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|--|----------|---|--------|--|---------------------------------------|--|---|
| UNIVERSITY MEDICAL CENTRE, SARAJEVO | | | | LETTER OF DISCHARGE | | | |
| RO /work organization/ SURGICAL PROCEDURES | | | | OOUR /Basic Organization of Associated Labour/ /illegible/ | | | |
| Personal no. /illegible/ | | Last name and parents' names, first name: /partly illegible; .../Habib/.../ | | | Place of Birth: /illegible/ | | |
| Date of Birth: 17.07.1944 | | Sex: 1. Male 2. Female | | Relationship to policyholder: 1. Son 2. Daughter 3. Brother | | | |
| Occupation: worker | | Health card no. | | Registration no.: | | Service code: | |
| Policyholder: /patient is the/ policyholder himself | | | | Address of policyholder: Ragiba Džinde 170 | | | |
| Employer of policyholder: /illegible/ | | | | Place - Municipality - Foreign Country: Novi Grad | | | |
| Branch Office: Sarajevo | | Treated the same year: 1. Yes 2. No | | Place and date of accident: | | | |
| Date of admission: /partly illegible; ?06.09.1996/ | | Diagnosis at admission: | | | Types of health insurance: | | |
| Date of discharge: 28.09.1996. | | Diagnosis at discharge: Status post amputationem femoris sin. Contractura posttraumatica pedis dex. | | | Mandatory Statutory entitlement | | OB /mandatory/ OZ /statutory entitlement/ |
| Number of hospital days: | | | | | | | |
| Code of disease: /illegible/ | | Surgical operation: | | | | Broader health insurance: | |
| Group of operations: | | | | | | Chief of Clinic: /party illegible: ...UJIĆ/ | |
| Cured | Improved | Not cured | Tested | Died | Transferred to: | | |

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|---|
| /stamp:/ |
| UNIVERSITY MEDICAL CENTRE IN SARAJEVO, CLINIC FOR RECONSTRUCTION AND PLASTIC SURGERY |
| EPICRISIS |
| <p>Patient was admitted to the Clinic on 16.09.1996, for the third time, for further treatment. Patient was operated at our Clinic and he has appropriate documentation about that. He was wounded by pieces of grenade shrapnel on 28.08.1995. Previously treated at Abdominal Surgery and Orthopedic Wards. During most recent hospitalization, physical therapy has been provided daily. On 28.09.1996 the patient was discharged to home care. Continuation of physical therapy was advised in the Fojnica Rehabilitation Centre. Check up following completion of spa treatment.</p> |
| /stamp:/ |
| UNIVERSITY MEDICAL CENTRE IN SARAJEVO, CLINIC FOR RECONSTRUCTION AND PLASTIC SURGERY |
| (duty doctor) |
| /signed/ |

INSTITUTE FOR EVALUATION OF WORK ABILITY

Department for First Instance Evaluation of Work Ability

| | |
|-----------------------------|------------|
| Expert team in | SARAJEVO |
| Protocol number | MV-53/2000 |
| Date of medical examination | 23.03.2000 |

At the request of CLIENT

Number: dated ... / ... 19 ... we conducted medical
/..... examination of:

Name & Surname: Ismet SVRAKA Year of birth17.07.1944.....
(son of Habib)

Who lives atVitkovac str. 222..... House numbere: and whose...

SARAJEVO identity was
 established on the basis of his 14865/97
 personal ID card number..... ..
 Profession:

The above said person was sent for evaluation of his bodily damage level for the purpose of importing motor vehicle and we have established the following:

/The client was/ wounded on 28.08.1995 in his left upper leg which was amputated at the mid-third. At that time he was also wounded in his right ankle joint with fracture of his heel bone and malleolus and amputation of his 4th and little toes.

OBJECTIVELY: His left leg was amputated at the mid-third of the upper leg, the stump is appropriate for the prosthesis he uses, the hip movement is normal. The right ankle joint is secured in proper position.

The 4th and little toes of his left foot are missing.

FINDINGS: Letter of Discharge of Orthopaedic Clinic Sarajevo from 14. 09. to 23.10.1995. Diagnosis: Vulnus explos. abdominis penetrans et perforans v. explos. conguassatum femoris cruris et sin. et pedis dex. Amputatio traumatica femoris sin et amputatio traumatica dig IV et V pedis dex.

Diagnosis: STATUS POST AMPUTAT. FEMORIS L. SIN TRAUMATICA
 ANKYLOSIS ART. TALOCRURALIS LAT. DEX.
 STATUS POST AMPUTAT. TRAUMATICA DIG IV ET V PEDIS DEX.

On the basis of the above the
 FINDING AND OPINION

were made that there is a bodily damage done to Ismet SVRAKA, as specified in Chapter VII-A, point 2 where he sustained disability of 70 percent of his left leg, and, according to the same Chapter VII-B point 13, he sustained disability of 30 percent of his right leg, resulting in his cumulative disability of 90 percent, as specified in Chapter IX point 1-B and point 2, concerning his condition as specified in Chapter IV, point 2 (concerning his lower limbs), according to Decision on Determining Cases

And Conditions For Receiving /allowance/ (official Gazette, number 9/98). The present Finding and Opinion is valid for 6 (six) months from the day of issuance. Care and help from another person is necessary, because the client is unable to perform essential functions independently.

Commission members:

1. Dr. Ibrahim KAROVIĆ, specialist in occupational medicine
/signed/
2. Prim. Dr. Željko MIŠANOVIĆ, specialist in physiotherapy
/signed/
- 3.

/stamp:/

REPUBLIC OF BOSNIA AND HERZEGOVINA, INSTITUTE FOR
EVALUATION OF WORK ABILITY IN THE AREA OF PENSION AND
DISABILITY INSURANCE, SARAJEVO

/signed/

26.10.1995. Follow-up medical check up.

In the area of amput. the stump /partly illegible/ ...and further ... /illegible/.

The patient /illegible/ does not get regular redressing /partly illegible/ ... foot there is a skin damage that is closing spontaneously /illegible/

Therapy: Daily redressing, analgesics.

Examination at the clinic in seven days.

/stamp:/ SARAJEVO UNIVERSITY CLINICAL CENTRE
CLINIC FOR TRAMATOLOGY- EMERGENCY DISPENSARY

Dr. KASUMOVIĆ

/initialled/

/hand written/

3.11.95. /illegible/

Follow-up examination in 7 days.

/signed/

11.11.95.

Follow-up examination /partly illegible/

Due to section of extensor tendons in the right foot we suggest to refer the patient to Dr. FAZLIĆ to Plastic Surgery /Clinic/ to get his opinion.

Our redressing in 7 days.

Dr. I. GAVRANKAPETANOVIĆ

/initialled/

/stamp:/ SARAJEVO UNIVERSITY CLINICAL CENTRE
CLINIC FOR TRAMATOLOGY- EMERGENCY DISPENSARY

/hand written/ 1.1295/5414

Diagnosis: St. post sectionem tend. extens. pedis 1. dex. et amputation digiti IV et V.

Laesio n. peronei dex (incomplete)

Therapy: Redressing.

EMg /Electromyography/ of the foot and right lower leg needs to be done and then type of surgery will be suggested.

Dr. FAZLIĆ

/signed/

CLINIC FOR RECONSTRUCTIVE AND PLASTIC SURGERY
SURGICAL DISPENSARY

SARAJEVO

11.01.96

Examination. Suture removal from the stomp,

Redressing; medical check up by Dr. FAZLIĆ.

Adequate ... /?prosthesis/ ... left ...needs to be made.

Examination in two months. We propose that, after /illegible/ and operation at Plastic Surgery /Clinic/, the patient be referred to Fojnica.

Dr. Ismet GAVRANKAPETANOVIĆ

/initialled/

stamp:/ SARAJEVO UNIVERSITY CLINICAL CENTRE
CLINIC FOR TRAMATOLOGY- EMERGENCY DISPENSARY

| UNIVERSITY MEDICAL CENTRE, SARAJEVO | | | | LETTER OF DISCHARGE | | |
|--|---|---|--|----------------------------------|-----------------|--|
| SURGICAL PROCEDURES | | | | Clinic For Orthopaedics 2nd Ward | | |
| Personal no. /illegible/ 777 | Last name and parents' names, first name: Ismet SVRAKA | | Place of Birth: Strgačina | | | |
| Date of Birth: 1944 | Sex: 1. Male 2. Female | | Relationship to policyholder: 1. Son 2. Daughter 3. Brother | | | |
| Occupation: mason | Health card no. | Registration no.: | Service code: | | | |
| Policyholder: /patient is the policyholder/ himself | | Address of policyholder: | | | | |
| Employer of policyholder: | | Place - Municipality - Foreign Country: | | | | |
| Branch Office: | | Treated the same year: 1. Yes 2. No | | Place and date of accident: | | |
| Date of admission: 14.09.1995 | Diagnosis at admission: | | Types of health insurance: | | | |
| Date of discharge: 23.10.1995 | Diagnosis at discharge: Vulnus explos. abdominis penetrans et perforans. V. explos. Cenquassatum femoris et cruris sin et pedis dex. | | Mandatory | OB /mandatory/ | | |
| Number of hospital days: | | | Statutory entitlement | OZ /statutory entitlement/ | | |
| Code of disease: X 35.1 | Surgical operation: Amputatio traumatica femoris sin et amputation traumatica dig IV et V pedis dex | | Broader health insurance: | | | |
| Group of operations: | | | Chief of Clinic: Prof. dr. S. ČIBO /signed/ | | | |
| Cured | Improved | Not cured | Tested | Died | Transferred to: | |

Patient was admitted to the Clinic after having been wounded by pieces of grenade shrapnel, 11.09.95 in the area of abdomen, left upper leg, lower leg and right foot. Initially treated and operated at Abdominal Surgery /Ward/ where sutures were placed on the ileum, an appendicectomy and amputation of left upper leg above knee were performed, same as amputation of the 4th and little toes of the right foot. Following the completed treatment at the Abdominal Surgery Ward patient was transferred to our Clinic. Daily redressing of the stomp and the wound on the foot continues. When granulation tissue developed on the foot secondary suture were placed to close the wound on 02.10.95 and daily care and redressing was continued with appropriate antibiotic therapy.

At the time of discharge the stomp was closed, sutures were removed, only the medial edge is still slightly exuding, it is necessary to continue with redressing, the local finding concerning the wound on the foot is also normal, the lower leg remained in plaster cast; it is necessary to continue redressing in the relevant dispensary.

Follow-up check up at the Clinic in 4 days.

Dr. Samira KRILIĆ /signed/ /doctor on duty/
Dr. Ismet GAVRANKAPETANOVIĆ /signed/

| UNIVERSITY MEDICAL CENTRE, SARAJEVO | | LETTER OF DISCHARGE | |
|--|---|---|-----------------------------------|
| CLINIC FOR ABDOMINAL SURGERY | | RO SURGICAL PROCEDURES | File number: |
| Personal no. : /illegible/ 1049 | Last name and Parents' names, First name: Ismet SVRAKA | Date and Place of Birth: 1944, Strgačina | Marital status: Sex: M. F. |
| Residence Address: R. Džinde 170, Sarajevo | Occupation: mason | Relationship to policyholder: patient is the policyholder himself | |
| Policyholder's RO /Work Organisation/ /partly illegible; | Place - Municipality: SARAJEVO | Article of the Law: | |

| | | |
|--|---|--|
| ...HERZEGOVINA .../ | | |
| Date of admission: 11.05.95. /crossed as in document/ /initialled/ /hand written: 28.08.95 | Surname and name of spouse - parents and address: Wife - Mevla; same address | Types of health insurance: Mandatory OB /mandatory/ |
| | Diagnosis /stamp; partly illegible; University Clinical Centre, Sarajevo.../ | Accident at NP work /Accident at work/ |
| | | Statutory OZ entitlement /Statutory entitlement/ |
| Date of discharge: 16.09.95. | Surgery: | Diagnosis Code: Surgery code: |
| OUTCOME OF TREATMENT | | Director of Clinic: |
| 1) Cured 4) Tested 7) Died and 2) Improved 5) Not autopsied 3) Not tested 8) Transferred to cured 6) Died another clinic 62 | | Stamp: /partly illegible; UNIVERSITY CLINICAL CENTRE/ /initialled/ |
| Follow-up check ups are performed in the Surgical Dispensary of this Clinic, Vrazova street 11, in Sarajevo | | |
| /illegible/ /stamp/ University Clinical Centre, Sarajevo, /illegible/ for general .../illegible/ | | |

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|------|---------|
| WARD | Surgery |
|------|---------|

SARAJEVO
STATE
HOSPITAL

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|-----------------------------------|
| MEDICAL HISTORY NUMBER 3910/S-227 |
|-----------------------------------|

DISCHARGE SHEET

| | |
|---|------------|
| SURNAME, FATHER'S NAME AND NAME: Ismet Habib SVRAKA | |
| HEALTH INSURANCE CATEGORY civilian | SERVICEMAN |

DATE OF ADMISSION 12.11.96

ARMY UNIT

DATE OF DISCHARGE 02.12.96

PLACE

DIAGNOSIS

Diagnosis: Amputation femoris sin. Pes equines dex. posttraumaticam.

Operation.: Elongatio tendo Achilis dex. Capsulotomio posterior.

Transpositio partialis tendinis m. tibialis anter. Drainage ex vacu.

CHIEF OF SURGICAL WARD

Prim. Dr. A NAKAŠ

/signed/ /stamp; illegible/

EPICRISIS

Admitted for corrective surgery of equinus of right foot developed after an explosive wound. The diagnosis entered was determined in a clinical and radiographical method and surgery was recommended. Operation and post-operative course was normal.

After surgery the right foot was immobilized in a plaster cast. Drain was removed the third day after surgery. Sutures were removed the 11th day after the surgery. At the time of discharge, wounds were calm and healing per primam. Discharged to home care. Follow up check-up in 14 days at the Orthopedic Office.

Dr. S. KORACĀ

/signed/

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|---|--|--|---------------|
| UNIVERSITY MEDICAL CENTRE, SARAJEVO | | LETTER OF DISCHARGE | |
| RO /work organization/ SURGICAL PROCEDURES | | OOUR /Basic Organization of Associated Labour | |
| Personal no. | Last name and parents' names, first name: /illegible/ | Place of birth | |
| Date of Birth: | Sex: 1. Male 2. Female | Relationship to policyholder: 1. Son 2. Daughter 3. Brother | |
| Occupation: | Health card no. | Registration no.: | Service code: |

| | | | | | |
|---|--|---|--------|-----------------------------|-------------------------|
| Policyholder: | | Address of policyholder: | | | |
| Employer of policyholder: | | Place - Municipality - Foreign Country: | | | |
| Branch Office: | | Treated the same year: 1. Yes 2. No | | Place and date of accident: | |
| Date of admission: | Diagnosis at admission: /illegible/...vulnus expl. /illegible/ | | | Types of health insurance: | |
| Date of discharge: | Diagnosis at discharge: /illegible/ | | | Mandatory | OB |
| Number of hospital days: | | | | Statutory entitlement | OZ |
| | | | | | /statutory entitlement/ |
| Code of disease: | Surgical operation: /illegible/ | | | Broader health insurance: | |
| Group of operations: | | | | Chief of Clinic: | |
| Cured | Improved | Not cured | Tested | Died | Transferred to: |
| <p>/mostly illegible/ ... brought to Clinical ... surgical operation... tendon. ... 1995 pre-surgery preparation... in spinal... ... posteriorajoints... patient... overall...surgery... well finding at discharge is normal ...released wit instruction to come to the Clinic at 15Hrs.</p> <p style="text-align: right;">/stamp; illegible/ (duty doctor) /signed/</p> | | | | | |