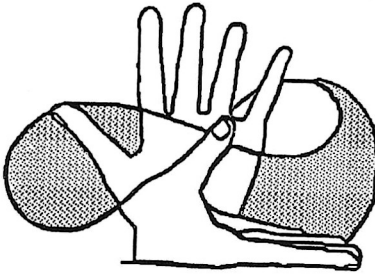


COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

DR. REF:
FAX:
ADJ: DIANA CUMPIAN
PHN: 657-0805
FAX: 657-0819
NCM: DORRIS HARRAH, RN
FAX: 268-7338
ATY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

- ☒ Preliminary Report - Date 12/9/98
☒ Supplemental Report - Date 12/9/98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis fracture of bone plate @ wrist
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen pain in wrist @

3. Therapy none times a week for _____ weeks.
Items Pending: ☐ Authorization Requested

- ☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

4. ☒ Temporarily disabled from 12/9/98 to 6/1/99
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

5. Next appointment 1 week

6. Narrative dictated: ☐ No ☐ Yes ☐ Next Visit

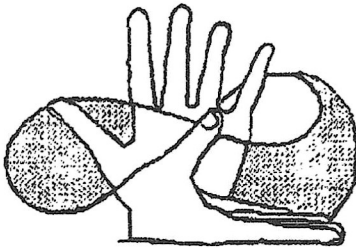
7. Comments Requires surgery in near future to repair

Bone plate and bone graft wrist. This will delay final outcome
8. Time spent: ☐ 15 min. ☐ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other at least 6 mos

Date 12/9/98

Signed Braun M.D.

COMMUNICATION SHEET



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Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

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Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

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FAX: 481-2139
Pt. Phone #: 442-1823

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 10/5/98
☐ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office

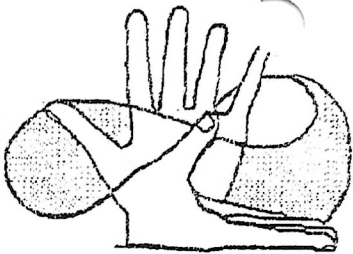
1. Present Diagnosis _____
Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen pain in PIP
area along radial border of wrist - see below
3. Therapy none times a week for _____ weeks.
Items Pending: ☐ Authorization Requested
☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

4. ☐ Temporarily disabled from _____ to _____
☒ Permanent and stationary as of 10/15/98 ☐ QIW/Rehab
☐ Returned to full duty on anticipated
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders () None
____ No work at shoulder level or above () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

5. Next appointment 2 days
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments patient was ready for P.S. assignment on Oct 2
but he complained of pain over wrist pin site. Therefore
8. Time spent: ☒ 15 min. ☐ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____

Date 10/5/98 Signed R. Braun M.D.

I'll continue his TTD for 2 wks and will remove the
pin as an office procedure later this week.



Dori Neill Cage M.D.
Gregory R. Mack M.D.

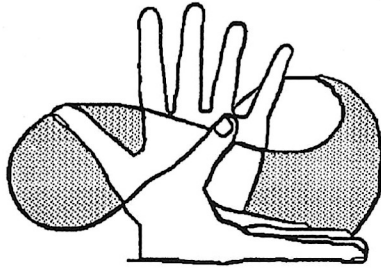
Orthopaedic Surgery * Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

DR. REF:
FAX:
ADJ: DIANA CUMPIAN
PHN: 714-257-7822
FAX: 714-256-2294
CASE MNGR: DORRIS HARRAH, RN
FAX: 268-7338
ATTORNEY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 8/27/98
☐ Hillcrest ☒ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis healing osteotomy forearm
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen reasonable progress
healing of osteotomy / must continue therapy
3. Therapy 3 times a week for 4 weeks.
Items Pending: ☐ Authorization Requested
☐ Records ☐ Chern Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation
4. ☒ Temporarily disabled from _____ to 10-01-98
☐ Permanent and stationary as of _____ ☐ QIWI/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than ____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than ____ min each hour in 8 hr
____ Limit working hours to ____ hours per day
5. Next appointment 1 mo
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments See Narrative - good progress
8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____
- Date 8/27/98 Signed Braun M.D.

COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

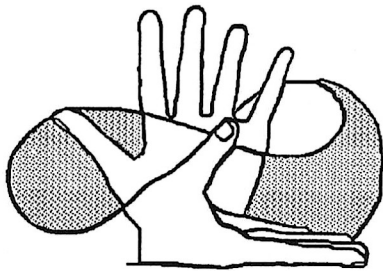
Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

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ATTORNEY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 7/27/98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis healing osteotomy forearm
Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☒ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen pain reduced
alignment good / some wrist motion / weakness
3. Therapy 3 times a week for 4 weeks.
Items Pending: ☐ Authorization Requested
- | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scans | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ HAND CENTER Evaluation | |
4. ☒ Temporarily disabled from _____ to 10/1/98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than ___ lbs. ___ Keyboarding/typing:
 ___ No climbing: stairs, ladders () None
 ___ No work at shoulder level or above () Limited to _____
 ___ No using R/L hand(s) ___ Work in Splint(s) R/L Y N
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than ___ min each hour in 8 hr
 ___ Limit working hours to ___ hours per day
5. Next appointment 1 mo at hand center
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments good portion - now requires
strengthening exercise program
8. Time spent: ☐ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____
- Date 7/27/98 Signed Braun M.D.

COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

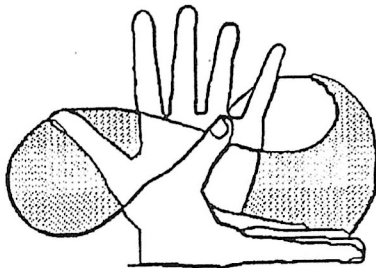
Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

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FAX: 268-7338
ATTORNEY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 6/22/98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis Post op Bone graft to R forearm
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen alignment is good
wounds healing well / sutures removed / cast changed
3. Therapy none now times a week for _____ weeks.
Items Pending: ☐ Authorization Requested
- ☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation
4. ☒ Temporarily disabled from _____ to 8/15/98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders () None
____ No work at shoulder level or above () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day
5. Next appointment 1 month
6. Narrative dictated: ☐ No ☐ Yes ☐ Next Visit
7. Comments Beginning exercises at home
see Narrative / now in cast for 1 mo
8. Time spent: ☐ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____
- Date 6/22/98 Signed R Braun M.D.

COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

DR. REF:
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ADJ: DIANA CUMPIAN
PHN: 714-257-7822
FAX: 714-256-2294
CASE MNGR: DORRIS HARRAH, RN
FAX: 268-7338
ATTORNEY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 5-11-98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office

1. Present Diagnosis malunion fracture @ forearm
Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other

2. Symptoms and Physical findings when patient seen must pain continues / surgery scheduled for 6/11

3. Therapy none now times a week for _____ weeks.
Items Pending: ☐ Authorization Requested
☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

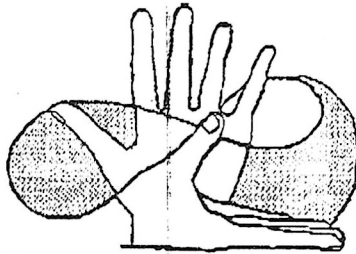
4. ☐ Temporarily disabled from _____ to 7-1-98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing: _____
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

5. Next appointment Pre op 6-10-98
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit

7. Comments patient has stopped smoking and continues using bone stimulator as directed

8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____

Date 5/11/98 Signed Braun M.D.



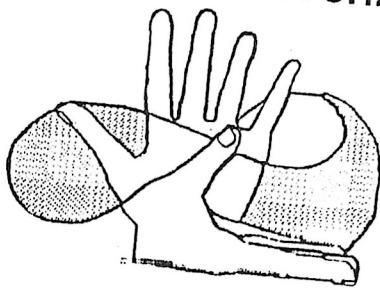
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
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 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

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 CASE MNGR: DORRIS HARRAH, RN
 FAX: 268-7338
 ATTORNEY: DEAN A. GOETZ
 FAX: 481-2139
 Pt. Phone #: 442-1823

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 4/6/98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis malunion @ wrist fx
 Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen Pain in wrist
2 motion / fusion of carpal bones to radius intact
3. Therapy none more times a week for _____ weeks.
 Items Pending: ☐ Authorization Requested
- | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scans | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ HAND CENTER Evaluation | |
4. ☒ Temporarily disabled from _____ to 6/15/98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than ___ lbs. ___ Keyboarding/typing: ___
 ___ No climbing: stairs, ladders (___) None
 ___ No work at shoulder level or above (___) Limited to _____
 ___ No using R/L hand(s) ___ Work in Splint(s) R/L Y N
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than ___ min each hour in 8 hr
 ___ Limit working hours to ___ hours per day
5. Next appointment 1 mo
6. Narrative dictated: ☐ No ☐ Yes ☐ Next Visit
7. Comments Authorization requested for @
fusion surgery - see Narrative
8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____
- Date 4/6/98 Signed (Braun) M.D.



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

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FAX: 268-7338
ATTORNEY: DEAN A. GOETZ
FAX: 481-2139
Pt. Phone #: 442-1823

☐ Preliminary Report - Date
☒ Supplemental Report - Date 3/9/98
☒ Hillcrest ☐ THE HAND CENTER

1. Present Diagnosis malunion distal radius fracture
Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ Reservoir Office
☐ New Patient ☐ Other

2. Symptoms and Physical findings when patient seen
pain subsided forearm is straight / bone healing delayed
3. Therapy none noted times a week for _____ weeks.
Items Pending: ☐ Authorization Requested

☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

4. ☒ Temporarily disabled from _____ extended to 5/1/98
☐ Permanent and stationary as of _____
☐ Returned to full duty on _____ ☐ QIW/Rehab
☐ Returned to modified duty on _____

_____ with the following restrictions:
_____ Keyboarding/typing: _____
_____ () None
_____ () Limited to _____
_____ Work in Splint(s) R/L Y N
_____ No lifting more than _____ lbs.
_____ No climbing: stairs, ladders
_____ No work at shoulder level or above
_____ No using R/L hand(s)
_____ No bending, no stooping, no squatting, no kneeling
_____ No grasping or gripping with R/L hand(s) repetitively
_____ No sitting/standing greater than _____ min each hour in 8 hr
_____ Limit working hours to _____ hours per day

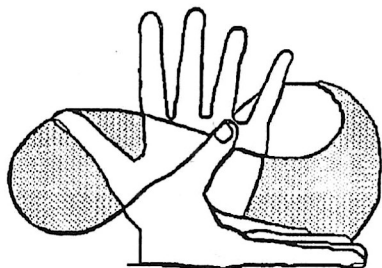
5. Next appointment none

6. Narrative dictated: ☐ No ☒ Yes

7. Comments therapy discontinued because of
good finger motion / see Narrative ☐ Next Visit

8. Time spent: ☒ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____
Date 3/9/98 Signed Braun M.D.

COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

Orthopaedic Surgery • Surgery of the Hand

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Employer : KVAAS CONSTRUCTION
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BREA, CA 92621

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CASE MNGR: DORRIS HARRAH, RN
FAX: 268-7338
ATTORNEY: WILLIAM BURNELL
FAX: 442-0198
Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 1/21/98
☒ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis healing osteotomy distal radius
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen pin removed
xray taken / cast applied
3. Therapy 2-3x times a week for 4 weeks.

Items Pending: ☐ Authorization Requested
☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

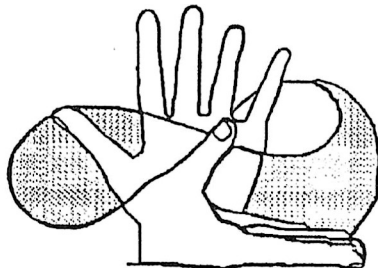
4. ☒ Temporarily disabled from _____ to 3.1.98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in Splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

5. Next appointment butts & xray out of cast (3/4)
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments will initiate bone stimulator

see Narrative
8. Time spent: ☐ 15 min. ☐ 30 min. ☐ 45 min. ☒ 1 hr. ☐ other _____

Date 1/21/98 Signed Braun M.D.

COMMUNICATION SHEET



Richard M. Braun M.D.
Dori J. Neill Cage M.D.
Gregory R. Mack M.D.

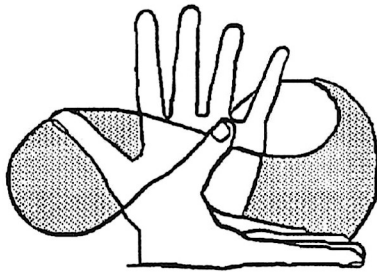
Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
Claim No. : 62X103499
Injured Employee : HOLLIFIELD, RICK
Employer : KVAAS CONSTRUCTION
Date of Injury : 08/28/96
Insurance : ARGONAUT INSURANCE
120 S. STATE COLLEGE #100
BREA, CA 92621

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PHN: 714-257-7822
FAX: 714-256-2294
CASE MNGR: DORRIS HARRAH, RN
FAX: 268-7338
ATTORNEY: WILLIAM BURNELL
FAX: 442-0198
Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 12/23/97
☐ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis Wrist fracture (R)
Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen pins are remaining clean / well removed from medial
3. Therapy 1-2 times a week for X4 weeks.
Items Pending: ☐ Authorization Requested
- | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scans | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ HAND CENTER Evaluation | |
4. ☐ Temporarily disabled from _____ to 3.1.98
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than ___ lbs. ___ Keyboarding/typing:
 ___ No climbing: stairs, ladders (___) None
 ___ No work at shoulder level or above (___) Limited to _____
 ___ No using R/L hand(s) ___ Work in Splint(s) R/L Y N
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than ___ min each hour in 8 hr
 ___ Limit working hours to ___ hours per day
5. Next appointment 3/1/98
6. Narrative dictated: ☐ No ☐ Yes ☐ Next Visit
7. Comments pin removal under anesthesia and exam with Xray now required
8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____

Date 12/23/97 Signed R Braun MD M.D.



Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

DR. REF:

FAX:

ADJ: DIANA CUMPIAN

PHN: 714-257-7822

FAX: 714-256-2294

CASE MNGR: DORRIS HARRAH, RN

FAX: 268-7338

ATTORNEY: WILLIAM BURNELL

FAX: 442-0198

Pt. Phone #: 670-4522

☐ Preliminary Report - Date _____☒ Supplemental Report - Date 10/29/97☒ Hillcrest☐ THE HAND CENTER☐ Reservoir Office1. Present Diagnosis fracture @ wrist / severeVisit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other

2. Symptoms and Physical findings when patient seen

pain continues @ wrist, forearm rotation is blocked3. Therapy none now times a week for _____ weeks.

Items Pending:

☐ Authorization Requested☐ Records☐ Chem Panel☐ CBC☐ Rheum Panel☐ CT Scans☐ MRI _____☐ Bone Scan☐ Arthrogram☐ EMG/NCV☐ Xrays-Plan☐ HAND CENTER Evaluation4. ☒ Temporarily disabled from _____ to 3/1/98☐ Permanent and stationary as of _____☐ QIW/Rehab☐ Returned to full duty on _____☐ Returned to modified duty on _____

with the following restrictions:

___ No lifting more than ___ lbs.

___ Keyboarding/typing:

___ No climbing: stairs, ladders

() None

___ No work at shoulder level or above

() Limited to _____

___ No using R/L hand(s)

___ Work in Splint(s) R/L Y N

___ No bending, no stooping, no squatting, no kneeling

___ No grasping or gripping with R/L hand(s) repetitively

___ No sitting/standing greater than ___ min each hour in 8 hr

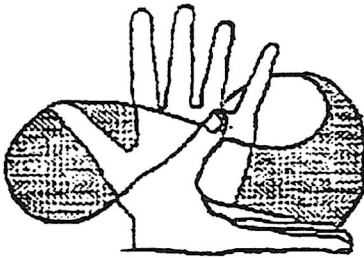
___ Limit working hours to ___ hours per day

5. Next appointment 10 days

6. Narrative dictated:

☐ No☒ Yes☐ Next Visit7. Comments surgery to @ wrist planned toimprove range of motion + relieve pain8. Time spent: ☐ 15 min.☐ 30 min.☒ 45 min.☐ 1 hr.☐ other _____Date 10/29/97Signed Braun

M.D.



Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

DR. REF:

FAX:

ADJ: DIANA CUMPIAN

PHN: 714-257-7822

FAX: 714-256-2294

CASE MNGR: DORRIS HARRAH, RN

FAX: 268-7338

ATTORNEY: WILLIAM BURNELL

FAX: 442-0198

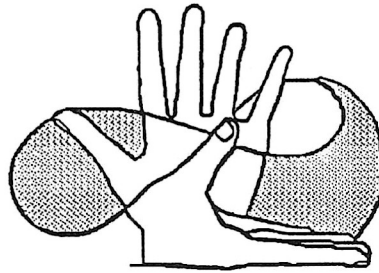
Pt. Birthdate: 01/22/65

Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 8/11/97
☐ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis post traumatic arthritis wrist
 Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen
pain and limited motion wrist.
3. Therapy none times a week for _____ weeks.
 Items Pending: ☐ Authorization Requested
☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation
4. ☒ Temporarily disabled from _____ to 9.1.97
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than _____ lbs. ___ Keyboarding/typing:
 ___ No climbing: stairs, ladders () None
 ___ No work at shoulder level or above () Limited to _____
 ___ No using R/L hand(s) ___ Work in Splint(s) R/L Y N
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than _____ min each hour in 8 hr
 ___ Limit working hours to _____ hours per day
5. Next appointment none
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments will plan surgery to wrist
8. Time spent: ☒ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____
- Date 8/11/97 Signed RBraun MD M.D.

COMMUNICATION SHEET

Richard M. Braun M.D.



Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the H

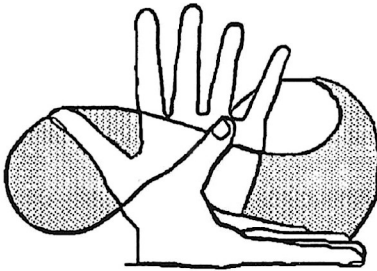
Acct # : 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

DR. REF:
 FAX:
 ADJ: DIANA CUMPIAN
 PHN: 714-257-7822
 FAX: 714-256-2294
 CASE MNGR: DORRIS HARRAH,
 FAX: 268-7338
 ATTORNEY: WILLIAM BURNE
 FAX: 442-0198
 Pt. Birthdate: 01/22/65
 Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 6/27/97
☐ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Offi
1. Present Diagnosis malunion fx @ wrist
 Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen _____
pain must continue
3. Therapy _____ times a week for _____ we
Items Pending: ☐ Authorization Requested
☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation
4. ☒ Temporarily disabled from _____ to 9/1/97
☐ Permanent and stationary as of _____ ☐ QIW/R
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restricti
 _____ No lifting more than _____ lbs. _____ Keyboarding/typing:
 _____ No climbing: stairs, ladders _____ () None
 _____ No work at shoulder level or above _____ () Limited to _____
 _____ No using R/L hand(s) _____ Work in Splint(s) R/L Y
 _____ No bending, no stooping, no squatting, no kneeling
 _____ No grasping or gripping with R/L hand(s) repetitively
 _____ No sitting/standing greater than _____ min each hour in 8 hr
 _____ Limit working hours to _____ hours per day
5. Next appointment 4-6 wks
 6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments will discontinue therapy & stimulator for imo
8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other
- Date 6/27/97 Signed Braun

COMMUNICATION SHEET

Richard M. Braun M.D.



Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the Hand

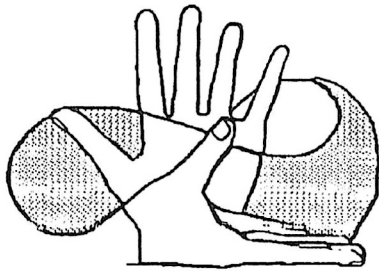
Acct # : 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

DR. REF:
 FAX:
 ADJ: DIANA CUMPIAN
 PHN: 714-257-7822
 FAX: 714-256-2294
 CASE MNGR: DORRIS HARRAH, RN
 FAX: 268-7338
 ATTORNEY: WILLIAM BURNELL
 FAX: 442-0198
 Pt. Birthdate: 01/22/65
 Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 5/28/97
☐ Hillcrest ☒ THE HAND CENTER ☐ Reservoir Office
1. Present Diagnosis healing ectoderm @ wrist
 Visit Type: ☐ Post op ☐ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and Physical findings when patient seen
wrist healing well @ post #x
3. Therapy 2 times a week for 4 weeks.
 Items Pending: ☐ Authorization Requested
- | | | | |
|-----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scans | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ HAND CENTER Evaluation | |
4. ☒ Temporarily disabled from _____ to 8/1/97
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than ___ lbs. ___ Keyboarding/typing:
 ___ No climbing: stairs, ladders () None
 ___ No work at shoulder level or above () Limited to _____
 ___ No using R/L hand(s) ___ Work in Splint(s) R/L Y N
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than ___ min each hour in 8 hr
 ___ Limit working hours to ___ hours per day
5. Next appointment 1 mo @ Xray
6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit
7. Comments bone healing slow @ wrist/well
request Bone Stimulator
8. Time spent: ☐ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____
- Date 5/28/97 Signed Braun M.D.

COMMUNICATION SHEET

Richard M. Braun M.D.



Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the Hand

Acct # : 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, RICK
 Employer : KVAAS CONSTRUCTION
 Date of Injury : 08/28/96
 Insurance : ARGONAUT INSURANCE
 120 S. STATE COLLEGE #100
 BREA, CA 92621

DR. REF:

FAX:

ADJ: DIANA CUMPIAN

PHN: 714-257-7822

FAX: 714-256-2294

CASE MNGR: DORRIS HARRAH, RN

FAX: 268-7338

ATTORNEY:

FAX:

Pt. Birthdate: 01/22/65

Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 4/2/97
☐ Hillcrest ☐ THE HAND CENTER ☐ Reservoir Office

1. Present Diagnosis malunion of radius

Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other

2. Symptoms and Physical findings when patient seen

Sutures removed / wounds healing

3. Therapy _____ times a week for _____ weeks.

Items Pending:

☐ Authorization Requested

- ☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scans ☐ MRI ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ HAND CENTER Evaluation

4. ☒ Temporarily disabled from _____ to 4.1.97

☐ Permanent and stationary as of _____ ☐ QIW/Rehab

☐ Returned to full duty on _____

☐ Returned to modified duty on _____ with the following restrictions:

___ No lifting more than ___ lbs.

___ Keyboarding/typing:

___ No climbing: stairs, ladders

(___) None

___ No work at shoulder level or above

(___) Limited to _____

___ No using R/L hand(s)

___ Work in Splint(s) R/L Y N

___ No bending, no stooping, no squatting, no kneeling

___ No grasping or gripping with R/L hand(s) repetitively

___ No sitting/standing greater than ___ min each hour in 8 hr

___ Limit working hours to ___ hours per day

5. Next appointment 5.11.97

6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit

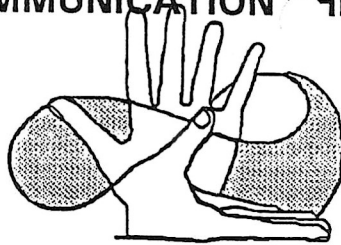
7. Comments has done well with radius osteotomy
will also need later surgery to ulna

8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____

Date 4/2/97

Signed Braun M.D.

COMMUNICATION SHEET



Richard L. Braun M.D.

Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the Hand

ACCT#: 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, Rick
 Employer : KVAAS Construction
 Date of Injury : 08/28/96
 Insurance : Argonaut Insurance
 120 S State College # 100
 Brea, California 92621

ADJ: Diana Cumpian
 PHN: 714-257-7822
 FAX: 714-256-2294
 CASE MNGR: Dorris Harrah,
 FAX: 268-7338
 Pt. Birthdate: 01/22/6
 Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 3/24/97
☐ The Hand Center
☒ HILLCREST OFFICE
☐ Other _____

1. Present Diagnosis: Lx Radius / post osteotomy
 Visit Type: ☒ Postop ☐ Routine ☐ Treatment ☐ New Patient ☐ Other

2. Symptoms and physical findings when patient seen
wounds healing well, drains out

3. Treatment: Type drain removal Further Length _____
 Therapy 3 times a week for 4 weeks.

Items Pending:

☐ Authorization Requested

- | | | | |
|----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scan | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ Hand Center Evaluation | |

4. ☒ Temporarily disabled from _____ to 6/1/97
☐ Permanent and stationary as of _____ ☐ QIW/Re
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
 ___ No lifting more than _____ lbs. ___ Keyboarding/typing:
 ___ No climbing: stairs, ladders () None
 ___ No work at shoulder level or above () Limited to _____
 ___ No using R/L hand(s) ___ Work in splint(s) R/L Y
 ___ No bending, no stooping, no squatting, no kneeling
 ___ No grasping or gripping with R/L hand(s) repetitively
 ___ No sitting/standing greater than _____ min each hour in 8 hr
 ___ Limit working hours to _____ hours per day

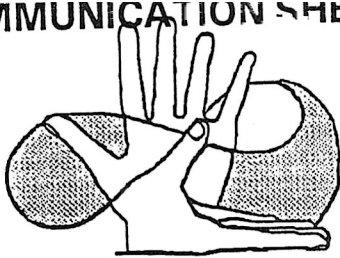
5. Next appointment 10 days

6. Narrative dictated: ☐ No ☐ Yes ☒ Next Visit

7. Comments new plaster splint applied
no complications post op

8. Time spent: ☐ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____

Date 3/24/97 Signed Braun



Dori J. Neill Cage M.D.

Orthopaedic Surgery • Surgery of the Hand

ACCT#: 7308
 Claim No. : 62X103499
 Injured Employee : HOLLIFIELD, Rick
 Employer : KVAAS Construction
 Date of Injury : 08/28/96
 Insurance : Argonaut Insurance
 120 S State College # 100
 Brea, California 92621

ADJ: Diana Cumpian
 PHN: 714-257-7822
 FAX: 714-256-2294
 CASE MNGR: Dorris Harrah, RN
 FAX: 268-7338

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 3/18/97
☐ The Hand Center
☒ HILLCREST OFFICE
☐ Other _____

Pt. Birthdate: 01/22/65
 Pt. Phone #: 670-4522

1. Present Diagnosis: trauma to forearm
 Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
 2. Symptoms and physical findings when patient seen _____

3. Treatment: Type evaluation Further Length _____
 Therapy none now times a week for _____ weeks.

Items Pending:

☐ Authorization Requested

- | | | | |
|----------------------------------|-------------------------------------|---|--------------------------------------|
| ☐ Records | ☐ Chem Panel | ☐ CBC | ☐ Rheum Panel |
| ☐ CT Scan | ☐ MRI | ☐ Bone Scan | ☐ Arthrogram |
| ☐ EMG/NCV | ☐ Xrays-Plan | ☐ Hand Center Evaluation | |

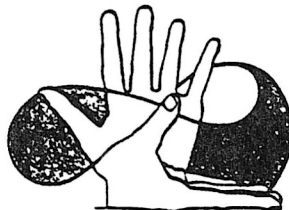
4. ☒ Temporarily disabled from extend to 6/1/97 to _____ ☐ QIW/Rehab
☐ Permanent and stationary as of _____
☐ Returned to full duty on _____

☐ Returned to modified duty on _____ with the following restrictions:

- | | |
|--|-------------------------------|
| ___ No lifting more than _____ lbs. | ___ Keyboarding/typing: |
| ___ No climbing: stairs, ladders | ___ () None |
| ___ No work at shoulder level or above | ___ () Limited to _____ |
| ___ No using R/L hand(s) | ___ Work in splint(s) R/L Y N |
| ___ No bending, no stooping, no squatting, no kneeling | |
| ___ No grasping or gripping with R/L hand(s) repetitively | |
| ___ No sitting/standing greater than _____ min each hour in 8 hr | |
| ___ Limit working hours to _____ hours per day <u>week</u> | |

5. Next appointment _____

6. Narrative dictated: ☐ No ☐ Yes ☒ Next Visit7. Comments pain continues, some gripping
planned re-manifest8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____Date 3/18/97 Signed R Braun M.D.



Richard M Braun M.

Orthopaedic Surgery
Reconstructive Surgery of the Hand
and Upper Extremity
Surgery of Peripheral Nerves

Dori J. Neill Cage M.

Claim No. : 62X103499
Injured Employee : HOLLIFIELD, Rick
Employer : KVAAS Construction
Date of Injury : 08/28/96
Insurance : Argonaut Insurance
120 S State College # 100
Brea, California 92621

Orthopaedic Surgery
Traumatic and Reconstructive
Surgery of the Hand
and Upper Extremity

ADJ: Diana Cumpian
PHN: 714-257-7822
FAX: 714-256-2294
CASE MNGR: Dorris Har
FAX: 268-7338
Pt. Birthdate: 01/22/65
Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 1/13/97
☒ The Hand Center
☐ Alvarado Office
☐ Other _____

1. Present Diagnosis: malunion fx radius
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐
2. Symptoms and physical findings when patient seen _____

pain on wrist ↑

3. Treatment: Type evaluation Further Length _____
Therapy _____ times a week for _____ weeks

Items Pending:

☐ Authorization Requested

- ☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum P
☐ CT Scan ☐ MRI _____ ☐ Bone Scan ☐ Arthrogra
☐ EMG/NCV ☐ Xrays-Plan ☐ Hand Center Evaluation

4. ☒ Temporarily disabled from _____ to 4/1/97
☐ Permanent and stationary as of _____ ☐ QIV
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrict
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in splint(s) R/L
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

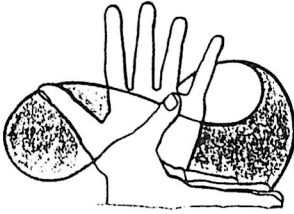
5. Next appointment 1 week

6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit

7. Comments request authorization for surg
to @ radius to correct alignment

8. Time spent: ☐ 15 min. ☒ 30 min. ☐ 45 min. ☐ 1 hr. ☐ other _____

Date 1/13/97 Signed B Braun



Richard M. Braun M.D. Inc.

Orthopaedic Surgery
Reconstructive Surgery of the Hand
and Upper Extremity
Surgery of Peripheral Nerves

Dori J. Neill Cage M.D.

Claim No. : 62X103499
Injured Employee : HOLLIFIELD, Rick
Employer : KVAAS Construction
Date of Injury : 08/28/96
Insurance : Argonaut Insurance
120 S State College # 100
Brea, California 92621

Orthopaedic Surgery
Traumatic and Reconstructive
Surgery of the Hand
and Upper Extremity

ADJ: Diana Cumpian
PHN: 714-257-7822
FAX: 714-256-2294
CASE MNGR: Dorris Harrah, RN
FAX: 268-7338
Pt. Birthdate: 01/22/65
Pt. Phone #: 670-4522

- ☐ Preliminary Report - Date _____
☒ Supplemental Report - Date 9/18/96
☐ The Hand Center
☒ Alvarado Office
☐ Other _____

1. Present Diagnosis: fracture @ wrist / ulna
Visit Type: ☐ Post op ☒ Routine ☐ Treatment ☐ New Patient ☐ Other
2. Symptoms and physical findings when patient seen sutures removed, stiff fingers
3. Treatment: Type evaluation Further Length _____
Therapy _____ times a week for _____ weeks.

Items Pending:

☐ Authorization Requested

- ☐ Records ☐ Chem Panel ☐ CBC ☐ Rheum Panel
☐ CT Scan ☐ MRI _____ ☐ Bone Scan ☐ Arthrogram
☐ EMG/NCV ☐ Xrays-Plan ☐ Hand Center Evaluation

4. ☒ Temporarily disabled from _____ to 12/1/96
☐ Permanent and stationary as of _____ ☐ QIW/Rehab
☐ Returned to full duty on _____
☐ Returned to modified duty on _____ with the following restrictions:
____ No lifting more than _____ lbs. _____ Keyboarding/typing:
____ No climbing: stairs, ladders _____ () None
____ No work at shoulder level or above _____ () Limited to _____
____ No using R/L hand(s) _____ Work in splint(s) R/L Y N
____ No bending, no stooping, no squatting, no kneeling
____ No grasping or gripping with R/L hand(s) repetitively
____ No sitting/standing greater than _____ min each hour in 8 hr
____ Limit working hours to _____ hours per day

5. Next appointment 3 wks at Hand Center

6. Narrative dictated: ☐ No ☒ Yes ☐ Next Visit

7. Comments will now begin finger motion
exercise therapy program

8. Time spent: ☐ 15 min. ☐ 30 min. ☒ 45 min. ☐ 1 hr. ☐ other _____

Date 9/18/96 Signed Braun M.D.