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Консультант: Захарьян Екатерина Анатольевна

Дата 22.11.2016

ФИО пациента: МУЖНИКОВА КСЕЕНИЯ СЕРГЕЕВНА возраст 28.06.2015 г.р.

Заключение: нейрофиброзатоз. Врожденный латентный ложный сустав костей обеих голени, состояние после оперативного лечения.

Код по МКБ 10: M95.8 Другие приобретенные деформации костно-мышечной системы

Рекомендации:

На представленных рентгенограммах отмечается латентная форма врожденного ложного сустава костей обеих голени, перестройка аллотрансформатов, увеличение костной массы диафиза обеих голени, больше слева.

1. Наблюдение у ортопеда по месту жительства.
2. Снять слепки и изготовить ортезы (шино-кожаный, шинно-пластиковый) от кончиков пальцев до верхней трети бедра на обе нижние конечности с шарнирами в уровне коленного и голеностопного суставов (замок на уровень голеностопного сустава).
3. Ходьба в ортезах с полной нагрузкой на обе нижние конечности.
4. Запрет ФТЛ, массажа, тепловых процедур.
5. Контрольная рентгенография костей обеих голени через 6 мес. с последующей заочной консультацией в клинике НИДОИ.



Захарьян Екатерина Анатольевна

COST ESTIMATE FOR: **K. S. Sapojkova**
 SCHEDULE SURGERY DATE: **TBD**
 PAYOR: **Self pay**

 November 2, 2017
 Discount: 46%

Hospital Fees Breakdown

| | | |
|-----------------------------------|----------|---------------------|
| Hospital Charges - PICU | 1 Night | \$ 2,713.56 |
| Hospital Charges - Room and Board | 3 Nights | \$ 4,478.73 |
| Hospital charges - Operating Room | 1 Room | \$ 25,595.13 |
| Hospital charges - Anesthesia | | \$ 5,454.75 |
| Hospital charges - Recovery Room | | \$ 2,202.11 |
| Equipment and Hardware | | \$ 10,292.30 |
| Labs, x-rays and medications | | \$ 5,070.00 |
| Inpatient Physical Therapy | | \$ 372.40 |
| TOTAL HOSPITAL FEES | | \$ 63,119.28 |

Hospital Based Physician Fees

| | |
|--|--------------------|
| Anesthesiologist | \$ 1,000.00 |
| Radiologist | \$ 200.00 |
| Hospitalist | \$ 2,800.00 |
| TOTAL HOSPITAL BASED PHYSICIAN FEES | \$ 3,500.00 |

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 121,164.58
Physician Fees Breakdown

| | |
|--|---------------------|
| Bilateral repair of CPT with internal fixation | \$ 11,182.35 |
| Application of ex fix both tibiae | \$ 11,920.43 |
| Periosteal graft to both legs | \$ 3,308.64 |
| Harvest anterior and posterior bone graft & Inoculation of BMP, tibiae | \$ 1,272.86 |
| Resect benign tumor, both legs | \$ 6,350.30 |
| Anterior compartment fasciotomy, both legs | \$ 4,982.98 |
| Assistant surgeon | \$ 7,731.53 |
| Clinic visit(s) | \$ 1,296.00 |
| Pre-Op x-rays | \$ 310.00 |
| Post-Op x-rays | \$ 1,240.00 |
| TOTAL TRPS PHYSICIAN FEES | \$ 40,226.23 |

This estimate is based on information available at this time. Please be advised that hospital fees may change without notice and additional charges may not be included in this estimate, however all charges will be reflected on your final bill. Should the estimate exceed actual charges, a refund will be processed promptly. Conversely, if charges exceed the estimate the patient, parents or legal guardian assumes responsibility for all additional charges. This estimate covers only the items listed above, except for certain other incidental services such as: United States transportation services to and from the facility for treatment purposes, along with other certain incidental charges. Payment in full is expected prior to surgery. A US \$10,000.00 deposit is due within 48 hours of reserving your surgery date and will be applied towards the total estimated fees. The remaining fees are due 15 business days prior to your scheduled surgery date. Changes or cancellations within 60 days of the surgery date will result in forfeiture of the deposit. Accepted payment methods are: U.S. Bank Checks, U.S. Bank Drafts, or Direct Wire Transfers. For payment arrangements and wire transfer information, please call Mr. Craig Lawrence at 1-561-882-4711. This estimate is valid for 30 days from the date issued.

Best regards,

 Mr. Craig Lawrence
 St. Mary's Medical Center
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 email: craig.lawrence@stmarysfl.com