



Wing Memorial
Hospital and Medical Centers
A Member of UMass Memorial Health Care

DATE/TIME: 6/7/2013

TO: Bert Pimentel

ATTENTION: _____

ADDRESS: _____

FAX NUMBER: 9-1-866-828-4150 # of PAGES (including cover): 8

MESSAGE: 2 Samples of Dr. Chertoff's dictations

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Signed: _____

WING MEMORIAL HOSPITAL & MEDICAL CENTERS
40 Wright Street, Palmer, MA 01069

MEDICAL CENTER REPORT

NAME: [REDACTED]
DOB: [REDACTED]

MR #: [REDACTED]
CHART LOC: PALMER

DATE OF SERVICE: 02/04/13

OOS #: [REDACTED]

LOCATION: PMC
PHYSICIAN/PROVIDER: ANDREW CHERTOFF, MD
DICTATING: ANDREW CHERTOFF, MD

PCP: KHALED ABDELKADER, MD

HISTORY OF PRESENT ILLNESS: The patient is a 50-year-old female in no acute distress, appearing her stated age. Here for followup of her right shoulder pain. Again, this patient had previous right shoulder arthroscopic surgery many years ago. Her x-rays show anchor sutures in place. She has developed pain in the shoulder and she says physical therapy does not help her. She is complaining of pain anterolaterally. Quality is an ache. Severity is moderate. Duration intermittent and aggravated by abducting greater than 90 degrees.

OBJECTIVE: Skin integrity intact. Neuromuscular vascular status is intact and she does have some impingement on exam. General exam, alert and oriented to time, place, and person x3. Neck is symmetrical, no lymphadenopathy. Pulse is regular. Respirations are regular and her eyes are clear.

RADIOGRAPHS: The Arthro-CAT scan did show a thin full-thickness tear in the mid supraspinatus tendon.

PLAN: Treatment options, surgical versus conservative discussed. She wants a second opinion. I will send her to UMass for a second opinion.

181 T:cmh DD:20130204 TD:0852 DT:20130205 TT:1905 JOB:08-03269936

CHEA /STE
D: 02/04/13
T: 02/05/13

ANDREW CHERTOFF, MD
Report ESigned in PCI
Date:02/07/13 Time:0845

COPY SENT TO _____ DATE _____

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WING MEMORIAL HOSPITAL & MEDICAL CENTERS
40 Wright Street, Palmer, MA 01069

MEDICAL CENTER REPORT

NAME: [REDACTED]
DOB: [REDACTED]

MR #: [REDACTED]
CHART LOC: PALMER PP-05

DATE OF SERVICE: 02/04/13

OOS #: [REDACTED]

LOCATION: PMC
PHYSICIAN/PROVIDER: ANDREW CHERTOFF, MD
DICTATING: ANDREW CHERTOFF, MD

PCP: HYUN-YOUNG PARK, MD

HISTORY OF PRESENT ILLNESS: A 47-year-old male in no acute distress, appearing his stated age, here for followup of his left shoulder injury where he sustained an AC separation. I have reviewed the x-rays and it shows an AC separation. We did order an MRI and I reviewed the MRI and it shows the AC separation. No evidence for a pre-tear of the rotator cuff at this time. There is some mild thinning and some impingement. He is complaining of pain over the AC joint. Quality is an ache. Severity is significantly improved and only mild. Duration is intermittent and aggravated by lifting heavy objects.

OBJECTIVE: Skin integrity intact. Neuromuscular vascular status is intact. He almost has a full range of motion of his shoulder. He alert and oriented to time, place, person x3. His neck is symmetrical. He has no lymphadenopathy. His pulse is regular, respirations are regular, and his eyes are clear.

ASSESSMENT: Treatment options, surgery discussed and conservative.

PLAN: Physical therapy and reevaluate in six weeks with a repeat x-ray.

181 T:mj DD:20130204 TD:1001 DT:20130206 TT:0800 JOB:08-03270041

CHEA /STE
D: 02/04/13
T: 02/06/13

ANDREW CHERTOFF, MD
Report ESigned in PCI
Date:02/11/13 Time:1632

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WING MEMORIAL HOSPITAL & MEDICAL CENTERS
40 Wright Street, Palmer, MA 01069

MEDICAL CENTER REPORT

NAME: [REDACTED]
DOB: [REDACTED]

MR #: [REDACTED]
CHART LOC: MMC

DATE OF SERVICE: 02/06/13

OOS #: [REDACTED]

LOCATION: PMC
PHYSICIAN/PROVIDER: ANDREW CHERTOFF, MD
DICTATING: ANDREW CHERTOFF, MD

PCP: JOANNA PREIBISZ, MD

HISTORY OF PRESENT ILLNESS: An 86-year-old female in no acute distress, appearing her stated age. She fell down injuring her right hand. I looked at her x-rays. She has a fracture at the base of the fifth metacarpal with a question of also a fracture at the base of the fourth metacarpal. She is complaining of pain at that area. The quality is an ache. Severity is moderate and aggravated by range of motion.

PHYSICAL EXAMINATION: She has ecchymosis and swelling. Neuromuscular vascular status is stable. Definite tenderness at the fracture site. On general exam, she is alert and oriented to time, place, and person x3. Her neck is symmetrical, no lymphadenopathy. Her pulse is regular. Respirations are regular and her eyes are clear.

PLAN: Treatment options have been discussed with the patient, surgical versus conservative. She wants to stay conservative. Plan will be application of a short-arm cast. Return to the office in three weeks. Cast off, x-ray, start therapy.

181 T:cmh DD:20130206 TD:1018 DT:20130208 TT:1409 JOB:08-03273016

CHEA /STE
D: 02/06/13
T: 02/08/13

ANDREW CHERTOFF, MD
Report ESigned in PCI
Date:02/11/13 Time:1632

COPY SENT TO _____ DATE _____

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WING MEMORIAL HOSPITAL & MEDICAL CENTERS
40 Wright Street, Palmer, MA 01069

MEDICAL CENTER REPORT

NAME: [REDACTED] MR #: [REDACTED]
 DOB: [REDACTED] CHART LOC: BMC
 DATE OF SERVICE: 02/11/13 OOS #: [REDACTED]
 LOCATION: PMC PCP: MARIO LYSSE, MD
 PHYSICIAN/PROVIDER: ANDREW CHERTOFF, MD
 DICTATING: ANDREW CHERTOFF, MD

HISTORY OF PRESENT ILLNESS: A 32-year-old female in no acute distress, appearing her stated age, here for followup of twisting injury to her left knee.

DIAGNOSTIC STUDIES: I have reviewed her MRI. It shows no significant internal derangement, just a sprain/strain of the gastrocnemius complex laterally. X-rays are noncontributory.

She is complaining of pain anteriorly and medially and laterally. The quality is an ache. Severity is improved since last visit, is moderate. It is intermittent and aggravated by walking on uneven ground.

OBJECTIVE: Skin integrity is intact. Neuromuscular and vascular status is intact. Knee is stable. On general exam, she is alert and oriented to time, place and person x3. Her neck is symmetrical; she has no lymphadenopathy. Her pulses are regular, respirations are regular, and her eyes are clear.

ASSESSMENT: Treatment options have been discussed with the patient, surgical versus conservative. Staying conservative.

PLAN: Physical therapy. Reevaluate in two months.

181 T:bjh DD:20130211 TD:0956 DT:20130212 TT:0951 JOB:10-03042967

CHEA /STE
 D: 02/11/13
 T: 02/12/13

ANDREW CHERTOFF, MD
 Report ESigned in PCI
 Date:02/13/13 Time:1558

COPY SENT TO _____ DATE _____

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WING MEMORIAL HOSPITAL & MEDICAL CENTERS
40 Wright Street, Palmer, MA 01069

MEDICAL CENTER REPORT

NAME: [REDACTED]
DOB: [REDACTED]

MR #: [REDACTED]
CHART LOC: LMC

DATE OF SERVICE [REDACTED]

OOS #: [REDACTED]

LOCATION: PMC
PHYSICIAN/PROVIDER: ANDREW CHERTOFF, MD
DICTATING: ANDREW CHERTOFF, MD

PCP: VICKIE VERLINDEN, MD

HISTORY OF PRESENT ILLNESS: A 35-year-old female in no acute distress, appearing her stated age, complaining of right ankle pain since December. No particular history of any injury. She is complaining of pain and some question of instability laterally. Quality is an ache. Severity is moderate, and aggravated by walking on uneven ground.

LABORATORY AND OTHER STUDIES: I have looked at her x-rays. She has some chronic changes of what appears to be an avulsion injury of the distal fibula. No acute fractures are appreciated.

OBJECTIVE: Skin integrity intact. Neuromuscular and vascular status is intact. Ankle feels grossly stable. On general exam, alert and oriented to time, place and person x3. Neck is symmetrical. No lymphadenopathy. Pulses are regular. Respirations are regular. Eyes are clear.

ASSESSMENT AND PLAN: MRI of the ankle and also a stress test of the right ankle. Then, based on the diagnostic workup, treatment options will be discussed.

181 T:trp DD:20130221 TD:1046 DT:20130222 TT:1048 JOB:08-03288563

CHEA /STE
D: 02/21/13
T: 02/22/13

ANDREW CHERTOFF, MD
Report ESigned in PCI
Date:02/25/13 Time:1335

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WING MEMORIAL HOSPITAL & MEDICAL CENTERS
Palmer, Massachusetts

HISTORY & PHYSICAL EXAM

NAME: [REDACTED] DOB: 02/16/56
HOSPITAL #: [REDACTED] MR #: [REDACTED]
CHART LOC: PALMER PCP: SARAH FREEDMAN, MD
DICTATING: ANDREW CHERTOFF, MD

FINAL SIGNED DOCUMENT IN HYLAND ONBASE

DATE OF SERVICE: 04/01/2013

HISTORY OF PRESENT ILLNESS: A 57-year-old female in no acute distress, appearing her stated age referred from the emergency room after falling down last night injuring her right wrist. X-rays show a comminuted fracture of the distal radius. She is complaining of pain at the fracture site. The quality is an ache. Severity is moderate. Duration intermittent and aggravated by hanging her arm down.

OBJECTIVE: She is currently in functional splintage and neuromuscular vascular status is intact at the extremity. On general exam, she is alert and oriented to time, place, and person x3. Her neck is symmetrical. She has no lymphadenopathy. Her pulse is regular. Respirations are regular and her eyes are clear.

PLAN: Treatment options have been discussed with the patient. My recommendation for the patient was a close with a possible open possible external fixator; however, the patient does not want surgery, but does agree to just a closed reduction under anesthesia. She is aware of the risks and complications of just a closed reduction including the fact that it may be acceptable at that time, but may settle and drift, require further treatment including surgery in the future, and also that the closed reduction may or may not be acceptable and then subsequent treatment would require the discussion of surgery, but at any case after the risks, complications, and benefits, the different treatment options, she wants to try a closed reduction first and then she says based on the results of the closed reduction she will decide if she will proceed with surgery. Again, she has been offered closed with possible open under the same anesthesia, but chooses just closed reduction.

NAME: ██████████
HOSP#: ██████████
CHART LOC: PALMER

DOB: 02/16/56
MR#: ██████████
PCP: SARAH FREEDMAN, MD
DICTATING: ANDREW CHERTOFF, MD

HISTORY & PHYSICAL EXAM CONTINUED:

181 T:cmh DD:20130401 TD:0930 DT:20130404 TT:1608 JOB:10-03094308

_____ Patient examined and no interval changes.

_____ The following changes have occurred since the above H&P.

Dr. Signature _____ Date: _____ Time: _____

CHEA /STE
D: 04/01/13
T: 04/04/13
Date: _____ Time: _____

NOT FOR REDISCLOSURE WITHOUT PATIENT'S INFORMED CONSENT