insurance carrier's determination.

NOTE: With few exceptions, you are entitled on request, to be informed about the information that TDI-DWC collects about you. Under §552.021 and §552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the TDI-DWC Open Records section at (512) 804-4434.

All medical bills, including requests for reconsideration, should be sent directly to the carrier at the following address:

CCMSI  
P. O. Box 3309  
Bellaire, TX 77402

Inquiries regarding this bill review, please contact Ethos, PO Box 99 Broussard, LA 70518, at 866-532-1929 or by email, novarebr@ethosrisk.com. Ethos neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this Explanation of Benefits.

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**\* Workers' Compensation \***

MHHS HERMANN HOSPITAL 6411 FANNIN HOUSTON TX 770301501 7133385502				MHHS HERMANN HOSPITAL P O BOX 301208 DALLAS TX 753031208 741152597				3a PAT. CNTL. # H1000061698900 b MED. REC. # 38345229 5 FED. TAX NO. 6 STATEMENT COVERS PERIOD FROM TO 7 741152597 030225 030725				4 TYPE OF BILL 0111							
8 PATIENT NAME a 25F30M590202				9 PATIENT ADDRESS a 5740 SAN FELIPE #627				b KAMINCZAK STEVE				b HOUSTON c TX d 77057 e							
10 BIRTHDATE 05281974		11 SEX M		12 DATE 030325		13 HR 14 TYPE 15 SRC 22 1 1		16 DHR 20		17 STAT 07		18 19 20 21 22 23 24 25 26 27 28				19 ACCT STATE 30			
31 OCCURRENCE DATE 04 030225		32 CODE 11		33 OCCURRENCE DATE 030225		34 CODE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37		38		39			
a 04		b 030225		11		030225													
38 WC CCMSI PO BOX 802082 DALLAS, TX 75380-2082				39 CODE a 01		VALUE CODES AMOUNT 206800		40 CODE 80		VALUE CODES AMOUNT 4		41 CODE		VALUE CODES AMOUNT					
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0120		R & B - SEMI										4		917000		000		1	
2 0250		PHARMACY (ALSO SEE 063X,										139		47425		000		2	
3 0252		PHARMACY (ALSO SEE 063X,										600		22775		000		3	
4 0255		PHARMACY (ALSO SEE 063X,										152		92875		000		4	
5 0258		PHARMACY (ALSO SEE 063X,										1		2100		000		5	
6 0278		OTHER IMPLANT MED/SURG S										2		120204		000		6	
7 0300		LAB - GENERAL CLASSIFICA										3		90400		000		7	
8 0301		LAB - CHEMISTRY										7		390300		000		8	
9 0302		LAB - IMMUNOLOGY										2		36100		000		9	
10 0305		LAB - HEMATOLOGY										8		188675		000		10	
11 0306		LAB - BACT & MICRO										2		31450		000		11	
12 0324		RAD/DX - CHEST X-RAY										1		84350		000		12	
13 0420		PHYS THERAPY - GENERAL C										4		102450		000		13	
14 0424		PHYS THERAPY - EVAL OR R										1		98225		000		14	
15 0430		OCCUPATIONAL THERAPY - G										1		10850		000		15	
16 0434		OCCUPATIONAL THERAPY - E										1		102825		000		16	
17 0450		ER- GENERAL CLASSIFICATI										1		550950		000		17	
18 0480		CARDIOLOGY										1		482700		000		18	
19 0612		MRI - SPINAL CORD/SPINE										3		2481300		000		19	
20 0761		SPECIALTY SVCS - TREATME										2		1507550		000		20	
21																		21	
22																		22	
23 0001		PAGE 1 OF 1				CREATION DATE 031825				TOTALS		7360504		000				23	
50 PAYER NAME WC CCMSI				51 HEALTH PLAN ID 70001701				52 REL. INFO Y		53 ASG. BEN. Y		54 PRIOR PAYMENTS 000		55 EST. AMOUNT DUE 7360504		56 NPI 1982666111		57 000347TX	
58 INSURED'S NAME HOUSTON INDEPENDENT SCHOO				59 P. REL. 20				60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES NONE				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME HOUSTON ISD											
66 DX M4626 YK9423 YI10 YD649 YM4856XAYM4627 YM4647 YG8929 YZ5329 N68				67 0Z9884 Z8614 Z79899				68											
69 ADMIT DX M5441				70 PATIENT REASON DX				71 PPS CODE 540				72 ECI				73			
74 PRINCIPAL PROCEDURE DATE a				OTHER PROCEDURE DATE b				75				76 ATTENDING NPI 1861012668				QUAL 0BMDU8656TX			
												LAST SAAB				FIRST OMAR NAJI			
c OTHER PROCEDURE DATE				d OTHER PROCEDURE DATE				e OTHER PROCEDURE DATE				77 OPERATING NPI				QUAL			
												LAST				FIRST			
80 REMARKS				81 CC a B3282N00000X				78 OTHER NPI				QUAL							
				b				LAST				FIRST							
				c				79 OTHER NPI				QUAL							
				d				LAST				FIRST							





920 Frostwood Drive  
Suite 3:100  
Houston, TX 77024-2314  
713-338-5502

### Itemized Statement of Charges

Patient Name	Subscriber ID
<b>Kaminczak,Steve</b>	<b>25F30M590202</b>

Ccmsi

The following document contains the itemized charge detail for:

<u>Patient Name</u> <b>Kaminczak,Steve</b>	<u>Invoice Number</u> <b>H1000061698901</b>	<u>Claim Dates of Service</u> <b>3/2/2025 - 3/7/2025</b>	<u>Total Charges</u> <b>73,605.04</b>
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### Charges

Svc Date	Rev Code	CPT® / Mod HPCS	Description	Qty	Amount
03/02/25	0250	-	Acetaminophen 325 Mg Tablet (0904-6773-61)	2	1.25
03/02/25	0250	-	Oxycodone-Acetaminophen 5-325 Mg Tablet (50268-644-11)	1	3.00
03/02/25	0300	86850	HC RBC Antibody Screen - Antibody Screen	1	417.50
03/02/25	0300	86900	HC Blood Typing Serologic Abo Type	1	252.50
03/02/25	0300	86901	HC Blood Typing Serologic Rh (D)	1	234.00
03/02/25	0301	80053	HC Metabolic Panel,Comprehensive - Bundled Charge	1	901.25
03/02/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/02/25	0305	85610	HC Prothrombin Time - Prottime-Inr	1	105.50
03/02/25	0305	85730	HC Thromboplas Time Partial - Aptt	1	81.00
03/02/25	0450	99285	HC Emergency Department Level 5 Visit High Severity&Threat Func	1	5,509.50
03/03/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/03/25	0250	-	Hydrocodone-Acetaminophen 5-325 Mg Tablet (60687-396-11)	1	4.50
03/03/25	0250	-	Gabapentin 100 Mg Capsule (60687-580-11)	2	2.75
03/03/25	0250	-	Gabapentin 300 Mg Capsule (60687-591-11)	2	3.25
03/03/25	0250	-	Acetaminophen-Codeine 300-30 Mg Tablet (0406-0484-23)	1	3.50



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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/03/25	0250	-	Gabapentin 100 Mg Capsule (60687-580-11)	2	2.75
03/03/25	0250	-	Gabapentin 300 Mg Capsule (60687-591-11)	2	3.25
03/03/25	0250	J1885	Ketorolac per 15 Mg (63323-162-00)	1	4.50
03/03/25	0250	J1885	Ketorolac per 15 Mg (63323-162-00)	1	4.50
03/03/25	0250	J2272	Morphine Pf 4 Mg/ML Solution (72572-440-01)	1	70.25
03/03/25	0250	J2272	Morphine Pf 4 Mg/ML Solution (72572-440-01)	1	70.25
03/03/25	0250	J2405	Ondansetron per 1 Mg (72572-520-01)	4	9.50
03/03/25	0255	A9577	Gadobenate Dimeglumine 529 Mg/ML Solution (0270-5164-14)	15	281.25
03/03/25	0301	83605	HC Assay of Lactic Acid - Lactate	1	312.25
03/03/25	0302	86140	HC C-Reactive Protein - C-Reactive Protein	1	218.50
03/03/25	0302	86141	HC C-Reactive Protein,High Sensitivity - High Sensitivity Crp	1	142.50
03/03/25	0305	85652	HC RBC Sed Rate, Auto - Sedimentation Rate, Automated	1	161.50
03/03/25	0306	87040	HC Culture Blood	1	157.25
03/03/25	0306	87040	HC Culture Blood	1	157.25
03/03/25	0612	72158	HC MRI, Lumbar Spine Combo - MRI Lumbar Spine W WO Contrast	1	8,069.25
03/04/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/04/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-	Sodium Chloride 0.9 % Solution (68883-600-10)	1	7.00
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00





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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/04/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/04/25	0250	-	Duloxetine 30 Mg Capsule Delayed-Release Particles (60687-734-11)	1	9.50
03/04/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/04/25	0250	-	Losartan 50 Mg Tablet (0904-7048-61)	1	2.75
03/04/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/04/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/04/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/04/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/04/25	0250	-	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	1.25
03/04/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/04/25	0250	-	Lorazepam 0.5 Mg Tablet (69315-904-01)	2	1.25
03/04/25	0255	A9575	Gadoterate Meglumine 10 Mmol/20ml Solution (67684-2000-3)	135	245.75



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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/04/25	0255	Q9950	Sulfur Hexafluoride Lipid-Type a Microspheres 60.7-25 Mg Reconstituted Suspension (0270-7099-16)	2	401.75
03/04/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/04/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/04/25	0420	97116	HC Pt Gait Training Therapy	1	251.25
03/04/25	0424	97162	HC Pt Physical Therapy Evaluation Mod Complex 30 Mins	1	982.25
03/04/25	0434	97166	HC Ot Occupational Therapy Eval Mod Complex 45 Mins	1	1,028.25
03/04/25	0480	93306	HC Tte W/Doppler Complete - Tte Complete	1	4,827.00
03/04/25	0612	72156	HC MRI, Cerv Spine Combo - MRI Cervical Spine W WO Contrast	1	9,407.50
03/04/25	0612	72157	HC MRI, Dorsal Spine Combo - MRI Thoracic Spine W WO Contrast	1	7,336.25
03/05/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/05/25	0250	-	Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00





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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/05/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/05/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/05/25	0250	-	Polyethylene Glycol (Peg) 3350 17 G Pack (60687-431-99)	1	9.75
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Losartan 50 Mg Tablet (0904-7048-61)	2	5.25
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (57896-201-10)	2	1.00
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/05/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/05/25	0250	-	Lorazepam 0.5 Mg Tablet (69315-904-01)	2	1.25
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/05/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/05/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/05/25	0420	97116	HC Pt Gait Training Therapy	1	251.25
03/06/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/06/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00



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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/06/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-	Ibuprofen 400 Mg Tablet (60687-446-11)	2	2.75
03/06/25	0250	-	Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00
03/06/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/06/25	0250	-	Losartan 50 Mg Tablet (68084-347-11)	2	6.75
03/06/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-	Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00
03/06/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-	Sodium Chloride 0.9 % Solution (68883-600-10)	1	7.00
03/06/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/06/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/06/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/06/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/06/25	0250	J1650	Enoxaparin per 10 Mg (63323-564-21)	4	37.75
03/06/25	0278	C1751	Tray Cath Dual Lm Picc 5fr Max	1	601.02

eReceived DWC - 12/16/2025





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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/06/25	0278	C1751	Tray Cath Dual Lm Picc 5fr Max	1	601.02
03/06/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/06/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/06/25	0324	71045	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	843.50
03/06/25	0430	97535	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	108.50
03/06/25	0761	36573	HC Ins Pic No Prt/Pmp >5yr W/Guidance	1	7,537.75
03/06/25	0761	36573	HC Ins Pic No Prt/Pmp >5yr W/Guidance	1	7,537.75
03/07/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/07/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/07/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/07/25	0250	-	Losartan 50 Mg Tablet (68084-347-11)	2	6.75
03/07/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/07/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/07/25	0250	-	Duloxetine 60 Mg Capsule Delayed-Release Particles (68001-596-08)	1	1.75
03/07/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/07/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/07/25	0250	-	Methocarbamol 500 Mg Tablet (60687-559-11)	1	2.75
03/07/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50

eReceived DWC - 12/16/2025



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Svc Date	Rev Code	CPT® / Mod HCPCS	Description	Qty	Amount
03/07/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/07/25	0252	J0878	Daptomycin per 1 Mg (43598-413-11)	600	227.75
03/07/25	0258	J7050	Sodium Chloride 0.9% (0338-0049-38)	1	21.00
03/07/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/07/25	0301	82947	HC Assay Quantitative, Blood Glucose - POCT Glucometer	1	11.50
03/07/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/07/25	0420	97116	HC Pt Gait Training Therapy	1	251.25
03/07/25	0420	97530	HC Pt Therapeut Activity Direct Pt Contact Each 15 Min	1	270.75



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)**

**H&P Notes**

**H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 0043**

Author: Bhrugesh Jogeshkumar Shah, MD	Service: Internal Medicine	Author Type: Physician
Filed: 3/4/2025 1:00 AM	Date of Service: 3/4/2025 12:43 AM	Status: Signed
Editor: Bhrugesh Jogeshkumar Shah, MD (Physician)		

**Subjective**

**Chief Complaint**

Patient presents with

- Back Pain

:

**History Of Present Illness**

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history.

**Past Medical History**

HTN  
Back pain  
H/o MRSA infection  
Spinal osteomyelitis

**Surgical History**

He has no past surgical history on file.

**Family History**

No family history on file.

**Social History**

He has no history on file for tobacco use, alcohol use, and drug use.

**Allergies**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**H&P Notes (continued)**

Patient has no known allergies.

**Medications**

No current outpatient medications

Review of Systems

**Objective**

**Last Recorded Vitals**

Blood pressure (!) **185/96**, pulse 64, temperature 36.7 °C (98 °F), resp. rate 18, height 1.753 m (5' 9"), weight 74.8 kg (165 lb), SpO2 96%.

Physical Exam:

General Alert awake oriented not in apparent distress

Heart regular rate and rhythm

Lungs clear to auscultation bilaterally

Abdomen soft nontender, G stoma present, peristomal leaking noted covered in gauze

Neuro A and O x 3

Musculoskeletal no midline spinal tenderness noted, right lower extremity straight leg test positive with pain radiating to his right glutes.

**Lab Results**

**Results from last 7 days**

Lab	Units	03/02/25 2050
WBC	10 <sup>3</sup> /uL	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 <sup>3</sup> /uL	348



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**H&P Notes (continued)**

**Results from last 7 days**

Lab	Units	03/02/25 2050
SODIUM	mEq/L	<b>131*</b>
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
GLUCOSE	mg/dL	<b>101*</b>
CALCIUM	mg/dL	8.3

**Imaging Results**

MRI lumbar spine w and wo IV contrast

Result Date: 3/3/2025

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST DATE: 3/3/2025 11:02 INDICATION: lower back pain .  
COMPARISON: Correlation to abdomen pelvis CT 12/11/2020 TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine. IV contrast: Refer to MRI technologist documentation FINDINGS: Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5. Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1. Postoperative: L4 and L5 laminectomy. Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion. Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5. Conus medullaris: Normal in size and signal. Terminates at L1-L2. Cauda equina: Nonenlarged. Individual levels: L1-L2: Normal. L2-L3: Normal. L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis. L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing. L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis. Other: Incidental retroperitoneal structures are unremarkable Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid IMPRESSION: \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. \* No evidence of fluid collections. \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion. This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41 This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings. Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**H&P Notes (continued)**

**Assessment**

**Assessment & Plan**

**Acute midline low back pain with right-sided sciatica**

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine

CRP mildly elevated

Will monitor off antibiotics for now

PT OT evaluation

PT is duloxetine and Gabapentin

Will resume

MMPR with tylenol tramadol and Oxycodone

**Hypertension**

Lisinopril

Resume

**Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)**

Neurosurgery is on board

**Discitis**

As above imaging findings concerning for discitis

Blood cultures were drawn

**History of MRSA infection**

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered

**Malfunction of gastrostomy tube (CMS/HCC) (HCC)**

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

**VTE prophylaxis:** Holding chemo ppx until

**Disposition:** Follow hospital course

Electronically signed by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 1:00 AM



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note**

**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 1429**

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/8/2025 3:22 PM

Date of Service: 3/7/2025 2:29 PM

Status: Addendum

Editor: Omar Naji Saab Saab, MD (Physician)

**Date of discharge:**

3/7/2025

**Discharge Diagnosis**

**Principal Problem:**

Acute midline low back pain with right-sided sciatica

**Active Problems:**

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

**Resolved Problems:**

\* No resolved hospital problems. \*

**Hospital Course**

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

**During this admission:**

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

**ID recommended:**

- Daptomycin 8mg/kg Q24 until 3/16/25

- Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to **(281) 365-0085**

Attention Dr Charles Ericsson



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note (continued)**

**Outpatient follow up:**

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor:

**UT Pain clinics**

Pearland Main Branch: 713-486-6000  
MHOSH Pain Clinic: 713-486-6000  
Bayshore Pain Clinic: 713-486-6325

**Addendum:**

- Pain management team met with the patient and made recommendations, the patient was not satisfied with.
- During the afternoon round of the floor quality manager, the patient mentioned to her that his pain is not well controlled and he would go get drugs by himself, this was reported to the primary and ID teams. I personally discussed it with the patient, he mentioned that he was joking, but after discussing with the nurses; it seems this is not the first time he spoke about getting pain drugs from non-prescription sources.
- Based on that ID canceled his OPAT as risks are over the benefits.
- We offered him to stay in the hospital for IV antibiotics, vs going to SNF for IV antibiotics, or at least to stay until Monday to arrange a visit to his primary ID doctor, but the patient insisted to ask the RN to remove his PICC line and leave.
- We told him this will be AMA as you are not following our medical advices.
- I discussed this issue with the CM, charge nurse, ID doctor, and risk assessment division.
- The patient has capacity to make decisions.
- I will order doxycycline pills to be sent to his pharmacy, although it is not an optimal option and not a common practice for patients leaving AMA , but we concerned about the patient's health and we want to help him out in any way we can.

**Information Provided to Patient/Family**

I discussed with the patient/family details of the stay. See After Visit Summary which were reviewed and shared with patient/family.

**Operative Procedures Performed**

Procedure(s):

LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION

**Pertinent Physical Exam At Time of Discharge**

Physical Exam:

General: NAD

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note (continued)**

Head: Normocephalic  
Neck: No masses, no JVD  
Lung: Good air entry bilaterally, no wheezing, crackles.  
Heart: regular rhythm, normal rate, no murmurs  
Abdomen: soft, non tender  
Back: no CVA tenderness  
Extremities: no edema  
Skin: no rash  
Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5  
Pulses: Good pulses in the upper and lower extremities

**Patient Condition at Discharge**

Stable

**Disposition**

Home with Home Health

**Discharge Medications**

**New**

- acetaminophen (Tylenol) 500 MG tablet - 1,000 mg Every 6 hours scheduled
- heparin flush 100 units/mL solution - 300 Units As needed (3 mL)
- Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection - 30 Units As needed
- ibuprofen 800 MG tablet - 800 mg Every 8 hours PRN
- melatonin 3 MG tablet - 6 mg Nightly PRN
- methocarbamol (Robaxin) 500 MG tablet - 500 mg Every 6 hours scheduled
- oxyCODONE (Roxicodone) 10 MG immediate release tablet - 10 mg Every 6 hours PRN
- polyethylene glycol, PEG, 3350 (Miralax) 17 g packet - 17 g Daily
- sennosides (Senokot) 8.6 MG tablet - 17.2 mg Nightly (2 tablet)
- sodium chloride (NS) 0.9 % flush - 10 mL As needed
- sodium chloride 0.9 % solution 100 mL with DAPTOMycin 350 mg/7mL wet vial 600 mg - 600 mg Every 24 hours scheduled (rounded from 598.4 mg = 8 mg/kg × 74.8 kg)

**Changed**

- DULoxetine (Cymbalta) 60 MG DR capsule - 60 mg Daily - Dose changed from "30 mg" to "60 mg". Frequency changed from "Daily 630" to "Daily".
- gabapentin (Neurontin) 600 MG tablet - 1,200 mg 3 times daily - Dose changed from "800 mg" to "1,200 mg". Frequency changed from "2 times daily" to "3 times daily".
- losartan (Cozaar) 100 MG tablet - 100 mg Daily - Dose changed from "50 mg" to "100 mg". Frequency changed from "Daily RT" to "Daily".

**Stopped**

- clindamycin (Cleocin) 300 MG capsule - 300 mg 3 times daily

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note (continued)**

**Continued**

- amphetamine-dextroamphetamine (Adderall) 30 MG tablet - 30 mg 2 times daily
- LORazepam (Ativan) 1 MG tablet - 1 mg Daily PRN

**Test Results Pending At Discharge**

**Pending Labs**

Order	Current Status
Candida Auris Fungal Culture Surveillance	In process
Blood culture, peripheral #1	Preliminary result
Blood culture, peripheral #2	Preliminary result

**Issues Requiring Follow-Up**

Weekly labs

**Outpatient Follow-Up**

**Ambulatory referral to Home Health** 3/6/2025 (Approximate)

**Home Health Services**

**Referral to Home Health for Home Infusion** 3/6/2025 (Approximate)

**Home Health Services**

**Follow Up In Internal Medicine** 3/10/2025

**Time Spent:** I have spent total 120 minutes completing this discharge.

Electronically signed by Omar Naji Saab Saab, MD at 3/8/2025 3:22 PM



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging**

**Echocardiography**

**Transthoracic echo (TTE) complete (Final result)**

Status: **Completed**

Electronically signed by: **Michael Alexis Goutnik, MD on 03/03/25 1750**

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750

Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: STAT Once 03/03/25 1751 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM

**Questionnaire**

Question	Answer
Will this procedure be performed by a physician?	No
Where should test be performed?	Bedside
Reason for exam:	osteo, source
Is the technologist authorized to use Echo contrast if needed?	Yes
If indicated, perform bubble study?	Yes
If indicated, perform strain echo?	Yes
If indicated, perform 3D echo?	Yes
Release to patient	Immediate

**Transthoracic echo (TTE) complete**

Resulted: 03/04/25 1101, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 1750 Order status: Completed

Resulted by:

Filed by: David Dugald McPherson, MD 03/04/25 1101

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

Narrative:

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.

**Components**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

**Procedures Performed**

**Chargeables**

TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

**Wall Scoring**

**Wall Scoring**

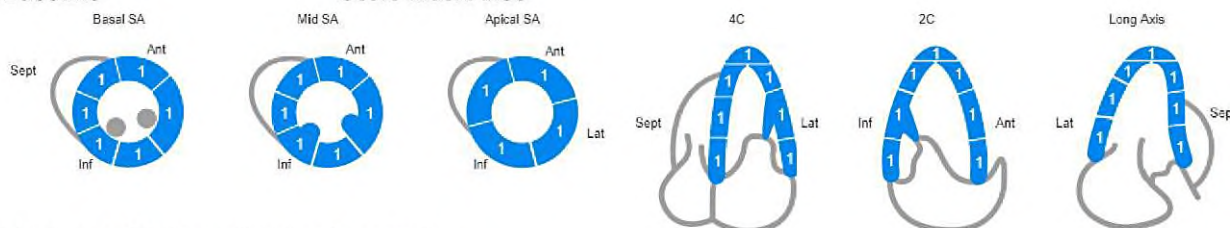


03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

Baseline

Score Index: 1.00



The left ventricular wall motion is normal.

1 Hyperkinesis 1 Normal 2 Hypokinesis 3 Akinesis 4 Dyskinesis 5 Aneurysmal

Result Findings

Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

Left Atrium

Left atrium size is normal.

Right Atrium

Right atrium size is normal.

IVC/SVC

IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).

Mitral Valve

Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.

Tricuspid Valve

Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.

Aortic Valve

Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

Pulmonic Valve

No pulmonic regurgitation present. No pulmonic valve stenosis present.

Ascending Aorta

was not well visualized.

Pericardium

No pericardial effusion present.

Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

Prior Study

No prior study available for comparison.

Signed

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Electronically signed by David Dugald McPherson, MD on 3/4/25 at 1101 CST

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

**Imaging**

**MRI lumbar spine w and wo IV contrast (Final result)**

Electronically signed by: **Lukman Olufemi Telufusi, PA on 03/03/25 0204**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0204

Ordering provider: Lukman Olufemi Telufusi, PA

Authorized by: Lukman Olufemi Telufusi, PA

Ordering mode: Standard

Frequency: Routine Once 03/03/25 0205 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Lukman Olufemi Telufusi, PA (auto-released) 3/3/2025 2:04 AM

**Questionnaire**

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	lower back pain
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve

MRN: 38345229

Date of Birth: 5/28/1974

Work Phone: **713-556-9200**

Sex Assigned at Birth: Male

Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI LUMBAR SPINE W AND WO IV CONTRAST	Lukman Olufemi Telufusi, PA 713-704-4060	Lukman Olufemi Telufusi, PA 713-704-4060	3/3/2025 10:45 AM TMC MRI 2 3T PHILIPS TMC MRI

**Screening Form Questions**

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet,	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

shrapnel, or any metal fragments that may still be inside your body?	
If yes, please describe:	
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No
If yes, list type:	

**Proceed with Exam**

Proceed?	User	Time
Proceed	Juan Valenzuela	03/03/2025 10:47 AM CST

**MRI lumbar spine w and wo IV contrast**

Resulted: 03/03/25 1649, Result status: Final result

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204

Order status: Completed

Resulted by:

Filed by: Interface, Radiology Results In 03/03/25 1652

Reema Faisal H. Alrasheed, MD

Andres Felipe Rodriguez Gonzalez, MD

Performed: 03/03/25 1102 - 03/03/25 1219

Accession number: 250303315028

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST

DATE: 3/3/2025 11:02

INDICATION: lower back pain .

COMPARISON: Correlation to abdomen pelvis CT 12/11/2020

TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine.

IV contrast: Refer to MRI technologist documentation

**FINDINGS:**

Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5.

Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1.

Postoperative: L4 and L5 laminectomy.

Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion.

Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Conus medullaris: Normal in size and signal. Terminates at L1-L2.

Cauda equina: Nonenlarged.

Individual levels:

L1-L2: Normal.

L2-L3: Normal.

L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis.

L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing.

L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis.

Other: Incidental retroperitoneal structures are unremarkable

Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid

**IMPRESSION:**

\* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.

\* No evidence of fluid collections.

\* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Andres Felipe Rodriguez Gonzalez, MD on 3/3/25 at 1649 CST

**MRI cervical spine w and wo IV contrast (Final result)**

Electronically signed by: **Michael Alexis Goutnik, MD on 03/04/25 0722**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722

Ordering provider: Michael Alexis Goutnik, MD

Authorized by: Michael Alexis Goutnik, MD

Ordering mode: Standard

Frequency: STAT Once 03/04/25 0723 - 1 occurrence

Class: Ancillary Performed

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Quantity: 1 Lab status: Final result  
Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

**Questionnaire**

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve MRN: 38345229  
Date of Birth: 5/28/1974 Work Phone: **713-556-9200**  
Sex Assigned at Birth: Male Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI CERVICAL SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 5:00 PM TMC MRI 4 3T GE TMC MRI

**Screening Form Questions**

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No	
If yes, please describe:		
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Any type of surgically implanted implant held in place by a magnet? No

Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? No

If yes, list type:

**Proceed with Exam**

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:10 PM CST

G tube for 6 years; DV

**MRI cervical spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722

Order status: Completed

Resulted by: Arash Kamali, MD

Filed by: Interface, Radiology Results In 03/04/25 2233

Performed: 03/04/25 1709 - 03/04/25 1825

Accession number: 250304130175

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

**TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

**FINDINGS:**

**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

**THORACIC SPINE:**

The axial postcontrast sequences are limited by motion artifacts. Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

**IMPRESSION:**

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

**MRI thoracic spine w and wo IV contrast (Final result)**

Electronically signed by: **Michael Alexis Goutnik, MD on 03/04/25 0722**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722

Ordering provider: Michael Alexis Goutnik, MD

Authorized by: Michael Alexis Goutnik, MD

Ordering mode: Standard

Frequency: STAT Once 03/04/25 0723 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

**Questionnaire**

Question	Answer
Is metal artifact supression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve  
Date of Birth: 5/28/1974  
Sex Assigned at Birth: Male

MRN: 38345229  
Work Phone: **713-556-9200**  
Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI THORACIC SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 6:00 PM TMC MRI 4 3T GE TMC MRI

**Screening Form Questions**

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

a previous MRI ?	
If yes, please describe:	
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No
If yes, please describe:	
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No
If yes, please describe:	
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No
Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No
If yes, list type:	

**Proceed with Exam**

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:11 PM CST

G tube for 6 years; DV

**MRI thoracic spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed  
Resulted by: Arash Kamali, MD Filed by: Interface, Radiology Results In 03/04/25 2233  
Performed: 03/04/25 1710 - 03/04/25 1834 Accession number: 250304130203  
Resulting lab: POWERSCRIBE

**Narrative:**

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST  
EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

**TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

**FINDINGS:**

**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts.  
There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

**THORACIC SPINE:**

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

**IMPRESSION:**

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.  
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

**XR chest 1 v for placement (Final result)**

Electronically signed by: **Alberto Benitez, RN on 03/06/25 1452**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Alberto Benitez, RN 03/06/25 1452

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Secondary Order

Frequency: STAT Once 03/06/25 1453 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Alberto Benitez, RN (auto-released) 3/6/2025 2:52 PM

**Questionnaire**

Question	Answer
Portable?	Yes
Reason for exam:	RUE PICC insertion (tip location)

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve

MRN: 38345229

Date of Birth: 5/28/1974

Work Phone: **713-556-9200**

Sex Assigned at Birth: Male

Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 V FOR PLACEMENT	Omar Naji Saab Saab, MD 713-500-7885	Omar Naji Saab Saab, MD 713-500-7885	3/6/2025 2:55 PM TMC XR 1 TMC XR

**Screening Form Questions**

No questionnaires are associated with this screening form.

**XR chest 1 v for placement**

Resulted: 03/06/25 1743, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452

Order status: Completed

Resulted by:

Filed by: Interface, Radiology Results In 03/06/25 1746

Cihan Duran, MD

Amir Hussein Khadivi, MD

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Performed: 03/06/25 1509 - 03/06/25 1515

Accession number: 250306327766

Resulting lab: POWERSCRIBE

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 3/6/2025 15:09

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Cihan Duran, MD on 3/6/25 at 1743 CST

**Medication Administrations**

**acetaminophen (Tylenol) tablet 1,000 mg [231440881]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0055 - 03/07/25 2204

Ordered Dose (Remaining/Total): 1,000 mg (—/—)

Route: Oral

Frequency: Every 6 hours scheduled

Ordered Rate/Order Duration: — / —

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Admin Instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 1800 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/07/25 0531 Documented: 03/07/25 0531	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 2351 Documented: 03/06/25 2352	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 0510 Documented: 03/06/25 0511	Not Given Other	1,000 mg	Oral	Performed by: Annmaria George, RN Comments: CUMULATIVE OVERDOSE WARNING Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/05/25 2357 Documented: 03/05/25 2358	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/05/25 1920 Documented: 03/05/25 1920	Given	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/05/25 1246 Documented: 03/05/25 1247	Given	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 57896-201-10, 57896-201-10
Performed 03/05/25 0616 Documented: 03/05/25 0617	Given	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 2351 Documented: 03/04/25 2352	Given	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 1919 Documented: 03/04/25 1919	Given	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 1137 Documented: 03/04/25 1137	Given	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 0513 Documented: 03/04/25 0513	Given	1,000 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 0146 Documented: 03/04/25 0147	Given	1,000 mg	Oral	Performed by: Charlcie Cagle, RN Scanned Package: 0904-6720-80, 0904-6720-80

**acetaminophen (Tylenol) tablet 650 mg [230816008]**

Ordering Provider: Ryan Drey Walsh, MD	Status: Completed (Past End Date/Time)
Ordered On: 03/02/25 1846	Starts/Ends: 03/02/25 1850 - 03/02/25 1915
Ordered Dose (Remaining/Total): 650 mg (0/1)	Route: Oral
Frequency: Once	Ordered Rate/Order Duration: — / —
Admin Instructions: Max acetaminophen = 4000mg/day(4gm/day)	

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 1915 Documented: 03/02/25 1916	Given	650 mg	Oral	Performed by: Maria Campos Neri, PMD Scanned Package: 0904-6773-61, 0904-6773-61

**acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet [231162193]**

Ordering Provider: Malini Randeep, PA	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 1253	Starts/Ends: 03/03/25 1255 - 03/03/25 1257
Ordered Dose (Remaining/Total): 1 tablet (0/1)	Route: Oral
Frequency: Once	Ordered Rate/Order Duration: — / —

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1257 Documented: 03/03/25 1257	Given	1 tablet	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 0406-0484-23

**DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB [233127331]**

Ordering Provider: Omar Naji Saab Saab, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/07/25 0905  
Starts/Ends: 03/07/25 1000 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 8 mg/kg (6/7)  
Route: Intravenous  
Frequency: Every 24 hours  
Ordered Rate/Order Duration: 224 mL/hr / 30 Minutes  
Note to pharmacy: Per ID recs

Question	Answer	Comment
Suspected Indication (Select all that apply):	Bone/Joint Infection	—

Line	Med Link Info	Comment
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/07/25 1435 by Shaniya Polk, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/07/25 1435 Documented: 03/07/25 1437	New Bag	600 mg 224 mL/hr 30 Minutes	Intravenous	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0338-0049-38, 0409-4888-03, 0409-4888-03, 43598-413-11, 43598-413-11

**dextrose 50 % solution 12.5 g [231440860]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0050  
Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 12.5 g (—/—)  
Route: Intravenous  
Frequency: As needed  
Ordered Rate/Order Duration: — / —  
Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**dextrose 50 % solution 25 g [231440861]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0050  
Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 25 g (—/—)  
Route: Intravenous  
Frequency: As needed  
Ordered Rate/Order Duration: — / —  
Admin Instructions: If BG </=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**docusate sodium (Colace) capsule 100 mg [231440882]**

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0050  
Ordered Dose (Remaining/Total): 100 mg (—/—)  
Frequency: 2 times daily  
Admin Instructions: Stool softener. Hold for loose stools.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0900 - 03/04/25 0620  
Route: Oral  
Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**DULoxetine (Cymbalta) DR capsule 30 mg [231441829]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0059  
Ordered Dose (Remaining/Total): 30 mg (—/—)  
Frequency: Daily 630  
Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0630 - 03/06/25 0748  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0632 Documented: 03/06/25 0632	Given	30 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68001-595-08
Performed 03/05/25 0617 Documented: 03/05/25 0617	Given	30 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68001-595-08
Performed 03/04/25 0546 Documented: 03/04/25 0546	Given	30 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 60687-734-11

**DULoxetine (Cymbalta) DR capsule 30 mg [232559898]**

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/06/25 0748  
Ordered Dose (Remaining/Total): 30 mg (0/1)  
Frequency: Once  
Admin Instructions: May open capsule and sprinkle contents on food  
Do not crush or chew.

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/06/25 0800 - 03/06/25 0904  
Route: Oral  
Ordered Rate/Order Duration: — / —  
Note to pharmacy: Total of 60 mg today

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0904 Documented: 03/06/25 0904	Given	30 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 68001-595-08

**DULoxetine (Cymbalta) DR capsule 60 mg [232559897]**

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/06/25 0748  
Ordered Dose (Remaining/Total): 60 mg (—/—)

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/07/25 0900 - 03/07/25 2204  
Route: Oral

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Frequency: Daily

Ordered Rate/Order Duration: — / —

Admin Instructions: Do not crush or chew.

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	60 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68001-596-08

**enoxaparin (Lovenox) syringe 40 mg [232915014]**

Ordering Provider: Omar Naji Saab Saab, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/06/25 1823

Starts/Ends: 03/06/25 1830 - 03/07/25 2204

Ordered Dose (Remaining/Total): 40 mg (—/—)

Route: Subcutaneous

Frequency: Every 24 hours

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/07/25 1830 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	40 mg	Subcutaneous Right Upper Arm (Back)	Performed by: Shaniya Polk, RN Scanned Package: 63323-564-21

**gabapentin (Neurontin) capsule 800 mg [230984388]**

Ordering Provider: Malini Randeep, PA

Status: Completed (Past End Date/Time)

Ordered On: 03/03/25 0821

Starts/Ends: 03/03/25 0825 - 03/03/25 0852

Ordered Dose (Remaining/Total): 800 mg (0/1)

Route: Oral

Frequency: Once

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0852 Documented: 03/03/25 0853	Given	800 mg	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

**gabapentin (Neurontin) capsule 800 mg [231389783]**

Ordering Provider: Abbey Lauren Pastorelle, MD

Status: Completed (Past End Date/Time)

Ordered On: 03/03/25 2131

Starts/Ends: 03/03/25 2135 - 03/03/25 2234

Ordered Dose (Remaining/Total): 800 mg (0/1)

Route: Oral

Frequency: Once

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 2234 Documented: 03/03/25 2234	Given	800 mg	Oral	Performed by: Julian Malone, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

**gabapentin (Neurontin) capsule 800 mg [231441828]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0059  
Ordered Dose (Remaining/Total): 800 mg (—/—)  
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0900 - 03/04/25 2017  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0832 Documented: 03/04/25 0835	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11

**gabapentin (Neurontin) capsule 800 mg [231888890]**

Ordering Provider: Benjamin D Mouser, MD  
Ordered On: 03/04/25 2017  
Ordered Dose (Remaining/Total): 800 mg (—/—)  
Frequency: 3 times daily

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/04/25 2030 - 03/07/25 2204  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1700 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-602-11, 60687-602-11
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1649 Documented: 03/06/25 1651	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11



## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Medication Administrations (continued)

Performed 03/05/25 1701 Documented: 03/05/25 1703	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 1246 Documented: 03/05/25 1247	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	800 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 60687-602-11, 60687-602-11

### gadobenate dimeglumine (Multihance) injection 15 mL [231100952]

Ordering Provider: Lukman Olufemi Telufusi, PA  
Ordered On: 03/03/25 1121  
Ordered Dose (Remaining/Total): 0.1 mmol/kg (0/1)  
Frequency: Once in imaging

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/03/25 1121 - 03/03/25 1157  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 1157 by Juan Valenzuela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1157 Documented: 03/03/25 1157	Given	15 mL	Intravenous	Performed by: Juan Valenzuela Comments: lot# ST4110A

### gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL [231860789]

Ordering Provider: Michael Alexis Goutnik, MD  
Ordered On: 03/04/25 1824  
Ordered Dose (Remaining/Total): 13.5 mL (0/1)  
Frequency: Once in imaging

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/04/25 1824 - 03/04/25 1824  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 1824 by Didio Vela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 1824 Documented: 03/04/25 1825	Given	13.5 mL	Intravenous	Performed by: Didio Vela Comments: Clariscan 13.5mL lot 16816231 exp 5/16/27

### glucagon injection 1 mg [231440862]

## 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

### Medication Administrations (continued)

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/04/25 0050	Starts/Ends: 03/04/25 0048 - 03/07/25 2204
Ordered Dose (Remaining/Total): 1 mg (—/—)	Route: Intramuscular
Frequency: As needed	Ordered Rate/Order Duration: — / —
Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.	

(No admins scheduled or recorded for this medication in the specified date/time range)

### HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet [230928999]

Ordering Provider: Lukman Olufemi Telufusi, PA	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 0511	Starts/Ends: 03/03/25 0515 - 03/03/25 0611
Ordered Dose (Remaining/Total): 1 tablet (0/1)	Route: Oral
Frequency: Once	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0611	Given	1 tablet	Oral	Performed by: Madeline Kotarski, RN
Documented: 03/03/25 0611				Scanned Package: 60687-396-11

### ibuprofen tablet 800 mg [231888891]

Ordering Provider: Benjamin D Mouser, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/04/25 2017	Starts/Ends: 03/04/25 2016 - 03/07/25 2204
Ordered Dose (Remaining/Total): 800 mg (—/—)	Route: Oral
Frequency: Every 8 hours PRN	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0514	Given	800 mg	Oral	Performed by: Annmaria George, RN
Documented: 03/06/25 0514				Scanned Package: 60687-446-11, 60687-446-11

### ketorolac (Toradol) injection 15 mg [231336759]

Ordering Provider: Abbey Lauren Pastorelle, MD	Status: Completed (Past End Date/Time)
Ordered On: 03/03/25 1809	Starts/Ends: 03/03/25 1810 - 03/03/25 1818
Ordered Dose (Remaining/Total): 15 mg (0/1)	Route: Intravenous
Frequency: Once	Ordered Rate/Order Duration: — / —
Admin Instructions: Administer IVP.	

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 1818 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1818	Given	15 mg	Intravenous	Performed by: Gerardo Salazar, RN
Documented: 03/03/25 1819				Scanned Package: 63323-162-00

### Pharmacy Actions

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Type	Date/Time	User	Extra Information
Waste	Mon Mar 3, 2025 1819	Gerardo Salazar, RN	<b>ketorolac 30 MG/ML solution [22473]</b> Waste Amount: 0.5 mL (15 mg) Billing Code Quantity: 1.00 Charge Method: Standard Medication (System picked) Implied Quantity: 0.5  Waste Reason: Discarded Drug Not Administered Package From: MAR Package: 1 mL Vial (63323-162-00) Billing Code: J1885 Charge Map: MH CHARGE MAP Charge Table: MH TMC STANDARD CHARGE TABLE Implied Unit Type: Entire Package Charge Dropped: 4.500 Charge Modifiers: JW

**lidocaine PF (Xylocaine) 1 % injection 5 mL [232628597]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/06/25 0938	Starts/Ends: 03/06/25 0938 - 03/07/25 2204
Ordered Dose (Remaining/Total): 5 mL (1/1)	Route: Intradermal
Frequency: Oncall	Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**LORazepam (Ativan) tablet 1 mg [231890775]**

Ordering Provider: Benjamin D Mouser, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/04/25 2023	Starts/Ends: 03/04/25 2023 - 03/07/25 2204
Ordered Dose (Remaining/Total): 1 mg (—/—)	Route: Oral
Frequency: Daily PRN	Ordered Rate/Order Duration: — / —
Admin Instructions: Hold for sedation	

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 2224 Documented: 03/05/25 2224	Given	1 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 69315-904-01, 69315-904-01
Performed 03/04/25 2352 Documented: 03/04/25 2352	Given	1 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 69315-904-01, 69315-904-01

**losartan (Cozaar) tablet 100 mg [232019679]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/05/25 0715	Starts/Ends: 03/05/25 0900 - 03/07/25 2204
Ordered Dose (Remaining/Total): 100 mg (—/—)	Route: Oral
Frequency: Daily	Ordered Rate/Order Duration: — / —

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	100 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61, 0904-7048-61

**losartan (Cozaar) tablet 50 mg [231441830]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD	Status: Discontinued (Past End Date/Time)
Ordered On: 03/04/25 0059	Starts/Ends: 03/04/25 0800 - 03/04/25 0620
Ordered Dose (Remaining/Total): 50 mg (—/—)	Route: Oral
Frequency: Daily RT	Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**losartan (Cozaar) tablet 50 mg [231485849]**

Ordering Provider: Benjamin D Mouser, MD	Status: Discontinued (Past End Date/Time)
Ordered On: 03/04/25 0620	Starts/Ends: 03/04/25 0900 - 03/05/25 0715
Ordered Dose (Remaining/Total): 50 mg (—/—)	Route: Oral
Frequency: Daily	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0832 Documented: 03/04/25 0835	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61

**melatonin tablet 6 mg [232431242]**

Ordering Provider: Erica Burns, PA	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/05/25 2058	Starts/Ends: 03/05/25 2058 - 03/07/25 2204
Ordered Dose (Remaining/Total): 6 mg (—/—)	Route: Oral
Frequency: Nightly PRN	Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**methocarbamol (Robaxin) tablet 500 mg [233186999]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/07/25 1035	Starts/Ends: 03/07/25 1200 - 03/07/25 2204



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 500 mg (—/—)  
Frequency: Every 6 hours scheduled

Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1800 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	500 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-559-11

**morphine PF injection 4 mg [230904299]**

Ordering Provider: Lukman Olufemi Telufusi, PA  
Ordered On: 03/03/25 0206  
Ordered Dose (Remaining/Total): 4 mg (0/1)  
Frequency: Once

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/03/25 0210 - 03/03/25 0310  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310 Documented: 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN Scanned Package: 72572-440-01

**morphine PF injection 4 mg [230987905]**

Ordering Provider: Malini Randeep, PA  
Ordered On: 03/03/25 0827  
Ordered Dose (Remaining/Total): 4 mg (0/1)  
Frequency: Once  
Admin Instructions: Administer IVP.

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/03/25 0830 - 03/03/25 0853  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0853 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0853 Documented: 03/03/25 0853	Given	4 mg	Intravenous	Performed by: Gerardo Salazar, RN Scanned Package: 72572-440-01

**naloxone (Narcan) injection 0.04 mg [231440878]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0050  
Ordered Dose (Remaining/Total): 0.04 mg (8/8)

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/04/25 0049 - 03/07/25 2204  
Route: Intravenous

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Frequency: As needed Ordered Rate/Order Duration: — / —  
Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)

(No admins scheduled or recorded for this medication in the specified date/time range)

**ondansetron (Zofran) injection 4 mg [230904300]**

Ordering Provider: Lukman Olufemi Telufusi, PA Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 0206 Starts/Ends: 03/03/25 0210 - 03/03/25 0310  
Ordered Dose (Remaining/Total): 4 mg (0/1) Route: Intravenous  
Frequency: Once Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310 Documented: 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN Scanned Package: 72572-520-01

**oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388]**

Ordering Provider: Omar Naji Saab Saab, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/05/25 1307 Starts/Ends: 03/05/25 1307 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 10 mg (—/—) Route: Oral  
Frequency: Every 6 hours PRN Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1443 Documented: 03/07/25 1446	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/07/25 0112 Documented: 03/07/25 0112	Given	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/06/25 1649 Documented: 03/06/25 1651	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 0152 Documented: 03/06/25 0152	Given	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/05/25 1830 Documented: 03/05/25 1830	Given	10 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11, 68084-354-11

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 5 mg (—/—) Frequency: Every 6 hours PRN	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0049 - 03/05/25 1307 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 1246 Documented: 03/05/25 1247	Given	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11
Performed 03/05/25 0616 Documented: 03/05/25 0617	Given	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11
Performed 03/05/25 0114 Documented: 03/05/25 0114	Given	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11
Performed 03/04/25 1556 Documented: 03/04/25 1556	Given	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11
Performed 03/04/25 0833 Documented: 03/04/25 0835	Given	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11
Performed 03/04/25 0146 Documented: 03/04/25 0147	Given	5 mg	Oral	Performed by: Charlcie Cagle, RN Scanned Package: 68084-354-11, 68084-354-11

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231888561]**

Ordering Provider: Benjamin D Mouser, MD Ordered On: 03/04/25 2015 Ordered Dose (Remaining/Total): 5 mg (0/1) Frequency: Once	Status: Completed (Past End Date/Time) Starts/Ends: 03/04/25 2030 - 03/04/25 2024 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
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Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/04/25 Given 5 mg Oral Performed by: Joseph Gitahi, RN  
2024 Scanned Package: 68084-354-11  
Documented:  
03/04/25 2024

**oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet [230816009]**

Ordering Provider: Ryan Drey Walsh, MD Status: Completed (Past End Date/Time)  
Ordered On: 03/02/25 1846 Starts/Ends: 03/02/25 1850 - 03/02/25 1915  
Ordered Dose (Remaining/Total): 1 tablet (0/1) Route: Oral  
Frequency: Once Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 1915	Given	1 tablet	Oral	Performed by: Maria Campos Neri, PMD
Documented: 03/02/25 1916				Scanned Package: 50268-644-11

**polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0900 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 17 g (—/—) Route: Oral  
Frequency: Daily Ordered Rate/Order Duration: — / —  
Admin Instructions: 17 grams of powder dissolved in 4 - 8 ounces of beverage. Hold for loose stools. Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0857	Not Given Patient/family refused	17 g	Oral	Performed by: Shaniya Polk, RN
Documented: 03/07/25 0858				
Performed 03/06/25 0907	Not Given Patient/family refused	17 g	Oral	Performed by: Shaniya Polk, RN
Documented: 03/06/25 0907				Scanned Package: 60687-431-99
Performed 03/05/25 0943	Given	17 g	Oral	Performed by: Isoken Iyamu, RN
Documented: 03/05/25 0944				Scanned Package: 60687-431-99
Performed 03/04/25 0834	Not Given Patient/family refused	17 g	Oral	Performed by: Isoken Iyamu, RN
Documented: 03/04/25 0835				

**sennosides (Senokot) tablet 17.2 mg [231485820]**

Ordering Provider: Benjamin D Mouser, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Ordered On: 03/04/25 0620 Starts/Ends: 03/04/25 2100 - 03/07/25 2204

Attachment Control Number: 4000072580302202566023



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 2 tablet (—/—)  
Frequency: **Nightly**  
Admin Instructions: Hold for loose stools

Route: **Oral**  
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 2100 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/06/25 2105 Documented: 03/06/25 2106	Not Given Patient/family refused	8.6 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61
Performed 03/05/25 2046 Documented: 03/05/25 2048	Not Given Patient/family refused	17.2 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61, 0904-7252-61
Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	17.2 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-7252-61, 0904-7252-61

**sodium chloride (NS) 0.9 % flush 10 mL [231440857]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0050  
Ordered Dose (Remaining/Total): 10 mL (—/—)  
Frequency: **Every 12 hours scheduled**  
Admin Instructions: Administer at least once every 12 hours

Status: **Discontinued (Past End Date/Time)**  
Starts/Ends: 03/04/25 0055 - 03/06/25 0941  
Route: **Intravenous**  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 0055 by Charlcie Cagle, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0907 Documented: 03/06/25 0907	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/05/25 2046 Documented: 03/05/25 2048	Given	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/04/25 2024 Documented: 03/04/25 2024	Given	10 mL	Intravenous	Performed by: Joseph Gitahi, RN Scanned Package: 8290-306546
Performed 03/04/25 0837 Documented: 03/04/25 0837	Given	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546
Performed 03/04/25 0055 Documented: 03/04/25 0147	Given	10 mL	Intravenous	Performed by: Charcie Cagle, RN

**sodium chloride (NS) 0.9 % flush 10 mL [231440858]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: As needed	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0048 - 03/06/25 0941 Route: Intravenous Ordered Rate/Order Duration: — / —
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(No admins scheduled or recorded for this medication in the specified date/time range)

**sodium chloride (NS) 0.9 % flush 10 mL [232628598]**

Ordering Provider: Omar Naji Saab Saab, MD Ordered On: 03/06/25 0938 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: Every 8 hours scheduled Admin Instructions: Flush all ports Q8H to clear the line.	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/06/25 0945 - 03/07/25 2204 Route: Intravenous Ordered Rate/Order Duration: — / —
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Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/06/25 0945 by Shaniya Polk, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2200 Documented: 03/07/25 2204	Canceled Entry	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1446 Documented: 03/07/25 1446	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/07/25 0531 Documented: 03/07/25 0531	Given	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 2106 Documented: 03/06/25 2106	Given	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/06/25 1313 Documented: 03/06/25 1314	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/06/25 0945 Documented: 03/06/25 1115	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN

**sodium chloride (NS) 0.9 % flush 10 mL [232628599]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/06/25 0938	Starts/Ends: 03/06/25 0938 - 03/07/25 2204
Ordered Dose (Remaining/Total): 10 mL (—/—)	Route: Intravenous
Frequency: As needed	Ordered Rate/Order Duration: — / —
Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.	

(No admins scheduled or recorded for this medication in the specified date/time range)

**sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL [231471171]**

Ordering Provider: Benjamin D Mouser, MD	Status: Completed (Past End Date/Time)
Ordered On: 03/04/25 0447	Starts/Ends: 03/04/25 0447 - 03/04/25 0447
Ordered Dose (Remaining/Total): 2 mL (0/1)	Route: Intravenous
Frequency: Once in imaging	Ordered Rate/Order Duration: — / —
Admin Instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure.	

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 0447 by Hang Cortes, RT	—

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/04/25 0447 Documented: 03/04/25 0447	Given	2 mL	Intravenous Left Forearm	Performed by: Hang Cortes, RT

**traMADol (Ultram) tablet 100 mg [232241741]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/05/25 1308	Starts/Ends: 03/05/25 1308 - 03/07/25 2204
Ordered Dose (Remaining/Total): 100 mg (—/—)	Route: Oral
Frequency: Every 6 hours PRN	Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
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**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/07/25 1432 Documented: 03/07/25 1506	Not Given Other	100 mg	Oral	Performed by: Shaniya Polk, RN Comments: put medication back
Performed 03/06/25 2105 Documented: 03/06/25 2106	Given	100 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-795-11, 60687-795-11
Performed 03/06/25 0421 Documented: 03/06/25 0421	Given	100 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11
Performed 03/05/25 1701 Documented: 03/05/25 1703	Given	100 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11, 60687-795-11

**traMADol (Ultram) tablet 50 mg [231440880]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD	Status: Discontinued (Past End Date/Time)
Ordered On: 03/04/25 0050	Starts/Ends: 03/04/25 0049 - 03/05/25 1308
Ordered Dose (Remaining/Total): 50 mg (—/—)	Route: Oral
Frequency: Every 6 hours PRN	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Performed 03/04/25 1919 Documented: 03/04/25 1919	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Performed 03/04/25 1137 Documented: 03/04/25 1137	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Performed 03/04/25 0455 Documented: 03/04/25 0455	Given	50 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 60687-795-11