

Tai Q. Chung, M.D.

Tai Q. Chung, M.D.
DEA #: AC9728378 • LIC #: 19826
NPI #: 1841886603

6536 Winton Blount Blvd
Montgomery, AL 36117
Tel: (334) 250-2286

Name

Address

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DOB

Date 2/23/14

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M.D.

SAFETY FEATURES: COLORED VOID BACKGROUND • MICROPRINT LINES • MICRINT CHASSEL PROTECTION
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SCRIPT# 1881

DEFECT COLORED VOID BACKGROUND • MICROPRINT LINES • MICRINT CHASSEL PROTECTION
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Tal Q. Chung, M.D.
American Board of Orthopaedic Surgery

6936 Winton Blount Boulevard
Montgomery, AL 36117

Telephone: (334) 260-2288
FAX: (334) 260-9885

FROM: Valerie

Date: 4/10/18

+++++ **F A X** +++++

RE: Guoping Wang

Number of pages: This page only This page + 1 2 3 4 5 6 7 8 9 10 _____ pages.

TO: Name Student With Services

Telephone _____

FAX 244-3396

Message: Patient request Medical
records to be fax.
Thank You

Information contained herein is intended solely for the above-named recipient and is considered confidential and highly sensitive. If you receive this fax and you are not the intended recipient, please call our office immediately to report the error at (334) 260-2288. After you notify us, please either destroy the fax or place in an envelope and return to this office by regular mail service to 6936 Winton Blount Boulevard, Montgomery, AL 36117.

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FAX SCHEDULING
334/279-8572

PATIENT NAME Guoping Wang
DATE OF BIRTH / / SS# APPOINTMENT DATE TIME
PHONE: Home Cell Work
PRIMARY INSURANCE PRE-CERT? Y N
PRE-CERT # EXPIRATION DATE
POLICY/GROUP#
SECONDARY INSURANCE PRE-CERT? Y N
CONTACT PERSON PHONE
DATE OF INJURY / /

IMAGE/REPORT PREFERENCE: ☐ REPORT ONLY ☐ DELIVER DISC & REPORT ☐ SEND DISC w/PATIENT & FAX REPORT

Please bring this referral sheet with you, as well as insurance cards and ID card (Driver's license, military ID, etc.).

Wear comfortable clothing, free of metal, if possible.

Please remove your jewelry, hair pins, and body piercings prior to arrival. There are no dietary restrictions for MRI.
NOT ALLOWED IN MRI: Cardiac Pacemakers, Intracranial Aneurysm Clips or Metallic Foreign Bodies in eyes

MRI

- | | | | |
|---|---------------------------------------|--|---|
| ☐ MRI BRAIN | <u> </u> w <u> </u> wo Contrast | ☐ MRI SHOULDER | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI ORBITS | <u> </u> w <u> </u> wo Contrast | ☐ MRI ELBOW | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI IAC'S | <u> </u> w <u> </u> wo Contrast | ☒ MRI WRIST | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI PITUITARY | <u> </u> w <u> </u> wo Contrast | ☐ MRI HAND | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI CERVICAL SPINE | <u> </u> w <u> </u> wo Contrast | ☐ FINGER / THUMB | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI SOFT TISSUE NECK | <u> </u> w <u> </u> wo Contrast | ☐ MRI HIP | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI BRACHIAL PLEXIS | <u> </u> w <u> </u> wo Contrast | ☐ MRI KNEE | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI THORACIC | <u> </u> w <u> </u> wo Contrast | ☐ MRI ANKLE | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI LUMBAR | <u> </u> w <u> </u> wo Contrast | ☐ MRI FORE-MIDFOOT | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| ☐ MRI ABDOMEN | <u> </u> w <u> </u> wo Contrast | ☐ MRI TOES | <u> </u> R <u> </u> L <u> </u> w <u> </u> wo Contrast |
| | | ☐ MRI OTHER (specify) <u> </u> | <u> </u> w <u> </u> wo Contrast |

MRA

- | | |
|---------------------------------------|--|
| ☐ MRA BRAIN | ☐ MRA ABDOMINAL AORTA |
| ☐ MRA CAROTIDS | ☐ MRA RENALS |

MRV

- ☐ BRAIN

ARTHROGRAMS

- | | |
|-----------------------------------|-----------------------------|
| ☐ SHOULDER | <u> </u> R <u> </u> L |
| ☐ OTHER | <u> </u> R <u> </u> L |

PATIENT'S PREVIOUS TEST FILMS ARE NECESSARY FOR COMPARISON TO OBTAIN THE MOST ACCURATE RESULTS.
If your patient has had surgery on the area or a history of cancer, please notify us.

DIAGNOSIS Guoping Wang S63.301D/M24.39
REFERRING PHYSICIAN SIGNATURE (R) wrist pain, ? scapho lunate ligament tear, TFCC tear
COMMENTS

MRI REQUEST

Guoping Wang

Announcing the Opening
of the



Hand and Occupational T H E R A P Y C E N T E R

2767 Office Park Circle
Montgomery, AL 36116

Phone 334-239-9431

Fax 334-239-9415

Beverly Allen-Crain, OTR/L, CHT

Amanda T. Dixon, MSOTR/L

"Caring people caring for patient needs."

February 23, 2018 Guoping Wang

He is a 53-year old right hand dominant gentleman who complains of right wrist pain. He fell on his right wrist on 12/09/2017. He was seen in a hospital in China. Xrays were obtained. He was given a brace. He continues to have pain in his wrist. He also has some numbness in the hand. He had no previous fracture in this wrist.

PMH: chronic right shoulder pain, hypertension, Diabetes.

Meds: antihypertensive, oral hypoglycemic.

Allergies: none.

Exam: 172 cm, 72 kg.

Right elbow is not tender.

Right wrist has mild swelling. Tender at the navicular and the radial styloid.

Ext/flex fingers. Sensation ok to pinwheel. Radial pulse present.

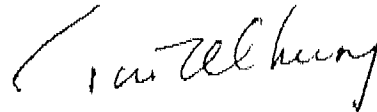
He is sweating on the dorsum of the wrist and in the hand. (He says this came on a few days ago after he had acupuncture for his right shoulder.)

Skin is not shiny. He does not have excessive tenderness with touch.

Xrays right wrist: there is a fracture line at the radial styloid. It seems to be healing. I do not see a fracture in the navicular itself.

IMP: Fracture of right wrist radial styloid.

P: Discuss findings, especially the possible association with ligament injury. Since he still has so much pain, I think that it is best for him to be in a thumb spica cast for protection. See me in three weeks for cast removal. Tramadol 50 mg #30 1 po q4h prn pain.



Tai Q. Chung, MD

April 9, 2018 Guoping Wang

He still has pain and stiffness in the right wrist.

He also has chronic pain in the right shoulder. He has been treated previously with acupuncture.

Exam:

Right wrist: no tenderness at the radial styloid. Tender at the dorsum at the scapholunate area. Ext 20, flex 30, pro 45, sup 45 degrees.

Right shoulder tender anteriorly distal to the acromial edge. Impingement tests positive. Abd/flex/ext rot 80/80/30 degrees (150/150/45 degrees on the left).

Xrays right shoulder: unremarkable.

IMP:

1. Possible intercarpal ligament injury in the right wrist.
2. Right shoulder acromial impingement and adhesive capsulitis.

P: Discuss findings. Continue to use his brace. Ibuprofen 800 mg po tid with food. O.T./P.T. for the shoulder and the wrist. MRI right wrist to rule out ligament tear. See me afterwards.



Tai Q Chung, MD

**BAPTIST MEDICAL CENTER EAST
EAST MONTGOMERY IMAGING CENTER**

6880 Winton Blount Boulevard
Montgomery, Alabama 36117
(334) 277-1210

Name: WANG, GUOPING

MR#: E000542072

Sex: Male

DOB: 7/1/1965

Account: E1809900486

Admit: 4/9/2018

Room/Bed:

Location: F-East Imaging

Admit type: ECT

Discharge Date:

Age: 52 years

Admitting Physician: Chung, Tai Q, MD

R a d i o l o g y

Procedure Name:

DX Shoulder Complete Right

Accession Number:

DX-18-0059120

Procedure Date / Time:

4/9/2018 9:52 22 AM CDT

Ordering Physician:

Chung, Tai Q, MD

Reason for exam:

R shoulder pain

FINDINGS

WANG, GUOPING

RIGHT SHOULDER

No fracture, dislocation, or bony abnormality.

IMPRESSION:

Normal right shoulder.

jrj/711440

BB

ELECTRONICALLY SIGNED BY: Plasecki, Philip S, MD
PHYSICIAN SIGNED DATE AND TIME: 04/09/2018 16:49
TECHNOLOGIST: KER
TRANSCRIBED DATE AND TIME: 04/09/2018 10:20
TRANSCRIPTIONIST: JJ

MR#: E000542072

Printed: 4/9/2018 6:26 PM

Name: WANG, GUOPING

Room/Bed:

Sex: Male

Account: E1809900486

DOB: 7/1/1965

Page 1 of 1

Cumulative

TAI Q. CHUNG, M.D.

6936 WINTON BLOUNT BLVD.
MONTGOMERY, AL 36117
(334) 260-2288

DEA #: AC9728378
AL LIC #: 19825

DATE: 7/3/12

NAME: Guoping Wang AGE: _____

ADDRESS: _____

R

*Thyroxine 80 mg
by mouth #60
to be taken*

REFILL: 12

DISPENSE AS WRITTEN M.D.

Tai Q. Chung

SUBSTITUTION PERMITTED M.D.

TAI Q. CHUNG, M.D.

6936 WINTON BLOUNT BLVD.
MONTGOMERY, AL 36117
(334) 260-2288

DEA #: AC9728378
AL LIC #: 19825

DATE: 24/9/2011

NAME: Guoping Wang

AGE: _____

ADDRESS: _____

R

Doc (L) (R) wrist sprain - radial
styloid fr & ligament injury.
(L) (R) shoulder impingement syndrome
adhesive capsulitis.
3x wk 4 3wk

REFILL: _____

DISPENSE AS WRITTEN

M.D.

C. Wells

M.D.

SUBSTITUTION PERMITTED

TAI Q. CHUNG, M.D.

6936 WINTON BLOUNT BLVD.
MONTGOMERY, AL 36117
(334) 260-2288

DEA #: AC9728378
AL LIC. #: 19825

DATE: 7/1/18

NAME: Shoping Wang AGE: _____

ADDRESS: _____

R

*Shoping Wang
my sister's
to be #2 for*

REFILL: 12

DISPENSE AS WRITTEN

M.D.

T. Welch
SUBSTITUTION PERMITTED

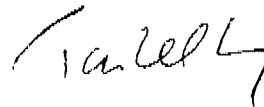
M.D.

March 12, 2018 Guoping Wang

f/u right wrist injury.

Exam: Cast is removed. No tenderness.

P: Thumb spica splint for support. Gentle exercises. See me in one month.

A handwritten signature in black ink, appearing to read 'Tai Q Chung'.

Tai Q Chung, MD

**BAPTIST MEDICAL CENTER EAST
EAST MONTGOMERY IMAGING CENTER**

6850 Winton Bleum Boulevard
Montgomery, Alabama 36117
(334) 257-1210

Name: WANG GUOPING

Location: E-East Imaging
Admit Type: ECT
Discharge Data:

MR#: E000542072

Account: E1805401270

Age: 52 years

Sex: Male

Admit: 2-23-2018

DOB: 7-1-1965

Room/Bed:

Admitting Physician: Chung, Ian Q. MD

R a d i o l o g y

Procedure Name:

Accession Number:

Procedure Date / Time:

Ordering Physician:

DX Wrist Complete Right

DX-18-0035775

2-23-2018 3:11:19 PM CST

Chung, Ian Q. MD

Reason for exam:

RIGHT WRIST PAIN

FINDINGS

WANG, GUOPING

VIEWS OF THE RIGHT WRIST

The views of the right wrist show a fracture of the distal radius. The radial styloid is fractured and this is a nonunion fracture. The navicular bone appears normal. I don't see any other abnormalities except for slight plastic bowing of the distal ulna. I don't see a fracture of the navicular.

IMPRESSION:

1. Fracture of the styloid process of the radius.
2. Plastic bowing of the ulna, this is likely an old injury.
3. No other abnormality seen.

MR#: E000542072

Printed: 2/23/2018 6:38 PM

Name: WANG, GUOPING

Room/Bed:

Sex: Male

Account: E1805401270

DOB: 7-1-1965

Page 1 of 2

Cumulative

BAPTIST MEDICAL CENTER EAST
EAST MONTGOMERY IMAGING CENTER
6830 Winton Blount Boulevard
Montgomery, Alabama 36117
(334) 275-1210

Name: WANG, GUOPING

Account: E1805401270

R a d i o l o g y

Procedure Name:
DX Wrist Complete Right

Accession Number:
DX-18-0633773

Procedure Date / Time:
2/23/2018 3:16:19 PM CST

Ordering Physician:
Chung, Im Q, MD

ah/663148

AA

ELECTRONICALLY SIGNED BY: Monroe, David C, MD
PHYSICIAN SIGNED DATE AND TIME: 02/23/2018 18:08
TECHNOLOGIST: NGH
TRANSCRIBED DATE AND TIME: 02/23/2018 17:10
TRANSCRIPTIONIST: AH

MR#: E000542072
Printed: 2/23/2018 6:26 PM
Name: WANG, GUOPING

Room/Bed:
Sex: Male

Account: E1805401270
DOB: 7-1-1965

Page 1 of 2
Cumulative