

**Patient Name - Pain and Suffering with Pain Score chart**

S.NO	DATE	LOCATION OF PAIN/ ANY OTHER SUFFERING	PAIN SCALE/10	MEDICATION/TREATMENT	PDF REF
1	05/22/YYYY	Left shoulder, left upper back, left knee	Pain level: 10/10	Rest, ice, compression, and elevation	11-13
2	05/26/YYYY	Neck, left shoulder	Pain level: 8/10	Valium and Percocet	350-351
3	05/26/YYYY	Left shoulder and back	Pain level: 8/10	Chronic opioid therapy, narcotic medications	551-553
4	12/06/YYYY	Back	Pain level: 7/10	Percocet	314-319
5	06/18YYYY	Lower back	Pain level: 7/10	Percocet	213-216
6	08/13/YYYY	Lower back	Pain level: 8/10	Ibuprofen and Percocet	174-177
7	03/10/YYYY	Lower back	Pain level: 8/10	Ibuprofen and Percocet	35-38
8	08/12/YYYY	Left shoulder	Pain level: 5/10	Not mentioned	475