

IOWA LAKES ORTHOPAEDICS & SPORTS MEDICINE, P.C.  
2309 23RD STREET  
P.O. BOX 273  
SPIRIT LAKE, IA 51360  
(712) 336-5311

Provider: JAMES DONOHUE MD

Location: Worthington

PatientID: W158988

Patient Name: YELISSA N REYES RIVERA

Date of Birth: 10/21/1982

Date of Service: 05/13/2008 11:36 am

YELISSA N REYES RIVERA  
RETURN TO RESTRICTED DUTY WORK  
RETURN TO WORK DATE 05/19/2008

Dx:

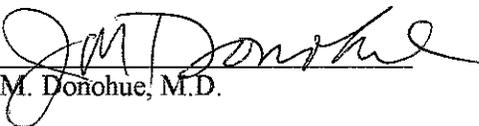
Ganglion Cyst (727.43).

WORK RELATED: Yes

MMI: No

1 handed duty only (no use of involved arm/hand).

Plan: PT.

  
J. M. Donohue, M.D.

Date: 5/13/2008

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Same current restrictions.

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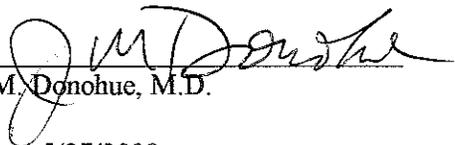
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1 handed duty only (no use of involved arm/hand).

I will reevaluate the patient in 2 weeks.

Plan: PT.

  
\_\_\_\_\_  
J. M. Donohue, M.D.

Date: 5/27/2008

KB

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2309 23<sup>RD</sup> STREET  
SPIRIT LAKE, IA 51360  
(712) 336-5311 or (888) 336-5311  
(712) 336-0020 (FAX)



Pt. Teaching

DATE: 4/23/08 I.M. DONOHUE T.D. BLANKERS  
PATIENT: Yelissa Reyes Rivera HM PHONE: 507-727-0544  
ADDRESS: 1114 TTH+ Ave WK PHONE: 507-562-6700  
Worthington, MN 56187 CELL PHONE: \_\_\_\_\_  
DOB: 10/21/82 SCHEDULED BY: Doc & Ricki

PROCEDURE: (2) wrist dorsal ganglionectomy

DATE OF SURGERY: 5/18/08 DR ASSIST: JMD TDB CNL CLD

HOSPITAL WILL CALL DAY BEFORE SURGERY WITH TIME YOU MUST ARRIVE

<u>HOSPITAL</u>	<u>STATUS</u>	<u>ANESTHESIA</u>	<u>AXILLARY</u>
<u>SL</u>	<u>INPT (ACUTE)</u>	<u>GENERAL</u>	<u>INTERSCALENE</u>
<u>WGTM</u> <input checked="" type="checkbox"/>	<u>OUTPATIENT</u> <input checked="" type="checkbox"/>	<u>SPINAL</u>	<u>ANKLE</u>
<u>WINDOM</u>	<u>SURG. HOLD</u>	<u>EPIDURAL</u>	<u>OTHER</u>
<u>SIBLEY</u>	<u>ER</u>	<u>NERV BLOCK</u> <input checked="" type="checkbox"/>	

THE FOLLOWING IS YOUR APPOINTMENT SCHEDULE. IT'S VERY IMPORTANT THAT YOU TAKE THIS INSTRUCTION SHEET WITH YOU TO ALL APPOINTMENTS.

LAB: DATE 5/1/08 TIME 2:15 LOCATION WJSC

FASTING REQUIRED: YES \_\_\_ NO  IF YES, NO EATING OR DRINKING 10-12 HRS PRIOR TO LAB WORK

PHYSICAL: DATE: 5/1/08 TIME 2:15 FAMILY DR. Sudmeier JMD TDB CNL CLD

PRE-SURGERY APPT: JM DONOHUE TD BLANKERS CN LINTON CL DICKES  
DATE 4/23/08 TIME 11:30 SL WGTM WINDOM SIBLEY

X-RAYS TAKEN?  
\_\_\_\_\_

PRE-REGISTRATION MUST BE DONE BEFORE YOUR DAY OF SURGERY.  
LRH USE REGISTRATION DESK AT WEST ENTRANCE OR CALL 712-336-1230  
WORTHINGTON HOSPITAL USE BUSINESS OFFICE OR CALL 507-372-3169  
ALL OTHER HOSPITAL LOCATIONS USE MAIN ENTRANCE

INFORMED CONSENT SIGNED: YES  DAY OF SURG \_\_\_ DRG. ORDERS ENCLOSED: YES  NO \_\_\_

PRIMARY INSURANCE CO: Berkley Risk (WCA) ID# \_\_\_\_\_  
OK per nandy

Please Note:  
If our clinic is not listed in your insurance plan provider network, please contact your insurance company to pre-certify your surgical procedure and obtain authorization for surgeon assistant services. Unless you are undergoing a minor procedure, an assistant may be assisting the surgeon with your procedure in order to provide you with the best surgical environment. Charges for surgeon assistant services denied by insurance will become your responsibility. If you are unsure whether our clinic is included in your insurance plan provider network, please contact our office.

FAXED

# WORK NOTE

IOWA LAKES ORTHOPAEDICS

& SPORTS MEDICINE, P.C.

2700 23<sup>RD</sup> ST

SPIRIT LAKE, IA 51360

712-336-5311

EMAIL:dohands@aol.com



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

5/8/08

DATE:

NAME:

No work until reevaluated

May return to light duty work on : \_\_\_/\_\_\_/\_\_\_

Light duty work: keep wound dry and clean; elevate hand four times a day for 10 mins at a time. Minimal use of the operative hand - no repetitive or prolonged grasping. Wear splint at work.

Donohue

J. M. DONOHUE, M.D. / L. T. DONOVAN, D. O. / J.M.FREESE, PA-C, / C. N.LINTON, PA-C

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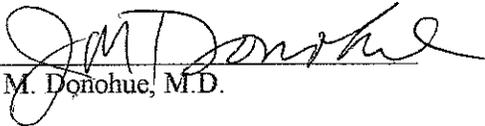
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