

WORTHINGTON REGIONAL HOSP² 3a PAT CATL # 729798300
 PO BOX 5074 5 MED REG # E1319972 0131
 SIOUX FALLS SD 57117-507 5 FED. TAX NO. 411412475 6 STATEMENT COVERS PERIOD FROM 050808 THROUGH 050808
 6053286585

8 PATIENT NAME a. REYES RIVERA YELISSA I 9 PATIENT ADDRESS a. 1114 7TH AVE
 b. WORTHINGTON c. MN d. 56187

10 BIRTHDATE 10211982 11 SEX F 12 DATE OF ADMISSION 050808 13 HR 09 14 TYPE 3 15 SRC 1 16 DHR 1 17 STAT 01
 18 19 20 21 22 23 24 25 26 27 28 29 30

31 OCCURRENCE CODE 03 32 OCCURRENCE DATE 041808 33 OCCURRENCE CODE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37

38 SUZLON ROTOR CORP 1711S HWY 75 PIPESTONE, MN 56164 507-562-6700
 39 CODE 45 39 VALUE CODES AMOUNT 99 40 CODE 41 CODE 41 VALUE CODES AMOUNT 42

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY - GENERAL		050808	2	5657	000	
0250	PHARMACY - GENERAL	J0690	050808	2	8405	000	
0250	PHARMACY - GENERAL	J1885	050808	2	5139	000	
0250	PHARMACY - GENERAL	J2001	050808	20	5114	000	
0250	PHARMACY - GENERAL	J2250	050808	2	5037	000	
0250	PHARMACY - GENERAL	J3010	050808	1	5033	000	
0258	PHARMACY - IV SOLUTIONS		050808	1	215	000	
0270	MEDICAL/SURGICAL SUPPLIE		050808	3	27572	000	
0271	MEDICAL/SURGICAL SUPPLIE		050808	1	5000	000	
0272	MEDICAL/SURGICAL SUPPLIE		050808	1	199	000	
0300	LABORATORY - GENERAL	36415	050808	1	2050	000	
0300	LABORATORY - GENERAL	99001	050808	1	4900	000	
0301	LABORATORY - CHEMISTRY	84703	050808	1	5850	000	
0360	OPERATING ROOM SERVICES	25111	050808	1	151200	000	
0370	ANESTHESIA - GENERAL		050808	2	57400	000	

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0001 PAGE 1 OF 1 CREATION DATE 052308 TOTALS 288771 000

50 PAYER NAME SUZLON ROTOR CORP 51 HEALTH PLAN ID FPAPER00 52 REL INFO Y 53 ASG BENEF Y 54 PRIOR PAYMENTS 000 55 EST. AMOUNT DUE 288771 56 NPI 1396712618
 57 411412475
 58 OTHER PRV ID

59 INSURED'S NAME REYES RIVERA, YELISSA IVEL 60 INSURED'S UNIQUE ID 185474 61 GROUP NAME OTHER PAYOR WO 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME SUZLON ROTOR CORP

72741 66

69 ADMIT DX 70 PATIENT REASON DX 72741 71 PPS CODE 72 ICD 73
 74 PRINCIPAL PROCEDURE CODE 75 OTHER PROCEDURE CODE DATE 76 ATTENDING NPI 1598729550 QUAL 1GA02659
 LAST DONOHUE FIRST JAMES MICHAJ
 77 OPERATING NPI 1598729550 QUAL 1GA02659
 LAST DONOHUE FIRST JAMES MICHAJ
 78 OTHER ZZ NPI 1598729550 QUAL 1GA02659
 LAST DONOHUE FIRST JAMES MICHAJ
 79 OTHER NPI QUAL
 LAST FIRST

80 REMARKS a. b. c. d. Paper who is...

Admission History & Physical

ALL BLANKS MUST BE FILLED IN

Referring Doctor: DR. DONAHUE 5/8 WRH

Patient Name: YELISSA REYESRIVERA

Date of Birth/Age: 10/21/82 25yo.

Reason of present illness: WRIST PAIN

Current/active medical conditions: #

Current medications: MOTRIN 800mg TID

Allergies: NKDA

Past medical history: NON-SIGNIFICANT CONTRACT

Past illnesses: _____

Accidents: _____

Bleeding tendencies: NONE

Previous hospitalizations: _____

Previous surgeries: NONE

Previous anesthesia problems: _____

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Family history: NON-SIGNIFICANT

Social history/habits: SINGLE; FIVE CHILDREN; EMPLOYED.

Smoking: NO

Alcohol: NO

Non-prescription drugs: NONE

Pediatric Patients: Developmental age: _____ Immunization status: _____

Review of systems: (required on inpatients only)

General: _____

Skin: _____

HEENT: _____

Cardiovascular/Respiratory: _____

Gastrointestinal: _____

Genitourinary: _____

Neuromuscular: _____

Psychological status: _____

NRBAT. US



PHYSICAL EXAM:

BP 106/60 TPR P: 72 R: 20 Weight 146

	NORMAL	ABNORMAL	COMMENTS
General appearance	✓		
Head	✓		
Eyes	✓		
Ears	✓		
Nose	✓		
Mouth/Teeth	✓		
Throat	✓		
Neck	✓		
Chest/Lungs	✓		
Heart/Vascular	✓		
Breasts			
Abdomen	✓		
Genitourinary			
Rectal			
Musculoskeletal		Per arthro	
Lymphoid			
Skin			
Neurological			

Impressions: Ⓢ Wrist Pain General **COPY**

Plan: OK Surgery

ASA Score: NA 1 2 3 4 5 (To be assigned when CRNA not administering anesthesia)

Examining Physician: Rob Adams Rosendo (printed name & signature) 5/1/08 Date

Copies sent: Referring Doctor _____
Hospital _____



14438621 PHI: No
Reyes Rivera, Yelissa Ivelisse
F 10/21/1982 25 Y
Donohue, James Michael
HAR: 7297983 MRN: E1319972

WORTHINGTON REGIONAL HOSPITAL
Worthington, Minnesota 56187

Name: REYES RIVERA, YELISSA I
MR#: E1319972
HAR: 7297983
CSN: 14438621
DOB/AGE: 10/21/1982/25Y
Admit Date: 05/08/2008
Date of Service: 05/08/2008

SURGEON: J. Michael Donohue, M.D.

ASSISTANT: Carrie Dickes, PA-C

PREOPERATIVE & POSTOPERATIVE DIAGNOSIS: Left dorsal ganglion cyst.

PROCEDURE: Left dorsal ganglionectomy.

ANESTHESIA: Bier block.

CONDITION: Stable.

SPECIMEN: None.

COMPLICATIONS: None.

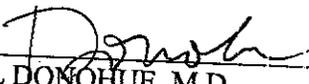
DRAINS: None.

TIME OUT: Yes.

ANTIBIOTIC: Yes.

DESCRIPTION OF PROCEDURE: After Bier block anesthesia, the hand was prepped and draped in the usual sterile fashion. A transverse incision was made over the mass. Under loupe magnification, sharp dissection was performed down through the subcutaneous tissues. The extensor retinaculum was divided distally for a short distance to expose the dorsal wrist mass. The mass was then dissected free in a circumferential manner. The mass appeared to be arising from the dorsal capsule area between the scaphoid and lunate. The mass and a small portion of the capsule were then resected. The capsule was closed with 2.0 Vicryl.

The wound was then irrigated with a copious amount of normal saline. The skin edges were reapproximated. A sterile compressive dressing was applied along with a volar splint. The tourniquet was then deflated. There was excellent capillary refill noted in all digits. The patient tolerated the procedure well and was taken to the recovery room in satisfactory condition.


J. MICHAEL DONOHUE, M.D.

sk/jmd

0 / 2223600

DD: 05/08/2008 00:00:00

DT: 05/08/2008 14:25:24

cc J. MICHAEL DONOHUE, M.D., Dictator
RICHARD D. SUDMEIER, M.D.

COPY



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OPERATIVE REPORT

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Original