



Kinetix Surgery Center
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OPERATIVE REPORT

Daniel DORAN

PREOPERATIVE DIAGNOSIS:

Complex Regional Pain Syndrome.

POSTOPERATIVE DIAGNOSIS:

Complex Regional Pain Syndrome.

ATTENDING SURGEON:

Jonathan Kohan, M.D.

ASSISTANT:

None.

ANESTHESIOLOGIST:

Joel Diaz, CRNA

TYPE OF ANESTHESIA:

MAC.

ESTIMATED BLOOD LOSS:

Minimal.

PROCEDURE:

1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine.
2. Implantation of pulse generator.
3. Myelogram.
4. Complex programming.
5. Somatosensory evoked potential.

INDICATION: The potential risks involved in this procedure included not limited to infection, bleeding, nerve root irritation, damage, paralysis, headache, increased pain, or damage to internal organs were discussed with the patient, who reports no changes in his overall condition since his last visit with me.

DESCRIPTION OF THE PROCEDURE: After obtaining informed consent, he was taken to the operating room and placed on the operating table in the prone position with a wedge under the upper chest area to allow some flexion of the cervical spine. We utilized somatosensory evoked potential since the procedure involved upper thoracic and cervical spine spinal cord. He received 1 g of Vancomycin and 120 mg of Gentamicin IV. The entire neck and upper back was then prepped with "ChloraPrep" on two

Patient Name: Daniel DORAN
Date of Birth: 6/4/1966
MR#: 20015038
Procedure Date: 8/27/2014

Next, a solution containing 0.5 cc of 0.25% Marcaine and 8 mg of Celestone was injected at each level, which showed the same distribution as the dye. Next, the needles were removed. The area was cleaned and covered with Band-Aid.

The patient tolerated the procedure well and was taken to the recovery room and discharged home in good condition with a follow up visit with me at my office.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD 9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Jonathan Kohan, M.D.

Dictated: 9/3/2014

Transcribed: 9/4/2014

cc: (Emdat Autofax)
David Johnson,
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William W. Green & Associates Esq.
3419 Via Lido # 607
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Patient Name: Silverio CHAIREZ
Date of Birth: 10/19/1971
MR#: 20021437
Procedure Date: 9/3/2014