

RECEIVED

Jun 22 2022

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

Appellate Case No.: 2021-000696

Dana L. Dixon, Appellant

v.

S.C. Department of Mental Health,
Employer and State Accident Fund,
Carrier, Respondents.

APPENDIX TO THE RECORD ON APPEAL
NOS: 2021-000696

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Attorney for Respondents

Dana Dixon
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St. Matthews, SC 29135
470-422-0591
Appellant, *Pro Se*

INDEX

Medical Records from Providence Hospital	1
Medical Records from Palmetto Health Richland	65
Claimant's ISO Reports	68
Claimant's Statement.....	97



SISTERS OF CHARITY PROVIDENCE HOSPITALS

(PRINT OR COPY FROM THE LISTED PROVIDER AND SIGN YOUR NAME IN BLUE)

DIXON, DANA L.
AP# E00112464656 UPR000052510
05/07/08 F 41 01/16/07
Ref: Dana Dr.

PHYSICAL THERAPY INITIAL PLAN OF CARE

Onset Date: 4/10/08 Begin Date: 5/7/08

Primary Diagnosis: Back Pain Prior hospitalization (for current episode): None (N/A)

Treatment Diagnosis(es): Back Pain Physician: Dr. Dana Rowl

Rehab Potential: Excellent Good [X] Fair Certification Period: From 5/7/08 to 6/7/08

PATIENT PROBLEMS (Reason for referral)

- Checklist of patient problems including Pain in LB, Neck/neck mobility, Balance, Postural dysfunction, etc.

PATIENT GOALS:

SHORT TERM GOALS:

- 1. Pain in LB to 1/2 at best; 4/10 avg (vs 3-10%)
2. Flexibility (Hamstrings) by 50% - Fig 4 pic for this 3m
3. Trunk Bow Flex by 50% - 35 @ 1m; Bow 25%
4. Maximize trunk strength; GDE test
5. Postural correction of body mechanics

LONG TERM GOALS:

- 1. To be assessed as indicated
2.
3.
4.
5.

TREATMENT PLAN: Treatment may include the following:

- Modality (pass)
US or EMS/HE/CP
AROM/ROM
Manual Therapy
Strengthening Exercise(s)
Neuromuscular Retr.
Gait Training
Balance Training
Functional Mobility Training
ADL Training
Posture/Body Mechanics
Gross Motor Coordination
Fine Motor/exterity
Endurance Activities
Flexibility/Stretching
Adena Management
Equipment Evaluation
Splinting/Orthotics
Pain/Family Training
Home Exercise Program
Other

TREATMENT FREQUENCY: 5 visits (2x/week) Times/Week DURATION: Weeks 1x visit

I certify the need for these services provided under this plan of treatment while under my care.
PHYSICIAN SIGNATURE: [Signature] DATE: 5/8/08

THERAPIST SIGNATURE: [Signature] DATE: 5/7/08

My therapist has reviewed my Plan of Care with me. PATIENT/CAREGIVER SIGNATURE: _____

RUN DATE: 02/06/11
RUN TIME: 0602
RUN USER: CAPTERGS

Providence Hospital "Admissions"
GEOGRAPHIC INFORMATION FOR A PATIENT

ACCT NUMBER: 50011243339
ADM SVC DATE: 04/21/08
PATIENT NAME: DIXON, DANA L
SEX: F
PT ADDR1: 7901 DARTMOORE LN
PT CITY, ST, ZIP: COLUMBIA, SC 29223
PT HOME PHONE: (803) 734-8916 ONLY
REASON FOR VISIT: FALL
LAST HOSPITAL:
HOK NAME: JAMES, QUEEN NHI
HOK HOME PHONE: (803) 600-6195
ADMIT HD: Ravi, Dana
ATTEND NO:
ER NO:
PERSON TO NOTIFY: DIXON, TAMEKA MHI
PERSON NOTIFY HOME PHN: (803) 207-0130
RELIGION: METHODIST
GUAR NAME: DIXON, DANA L
GUAR ADDR1: 1060 SPARKLEBERRY LANE EXT
GUAR ADDR2: APT 404
GUAR CITY, ST, ZIP: COLUMBIA, SC 29223
GUAR HOME PHONE: (803) 269-8476
FAMILY MD: NO DOCTOR
PT EMR NAME: RICHLAND SCHOOL DISTRICT 2
PT EMR ADDR1: 6831 BROOKFIELD ROAD
PT EMR CITY, ST: COLUMBIA, SC 29206

ROOM:
ADM SVC TIME: 0934
ADNOF:
RACE: BLACK
PT ADDR2:
SSI: 251-31-0505
PT COUNTY: RICHLAND
HOK ADDR1: 3133 SUMMER HILL DR
HOK RELATIONSHIP: OT
HOK WORK PHONE: NONE
SERV/LOCATION: 6, RAD
PERSON TO NOTIFY ADDR1: 3133 SUMMER HILL DR
PERSON TO NOTIFY CTY: COLUMBIA, SC 29203
PERSON TO NOTIFY REL: OT
PERSON NOTIFY WORK PHN: NONE
PREVIOUS ACCOUNT NUM:
GUAR EMR: RICHLAND SCHOOL DISTRICT 2
GLAR EMR ADDR1: 6831 BROOKFIELD ROAD
GUAR EMR ADDR2:
GUAR EMR CITY, ST, ZIP: COLUMBIA, SC 29206
GUAR OCCUPATION: BUS DRIVER
GUAR WORK PHONE: (803) 738-3236
GUAR PT RELATIONSHIP: PATIENT
PT EMR ADDR2:
PT EMR PHONE: (803) 738-3236

UNIT NUMBER: 2000052510 STATUS: REG RES
ADMIT CLERK: BERNARD S WHITENER
FIN CLASS: SP
AGE: 45
MARITAL STATUS: S MAIDEN NAME: MURPHY,
DOB: 01/15/67
PRIMARY LOCATION: 6, RAD SECONDARY (HOK ADDR1:
HOK CTY, ST, ZIP: COLUMBIA, SC 29206
ADMIT SOURCE: ADOPTION SERVICE:
GUAR SSI: 251-31-0505
PT OCCUPATION: BUS DRIVE

PRIMARY INS NAME:
PRIMARY GRP NUM:
PRIM TREAT AUTH #:
PRIM POLICY NUM:
PRIM INSURED NAME:
PRIM GROUP NAME:
PRIM INS ADDR1:
PRIM INS ADDR2:
PRIM INS CITY:
PRIM INS STATE, ZIP:
PRIM INS PHONE:
SUBSCRIBER:
SUBSCRIBER DOB:
LAST USER: ACM/BAR PG
DEVICE: ADMKGOEY
REGISTRATION FROM NAME: inpatient

SECONDARY INS NAME:
SECONDARY GRP NUM:
SEC TREAT AUTH #:
SEC POLICY NUM:
SEC INSURED NAME:
SEC GROUP NAME:
SEC INS ADDR1:
SEC INS ADDR2:
SEC INS CITY:
SEC INS STATE, ZIP:
SEC INS PHONE:
SEC SUBSCRIBER:
PRIMARY CARE DOCTOR: NO DOCTOR
SEC SUBSCRIBER DOB:

TERTIARY INS NAME:
TERTIARY GRP NUM:
TERTIARY TREAT AUTH #:
TERTIARY POLICY NUM:
TERTIARY INSURED NAME:
TERTIARY GROUP NAME:
TERTIARY ADDR1:
TERTIARY ADDR2:
TERTIARY CITY:
TERTIARY STATE, ZIP:
TERTIARY PHONE:
TERTIARY SUBSCRIBER:
TERTIARY SUBSCRIBER DOB:

HN DRG: II

2

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERGS PAGE 1
 RUN TIME: 1011 PATIENT ABSTRACT
 RUN USER: CAPTEP35

NAME: DIXON, DANA L ACCT #: E00112433339
 ADM DATE: 04/21/08 0934 UNIT #: Z060052510
 ATTEND PHYS: Pavl, Dana OBS PT:
 ROOM/BED: PT CLASS: OUT
 LOS: 1 FIN CLASS: SP
 DIS DATE: 04/21/09 ABS STATUS: NONE
 DIS DISP:
 PROD LINE:
 FACILITY: NEP

DEMOGRAPHICS:
 PATIENT SEX: F PATIENT RACE: BL
 MARITAL STATUS: M
 DATE OF BIRTH: 01/15/67 AGE: 41 PATIENT IIP: 29203
 WEIGHT: lbs ozs grams

REASON FOR VISIT DIAGNOSES:
 VISIT DIAGNOSES:
 ORDERING DIAGNOSES:

DIAGNOSES:
 ADMIT: POA? VISIT EVENT TYPE
 PRINC:
 SECOND:

OPERATIONS:

DRG:
 DRG LOS: EXP DRG REIMB: COST WT:
 CHGS TO DATE: 230.90
 VERSION: 25 ALT.DESC.GRP:

CHARGE MASTER CETS:

#	DATE	ALT TYPE	OV CODE	QTY	NAME	BILL PROC	DFT	GRP
1	04/21/08	CPI	Y 72070		X-PAY EXAM THORAC SPINE	728037		
2	04/21/08	HCPCS	Y 72070		X-PAY EXAM THORAC SPINE	728037		
3	04/21/08	CPT	Y 72100		X-PAY EXAM L-S SPINE 2/	728039		
4	04/21/08	HCPCS	Y 72100		X-RAY EXAM L-S SPINE 2/	728039		

CONSULTATIONS/SERVICES/SPEC CARE UNITS:
 —SERVICES—
 SERVICE START DAYS SERVICE NAME
 —SPECIAL CARE UNITS / LOCATIONS—
 START END DAYS SPEC CARE LOCATION NAME
 11 04/21/08 0934 04/21/08 1 E.RAD NEP RADIOLOGY

ADMISSION/REGISTRATION:
 ADMIT PRIORITY:
 ADMIT SOURCE:
 ARRIVAL MODE:
 NEWBRN ADMIT SRC:

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERGS PAGE 2
 RUN TIME: 1011 PATIENT ABSTRACT
 RUN USER: CARTERGS

NAME: DIXON, DANA L ACCT #: E00112433339

ADMIT THRU ER: LOA DAYS:
 LAST DISCH DATE: 08/22/01 EXPECTED LOS:
 REASON FOR VISIT: FALL

DISCHARGE DISP.:
 WITHIN 48 HR: AUTOPSY OBTAINED:
 IN O.R. OR POST OP: MEDICAL EXAMINER:

ER PHYS:
 PRIM CARE PHYS: NONE
 ADMIT PHYS:
 FAMILY PHYS: NONE

---PHYSICIANS---

PHYSICIAN	TYPE	SERVICE	SERVICE NAME
1) RAWDA	MEDSTF	OCC	OCCUPATIONAL HEALTH

FINANCIAL CLASS: SP CLIENT: OCCMEDOM
 INSURANCES: POLICY #

DIS PLAN DAYS

Name: DIXON, DANA L
Phys: Rawl, Dana
DOB: 01/15/1967 Age: 52 Sex: F
Acct: E00112433339 Loc: UNK
Exam Date: 04/21/2008 Status: UNK
Radiology No:
Unit No: Z000052510

EXAM#	TYPE/EXAM	RESULT
000962612	RAD/SPINE LUMBAR AP/LAT/SPOT	
000962613	RAD/SPINE THORACIC AP & LAT	

INDICATION: Fall. Rule out fracture.

LUMBAR SPINE:

AP, lateral, and coned down lower lateral views of the lumbar spine were obtained. The vertebrae are well aligned, and no compression fracture or other acute abnormality is seen. The disc spaces are well preserved.

IMPRESSION: Negative lumbar spine.

THORACIC SPINE:

AP and lateral views of the thoracic spine show no evidence of compression fracture or other acute abnormality. Disc spaces are well preserved. There is some minor osteophyte formation at T8-9. There is a very slight scoliosis. No paraspinal hematoma or mass is seen. Pedicles are intact.

IMPRESSION: Early degenerative changes but no evidence of compression fracture or other acute finding in the thoracic spine.

-- REPORT ELECTRONICALLY SIGNED 04/21/2008 (1556) --
Reported By: JOHN W. LAUVER, M.D.
Signed By: LAUVER, JOHN W

CC: Dr. Dana Rawl

Technology_ist: CONSTANCE A MALPASS, R.T. (CVT)
Dictated Date/Time: ()
Transcribed Date/Time: 04/21/2008 (1226)
Transcriptionist: COSTLOGE
Printed Date/Time: 03/11/2019 (1011)

PAGE 1 Archived Report Printed from FCI

5

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERGS PAGE 1
 RUN TIME: 0803 PATIENT ABSTRACT
 RUN USER: CARTERGS

NAME: DIXON, DANA L ACCT #: E00115402109
 ADM DATE: 04/10/13 2330 UNIT #: Z000052510
 ATTEND PHYS: Gonzalez, Jose Luis MD OBS PT:
 ROOM/BED: PT CLASS: ER.APC
 LOS: 1 FIN CLASS: BC
 DIS DATE: 04/11/13 0003 ABS STATUS: FINAL
 DIS DISP: *DISCH HOME OR RETURN SNF/ALF ABS ST DATE: 04/15/13
 PROD LINE:
 FACILITY: NEF

DEMOGRAPHICS:
 PATIENT SEX: F PATIENT RACE: BL
 MARITAL STATUS: M
 DATE OF BIRTH: 01/15/67 AGE: 46 PATIENT ZIP: 29203
 WEIGHT: lbs oss grams

REASON FOR VISIT DIAGNOSES:
 724.5 BACKACHE NOS
 VISIT DIAGNOSES:
 ORDERING DIAGNOSES:

DIAGNOSES:
 ADMIT: 724.5 BACKACHE NOS POA? VISIT EVENT TYPE
 PRINC: 723.1 CERVICALGIA
 SECOND: 724.5 BACKACHE NOS
 401.9 HYPERTENSION NOS
 338.29 OTHER CHRONIC PAIN
 V56.69 GTH MED, LT, CURRENT USE
 305.1 TOBACCO USE DISORDER
 V14.8 HX-DRUG ALLERGY NEC

OPERATIONS:
 DRG:
 DRG LOS: EXP DRG REIMB: COST WT:
 CHGS TO DATE: 511.09
 VERSION: 30 ALT.DESC.GRP:

NORM DRG:
 NORM LOS: NORM EXP REIMB: NORM CSTWT:
 NORM VERSION: 30

CHARGE MASTER CPTS:

#	DATE	ALT TYPE	OV CODE	QTY	NAME	BILL PROC	DFT
1	04/10/13	HCPCS	Y 99233	1	EMERGENCY DEPT VISIT	760085	GRP
2	04/10/13	HCPCS	Y 96372	1	THER/PROPH/DIAG INJ SC/	760621	

CONSULTATIONS/SERVICES/SPEC CARE UNITS:
 SERVICES
 SERVICE START DAYS SERVICE NAME

7

RUN DATE: 03/11/19 Providence Hospital PCT **L for CARTERGS PAGE 2
 RUN TIME: 0803 PATIENT ABSTRACT
 RUN USER: CARTER,SE

NAME: DIXON, DANA L ACCT #: E00115402109

---SPECIAL CARE UNITS / LOCATIONS---

START	END	DAYS	SPEC CARE	LOCATION	NAME
04/10/13 2330	04/11/13 0003	1		E,ED	NSP EMERGENCY DEPARTMENT

ADMISSION/REGISTRATION:
 ADMIT PRIORITY: E EMERGENCY
 ADMIT SOURCE: NP, NO REFERRAL, HOME/WORK
 ARRIVAL MODE: WI WALK-IN
 NEWBRN ADMIT SRC:
 ADMIT THRU ER:
 LAST DISCH DATE: 05/27/09 LOA DAYS:
 EXPECTED LOS:
 REASON FOR VISIT: BACK PAIN:
 DISCHARGE DISP.: HOM *DISCH HOME OR RETURN SNE/ALF
 WITHIN 48 HR: AUTOPSY OBTAINED:
 IN O.R. OR POST OP: MEDICAL EXAMINER:
 PRIOR CARE PHYS: SOTO, CARLOS
 ADMIT PHYS:
 FAMILY PHYS: SOTO, CARLOS

---PHYSICIANS---

PHYSICIAN	TYPE	SERVICE	SERVICE NAME
1) GONJOC	MEDSTF	EP	EMERGENCY MEDICINE

FINANCIAL CLASS: BC CLIENT:
 INSURANCES: POLICY #
 1) BCSTATE - BLUE CROSS STATE 2C554974559

DIS PLAN DAYS

----- APC DATE 04/10/13 -----
 APC Source: OTH VEND APC Version 20130401 Version 30
 APC Status F APC Last Bar Date 04/14/13
 **** Warning: AES Edited Chg Master Data

CPT WITH APC:

#	APC	CPT	CPT Name	Bill ST	Bill TYPE
1	614	99283	EMERGENCY DEPT VISIT		V
2	437	96372	THER/PPOPH/DIAG INJ SC/IM		S

APC:

#	APC	APC Name	CoPay	MoPay	Catwt
1	614	Level 3 Type A Emergency Visit	30.66	100.14	2.01
2	437	Level II Drug Administration	7.14	28.56	0.55

8

RUN DATE: 03/11/19	Providence Hospital PCI **L for CARTERGS	PAGE 3
RUN TIME: 0903	PATIENT ABSTRACT	
RUN USER: CARTERGS		
NAME: DIXON, DANA L	ACCT #: E00115402109	
APC Status Comment: Inlier Payment(s)		
Charges	Outlier	CoPay
		MoPay
		Cat Wt
		Reimb
		Oth Pt Resp
Totals:		37.80
		128.70
		2.56
		166.50
APC CPT CODES:	DESCRIPTION	DFT GRP
1) 614 99283	EMERGENCY DEPT VISIT	
	REV CODE: 450	
	MODIFIER: 25 Significant, Separately Identifiabl	
2) 437 96372	THER/PROPH/DIAG INJ SC/IM	
	REV CODE: 450	

9

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0803	Patient EDM Data (General Info)	
RUN USER: CARTERJJ		
Patient: DIXON, DANA L	Acct No.: E00115402109	Unit No.: 2000052510
ED Physician: Gonzalez, Jose Luis MD	Age/sex: 46/F	Loc: E.ED
Chief Complnt: Back Pain	Status: DEP ER	
Address: 3700 W AVE APT L-1 COLUMBIA, SC 29203		
Phone: (803)261-2890	Primary Care Physician: SOTC, CARLOS	
Nurse: KIM, JOHANNA, RN	Arrival Date: 04/10/13	Time: 2209
Practitioner: PATEL, BHADRIN I	Triage Date: 04/10/13	Time: 2253
EDM Location: E.ED	Wait List:	
EDM Room:	Wait No.:	
Status Event: Patient Left Dept		
Stated Complaint: BACK PAIN		
Priority: Non-Urgent		
Primary Impression: Neck pain	Departure Date: 04/11/13	Time: 0603
Departure Disposition: DISCH HOME OR RETURN SNE/ALF		
Departure Comment: FOLLOW-UP WITH PMD		
Departure Condition: Stable		

RUN DATE: 03/11/19 Providence Hospital EDM **LIVE** PAGE 1
 RUN TIME: 0803 Assessment Data
 RUN USER: CARTER,GS

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
 ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: 2.ED
 Chief Complnt: Back Pain Status: DEP ER

[REDACTED]

04/10/13 - 2253 - FOGLE, CINDY H, RN

Patient Age: 46 -----EMERGENCY DEPARTMENT TRIAGE ASSESSMENT-----
 Mode of Arrival+: WHEELCHAIR -----Treatment Prior To Arrival-----
 Accompanied By+: FAMILY Y/M/U: N O2: IV: FSP:
 Focused Assessment of Stated Complaint: Meds:
 PT CO BACK AND NECK PAIN/STARTED APPROX 1 MTH AND
 HAS PROGRESSIVELY GOTTEN WORSE

Is pat. at risk for Self-harm and/or presents with a psychiatric or behavioral complaint: N
 -----Vital Signs----- -----Initial Pain Assessment-----

Blood Pressure: 125/70 Pain: Y
 Pulse: 84 SPO2 (t): 92 Pain Location+: NECK
 Respirations: 16 On Room Air: Y Pain Scale: 10
 Temperature: 97.5 on: LPM O2 Radiation: BACK
 Temp Source+: ORL Viat: Pain Description+: STABBING
 Onset: 1 MT

Height - Feet: 5 Weight - Lb: 165 -----Visual Acuity----- Timing+: INT
 Inches: " Oz: 0 R Eye:
 Cm: 170.15 Kg: 63.916 L Eye:
 Wt. Obtained+: STATED Both:

Is Pt Pregnant: Gravida:
 LMP: Para:
 EDC: Abortions:
 -----Immunizations-----
 Hepatitis B: Y
 Tetanus (Within 5 Yrs): U
 Pneumovax (Last 5 Yrs): U
 Influenza (Within 1 yr): U
 Immunizations UTD:

-----Tuberculosis Screening-Symptoms and History-----
 Fever: N Unexplained weight loss: N
 Night sweats: N Persistent cough > than 3 wks: N
 Bloody sputum: N Exposure to TB within last 3 mths: N
 Hx. Positive PPD: N Chest xray to rule out TB: N

Medical History: HTN/CHRONIC PAIN
 Previous Surgeries: PARTIAL HYSTERECTOMY
 Primary Doctor: SOTC

Assign Triage Priority Now: Y Triage Interventions Performed:
 Triage - Additional Comments:
 How is patient transported+: WC WHEELCHAIR
 IV/O2/Monitor required+: NONE Triage Assessment Complete:

-----Triage Interventions-----
 Ice Pack: Elevation: Pressure Applied: Tetanus Given: Location+:
 Tylenol Given: Motrin Given: Dose:
 Comment:

11

RUN DATE: 03/11/19 Providence Hospital EDM **LIVE** PAGE 1
 RUN TIME: 0803 Assessment Data
 RUN USER: CARTEPES

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
 ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
 Chief Complnt: Back Pain Status: DEP ER

[REDACTED]

04/10/13 - 2342 - KIM, JHOANNA

IBT/IV Discontinued: Goals For Visit (Select All That Apply)+:
 Catheter Intact: VERBAL UNDERSTAND OF PROC
 IV Stop Time Documented: N/A
 IV Stop Time:
 IV Amount Infused: ml Met: Y Not Met:
 Did patient receive a copy of Discharge Instructions: Y
 Did patient receive electronic Discharge Instructions: N
 Did patient receive the Transition Record: Y
 Blood Pressure: 125/70 Pulse: 84 Respirations: 16 Temperature: 97.5 Pain Scale: 3

12

RUN DATE: 03/11/19 Providence Hospital EDM **LIVE** PAGE 1
 RUN TIME: 0803 Assessment Data
 RUN USER: CARTERGS

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
 ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
 Chief Complnt: Back Pain Status: DEP ER



04/10/13 - 2344 - KIM, JOHANNA, RN

-----ED Departure Disposition-----
 Admitted: ED Departure Modet: WC
 Discharged: Y Escorted By+: FAMSO
 AMA: Departure Understanding+: VERDC
 LWBS:
 Transferred: -----Goal Evaluation-----
 Expired: Goals For Visit (Select All That Apply)+:
 VERBAL UNDERSTAND OF PROC
 IRI/IV Discontinued:
 Catheter Intact: Met: Y Not Met:
 IV Amount Infused: ml
 Not Met, Explain:
 Blood Pressure: 125/70 Pulse: 84 Temperature: 97.5 Respirations: 16 Pain Scale: 8 |
 -----Admitted-----
 Room#: Report Time: Report Called To:

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USER: CARTEP3S

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: Z000052510
ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
Chief Complnt: Back Pain Status: DEP ER



04/10/13 - 2343 - KIM, JHOANNA, RN

~~=====~~HENDRICH II FALL RISK MODEL~~=====~~
(A score of 5 or greater = High Risk)

RISK FACTORS		POINTS
Confusion/Disorientation/Impulsivity:	N	: 0
Symptomatic Depression:	N	: 0
Altered Elimination:	N	: 0
Dizziness/Vertigo:	N	: 0
Gender (Male):	N	: 0
Any Administered Antiepileptics (anticonvulsants):	N	: 0
Any Administered Benzodiazepines:	N	: 0
===== GET UP AND GO TEST: 'RISING FROM A CHAIR' =====		
Answer the one (1) most appropriate below with 'Y'.		
Able to Rise in a Single Movement-No Loss of Balance with 2-3 Steps Noted:	N	: 0
Pushes Up, Successful in One Attempt:	N	: 0
Multiple Attempts but Successful:	N	: 0
Unable to Rise Without Assistance During Test:	Y	: 4
(OR if a medical order states the same and/or complete bed rest is ordered)		
TOTAL SCORE:		4
Patient placed on Fall Prevention Program:		N <File>

14

RUN DATE: 03/11/19 Providence Hospital EIM "LIVE" PAGE 1
RUN TIME: 0903 Assessment Data
RUN USER: CARTERGS

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
Chief Complnt: Back Pain Status: DEP ER



04/10/13 - 2344 - KIM, JOHANNA, RN

-----EMERGENCY DEPARTMENT SYSTEM ASSESSMENTS-----

To view normal patterns for a system, press the

Shift+FB keys together when the cursor is in the block

Cardiovascular: Normal Pattern: Neurological: Normal Pattern: Y
Gastrointestinal/Nutritional: Normal Pattern: Respiratory: Normal Pattern:
Genitourinary/Reproductive: Normal Pattern: BENT: Normal Pattern:
Integumentary/Musculoskeletal: Normal Pattern: N Psycho/Social: Normal Pattern: Y
Is patient under 18 years of age: N
Tobacco Use+: NONE Alcohol: N Substance Abuse: N
Packs/Day: Frequency+: Frequency:
Number of Years: Amount+:

---SCREENING QUESTIONS---

Any Type of Suspected Abuse: N
Any Medical/Educational Barriers Present: N
Medical History: HTN/CHRONIC PAIN
Previous Surgeries: PARTIAL HYSTERECTOMY
Patient Belongings Charted: Y
ID Band on: Y
Call Light within reach: Y
Safety Rails Up: Y Has Room Assignment Been Charted: Y
Please Answer Yes or No to the Above System Assessments.
If You Answer No, the Individual System Assessment Screen
Will 'Pop-Up' for Documentation.

-----CARDIOVASCULAR-----

Heart Sounds+: Pulses
Pulses 3+ or > Palp in All Extremities:
Right Dorsalis Pedis+:
Right Femoral+:
Right Radial+:
Left Dorsalis Pedis+:
Left Femoral+:
Left Radial+:
EKG Rhythm+:
Capillary Refill < 3 sec in All Extremities:
Left Upper Extremity+:
Left Lower Extremity+:
Right Upper Extremity+:
Right Lower Extremity+:
JVD: Peripheral Edema:
Edema Location:
Additional Information:

-----GASTROINTESTINAL-----

Abdomen+:
Tender on Palpation:
Bowel Sounds Active I 4:
Left Upper Quadrant+:
Left Lower Quadrant+:
Right Upper Quadrant+:
Right Lower Quadrant+:

15

RUN DATE: 03/11/19 Providence Hospital EDM **LJVE** PAGE 2
 RUN TIME: 0903 Assessment Data
 RUN USER: CARTERJ33

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
 ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
 Chief Complint: Back Pain Status: DEP ER.

Times N/V Last 24 Hours:
 # Times Diarrhea Last 24 Hours:
 Appetite+:
 Stool Pattern+:
 Last Bowel Movement:
 NG/Feeding/PEG Tube:
 Type+:
 Site+:
 -----GENITOURINARY-----
 Incontinence: Vaginal Discharge:
 Ileocolonit: Vaginal Bleeding:
 Urine+: Breast Problem:
 Prostate Problem:
 Color+: Genitalia Problem:
 Foley: Is Pt Pregnant:
 Size: Wks. Gestation:
 Patent and Draining Urine: FHT:
 Additional Information:
 -----MUSCULOSKELETAL-----
 Extremity Movement+: Splint/Support:
 Affected Extremity+: Type:
 Muscle Contractures+: Location:
 Muscle Cramping+:
 Muscle Spasm+:
 -----INTEGUMENT-----
 Skin Temp+: Skin Integrity+:
 Moisture+:
 Color+: Mucous Membranes+:
 Turgor+:
 ---Wound/Injury---
 Wound Present: Injury Present: Y
 Wound Type+: Injury Type+:
 Bleeding+:
 Location+: Location+: BACK
 Additional Information: ALSO C/O NECK PAIN
 -----NEUROLOGICAL-----
 Level of Responsiveness+: Pupil Size L (mm): Speech+:
 Pupil Reaction Left+: Tongue Position+:
 Pupil Size R (mm): Pattern of Movement+:
 Does NOT Respond to+: Pupil Reaction Right+:
 Cognition+:
 Right Grip+:
 Left Grip+:
 Additional Information:
 -----RESPIRATORY-----
 Respirations+:
 Breath Sounds Clear I4:
 Right Upper Lobes+:
 Right Mid Lobes+:
 Right Lower Lobes+:
 Left Upper Lobes+:
 Left Lower Lobes+:
 16

RUN DATE: 03/11/19 Providence Hospital EDM **LIVE** PAGE 3
RUN TIME: 0803 Assessment Data
RUN USER: CARTERGS

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: Z000052510
ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E. ED
Chief Complnt: Back Pain Status: DEP ER

Cough+:
Sputum Color+:
Sputum Amount+:
Additional Information:

-----EARS/EYES/NOSE/THROAT ASSESSMENT-----
Earst+: Eyes+: Nose+: Throat+:
Comment:

==PSYCHO/SOCIAL ASSESSMENT==
Anxious: Flat Affect:
Angry: Homicidal:
Agressive: Hostile:
Crying: Labile:
Demanding: Suicidal:
Depression History: Suicidal Ideation:
Additional Information:

---AGE GROUP 0-18 MONTHS---
Nasal Flaring: Head Circ. (cm): Right Brachial+:
Grunting Noted: Fontanelst+: Left Brachial+:
Retractions+: Birth Weight (kgs):

---ALL PEDIATRIC AGE GROUPS (AGE 0-18 YEARS)---
Seizure: Tears Present:
Type+: Age App. Behavior:
Duration:

-----Abuse/Neglect Screening-----
Assault/Abuse+: Who Notified+:
Time Notified:
Name Of Person Notified:

-----Medical/Educational Assessment-----
Independent ADL's:
Barriers and Impairments+:
Describe:

-----BELONGINGS CHECKLIST-----
Clothing: Cut PIA: Shirt: Sweater: Pants:
Underwear: Socks/Hose: Robe:
Accessories: Coat: Shoes: Hat/Cap: Gloves:
Purse/Wallet: \$: Keys:
Jewelry: Ring: Necklace: Watch: Bracelet:
Other:
Misc.: Glasses: Contacts: Hearing Aid: Walker/Cane:
Dentures: Upper Plate: Lower Plate: Partial Bridge:
Disposition of Belongings: Patient: Family: Security:
Other - Name:
Other:

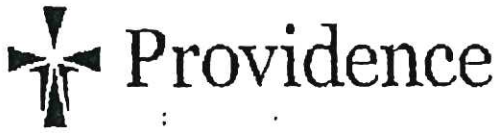
17

RUN DATE: 03/11/19 Providence Hospital EDM "LIVE" PAGE 1
RUN TIME: 0803 Patient Notes
PUN USER: CARTERS

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
Chief Complnt: Back Pain Status: DEP ER

██
DC INSTRUCTIONS GIVEN. VERBALIZED UNDERSTANDING.

18



Patient: GREENE,DANA L
Account No: E00115402139
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez,Jose Luis ...
Date: 04/10/13

Patient Visit Information

Staff

Your caregivers today were:

Physician: Gonzalez,Jose Luis MD
Practitioner: PATEL,BHADRIK I
Nurse: JXK

Patient Instructions Reviewed

Low Back Strain

received 04/10/13 - 2342

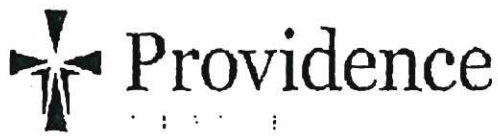
Activity Restrictions or Additional Instructions

return if symptoms worsen.
f/u with PCP 3-5 days

Departure Forms for GREENE,DANA L

School/Work Release

19



Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E, ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

Low Back Strain

WHAT YOU SHOULD KNOW:

Low back strain is an injury to the lower back muscles or ligaments (tissues holding bones together). The lower back supports most of your body weight and is involved with moving, twisting, and bending. Lower back strains more commonly occur if you need to lift or pull heavy items frequently.

INSTRUCTIONS:

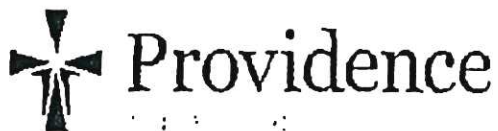
Medicines:

- **Nonsteroidal anti-inflammatory medicines:** These medicines are also called NSAIDs. They help decrease pain and swelling. They can be bought without a doctor's order. NSAIDs can cause stomach bleeding or kidney problems if they are not taken correctly.
- **Muscle relaxers:** When your muscles relax, you may move more easily and have less pain.
- **Pain medicine:** You may be given medicine to take away or decrease pain. Do not wait until the pain is severe before taking your medicine.
- **Take your medicine as directed:** Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Activity:

- You may be told to rest in bed for 3 to 5 days if your back injury is severe. This will decrease the pain and help the injury heal faster. Ask what positions may decrease back pain when you lie down.

20



Patient: GREENE, DANA L
 Account No: E00115402109
 Unit No: Z000052510
 Location: E.ED
 Physician: Gonzalez, Jose Luis ...
 Date: 04/10/13

Pillow

Sleeping Positions for Back Pain

- Avoid activities that make the pain worse, such as picking up heavy things. When the pain decreases, begin normal, slow movements as directed.
- After your symptoms have improved, exercises that strengthen your back muscles may help prevent further problems. Before you exercise, ask about exercises that will not cause further injury to your back. Walking, stationary biking, and swimming are good exercises. Avoid exercises that put strain on your back, such as rowing.

Follow up with your primary healthcare provider as directed: Write down any questions you may have so you remember to ask them at your follow-up visits.

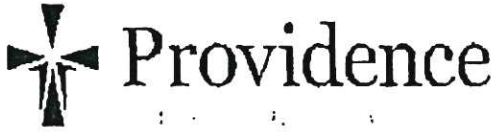
Contact your primary healthcare provider if:

- You have back pains that go to your buttocks, groin, or legs. The groin is the area where your upper leg and lower abdomen meet.
- Your symptoms do not go away with medicines.
- You have questions or concerns about your condition, medicines, or care.

Return to the emergency department if:

- You have a fever.

21

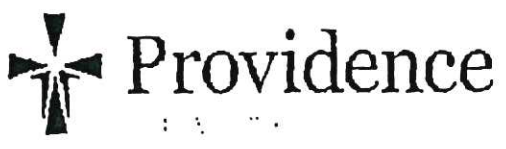


Patient: GREENE,DANA L
Account No: E00115402109
Unit No: 2000052510
Location: E.ED
Physician: Gonzalez,Jose Luis ...
Date: 04/10/13

- You have increased swelling, pain, or redness in your lower back.
- You have trouble moving your legs.
- Your legs feel numb or you cannot feel them.

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

Who to contact regarding this visit:

If you have any questions or concerns about your Emergency Department visit, please contact Anna Diller at the Department of Emergency Medicine at 803-256-5329.

Transition record & follow up care

The above-named patient and/or guardian has received a transition record prior to departure from the Emergency department.

If no follow-up care is defined on your Patient Visit Information page, no follow-up care is necessary.

23

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0803	Departure Form(s)	
RUN USER: CARTERS		
Patient: DIXON, DANA L	Acct No.: E00115402109	Unit No.: 2000952510
ED Physician: Gonzalez, Jose Luis MD	Age/sex: 46/F	Loc: E.ED
Chief Complnt: Back Pain	Status: DEP ER	
<p>████████████████████</p> <p>Patient may return to School and/or Work on : .</p> <p>Additional Comments:</p> <p>-----</p> <p>Gonzalez, Jose Luis MD 04/10/13 PATEL, BHADRIK I</p>		

24

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0903	Transition Record	
RUN USER: CARTERGS		

Patient: DIXON, DANA L	Acct No.: E001154C2109	Unit No.: Z060052510
ED Physician: Gonzalez, Jose Luis MD	Age/sex: 52/F	Loc: E. ED
You were seen in the ER on 04/10/13 for: Back Pain		

Orders and Treatments

ED DEPARTMENT LEVEL 3
 THER/PROPH/DIAG INJ SC/IM

25

Providence Hospital PCI **LIVE** Summary of Medications	
DLEH, DANA L (E000052510) Age/Sex: 52 F	All Medications

Medication Sig - Mar 11, 19 Timeline of Results

	Mar 04, 2019	8 Days	Mar 11, 2019
All Medications	Ending SIG	04 05 06 07 08 09 10 11	
Toradol			

Run: Mon - Mar 11 (05:05) for CAFTER, GERNORIS S

26

7. Private Room Difference: I understand that if I request a private room I am responsible for the entire private room difference, unless the difference is covered by insurance.
8. Independent Status of Physicians: I understand that during the course of my/the patient's stay that my/the patient's physician may request consultations and/or the services of Hospital based health care providers including, but not limited to, emergency physicians, radiologists, pathologists, or anesthesiologists. I recognize that any or all physicians who furnish services to me/the patient during this admission are independent contractors and are not agents or employees of the Hospital. I understand that the Hospital does not control or have the right to control the medical decisions and actions of physicians including Hospital based providers and independent contractors, and that physicians are responsible and liable for their own acts or omissions. I understand and agree that each of the practitioners who render professional services to me/the patient may bill and collect independently for these services. I understand that their bills will be separate and apart from the Hospital's billing and collections or that the Hospital may bill on the healthcare provider's behalf. Furthermore, I understand that each health care provider may be individually contracted with an HMO or PPO. These contracts could be different from the contracts the Hospital holds. I understand that it is my responsibility to find out if each healthcare provider is a member of my/the patient's insurance provider network.
9. Consent to Photograph: I understand that photographs, videotapes, digital or other images may be recorded to document my care and I consent to this. I understand that these photographs, videotapes, digital or other images will become part of my medical record and are considered protected health information. I also understand that Sisters of Charity Providence Hospitals is the owner of my medical record but that I have a right to access my protected health information in the medical record in the manner described in the Notice of Privacy Practices. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept at least for the time period required by law.

Guarantee of Payment

By signing the form below, I understand that:

- I am financially responsible for this account with the Hospital, regardless of any insurance benefits, to the fullest extent allowed by law.
- I understand that I may be held responsible for any charges not covered for any reason by a third party payer. Should this account be turned over to a collection agency or an attorney for collection, I understand that I will be obligated to pay all collection fees and reasonable attorney's fees.

By signature below, I consent to and agree to the conditions set forth on this form. I have been given the opportunity to ask questions regarding this form, and understand the obligation I assume by signing this form.


4-10-13
Date and Time

Dana Green
Signature of Patient
or
Patient's Personal Representative

Witness

Yearly Consent for Outpatient Radiology and Lab

_____ I hereby give consent to use this Consent one (1) year from today's date for any Providence Hospitals.


 GREENE, DANA J
 A# E00115402109 UWZ000052510
 04/10/13 F 46 01/15/67
 I HEREBY GIVE CONSENT TO THE USE OF MY INFORMATION FOR RESEARCH AND EDUCATIONAL PURPOSES

29



Date: 04/10/13
 Account No: E00115402109
 Unk No: Z000052510
 Patient: GREENE, DANA L
 Location: E.ED
 Physician: Gonzalez, Jose Luis MD

Patient Instructions Signature Page

Patient Name: GREENE, DANA L

GREENE, DANA L
 A# E00115402109 U# Z000052510
 04/10/13 F 46 01/15/67

Guardian Name:

The above-named patient and/or guardian has received the following patient instructions:

Low Back Strain
 on this date: 04/10/13 - 2342

I have read and understand the instructions given to me by my caregivers.

GREENE, DANA L

Print Patient Name _____
 Patient (or Guardian) Signature *Dana L Greene* Date *4-10-13*
 Caregiver/RN/Doctor Signature *R Medina-Rivera* Date *4/10/13*

30

SISTERS OF CHARITY PROVIDENCE HOSPITALS
 2435 ROPEST DRIVE
 COLUMBIA, SOUTH CAROLINA 29204
 (803) 256-5300

ED PROVIDER NOTE

PATIENT: GREENE, DANA L	ACCOUNT # E00115402109
DICTATING PROVIDER: Patel, Shadrik I FA-C	HED REC # 2000053510
ATTENDING: Gonzalez, Jose Luis MD	AGE: 46
ADMISSION DATE:	NURSING STATION: E.ED
DISCHARGE DATE:	DATE OF DICTATION: 04/10
ROOM/BED:	TIME OF DICTATION: 2306
PATIENT TYPE:	

.....

Back Pain HPI

General

Mode of Arrival: WHEELCHAIR
Accompanied By: FAMILY
Chief Complaint Back Pain
Stated Complaint BACK PAIN
Time Seen by MD 2300
Source patient, family
Exam Limitations no limitations

History of Present Illness

Initial Comments

46 y/o AAF present with back pain and neck pain patient reports she was at work and strained her back was sent to urgent care where XR was take and was told has pinche nerve awaiting referral to workers comp doctor, wants soemthing for pain.

Timing/Duration getting worse

Severity/Quality moderate

Location C-spine, lumbar spine

Radiation none

Method of Injury twisted

Modifying Factors

worse with: movement.

Associated Symptoms muscle spasms

General ROS 2

Unable to obtain (see HPI) No

Constitutional

Pt reports: no symptoms reported

EENTM

Pt reports: no symptoms reported

Respiratory

no symptoms reported

Cardiovascular

no symptoms reported

Gastrointestinal

no symptoms reported

Genitourinary

no symptoms reported

Musculoskeletal

Pt reports. back pain, muscle stiffness, neck pain. Pt denies extremity pain, joint swelling, myalgia, arthralgia, muscle weakness, other.

Skin

Pt reports: no symptoms reported

Psychiatric/Neurological

Pt reports: no symptoms reported

All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:

PARTIAL HYSTERECTOMY

Past Medical Hx:

HTN/CHRONIC PAIN

Tetanus (Within 5 Yrs): UNKNOWN

Pneumovax (Last 5 Yrs): UNKNOWN/UNABLE TO ANSWER

Influenza (Within 1 yr): UNKNOWN/UNABLE TO ANSWER

Allergies

Coded Allergies:

Cortisone (04/10/13)

Ambulatory Medications

Reported Medications

HCTZ (HYDROCHLOROTHIAZIDE)

Naproxen (NAPROXEN)

HYDROCODON-ACETAMINOPHEN 5-325 (HYDROCODONE BIT/ACETAMINOPHEN)

Past Family and Social Hx

Tobacco use: CIGARETTES

Packs/Day: 1/2

Alcohol: No

Frequency: OCCASIONAL

Substance Abuse: No

Lives With: spouse

Occupation: employed

Pain Exam

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
04/10 2253	97.5	84	16	125/70	99			

General Appearance WDAWN, no apparent distress

EENT NCAT, PERRL, EOMI, TMs normal, pharynx normal

Neck normal inspection, non-tender, supple, full range of motion, normal alignment, muscle spasm

Cardiovascular/Respiratory normal breath sounds, regular rate/rhythm, no JVD, no

M/R/G, no respiratory distress, normal peripheral pulses

Peripheral Pulses

2+ carotid (R), 2+ carotid (L) 2+ femoral (R), 2+ femoral (L), 2+ dorsalis pedis (R), 2+ dorsalis pedis (L)

32

Gastrointestinal soft, non tender, NABS, no organomegaly
Back normal inspection, no CVA tenderness, no vertebral tenderness, neg straight leg raise, muscle spasm
Extremities non-tender, normal range of motion, no evidence of injury, no pedal edema, pelvis stable
Neurologic/Psychiatric conscious, alert, oriented x3, no motor deficits, no sensory deficits, normal mood, normal affect, normal concentration, CNs II-XII nml as tested
Skin normal color, warm/dry

Medical decision making

Pt seen under the direction of:

Gonzalez, Jose Luis MD

MDM complexity: moderate complexity

Course:

will give toradol 30 mg
 XR already been done, no acute trauma since then deferred
 advised to f/u with pcp
 return if symptoms worsen
 warm massage advised
 Rx of soma and naproxen given

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Ketorolac	30 mg	1X ER STAT STA	04/10 2315	DC	
Tromethamine		IM	04/10 2316		

Decision made to admit? No
Independent review of images Allergies/meds reviewed, Interpretations discussed,
 Medical records reviewed

ED Departure

Time of Disposition 2321

Clinical Impression

Primary Impression: Neck pain

Additional Impressions: Back pain, acute

Disposition DISCH TO HOME OR SELF CARE

Condition Stable

Prescriptions

Current Visit Scripts

SOMA (CARISOPRODOL) 350MG PO TID
 10 Days

Naprosyn (NAPROXEN) 500MG PO BID
 #20 TAB

Patient Instructions Low Back Strain (ED)

Additional Instructions

return if symptoms worsen,
 f/u with PCP 3-5 days

--
 --
 --

-Dictating Provider Signature: Patel, Bhadrak I PA-C
 <<SIGNATURE ON FILE>>

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERGS PAGE 2
 RUN TIME: 075C PATIENT ABSTRACT
 RUN USEP: CARTERGS

NAME: DIXON, DANA L ACCT #: E10000544469

-----SPECIAL CARE UNITS / LOCATIONS-----

START	END	DAYS	SPEC CARE	LOCATION	NAME
11 03/07/17	1546 03/07/17	1608	1	E.ED	NEP EMERGENCY DEPARTMENT

ADMISSION/REGISTRATION:
 ADMIT PRIORITY: E EMERGENCY
 ADMIT SOURCE: NE NON-HEALTHCARE FACILITY
 ARRIVAL MODE: WI WALK-IN
 NEWBRN ADMIT SRC:
 ADMIT THRU ER: LOA DAYS:
 LAST DISCH DATE: 05/27/09 EXPECTED LOB:
 REASON FOR VISIT: PAIN IN NECK LOWER BACK
 DISCHARGE DISP.: HOM *DISCH HOME OR RETURN SNE/ALF
 WITHIN 48 HR: AUTOPSY OBTAINED:
 IN O.R. OR POST OP: MEDICAL EXAMINER:
 PRIM CARE PHYS: SOTO, CARLOS
 ADMIT PHYS:
 FAMILY PHYS: SOTO, CARLOS

-----PHYSICIANS-----

PHYSICIAN	TYPE	SERVICE	SERVICE NAME
1) HAYM102	MEDSTF	ER	EMERGENCY MEDICINE

FINANCIAL CLASS: SP CLIENT:
 INSURANCES: POLICY #
 1) SP - SELF PAY

DIS PLAN DAYS

----- APC DATE 03/07/17 -----

APC Source: OTH VEND APC Version 220031001 Version 34
 APC Status F APC Last Bar Date 03/11/17

CPT WITH APC:

#	APC	CPT	CPT Name	Bill ST	Bill TYPE
1	19936	72050	X-RAY EXAM NECK SPINE 4/SVWS		N
2	19936	72072	X-RAY EXAM THORAC SPINE 3VWS		N
3	5024	99284	EMERGENCY DEPT VISIT		V

APC:

#	APC	APC Name	CoPay	MoPay	Cstwt
1	5024		58.77	290.35	4.43
2	19936		0.00	0.00	0.00
3	19936		0.00	0.00	0.00

34

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERS PAGE 3
 RUN TIME: 0750 PATIENT ASTRACT
 RUN USER: CARTERS

NAME: DIXON, DANA L ACCT #: E10005544469

APC Status Comment:	Inlier Payment(s)						
	Charges	Outlier	CoPay	McPay	Cst Wt	Reimb	Oth Pt Resp
Totals:			59.77	230.35	4.42	289.12	

APC CPT CODES:	DESCRIPTION	DPT GRP
1) 19936 72050	X-RAY EXAM NECK SPINE 4/5VWS REV CODE: 320	
2) 19936 72072	X-RAY EXAM THORAC SPINE 3VWS REV CODE: 320	
3) 5024 92254	EMERGENCY DEPT VISIT REV CODE: 450	

35

Name: DIXON, DANA L
Phys: Gibbs, Mykendi Alexis EA
DOB: 01/15/1967 Age: 52 Sex: F
Acct: E10000544469 Loc: UNK
Exam Date: 03/07/2017 Status: UNK
Radiology No:
Unit No: Z000052510

EXAM#	TYPE/EXAM	RESULT
001906182	RAD/SPINE CERVICAL COMPLETE	

CERVICAL SPINE, DATED 3/7/17

INDICATION: Neck pain.

FINDINGS: Five views of the cervical spine show degenerative changes. No fracture or subluxation is noted. Odontoid and prevertebral soft tissues are unremarkable.

CONCLUSION:
Cervical spondylosis.

** REPORT ELECTRONICALLY SIGNED 03/07/2017 (1552) **
Reported By: J. EDESEL GARRICK, M.D.
Signed By: GARRICK, J EDESEL

CC:

Technologist: Job Stringfellow, RT
Dictated Date/Time: 03/07/2017 (1530)
Transcribed Date/Time: 03/07/2017 (1551)
Transcriptionist: WALDRORS
Printed Date/Time: 03/11/2019 (0750)

PAGE 1 Archived Report Printed From PCl

Name: DIXON, DANA L
Phys: Gibbs, Mykenz Alexis PA
DOB: 01/15/1967 Age: 52 Sex: F
Acct: E10000544469 Loc: UNK
Exam Date: 03/07/2017 Status: UNK
Radiology No:
Unit No: 2000052510

EXAM# TYPE/EXAM RESULT
001906183 RAD/SPINE THORACIC W/SWIMMERS

THORACIC SPINE:

INDICATION: Back pain.

FINDINGS/IMPRESSION: Three views of the thoracic spine show no evidence of any acute fracture or subluxation. Mild endplate degenerative changes are noted.

-- REPORT ELECTRONICALLY SIGNED 03/07/2017 (1659) --
Reported By: J. EDSEL GARRICK, M.D.
Signed By: GARRICK, J EDSEL.

CC:

Technologist: Job Springfellow, RT
Dictated Date/Time: 03/07/2017 (1533)
Transcribed Date/Time: 03/07/2017 (1537)
Transcriptionist: CARNESJX
Printed Date/Time: 03/11/2019 (0750)

PAGE 1 Archived Report Printed From PDI

37

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERJS

Providence Hospital EDM "LIVE"
Assessment Data

PAGE 1

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP ER

03/07/17 - 1426 - WILLIAMS, ADEIRE L. RN

-----EMERGENCY DEPARTMENT TRIAGE ASSESSMENT-----

Patient Age: 50 Have you, or close family members, traveled outside the N
Mode of Arrival+: AMBULATORY country (affected Ebola/Ebola areas) w/in the past 21 days:
Accompanied By+: NONE If yes, has the Physician been notified:
Primary Doctor: Physician name:
Focused Assessment of Stated Complaint: -----Treatment Prior To Arrival-----
MVC ON SUNDAY, RESTRAINED DRIVER AND HIT CAR FROM Y/N/U: N O2: IV: WSP:
BEHIND AND LEFT SIDE. NECK AND LOWER BACK PAIN. Meds:

---SCREENING QUESTIONS---

Is pat. at risk for Self-harm and/or presents with a psychiatric or behavioral complaint: N

-----Vital Signs-----

Blood Pressure: 156/86 Height - Feet: 5 Inches: 6 Cm: 157.64
Pulse: 86 SPO2 (8): 97 Weight - Lb: 195 Oz: 0 Kg: 88.452
Respirations: 17 On Room Air: Y Wt. Obtained+: ACTUAL
Temperature: 99.4 on: -----Visual Acuity-----
Temp Source+: OPI. Via+: LPM O2 R Eye: L Eye:

-----Initial Pain Assessment-----

Pain: Y Is Pt Pregnant: N
Pain Location+: NECK LMP:
Pain Scale: 6 EDC:
Radiation: Gravid: 0
Pain Description+: ACHING Abortions: 0

Onset: Timing+: CON

----Tuberculosis Screening-Symptoms and History----

Bevax: N Unexplained weight loss: N
Night sweats: N Persistent cough > than 3 wks: N
Bloody sputum: N Exposure to TB within last 3 mths: N
Hx. Positive PPD: N Chest xray to rule out TB: N

----Immunizations----

Immunizations UED:
Hepatitis B: Y
Tetanus (Within 5 Yrs): Y

Has the pt. had an influenza vaccination prior to this adm., but during this flu season: Y

Has the patient received the pneumococcal vaccine at anytime in the past: N

Medical History: HTN/CHRONIC PAIN, BACK INJURY

Previous Surgeries:

----- Patient Transport -----

How is patient transported+: A AMBULATORY

IV/O2/Monitor required+: NONE

Assign Triage Priority Now: Y

Triage Interventions Performed:

Triage - Additional Comments:

Triage Assessment Complete:

-----Triage Interventions-----

Ice Pack: Elevation: Pressure Applied: Tetanus Given: Location+:
Tylenol Given: Motrin Given: Dose:

Comment:

38

RUN DATE: 03/11/19	Providence Hospital EIM **LIVE**	PAGE 1
RUN TIME: 0751	Assessment Data	
RUN USER: CARTERGS		

Patient: DIXON, DANA L	Acct No.: E10000544469	Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD	Age/sex: 50/F	Loc: E.ED
Chief Complnt: Neck Pain	Status: DEP ER	



03/07/17 - 1606 - WINDHAM, JASON M. RN

Goals For Visit (Select All That Apply)+:
 INCREASE COMFORT

ENT/IV Discontinued: NA
 Catheter Intact:

Met: Y Not Met:

Did patient receive a copy of Discharge Instructions: Y
 Did patient receive electronic Discharge Instructions: N
 Did patient receive the Transition Record: Y
 Patient has been given the ability to view, download, or
 transmit hospital visit information? Y
 Patient wishes to Opt out of document exchange/SCHIEx: No
 (SC Health Information Exchange)
 Unable to Obtain Reason+:

Blood Pressure: Pulse: Respirations: Temperature: Pain Scale:

39

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0751	Assessment Data	
RUN USER: CARTERJS		

Patient: DIXON, DANA L	Root No.: E10000544469	Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD	Age/sex: 50/F	Loc: E.ED
Chief Complnt: Neck Pain	Status: DEP ER	

[REDACTED]

03/07/17 1439 WIGGINA, ABBIE B. RN

RUN DATE: 03/11/19 Providence Hospital EDM **LIVE** PAGE 1
RUN TIME: 0751 Assessment Data
RUN USER: CARTERGS

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: Z000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP BR



03/07/17 - 1443 - WINTER, KELLY D, RN

=====**HENDRICH II FALL RISK MODEL**===== RISK FACTORS
(A score of 5 or greater = High Risk) POINTS

Confusion/Disorientation/Impulsivity: N : 0
Symptomatic Depression: N : 0
Altered Elimination: N : 0
Dizziness/Vertigo: N : 0
Gender (Male): N : 0
Any Administered Antiepileptics (anticonvulsants): N : 0
Any Administered Benzodiazepines: N : 0
=====**GET UP AND GO TEST: 'RISING FROM A CHAIR'**====
Answer the one (1) most appropriate below with 'Y'.
Able to Rise in a Single Movement-No Loss of Balance with 2-3 Steps Noted: Y : 0
Pushes Up, Successful in One Attempt: N : 0
Multiple Attempts but Successful: N : 0
Unable to Rise Without Assistance During Test: N : 0
(OR if a medical order states the same and/or complete bed rest is ordered)
TOTAL SCORE: 0
Patient placed on Fall Prevention Program: N
Patient has a history of falls within the last 30 days: N <File>

-----Fall Prevention Program-----
Bed in low position with brakes on:
Personal items and call bell within reach:
Use of non-skid footwear with ambulation:
Non-skid footwear color:
Side Rails Up+:

Education: Pt/family teaching provided for Fall Prevention:
Comment:

41

RUN DATE: 02/11/19
RUN TIME: 0751
RUN USER: CAPTER:SS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L Acct No.: E10000944459 Unit No.: 2000052510
MD Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP ER

03/07/17 - 1443 - WINTER, KELLY D, RN

-----EMERGENCY DEPARTMENT SYSTEM ASSESSMENTS-----

To view normal patterns for a system, press the

Shift+FB keys together when the cursor is in the block

Cardiovascular: Normal Pattern: Neurological: Normal Pattern:
Gastrointestinal/Nutritional: Normal Pattern: Respiratory: Normal Pattern:
Genitourinary/Reproductive: Normal Pattern: SERT: Normal Pattern:
Integumentary/Musculoskeletal: Normal Pattern: N Psycho/Social: Normal Pattern:
Is patient under 18 years of age: N

Tobacco Use+: NONE Alcohol: N Substance Abuse: N
Packs/Day: Frequency+: Frequency+:
Number of Years: Amount+:
---SCREENING QUESTIONS---

Any Type of Suspected Abuse: N

Any Medical/Educational Barriers Present: N

Medical History: HTN/CHRONIC PAIN, BACK INJURY

Previous Surgeries:

Patient Belongings Charted: Y

ID Band on: Y

Call Light within reach: Y

Safety Rails Up: Y

Has Room Assignment Been Charted: Y

Please Answer Yes or No to the Above System Assessments.

**If You Answer No, the Individual System Assessment Screen

Will 'Pop-Up' for Documentation.

-----CARDIOVASCULAR-----

Heart Sounds+:

EKG Rhythm+:

Capillary Refill < 3 sec in All Extremities:
Left Upper Extremity+:
Left Lower Extremity+:
Right Upper Extremity+:
Right Lower Extremity+:
JVD: Peripheral Edema:

Pulses

Pulses 3+ or > Palp in All Extremities:

Right Dorsalis Pedis+:
Right Femoral+:
Right Radial+:
Left Dorsalis Pedis+:
Left Femoral+:
Left Radial+:

Edema Location:

Additional Information:

-----GASTROINTESTINAL-----

Abdomen+:
Tender on Palpation:
Bowel Sounds Active X 4:
Left Upper Quadrant+:
Left Lower Quadrant+:
Right Upper Quadrant+:
Right Lower Quadrant+:

42

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERGS

Providence Hospital EIM **LIVE**
Assessment Data

PAGE 2

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: 2000052510
MD Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP ER

Times N/V Last 24 Hours:
Times Diarrhea Last 24 Hours:
Appetite+:
Stool Pattern+:
Last Bowel Movement:
NG/Feeding/PEG Tube:
Type+:
Site+:

----GENITOURINARY----

Incontinence: Vaginal Discharge:
Ileoconduit: Vaginal Bleeding:
Urine+: Breast Problem:
Prostate Problem:
Color+: Genitalia Problem:
Foley: Is Pt Pregnant:
Size: Wks. Gestation:
Patent and Draining Urine: FHT:
Additional Information:

----MUSCULOSKELETAL----

Extremity Movement+: Splint/Support:
Affected Extremity+: Type:
Muscle Contractures+: Location:
Muscle Cramping+:
Muscle Spasms+:

----INTEGUMENT----

Skin Temp+: Skin Integrity+:
Moisture+:
Color+: Mucous Membranes+:
Turgor+:

---Wound/Injury---

Wound Present: Injury Present: Y
Wound Type+: Injury Type+: PAIN
Bleeding+:
Location+: Location+: NECK
Additional Information: MVC

----NEUROLOGICAL----

Level of Responsiveness+: Pupil Size L (mm): Speech+:
Pupil Reaction Left+: Tongue Position+:
Pupil Size R (mm): Pattern of Movement+:
Does NOT Respond to+: Pupil Reaction Right+:
Cognition+:
Right Grip+:
Left Grip+:

Additional Information:

----RESPIRATORY----

Respirations+:
Breath Sounds Clear X4:
Right Upper Lobes+:
Right Mid Lobes+:
Right Lower Lobes+:
Left Upper Lobes+:
Left Lower Lobes+:

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERJJ

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 3

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: Z000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E. ED
Chief Complnt: Neck Pain Status: DEP ER

Cough+:
Sputum Color+:
Sputum Amount+:
Additional Information:
-----EARS/EYES/NOSE/THROAT ASSESSMENT-----
Ears+: Eyes+: Nose+: Throat+:
Comment:
-----PSYCHO/SOCIAL ASSESSMENT-----
Anxious: Flat Affect:
Angry: Homicidal:
Aggressive: Hostile:
Crying: Labile:
Demanding: Suicidal:
Depression History: Suicidal Ideation:
Additional Information:
---AGE GROUP 0-18 MONTHS---
Nasal Flaring: Head Circ. (cm): Right Brachial+:
Grunting Noted: Fontanel+: Left Brachial+:
Retractions+:
Birth Weight (kgs):
---ALL PEDIATRIC AGE GROUPS (AGE 0-18 YEARS)---
Seizure: Tears Present:
Type+: Age App. Behavior:
Duration:
-----Abuse/Neglect Screening-----
Assault/Abuse+: Who Notified+:
Time Notified:
Name Of Person Notified:
-----Medical/Educational Assessment-----
Independent ADL's:
Barriers and Impairments+:
Describe:
-----BELONGINGS CHECKLIST-----
Clothing: Hat: Shirt: Sweater: Pants:
Underwear: Socks/Hose: Robe:
Accessories: Coat: Shoes: Hat/Cap: Gloves:
Purse/Wallet: Bag: Keys:
Jewelry: Ring: Necklace: Watch: Bracelet:
Other:
Misc.: Glasses: Contacts: Hearing Aid: Walker/Cane:
Dentures: Upper Plate: Lower Plate: Partial Bridge:
Disposition of Belongings: Patient: Family: Security:
Other - Name:
Other:

44

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0751	Treatment Data	
RUN USER: CARTERGS		
Patient: DIXON, DANA L	Acct No.: E10000544469	Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD	Age/sex: 50/F	Loc: 2.ED
Chief Compl: Neck Pain	Status: DEP ER	
<p>03/07/17 - 1443 - WINTER, KELLY D, RN</p> <p>Hourly rounding note: MOVED TO UC 4</p>		
<p>03/07/17 - 1546 - WINDHAM, JASON M, RN</p> <p>Hourly rounding note: pt updated. waiting on xray results.</p>		

45



Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Patient Visit Information

Staff

Your caregivers today were:

Physician: Hayes, Michael Thomas MD
Practitioner: GIBBS, MYKENZI A

Patient Instructions Reviewed

Motor Vehicle Accident

received 03/07/17 - 1604

Activity Restrictions or Additional Instructions

Patient to follow up with PCP for further evaluation and care.
Take Norco as directed, as needed for pain. Do not drive within 8 hours of taking.
Apply ice to areas of soreness as needed. Alternate 15 minutes on and 15 minutes off for one hour.
Return to ED as needed.

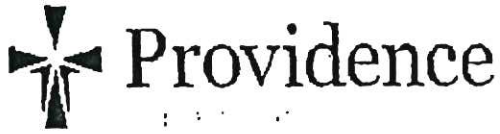
Medication Dose and Instructions

HYDROCODONE BIT/APAP (Norco) 5 MG/325 MG TABLET
1 TAB ORAL EVERY 4 HOURS AS NEEDED As Needed for PAIN#15 TAB REF 0
Instructions: As needed for pain. Do not drive while taking.
03/07/17 3:55pm NONE

Departure Forms for

School/Work Release

46



Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Motor Vehicle Accident

WHAT YOU NEED TO KNOW:

A motor vehicle accident (MVA) can cause injury from the impact or from being thrown around inside the car. You may have a bruise on your abdomen, chest, or neck from the seatbelt. You may also have pain in your face, neck, or back. You may have pain in your knee, hip, or thigh if your body hits the dash or the steering wheel. Muscle pain is commonly worse 1 to 2 days after an MVA.

DISCHARGE INSTRUCTIONS:

Call 911 if:

- You have new or worsening chest pain or shortness of breath.

Return to the emergency department if:

- You have new or worsening pain in your abdomen.
- You have nausea and vomiting that does not get better.
- You have a severe headache.
- You have weakness, tingling, or numbness in your arms or legs.
- You have new or worsening pain that makes it hard for you to move.

Contact your healthcare provider if:

- You have pain that develops 2 to 3 days after the MVA.
- You have questions or concerns about your condition or care.

Medicines:

- **Pain medicine:** You may be given medicine to take away or decrease pain. Do not wait until the pain is severe before you take your medicine.
- **NSAIDs**, such as ibuprofen, help decrease swelling, pain, and fever. This medicine is available with or without a doctor's order. NSAIDs can cause



Patient: DIXON, DANA L
Account No: E1000054469
Unit No: 2000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, **always** ask if NSAIDs are safe for you. Always read the medicine label and follow directions. **Do not give these medicines to children under 6 months of age without direction from your child's healthcare provider.**

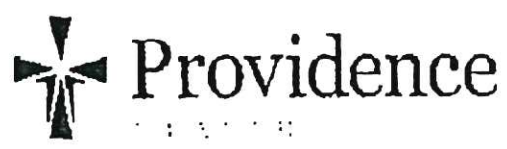
- **Take your medicine as directed.** Call your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

Safety tips:

- **Always wear your seatbelt.** This will help reduce serious injury from an MVA.
- **Use child safety seats.** Your child needs to ride in a child safety seat made for his age, height, and weight. Ask your healthcare provider for more information about child safety seats.
- **Decrease speed.** Drive the speed limit to reduce your risk for an MVA.
- **Do not drive if you are tired.** You will react more slowly when you are tired. The slowed reaction time will increase your risk for an MVA.
- **Do not talk or text on your cell phone while you drive.** You cannot respond fast enough in an emergency if you are distracted by texts or conversations.
- **Do not drink and drive.** Use a designated driver. Call a taxi or get a ride home with someone if you have been drinking. Do not let your friends drive if they have been drinking alcohol.
- **Do not use illegal drugs and drive.** You may be more tired or take risks that you normally would not take. Do not drive after you take prescription medicines that make you sleepy.

48



Patient: DIXON, DANA L
Account No: E1000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Self-care:

- **Use ice and heat.** Ice helps decrease swelling and pain. Ice may also help prevent tissue damage. Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel and apply to your injured area for 15 to 20 minutes every hour, or as directed. After 2 days, use a heating pad on your injured area. Use heat as directed.
- **Gently stretch.** Use gentle exercises to stretch your muscles after an MVA. Ask your healthcare provider for exercises you can do.

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Who to contact regarding this visit:

If you have any questions or concerns about your Emergency Department visit, please contact the emergency department via the following numbers:

Providence Northeast Campus: 803-865-4530

Providence Downtown Campus: 803-256-5320

Information for your pharmacist:

****If your Emergency Department provider has electronically prescribed medications for you, and your pharmacist has a question about these prescriptions, please have your PHARMACIST contact the emergency department at the following numbers:**

Providence Northeast: 803-865-4530

Providence Downtown: 803-256-5320

Transition record & follow up care

The above-named patient and/or guardian has received a transition record prior to departure from the Emergency department.

If no follow-up care is defined on your Patient Visit Information page, no follow-up care is necessary.

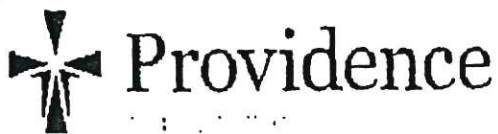
Patient Experience Survey Information

*****Within a few weeks of going home, you may receive a call, email, or text message from HealthStream, an independent survey company, that Providence has partnered with. Your feedback is very important to us. Please consider participating in this brief survey about your experience at Providence. When HealthStream calls, the caller ID may display:**

(615) 846-8410--HealthStream

*Cell phone caller ID may vary by carrier. We greatly appreciate your participation and value any feedback you have. Thank you in advance. ****

Providence Patient Health Portal Information



Patient: DIXON, DANA L
Account No: E1000054463
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

We are now offering a new Providence Patient Health Portal, also known as HEALTHeChart. This gives you access to view your medical records and pay your hospital bills online!

Email us at MyHealtheChart@ProvidenceHospitals.com with your full name, date of birth, and last 4 of your social security number and we would be happy to enroll you!

To self-enroll, look for the Patient Portal link at ProvidenceHospitals.com or type the following url into your web browser:

<https://healthchart.providencehospitals.com/templates/selfsignup-SCPWEB.LIVEF-Phm.html>

You must have the following information ready:

1. Name
2. Gender
3. Email address (you must give the registrars an accurate email upon admission to allow for self-enrollment)
4. Medical Record Number - or Unit Number) located on the header of these instructions (starts with M for downtown or Z for northeast)

RUN DATE: 03/11/19	Providence Hospital EDM **LIVE**	PAGE 1
RUN TIME: 0751	Departure Form(S)	
RUN USER: CARTEHJS		

Patient: DIXON, DANA L	Acct No.: E10000544469	Unit No.: Z090052510
ED Physician: Hayes, Michael Thomas MD	Age/sex: 50/F	Loc: E.ED
Chief Complnt: Neck Pain	Status: DEP ER	

████████████████████
 Patient may return to School and/or Work on : .

Additional Comments:

 Hayes, Michael Thomas MD
 03/07/17
 GIBBS, MYKENZI A

52

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, DANA L
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Hayes, Michael Thomas MD
ADMISSION DATE:
DISCHARGE DATE: 03/07/17
ROOM/BEED:
PATIENT TYPE:

ACCOUNT # E10000544469
MED REC # Z000052510
DOB: 01/15/67 AGE: 50
NURSING STATION: E. E1
DATE OF DICTATION: 03/07/17
TIME OF DICTATION: 1446

MVA HPI

General

Mode of Arrival+: AMBULATORY
Accompanied By+: NONE
Chief Complaint Neck Pain
Stated Complaint PAIN IN NECK LOWER BACK
Time Seen by MD 1447
Source patient. RN notes reviewed
Exam Limitations no limitations

History of Present Illness

Initial Comments

50 yo AAF presents with complaints neck and back pain, s/p MVC 2 days ago. Patient was restrained driver when another motorist rear ended her vehicle on the back passenger side Patient states that upon impact she was turned around in the seat playing with her granddaughter in the back seat No airbag deployment, head injury or LOC
Occurred 2 days ago
Severity moderate
Injury/Pain Location neck, back
Context driver, restraints, per HPI
Loss of Consciousness no loss of consciousness
Associated Symptoms neck pain, back pain

Trauma ROS

Constitutional

Pt reports no symptoms

Respiratory

Pt reports no symptoms

Cardiovascular

Pt reports no symptoms reported

Musculoskeletal

Pt reports back pain, neck pain

Skin

no symptoms reported

Psychiatric/Neurological

PRN: 03/17/19-07:00 by CARTER, GERMCRIS S

ED NOTE (JTP) - Additional copy

Page 1 of 4

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, DANA L.	ACCOUNT # E10000544469
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA	MED REC # 2000052310
ATTENDING: Hayes, Michael Thomas MD	DOB: 01/15/67 AGE: 50
ADMISSION DATE:	NURSING STATION: E.ED
DISCHARGE DATE: 03/07/17	DATE OF DICTATION: 03/07/17
ROOM/BED:	TIME OF DICTATION: 1446
PATIENT TYPE:	

Pt reports no symptoms. Pt denies loss of consciousness

PMH, Allergies, Home Meds

Past Medical Hx:
HTN/CHRONIC PAIN, BACK INJURY
Tetanus (Within 5 Yrs): YES
Flu shot this season? Yes
Pneumonia shot in the past? No
Allergies
Coded Allergies:
cortisone (03/07/17)

Reported Home Medications
HYDROCODONE BIT/APAP * 5 MG/325 MG TABLET 1 TAB PO Q4H PRN PRN PAIN
#15 TAB

PFSH
Tobacco Use+: NONE
Packs/Day: 1/2
Alcohol: No
Frequency+: OCCASIONAL
Substance Abuse: No
Family History:
No Known Family History.

Injury Exam

Physical Exam
General Appearance W/D/W/N, no apparent distress
Head no evidence of injury
Neck tender lateral (over R proximal SCM), tender midline
Cardiovascular/Respiratory normal breath sounds, regular rate/rhythm, no M/R/G, no respiratory distress
Back normal inspection, vertebral tenderness (thoracic spine), R lumbar paraspinous muscle

Print: 03/11/19-07:51 by CARTER, GERNORIS S

ED NOTE (DTP) - Additional copy

Page 2 of 4

54

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, DANA I. ACCOUNT # E10000544469
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA MED REC # Z00005237C
ATTENDING: Hayes, Michael Thomas MD DOB: 01/15/67 AGE: 50
ADMISSION DATE: NURSING STATION: E.EE
DISCHARGE DATE: 03/07/17 DATE OF DICTATION: 03/07/17
ROOM/BED: TIME OF DICTATION: 1446
PATIENT TYPE:

tenderness

Neurologic/Psychiatric conscious, alert, oriented x3
Skin normal color, warm/dry

Medical decision making

P1 seen under the direction of:
Hayes, Michael Thomas MD

Course:

50 yo AAF with neck and back pain, s/p MVC 2 days ago

Exam: as noted above

Cervical spine xray: Cervical spondylosis, per radiology
Thoracic spine xray: Three views of the thoracic spine show no evidence of any acute fracture or subluxation. Mild endplate degenerative changes are noted per radiology

Tylenol given for headache

Patient is clinically stable, will be discharged home to follow up with PCP. Will give prescription for Norco (handwritten), patient advised to apply ice to areas of soreness

Decision made to admit? No

Independent review of images Allergies/meds reviewed

ED Departure

Time of Disposition 1553

Clinical Impression

Primary Impression: MVA restrained driver

Secondary Impressions: Back pain, Neck pain

Disposition *DISCH HOME OR RETURN SNF/ALF

Condition Stable

Prescriptions

Current Visit Scripts

HYDROCODONE BIT/APAP * (Norco *) 1 TAB PO Q4H PRN PRN PAIN

#15 TAB

As needed for pain. Do not drive while taking.

Run: 03.11.17-07:51 by CARTER, GERNORIS S

ED NOTE (DTS) - Additional copy

Page 3 of 4

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, DANA I. ACCOUNT # E10000544463
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA MED REC # Z000052510
ATTENDING: Hayes, Michael Thomas MD DOB: 01/15/67 AGE: 50
ADMISSION DATE: NURSING STATION: E.ED
DISCHARGE DATE: 03/07/17 DATE OF DICTATION: 03/07/17
ROOM/BED: TIME OF DICTATION: 1446
PATIENT TYPE:

Patient Instructions Motor Vehicle Accident (ED)

Additional Instructions

Patient to follow up with PCP for further evaluation and care.

Take Norco as directed, as needed for pain. Do not drive within 8 hours of taking

Apply ice to areas of soreness as needed. Alternate 15 minutes on and 15 minutes off for one hour

Return to ED as needed

--
--
--

-Dictating Provider Signature: Gibbs, Mykenzi Alexis PA
E-Signed by

Electronic Signature Date: 03/07/17
Electronic Signature Time: 1612

Report Co-Signed by:
E-Signed by

Electronic Signature Date:
Electronic Signature Time:

Run: 03/11/19-07:51 by CARTER, GERNORIS S

ED NOTE CTP1 - Additional copy

Page 4 of 4

PUN DATE: 03/11/19
PUN TIME: 0751
PUN USER: CARTERGS

Providence Hospital EIM **LIVE**
Transition Record

PAGE 1

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: Z000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 52/F Loc: E. ED
You were seen in the ER on 03/07/17 for: Neck Pain

Orders and Treatments

Providence Hospital PCI **LIVE**
Summary of Medications

BYRON, DAVID L (E000052510)
Age/Sex: 52 F

All Medications

Medication Sig - Mar 11, 19 Timeline of Results

All Medications Mar 04, 2019 0 Days Mar 11, 2019
Ending SIG | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 |
Tylenol Extra Streng

Run: Mon - Mar 11 17:51 for CARTER, GERMOPIS S

RXN DATE: 02/11/18 RXN TIME: 0152 RXN SITE: CANTON		Riverside Hospital Pharmacy ***LIV*** ORG ACQUISITION REPORT				PAGE 1
FROM DATE-TIME 01/07/17-0001 TO DATE-TIME 01/07/17-2359		LOCATION VERMONT BERRY, RUSA G				
DATE 01/07/17						
PATIENT: ALTON, LARA E MR DR: Sayer, Michael Thomas MD		ACCT # 0106051163 LOC: 1 2 STATION 209 ER BLD		U O. : 00000000000000000000 DIA:		ROOM RXN 01/07/17
---PATIENCE DATA---						
RXN	MEDICATION	STATS/STOR	RXN DATE-TIME	BY	ADDED DATE-TIME	QTY
01060517	HYDROCODONE 500 MG TAB Hydromorphone Strength Tab 070 DR: Ribbon, Sylvia Alexis PA 500. 1,000 MG LABEL THIS USING ACQUISITION/PAT-PACIENT CODE (2017) FOR ALL SERVICES *** FLOOR STOCK ITEM ***		01/07/17 01/07/17		01/07/17-1600	2/0/1 1,000 MG Pain Indication: VCC Pain Scale: 5 Pain Location: ER, NICE Pain Description: Pain Start-Duration: Frequency: Pain Intervention: Med. Given: Yes
MEDICATION NAME						
HYDROCODONE 500MG TAB 5						

59

CONSENT FOR SERVICES AND FINANCIAL RESPONSIBILITY Providence Health

Please read carefully and sign the necessary authorizations, releases and agreements so that we may proceed with the care and treatment ordered by your physician.

- 1. CONSENT TO HOSPITAL SERVICES:** I understand that a patient's care is directed by his/her attending physician(s) and I consent to any hospital services that are appropriate for my care and as ordered by my physician(s).
- 2. MEDICAL EDUCATION:** I understand that residents, interns, medical students, nursing or other students and trainees may observe, examine, treat and participate, with supervision, in my care as part of medical education programs.
- 3. PATIENT'S CERTIFICATION AND PAYMENT REQUEST:** I certify that the information given by me in applying for payment under Title XVIII or XIX of the Social Security Act (Medicare) is correct. If I am a recipient of Medicare, I understand that I am responsible for the Medicare deductible, the co-insurance, life-time reserve days, if applicable, and the 20% Part B co-insurance for professional charges. I hereby irrevocably assign payment of all hospitalization and medical benefits applicable and otherwise payable to me to the hospital and to all clinical providers providing care to me at the hospital. Unless otherwise stated in the insurance contract, pre-certification is ultimately a patient responsibility.
- 4. FINANCIAL AGREEMENT:** I, the undersigned, in consideration of the services to be rendered to the patient, am obligated to promptly pay the hospital in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charity care and discount payment policies and state and federal law. The hospital may provide, upon my request, a reasonable estimate of charges for items and services based on the hospital's charge description master. If any account is referred to an attorney or collection agency for collection, I agree to pay reasonable attorney's fees and collection expenses. I understand that, as a courtesy to me, the Hospital may bill my insurance company or health benefit plan, but is not required to do so. I agree and understand that, except where prohibited by law, the financial responsibility for the services rendered belongs to me, the undersigned. I further understand that the obligation to pay the hospital may not be deferred for any reason, including pending legal actions against other parties to recover medical costs. The Hospital shall determine whether and when an account is in default due to non-payment of the balance on the account. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, hospitalist, and others, will bill separately for their services.
- 5. HOSPITAL TO ACT AS AGENT:** I irrevocably assign and transfer to the hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan (including an employer-sponsored health benefit plan), or other source of payment for my care. This assignment shall include assigning and authorizing direct payment to the hospital of all insurance and health plan benefits payable for this hospitalization or for these outpatient services. I agree that the insurers or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment, to the extent permitted by state and federal law. I agree to cooperate with and take all steps reasonably requested by this hospital to perfect, confirm, or validate this assignment. I also hereby authorize the Hospital, or the Hospital's designee, to act on my behalf in any dispute with a managed care organization, government health program, any insurance plan or any employer-sponsored health benefit plan with respect to benefits available under such plan. This authorization specifically includes the authorization to file any appeal on my behalf from a denial of benefits and to act as my agent in pursuing such appeals.

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PA-FM-0014-10.14-V4

- 6. **CONSENT TO WIRELESS TELEPHONE CALLS:** If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services, unless I notify the hospital to the contrary in writing. In this section, calls and text messages include but is not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication from the hospital, affiliates, contractors, servicers, clinical providers, attorneys or its agents including collection agencies.
- 7. **CONSENT TO EMAIL USAGE:** If at any time I provide an email address at which I may be contacted, unless I notify the hospital to the contrary in writing, I consent to receiving discharge instructions, statements, bills, marketing material for new services and payment receipts at that email address from the hospital.
- 8. **OUTPATIENT MEDICARE PATIENTS:** Medicare does not cover prescription drugs except for a few exceptions. Per Medicare regulations you are responsible for any drugs furnished you while an outpatient that meet Medicare's definition of a prescription drug. These drugs are commonly referred to as self-administered drugs, as they are typically self-administered but can be administered by hospital personnel. Medicare requires hospitals to bill Medicare patients or other third party payers for these drugs. Medicare Part D beneficiaries may bill Medicare Part D for possible reimbursement of these drugs in accordance with Medicare Drug plan enrollment materials.
- 9. **INFECTION CONTROL CONSENT:** To protect against possible transmission of blood borne diseases, such as Hepatitis or Human Immunodeficiency Virus (AIDS, HIV), I understand it may be necessary or medically indicated to test my blood while I am a patient of the hospital, if for example, a hospital employee is stuck by a needle while drawing blood, is splashed with blood, or sustains a scalpel injury and is exposed to my blood, I understand my blood, as well as the employee's blood will be tested for possible infection with the above mentioned diseases. The test results of both employee and patient will be kept confidential as provided by law.
- 10. **RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS / OTHER HEALTH CARE PROVIDERS:** I understand that: Most or all of the health care providers performing services in this Hospital are independent contractors and are not Hospital employees, representatives or agents. Most physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist, hospitalist and others, are independent contractors and are not employees, representatives or agents of the hospital. Likewise, most physician assistants (PA's), Nurse Practitioners (NP's), and Certified Registered Nurse Anesthetists (C.R.N.A.'s) are independent contractors and are not employees, representatives or agents of the hospital. Independent contractors are responsible for their own actions and the Hospital shall not be liable for the acts or omissions of any such independent contractors.

[Handwritten Signature]
 Initials of patient / patient representative

I understand that I am under the care and supervision of my attending physician. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.


I understand that physicians providing care at this hospital may be NON-PARTICIPATING providers in my insurance plan and will bill me for their professional services separately from the hospital bill.



PA-FM-0014-10.14-V4

61

11. **ELECTION TO ELECTRONICALLY TRANSMIT MEDICAL INFORMATION AT DISCHARGE:** I authorize Providence Health to provide a copy of the medical record of my Treatment, the discharge summary, and a summary of care record to my primary care physician(s), specialty care physician(s), and/or any health care provider(s) or facility(ies) identified on my discharge paperwork to facilitate my Treatment and continuity of care. I understand that information disclosed under this paragraph may include, among other things, confidential HIV-related information and other information relating to sexually transmitted or communicable diseases, information relating to drug or alcohol abuse or drug or alcohol dependence, mental or behavioral health information (excluding psychotherapy notes), genetic testing information, and/or abortion-related information. The summary of care record consists of information from my medical record, including among other things, information concerning procedures and lab tests performed during this admission, my care plan, a list of my current and historical problems, and my current medication list. I understand that I may, by placing my request in writing to the Privacy Officer, revoke this authorization at any time. However, I understand that a healthcare organization cannot take back information that has already been released under this authorization. This authorization will expire automatically one year after the date on which my current treatment episode comes to an end.
12. **NOTICE OF PRIVACY PRACTICES:** I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of my health care information uses and disclosures.
13. **PATIENT DIRECTORY PREFERENCE:** I have been informed that unless I object, the hospital can use a facility directory to inform visitors or callers, if they ask for me by name, about my location in the facility and general medical condition. Clergy may also receive this information as well as my religious affiliation.
- I object to having my name, location and general condition listed in the facility directory.
14. **ELECTION TO REQUEST INTERPRETIVE SERVICES:** In accordance with Sect. 60, of Title VI, the Hospital is committed to ensuring that all patients receive equal access to medical care. To achieve this goal, interpretive services may be utilized or requested at no cost to you.
15. **PATIENT RIGHTS:** I have received a copy of the Patient Rights. I understand these rights and if I have further questions, I will ask the nursing staff.
16. **CONSENT TO PHOTOGRAPH:** I consent to photographs, video or other images where deemed medically necessary by my physician before, during, or after a procedure. This is to provide documentation of my treatment and medical condition and will be kept as a part of your medical record.
17. **ADVANCE DIRECTIVE ACKNOWLEDGMENT:** I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the terms of my Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law.
- I have executed an Advance Directive, if applicable
- I have not executed an Advance Directive
- I would like to formulate an Advance Directive I receive additional information
18. **OTHER ACKNOWLEDGEMENTS:**
- a. **Personal Valuables:** I understand and agree that the hospital maintains a safe for the safekeeping of money and other valuables and that the hospital shall not be liable for the loss of such valuables unless deposited with the hospital for safekeeping. The liability of the hospital for loss of personal property that is deposited for safekeeping is limited to \$500 or the maximum required by law. I understand that I am responsible for all my personal effects, including personal grooming articles, clothing, eyeglasses, contact lenses, hearing aids, dentures, other prosthetic devices, electronic devices such as cell phones,


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laptops, electronic readers, iPads/Pods and all other such devices.

- b. Smoke Free Facility Policy: The Hospital is a smoke free facility. I understand that while I am a patient at the Hospital I may not use tobacco products.
- c. Weapons / Explosives / Drugs: I understand and agree that the hospital is a weapons, explosives, illegal substance or drug and alcoholic free facility. I understand that while I am a patient at the Hospital I may not have these items in my room or with my belongings. If the hospital believes I have any of the above mentioned items the hospital may search my room and belongings. If found the items may be confiscated, disposed appropriately or turned over to the law enforcement authorities.

19. MATERNITY PATIENTS: If I deliver an infant(s) while a patient of this hospital, I agree that each provision of this Consent for Services and Financial Responsibility applies to the infant(s).

I have read and fully understand this Patient Consent and Financial Agreement and been given the opportunity to ask questions. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction.

Dana Nifon
Signature of Patient, legal representative for health care Hospital Services
if other than Patient

3/7/17
Date

2:15
Time

Relationship of Representative

Reason Individual is Unable to Sign, i.e., Minor or Legally Incompetent

[Signature]
Signature of Witness

03/07/17
Date

14:17
Time

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PA-FM-0014-10.14-V4

Providence Hospitals
2345 Forest Drive
Columbia, SC 29204

Patient Name: DIXON, DANA L
Unit Number: Z000052510
Account Number: E10000544469

Patient Signature Page

Patient Name: DIXON, DANA L

Date of Birth: 01/15/1967

Guardian Name:

The above-named patient and/or guardian has received the following:

- Patient Visit Report
- Patient Instructions:
 - Motor Vehicle Accident
- Forms:
 - School/Work Release

Please make sure you have read through this information before signing.

I have read and understand the instructions given to me by my caregivers.

DANA L DIXON

Print Patient Name

D. Dixon
Patient (or Guardian) Signature

Date *3/7* Time

J. Williams, MD
Caregiver/RN/Doctor Signature

Date *3/7/17* Time

WJ

Emergency Dept

Result type: Emergency Dept
 Result date: December 23, 2016 03:32
 Result status: Auth (Verified)
 Result title: Emergency Department Note
 Performed by: Hardy MD, Zachary L on December 23, 2016 03:39
 Verified by: Wenning MD, Derick M on December 24, 2016 00:23
 Encounter info: R1635800070, Richland, ERR-Emergency Room, 12/23/16 - 12/23/16

Chief Complaint

Pt. was in some altercation with patient at CM tucker yesterday. She was hit in the face and is now here with jaw pain, back pain, and neck pain.

History of Present Illness

Patient is a 49-year-old female who presents with pain in her neck and back since yesterday. She works as a nurse at CM to occur in a resident puncture in the left side yesterday. She had no loss of consciousness. Initially she did not have significant pain however she woke up the next day with significant pain in her back and neck. Pain is worse with movement and has throbbing.

Review of Systems

A ten point review of systems was obtained and was negative except as listed above.

Physical Exam

Patient Stated Height/Length: 170.2 cm 12/23/16 03:01:14
 Patient Stated Weight: 90.90 kg 12/23/16 03:01:14
 Temperature Oral: 97.7 DegF 12/23/16 03:01:14
 Heart Rate Monitored: 86 bpm 12/23/16 03:01:14
 Respiratory Rate: 18 br/min 12/23/16 03:01:14
 Pulse Ox Sat: 100 % 12/23/16 03:01:14
 Oxygen Modality: Room Air 12/23/16 03:01:14
 NIBP Systolic: 170 mmHg 12/23/16 03:01:14
 NIBP Diastolic: 82 mmHg 12/23/16 03:01:14
 NIBP Mean Calculated: 111 mmHg 12/23/16 03:01:14
 Pulse Equipment: Dinamap 12/23/16 03:01:14
 NIBP Cuff Site: Right arm 12/23/16 03:01:14
 NIBP Position: Sitting 12/23/16 03:01:14
 NIBP Equipment: Automatic 12/23/16 03:01:14
 Pulse Ox Monitoring: Spot Check Daily Charge 12/23/16 03:01:14

General: Alert, cooperative, non-toxic, NAD
 Neuro: CN II-XI grossly intact, strength 5/5 in upper and lower extremities bilaterally. Able to ambulate without ataxia or gait abnormality. Reflexes 2+
 HEENT: No signs of basilar skull fracture, no septal hematoma, no intraoral lesions or injuries
 Neck: No cervical midline tenderness, full range of motion. Soft and supple
 Eyes: Anicteric, conjunctiva pink. PERRL, EOM
 Resp: CTAB with symmetric chest rise, no wheezes, rales, rhonchi, no accessory muscle use
 CV: RR/R, no murmurs, S1/S2 normal. Radial and ulnar artery is palpable bilaterally. Dorsalis pedis, posterior tibialis arteries palpable bilaterally.
 GI: Soft, non tender, non distended, no rebound or guarding, no HSM
 MSK: Tender to palpation on the paraspinal muscles on the left side as well as the trapezius on the left side. Muscles are tense. No bony abnormalities, full range of motion in all extremities.
 SKN: No hematomas lacerations or other signs of injury

Printed by: Cimino, Barbara A
 Printed on: 01/25/2017 07:25

Page 1 of 2
 (Continued)

Problem List/ Past Medical History**Chronic**

Hypertension

Historical

No historical problems

Procedure/ Surgical History

Appendectomy, Cholecystectomy,
 Hysterectomy, Tubal ligation

Social History**Tobacco**

Cigarettes, Current every day smoker

Family History

Hypertension

Medications**Inpatient**

No active inpatient medications

Home

Azithromycin 5 Day Dose Pack 250
 mg oral tablet, 250 mg, PO, As
 Directed

Allergies

cortisone (nausea)
 shellfish

Emergency Dept

Medical Decision Making

Pain in the neck and back after mild trauma. Consider differential diagnosis including muscle strain versus contusion versus fracture. After thorough history and physical exam patient's presentation is most consistent with muscle spasm. Patient was given 30 mg IM Toradol in the emergency department and had improvement of symptoms. She was able to ambulate on her own without ataxia or gait abnormality. Discussed with patient that she can be excused from work duties tomorrow and will return after that. Wrote a prescription for Naprosyn and Flexeril.

Emergency Department Course

Patient was seen immediately on arrival by myself. Pt had signs, symptoms and clinical history most consistent with muscle spasm Pt has agreed with the course and plan and verbally states understanding of the discharge instructions. Pt agrees to return to the ED if they get worse, do not improve, or experience other concerning symptoms.

Assessment

Muscle spasm
History of hypertension

Disposition

Discharge

Attending present for evaluations and procedures.

I saw and evaluated the patient I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Signature Line

Electronically Signed & Verified on 12/23/2016 04:35
by Hardy MD, Zachary L

Electronically Signed & Verified on 12/24/16 00:23
by Wenning MD, Derick M

Completed Action List:

- * Modify by Hardy MD, Zachary L on December 23, 2016 03:39
- * Perform by Hardy MD, Zachary L on December 23, 2016 03:39
- * Modify by Hardy MD, Zachary L on December 23, 2016 04:35
- * Sign by Hardy MD, Zachary L on December 23, 2016 04:35 Requested by Hardy MD, Zachary L on December 23, 2016 03 39
- * Modify by Wenning MD, Derick M on December 24, 2016 00:23
- * Sign by Wenning MD, Derick M on December 24, 2016 00:23 Requested by Hardy MD, Zachary L on December 23, 2016 04.35
- * VERIFY by Wenning MD, Derick M on December 24, 2016 00.23

*Received
1/13/17
Dana Dixon*



Emergency Medicine Department
Medically Excused Absence

TO WHOM IT MAY CONCERN:

This is to certify that Dana Dixon was seen in this department at 0456 a.m./p.m. on 12/23/14 and is excused from school/work from 12/23/14 through 12/24/14

Remarks: _____

[Signature], M.D.
Physician in Charge

99202S70 1/90 :5/05

67

BF 2017-258 / 2016-4177

Search by STATE ACCIDENT FUND OF SC

Reason for Match: SSN+Name

Match #: 1

Record Type: Property/Casualty Claim ISO File Number: 88005062127

Key Indicators on Claim: Prior Claims History

Date of Loss: 08/13/2019

Time of Loss: 00:00

Type of Policy: Workers Compensation

Location of Loss: NC

ISO Received: 08/16/2019

CAT Number: 00

Company: ACE PROPERTY AND CASUALTY COMPANY - (800) 748-5161

Address: 20700 CIVIC CENTER DR
: SOUTHFIELD, MI 48076

Claim Number: C166C0337557

Policy Number: C65889079

Involved Party: Both Claimant & Insured

--> Name: DIXON, DANA L

Address: 3420 PARK RD. CHARLOTTE
: CHARLOTTE, NC 28209

DOB: XX/XX/1967

Injury/Damage: STRAINED TO RIGHT ANKLE

Coverage/Loss: WC Indemnity

SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Reason for Match: SSN+Name

Match #: 2

Record Type: Property/Casualty Claim ISO File Number: 00004899596

Key Indicators on Claim: Monday/Friday/Holiday Day of loss

: Prior Claims History

Date of Loss: 12/07/2018

Time of Loss: 10:00

Type of Policy: Workers Compensation

Location of Loss: 8040 ARROWRIDGE BLVD

: CHARLOTTE NC 28273

ISO Received: 01/10/2019

Insurer Received: 12/18/2018

Company: KEY RISK INSURANCE COMPANY - (800) 942-0225

Address: C/O KEY RISK

: PO BOX 49129

: GREENSBORO, NC 27419

Claim Number: 18060584

Policy Number: 90120180072100

Inception Date: 01/01/1998

Involved Party: Insured

Name: CAROLINA RESTAURANT GROUP, INC

Address: 8040 ARROWRIDGE BLVD

: CHARLOTTE, NC 28273

Involved Party: Claimant

--> Name: DIXON, DANA

Address: 3420 PARK RD

: RM #216

: CHARLOTTE, NC 28209

DOB: XX/XX/1967

Gender: Female

Injury/Damage: SKIN IRRITATION, DERMATITIS LEFT INDEX

Coverage/Loss: WC Medical

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Home Phone: (470) 422-0591

: *** More matches on this Phone outside this report ***

Reason for Match: Name

Match #: 3

Record Type: Property/Casualty Claim

ISO File Number: 4M004691677

Key Indicators on Claim: Prior Claims History

Date of Loss: 07/26/2018

Type of Policy: Workers Compensation

Location of Loss: NC WRIDGE BLVD

ISO Received: 07/30/2018

CAT Number: 0000

Company: ACE PROPERTY AND CASUALTY COMPANY - (800) 830-6823

Address: 4198 COX RD

: GLEN ALLEN, VA 23060

Claim Number: C877C785168X

Policy Number: C64621312

Involved Party: Both Claimant & Insured

--> Name: DIXON, DANA

Address: 3239 BETTY FORD

: CHARLOTTE, NC 28216

DOB: XX/XX/1967

Injury/Damage: UNKNOWN INJURIES TO BODY PARTS

Coverage/Loss: WC Indemnity

SSN: XXX-XX-5979??(SSN ISSUED LA/1975-1976)

Reason for Match: SSN+Name

Match #: 4

Record Type: Property/Casualty Claim **ISO File Number:** 71004288887

Key Indicators on Claim: Prior Claims History
: 30-day Pre/Post Policy Inception/Cancellation

Date of Loss: 03/05/2017

Time of Loss: 04:30

Type of Policy: Personal Automobile

Location of Loss: I-285
: DECATUR GA 73

Loss Description: POLICYHOLDER REAR-ENDED CLAIMANT

ISO Received: 03/05/2017

Insurer Received: 03/05/2017

Report Case No.: 17-022111

Company: GEICO GENERAL INSURANCE COMPANY - (301) 986-3000

Contact: HOGAN, DYLAN - (478) 621-1664

Address: XML
: ONE GEICO CTR
: MACON, GA 31213

Claim Number: 0396950350101067

Policy Number: 4458659382

Inception Date: 10/02/2016

Expiration Date: 04/02/2017

Involved Party: Both Claimant & Insured

Name: HARRISON, WILLIAM, GREGORY

Address: 3943 VALPARISO CIR
: DECATUR, GA 30034

DOB: XX/XX/1985

SSN: XXX-XX-1466?? (SSN ISSUED GA/1990-1990)
: *** More matches on this SSN outside this report ***

Driver Lic: XXXXXXXXXXXX629, GA
: *** More matches on this Driver Lic outside this report ***

Home Phone: (404) 955-2522
: *** More matches on this Phone outside this report ***

Coverage/Loss: Collision

: (Closed W/O Payment)

Contact: HOGAN, DYLAN - (478) 621-1664

Vehicle Info: 2017 HONDA ACCORD

VIN: 1HGCR2F10HA038706

: *** More matches on this VIN outside this report ***

Involved Party: Claimant Driver

--> Name: DIXON, DANA

Address: 511 ALCOTT DR

: APT 26G

: COLUMBIA, SC 29203

DOB: XX/XX/1967

Gender: Female

Injury/Damage: SPRAIN/STRAIN

Coverage/Loss: Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Cellular Phone: (470) 422-0591

: *** More matches on this Phone outside this report ***

Coverage/Loss: Property Damage

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

Vehicle Info: 2015 FORD FIESTA

VIN: 3FADP4BJ8FM191351

: *** More matches on this VIN outside this report ***

Service Provider: Body Shop

Name: CLASSIC FORD OF COLUMBIA INC

Address: 177 GREYSTONE BLVD

: COLUMBIA, SC 29210

Cellular Phone: (803) 779-1499

Business Phone: (803) 779-3673

Tax ID: XXXXX0529

Involved Party: Claimant Passenger

Name: DIXON, TAMEKIA

Address: 413 PLANTATION POINTE DR

: ELGIN, SC 29045

DOB: XX/XX/1984

Gender: Female

Injury/Damage: UNKNOWN

Coverage/Loss: Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

SSN: XXX-XX-1305?? (SSN ISSUED SC/1985-1985)

: *** More matches on this SSN outside this report ***

Cellular Phone: (803) 238-4234

: *** More matches on this Phone outside this report ***

Involved Party: Claimant Passenger

Name: LONG, TRINITY

Address: 6252 N LEE ST

: APT 86

: MORROW, GA 30260

DOB: XX/XX/2015

Gender: Female

Injury/Damage: UNKNOWN

Coverage/Loss: Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

SSN: XXX-XX-8470?? (SSN ISSUED PRIOR TO DOB UU/2011-0000)

Service Provider: Guardian

Name: LONG, CHASITY

Address: 6252 N LEE ST
: APT 86
: MORROW, GA 30260
DOB: XX/XX/1986
Cellular Phone: (404) 397-7425

Service Provider: Guardian

Name: LONG, KERRY
Address: 6252 N LEE ST
: APT 86
: MORROW, GA 30260
DOB: XX/XX/1956
Cellular Phone: (678) 847-3082

Reason for Match: SSN+Name

Match #: 5

Record Type: Property/Casualty Claim **ISO File Number:** 00004277758
Key Indicators on Claim: Prior Claims History
Date of Loss: 01/31/2017
Time of Loss: 06:05
Type of Policy: Workers Compensation
Location of Loss: COLUMBIA SC 29203
Loss Description: STRUCK OR INJURED BY - FELLOW WORKER, PATIENT
ISO Received: 02/03/2017
Insurer Received: 01/31/2017
CAT Related?: Y
CAT Number: 074
Company: STATE ACCIDENT FUND OF SC - (803) 896-5821
Contact: HARRIS, CHRISTY, M - (803) 896-5915
Address: PO BOX 102100
: COLUMBIA, SC 29221
Claim Number: 032017000258

Policy Number: 300641104
Inception Date: 07/01/1994
Expiration Date: 07/01/2017

Involved Party: Claimant

--> Name: DIXON, DANA, L
Address: 2700 FEATHER TRAIL RUN
: APT. H-10
: WEST COLUMBIA, SC 29169

DOB: XX/XX/1967

Gender: Female

Injury/Damage: STRAIN

Coverage/Loss: WC Medical

Contact: HARRIS, CHRISTY, M - (803) 896-5915

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Home Phone: (803) 737-5300

: *** More matches on this Phone outside this report ***

: *** Mail Drop similar to above phone ***

Mail Drop: C M TUCKER JR NURSE CARE CTR

Address: 2200 HARDEN ST

: COLUMBIA, SC 29203

Contact: SHIRLEY BANNISTER - (803) 737-5300

Involved Party: Insured

Name: DEPT OF MENTAL HEALTH

Address: 2414 BULL STREET

: COLUMBIA, SC 29202

Home Phone: (803) 898-7375

Reason for Match: SSN+Name

Match #: 6

Record Type: Property/Casualty Claim **ISO File Number:** 4D004249754

Key Indicators on Claim: Prior Claims History

Date of Loss: 12/22/2016

Time of Loss: 06:00

Type of Policy: Workers Compensation

Location of Loss: COLUMBIA SC 29203

Loss Description: STRUCK OR INJURED BY - FELLOW WORKER, PATIENT

ISO Received: 01/05/2017

Insurer Received: 12/22/2016

CAT Related?: Y

CAT Number: 074

Company: STATE ACCIDENT FUND OF SC - (803) 896-5821

Contact: HARRIS, CHRISTY, M - (803) 896-59150

Address: PO BOX 102100
: COLUMBIA, SC 29221

Claim Number: 032016004177

Policy Number: 300641104

Inception Date: 07/01/1994

Expiration Date: 07/01/2017

Involved Party: Claimant

--> **Name:** DIXON, DANA, L

Address: 2700 FEATHER TRAIL RUN
: APT. H-10
: WEST COLUMBIA, SC 29169

DOB: XX/XX/1967

Gender: Female

Injury/Damage: CONTUSION

Coverage/Loss: WC Medical

Contact: HARRIS, CHRISTY, M - (803) 896-5915

SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Home Phone: (803) 737-5300

: *** More matches on this Phone outside this report ***

: *** Mail Drop similar to above phone ***

Mail Drop: C M TUCKER JR NURSE CARE CTR

Address: 2200 HARDEN ST

: COLUMBIA, SC 29203

Contact: SHIRLEY BANNISTER - (803) 737-5300

Involved Party: Insured

Name: DEPT OF MENTAL HEALTH

Address: 2414 BULL STREET

: COLUMBIA, SC 29202

Home Phone: (803) 898-7375

Reason for Match: SSN

Match #: 7

Record Type: Property/Casualty Claim

ISO File Number: 8M003381282

Key Indicators on Claim: Monday/Friday/Holiday Day of loss

: Prior Claims History

Date of Loss: 03/08/2013

Type of Policy: Workers Compensation

Location of Loss: CORPORATE-300 MINISTRY DR

: IRMO SC 29063 73

Loss Description: ASSISTING RESIDENT TO MOVE FURNITURE BACK PAIN I

ISO Received: 04/05/2013

Company: GREAT AMERICAN INSURANCE CO - (770) 225-3538

Contact: TAYLOR, JENNIFER, D - (770) 225-3538

Address: STRATEGIC COMP

: PO BOX 1445

: ALPHARETTA, GA 30009

Claim Number: 564586504

Policy Number: WC1709056

Involved Party: Insured

Name: LUTHERAN HOME OF SC, INC.

Address: 300 MINISTRY DR

: IRMO, SC 29063

: *** Mail Drop similar to above address ***

Mail Drop: LUTHERAN HOMES OF SC

Address: 300 MINISTRY DR

: IRMO, SC 290639203

Contact: TOM BROWN - (803) 749-5110

Business Phone: (803) 749-5119

Involved Party: Claimant

Name: GREENE, DANA

Address: 7901 DARTMORE LANE

: COLUMBIA, SC 29203

DOB: XX/XX/1967

Gender: Female

Injury/Damage: NOC TRUNK LOWER BACK AREA

Coverage/Loss: WC Medical

: (OPEN)

Contact: TAYLOR, JENNIFER, D

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Business Phone: (803) 749-5119

Home Phone: (803) 788-5891

: *** More matches on this Phone outside this report ***

Reason for Match: SSN+Name

Match #: 8

Record Type: Property/Casualty Claim

ISO File Number: 0A002543797

Date of Loss: 05/20/2009

Type of Policy: Personal Automobile

Location of Loss: TWO NOTCH RD.

: COLUMBIA SC 292233

Loss Description: IV PULLED IN FRONT OF CV

ISO Received: 05/28/2009

Company: EVEREST NATIONAL INSURANCE COMPANY - (800) 545-7742

Contact: SMITH, DENISE - (800) 545-7742

Address: C/O AM CLMS MGMT - IQ OK

: PO BOX 1620

: ALPHARETTA, GA 30009

Claim Number: 4470270101

Policy Number: 44702701

Involved Party: Insured Driver

Name: MURPHY, RONNIE

Address: 1060 SPARKELBERRY LANE

: COLUMBIA, SC 29223

DOB: XX/XX/1967

Gender: Male

Driver Lic: XXXXXXXXXXX451, SC

Involved Party: Claimant

Name: POLLARD, NANCY

Address: 2071 ALSTON RD.

: REMBERT, SC 29128

DOB: XX/XX/1958

Gender: Female

Injury/Damage: BACK, ARM, THIGH, LEG

Coverage/Loss: Bodily Injury

: (OPEN)

Contact: SMITH, DENISE

SSN: XXX-XX-0127??(SSN ISSUED SC/1974-1974)

: *** More matches on this SSN outside this report ***

Business Phone: (800) 272-0695

Home Phone: (803) 499-9319

: *** More matches on this Phone outside this report ***

Coverage/Loss: Collision

: (OPEN)

Contact: SMITH, DENISE

Vehicle Info: 1996 NISSAN QUEST

VIN: 4N2DN11W2TD827228

: *** More matches on this VIN outside this report ***

Involved Party: Insured

--> Name: DIXON, DANA

Address: 1060 SPARKLEBERRY LANE APT 404

: COLUMBIA, SC 29223

DOB: XX/XX/1967

Gender: Female

SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Driver Lic: XXXXXXXXXXX368, SC

: *** More matches on this Driver Lic outside this report ***

Home Phone: (803) 788-2405

: *** More matches on this Phone outside this report ***

Reason for Match: SSN+Name

Match #: 9

Record Type: Property/Casualty Claim

ISO File Number: 8L002727407

Date of Loss: 04/09/2009

Time of Loss: 12:00

Type of Policy: Workers Compensation

Location of Loss: UNKNOWN

: COLUMBIA SC 292023

Loss Description: EE WAS DRIVING AND TURNING THE STEERING WHEEL WHEN

ISO Received: 04/14/2010
 Insurer Received: 06/04/2009
 CAT Related?: N
 Company: GALLAGHER BASSETT SERVICES INC - (803) 547-8036
 Contact: HOWARD, JULIE - (803) 547-8036
 Address: 1096 ASSEMBLY DR #210
 : FORT MILL, SC 29708
 Claim Number: 002586035651WC01
 Policy Number: MWC11556900
 Inception Date: 07/01/2008
 Expiration Date: 07/01/2009

Involved Party: Claimant
 --> Name: DIXON, DANA
 Address: 1060 SPARKLEBERRY LANE APT 4
 : COLUMBIA, SC 29223
 DOB: XX/XX/1967
 Gender: Female
 Injury/Damage: EXERTION - TWISTING, TURNING, BENDING
 Coverage/Loss: WC Indemnity
 : (OPEN)
 : * Suit Filed *

Estimated Loss: 3,500
 Contact: HOWARD, JULIE - (803) 547-8036
 SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)
 : *** More matches on this SSN outside this report ***

Involved Party: Insured
 Name: VEOLIA TRANSPORTATION INC
 Address: 200 E RANDOLPH STREET
 : SUITE 7900
 : CHICAGO, IL 60601
 : *** Mail Drop similar to above address ***

Mail Drop: US POST OFFICE

Address: 200 E RANDOLPH ST

: CHICAGO, IL 606013

Contact: LINDA ANTHONY - (312) 565-2699

Home Phone: (630) 382-1106

Tax ID: XXXXX3194

Reason for Match: SSN+Name

Match #: 10

Record Type: Property/Casualty Claim

ISO File Number: 4G002725954

Date of Loss: 03/06/2009

Time of Loss: 21:00

Type of Policy: Workers Compensation

Location of Loss: BASEBALL STADIUM

: COLUMBIA SC 292023

Loss Description: EE WAS STEPPING OFF THE BUS WHEN SHE TWISTED HER R

ISO Received: 03/31/2010

Insurer Received: 06/04/2009

First Payment: 06/17/2009

CAT Related?: N

Company: GALLAGHER BASSETT SERVICES INC - (803) 547-8036

Contact: HOWARD, JULIE - (803) 547-80369

Address: 1096 ASSEMBLY DR #210

: FORT MILL, SC 29708

Claim Number: 002586035650WC01

Policy Number: MWC11556900

Inception Date: 07/01/2008

Expiration Date: 07/01/2009

Involved Party: Claimant

--> Name: DIXON, DANA

Address: 1060 SPARKLEBERRY LANE APT 4

: COLUMBIA, SC 29223

DOB: XX/XX/1967

Gender: Female

Injury/Damage: SLIP, TRIP, FALL - ON STAIRS

Coverage/Loss: WC Indemnity

: (OPEN)

: * Suit Filed *

Estimated Loss: 3,500

Contact: HOWARD, JULIE - (803) 547-8036

SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Involved Party: Insured

Name: VEOLIA TRANSPORTATION INC

Address: 200 E RANDOLPH STREET

: SUITE 7900

: CHICAGO, IL 60601

: *** Mail Drop similar to above address ***

Mail Drop: US POST OFFICE

Address: 200 E RANDOLPH ST

: CHICAGO, IL 606013

Contact: LINDA ANTHONY - (312) 565-2699

Home Phone: (630) 382-1106

Tax ID: XXXXX3194

Reason for Match: SSN+Name

Match #: 11

Record Type: Property/Casualty Claim

ISO File Number: 0H002344904

Date of Loss: 04/11/2008

Type of Policy: Workers Compensation

Location of Loss: SC STADIUM

Loss Description: SLIPPED ON SLICK STEP, INJURED BACK

ISO Received: 04/23/2008

Company: SYNERGY COVERAGE SOLUTIONS - (704) 927-3271

Contact: JACKSON, CINDY - (704) 927-3271

Address: 217 S TRYON AVE
: CHARLOTTE, NC 28202

Claim Number: W08001006

Policy Number: 2910107

Involved Party: Insured

Name: RICHLAND SCHOOL DISTRICT 2

Address: 6831 BROOKFIELD RD
: COLUMBIA, SC 29206

Business Phone: (803) 738-3292

Involved Party: Claimant

--> Name: DIXON, DANA
Address: 1060 SPARKLEBERRY LANE
: APT 404
: COLUMBIA, SC 29223

DOB: XX/XX/1967

Gender: Female

Injury/Damage: BACK INJURY

Coverage/Loss: WC Indemnity

: (OPEN)

Contact: JACKSON, CINDY

SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Home Phone: (803) 865-9032

: *** More matches on this Phone outside this report ***

Reason for Match: SSN

Match #: 12

Record Type: Property/Casualty Claim

ISO File Number: 8X000790468

Date of Loss: 03/19/2001

Type of Policy: Personal Automobile - General

Type of Loss: Medical Payment

Location of Loss: COLUMBIA

: COLUMBIA SC 3

ISO Received: 03/28/2001

Company: INFINITY INSURANCE COMPANY - (800) 782-2040

Contact: COOK, STEPHEN, - (800) 782-2040

Address: PO BOX 830807

: BIRMINGHAM, AL 35283

Claim Number: 1235797102

Policy Number: 12357971

Involved Party: Claimant

Name: MURPHY, DANA

Address: 1505 GARDEN PLAZA, APT AC-8

: COLUMBIA, SC 29204

DOB: XX/XX/1967

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Injury/Damage: NECK AND BACK

Involved Party: Insured

Name: HOLLOMAN ALBERTA

Reason for Match: SSN

Match #: 13

Record Type: Property/Casualty Claim

ISO File Number: 7G000523082

Date of Loss: 11/04/1997

Type of Loss: Comprehensive
Location of Loss: PO BOX 444
: WHITE ROCK SC 29177
ISO Received: 08/23/1995
Company: THE RISK AUTHORITY STANFORD - (803) 731-5300
Address: 201 EXECUTIVE CENTER DR
: AIKEN BUILDING, STE 300
: COLUMBIA, SC 29210
Claim Number: 22069

Involved Party: Claimant
Name: MURPHY, DANA
Address: 1013 UNION STREET
: COLUMBIA, SC 29201
DOB: XX/XX/1967
SSN: XXX-XX-0505??(SSN ISSUED SC/1976-1976)
: *** More matches on this SSN outside this report ***
Occupation: CNA
Injury/Damage: STRAIN LEFT HAND

Involved Party: Insured
Name: THE LOWMAN HOME
Address: PO BOX 444
: WHITE ROCK, SC 29177

Reason for Match: SSN+Name

Match #: 15

Record Type: Property/Casualty Claim **ISO File Number:** BR000290838
Date of Loss: 01/03/1995
Type of Policy: Commercial Automobile - Liability
Type of Loss: Bodily Injury Auto Related
Location of Loss: COLUMBIA SC

ISO Received: 01/10/1995

Company: UNITED SERVICES AUTOMOBILE ASSOC (USAA G - (813) 615-5576

Address: 17200 COMMERCE PARK BLVD

: TAMPA, FL 33647

Claim Number: 588877007

Involved Party: Claimant

--> Name: DIXON, DANA, L

Address: 1013 UNION STREET

: COLUMBIA,, SC 29201

DOB: XX/XX/1967

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Occupation: NURSE ASSIST

Injury/Damage: NECK AND BACK

Service Provider: Lawyer For Claimant

Name: GEORGE BARRY

Address: 1419 BULL STREET

: COLUMBIA, SC 29201

Service Provider: Medical Doctor (M.D.)

Name: BAPTIST MEDICAL CENTER

Involved Party: Insured

Name: JOSEPH C GRIFFITH

Reason for Match: SSN+Name

Match #: 16

Record Type: Property/Casualty Claim

ISO File Number: 1P000554175

Date of Loss: 11/26/1994

Type of Policy: Other

Location of Loss: 815 OLD CHEROKEE ROAD
: LEXINGTON SC 290727

ISO Received: 12/05/1994

Company: THE RISK AUTHORITY STANFORD - (803) 731-5300

Address: 201 EXECUTIVE CENTER DR
: AIKEN BUILDING, STE 300
: COLUMBIA, SC 29210

Claim Number: 19217

Involved Party: Claimant

--> Name: DIXON, DANA

Address: 1013 UNION STREET
: COLUMBIA, SC 29201

DOB: XX/XX/1967

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Occupation: CNA

Injury/Damage: STRAIN/SPRAIN TO LOWER BACK

Name: ,0018

Involved Party: Insured

Name: RIKARD NURSING HOME

Address: 815 OLD CHEROKEE ROAD
: LEXINGTON, SC 29072

Reason for Match: SSN+Name

Match #: 17

Record Type: Property/Casualty Claim

ISO File Number: 5J000489426

Date of Loss: 08/15/1994

Type of Policy: Commercial Automobile - Liability

Type of Loss: Bodily Injury Auto Related

Location of Loss: N. MILLWOOD & WASHINGTON

: COLUMBIA SC 27

ISO Received: 08/24/1994

Company: STATE FARM (R) AFFILIATE

Address: CIOS - 00

: ONE STATE FARM PLAZA

: BLOOMINGTON, IL 61710

Claim Number: 401511839

Involved Party: Claimant

--> Name: DIXON, DANA

Address: 1013 UNION ST

: COLUMBIA, SC 29201

DOB: XX/XX/1967

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Occupation: BURGER KING

Injury/Damage: BACK & NECK

Involved Party: Insured

Name: COLEMAN DONNA L

Address: 1505 GARDEN PLAZA RD APT AF-8

: COLUMBIA, SC 29204

* Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

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BF 03 2017-000258

Reference Claim Number: 2017000258. Your Search on Name: DANA DIXON DOB: XX/XX/1967
 SSN: XXX-XX-0505 (SSN ISSUED SC/1976-1976) resulted in 14 Matches
 Search by STATE ACCIDENT FUND OF SC

Name	Address	Role	Date	Company/Claim Number	Type	Description	Reason
DIXON, DANA	511 ALCOTT DR. COLUMBIA SC 29203	Claimant Driver	03/05/2017	GETCO GENERAL INSURANCE COMPANY 0396950350101067	Personal Auto	POLICYHOLDER REAP-ENDED CLAIMANT	SSN, Name
DIXON, DANA	1060 SPARKLEBERRY LANE APT 404 COLUMBIA SC 29223	Insured	05/20/2009	EVEREST NATIONAL INSURANCE COMPANY 4470270101	Personal Auto	LV PULLED IN FRONT OF CV	SSN, Name
DIXON, DANA	1060 SPARKLEBERRY LANE APT 4 COLUMBIA SC 29223	Claimant	04/09/2009	GALLAGHER BASSETT SERVICES INC 002586035651WC01	Workers Comp	EE WAS DRIVING AND TURNING THE STEERING WHEEL WHEN	SSN, Name
DIXON, DANA	1060 SPARKLEBERRY LANE APT 4 COLUMBIA SC 29223	Claimant	03/06/2009	GALLAGHER BASSETT SERVICES INC 002586035650WC01	Workers Comp	EE WAS STEPPING OFF THE BUS WHEN SHE TWISTED HER P	SSN, Name
DIXON, DANA	1060 SPARKLEBERRY LANE COLUMBIA SC 29223	Claimant	04/11/2009	SYNEGY COVERAGE SOLUTIONS W09001006	Workers Comp	SLIPPED ON SLICK STEP, INJURED BACK	SSN, Name
DIXON, DANA	1013 UNION STREET COLUMBIA SC 29201	Claimant	11/26/1994	THE RISK AUTHORITY STANFORD 19217	Other		SSN, Name
DIXON, DANA	1013 UNION ST COLUMBIA SC 29201	Claimant	08/15/1994	STATE FARM (P) AFFILIATE 401511839	Commercial Auto		SSN, Name
DIXON, DANA, L	2700 FEATHER TRAIL PUN WEST COLUMBIA SC 29162	Claimant	01/31/2017	STATE ACCIDENT FUND OF SC 032017000258	Workers Comp	STRUCK OR INJURED BY - FELLOW WORKER, PATIENT	SSN, Name
DIXON, DANA, L	2700 FEATHER TRAIL PUN WEST COLUMBIA SC 29169	Claimant	12/21/2016	STATE ACCIDENT FUND OF SC 032016004177	Workers Comp	STRUCK OF INJURED BY - FELLOW WORKER, PATIENT	SSN, Name
DIXON, DANA, L	1013 UNION STREET COLUMBIA, SC 29201	Claimant	01/03/1995	UNITED SERVICES AUTOMOBILE ASSOC (USAA GRP) 588877007	Commercial Auto		SSN, Name
GREENE, DANA	7901 DARTMORE LANE COLUMBIA SC 29203	Claimant	03/08/2013	GREAT AMERICAN INSURANCE CO 564586504	Workers Comp	ASSISTING RESIDENT TO MOVE FURNITURE BACK PAIN I	SSN
MURPHY, DANA	1505 GARDEN PLAZA, APT AC-8 COLUMBIA SC 29204	Claimant	03/19/2001	INFINITY INSURANCE COMPANY 1235797102	Personal Auto		SSN
MURPHY, DANA	3221 PADGETT ROAD COLUMBIA SC 29209	Claimant	11/04/1997	THE RISK AUTHORITY STANFORD 00263	Workers Comp		SSN
MURPHY, DANA	1013 UNION STREET COLUMBIA SC 29201	Claimant	07/24/1995	THE RISK AUTHORITY STANFORD 22069	Workers Comp		SSN

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Search by STATE ACCIDENT FUND OF SC

Reason for Match: SSN+Name

Match #: 1

Record Type: Property/Casualty Claim ISO File Number: 71004288887

Key Indicators on Claim: Prior Claims History
: 30-day Pre/Post Policy Inception/Cancellation

Date of Loss: 03/05/2017
Time of Loss: 04:30

Type of Policy: Personal Automobile

Location of Loss: I-285
: DECATUR GA

Loss Description: POLICYHOLDER REAP-ENDED CLAIMANT

ISO Received: 03/05/2017

Insurer Received: 03/05/2017

Report Case No.: 17-022111

Company: GEICO GENERAL INSURANCE COMPANY - (301) 486-3000
Contact: HOGAN, DYLAN - (478) 621-1664
Address: AML
: ONE GEICO CTR
: MACON, GA 31213

Claim Number: 0396950350101067

Policy Number: 4458659382

Inception Date: 10/02/2015
Expiration Date: 04/02/2017

Involved Party: Both Claimant & Insured
Name: HARRISON, WILLIAM, GREGORY
Address: 3343 VALPARAISO CTR
: DECATUR, GA 30034
DOB: XX XX 1985

SSN: XXX-XX-1466 (SSN ISSUED GA/1990-1990)

: *** More matches on this SSN outside this report ***

Driver Lic: XXXXXXXXXXXX609, GA

: *** More matches on this Driver Lic outside this report ***

Home Phone: (404) 955-2522

: *** More matches on this Phone outside this report ***

Coverage/Loss: Collision

: (Closed W/O Payment)

Contact: HOGAN, DYLAN - (478) 621-1664

Vehicle Info: 2017 HONDA ACCORD

VIN: 1HGCP2F10HA038706

: *** More matches on this VIN outside this report ***

Involved Party: Claimant Driver

--> Name: DIXON, DANA

Address: 511 ALCOTT DR

: APT 263

: COLUMBIA, SC 29203

DOB: XX/XX/1967

Gender: Female

Injury/Damage: SPRAIN/STRAIN

Coverage/Loss: Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

SSN: XXX-XX-0505 (SSN ISSUED SC 1976-1976)

: *** More matches on this SSN outside this report ***

Cellular Phone: (470) 422-0591

: *** More matches on this Phone outside this report ***

Coverage/Loss: Property Damage

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

Vehicle Info: 2015 FORD FIESTA

VIN: 3FADP4B18FM191351

: *** More matches on this VIN outside this report ***

Service Provider: Body Shop**Name:** CLASSIC FORD OF COLUMBIA INC**Address:** 177 GREYSTONE BLVD
: COLUMBIA, SC 29210**Cellular Phone:** (803) 779-1499**Business Phone:** (803) 779-3673**Tax ID:** XXXXX0529**Involved Party: Claimant Passenger****Name:** DIXON, TAMEKIA**Address:** 413 PLANTATION POINTE DR
: ELGIN, SC 29045**DOB:** XX/XX/1984**Gender:** Female**Injury/Damage:** UNKNOWN**Coverage/Loss:** Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (476) 621-1664**SSN:** XXX-XX-1305 (SSN ISSUED SC/1985-1986)

: *** More matches on this SSN outside this report ***

Cellular Phone: (803) 238-4234

: *** More matches on this Phone outside this report ***

Involved Party: Claimant Passenger**Name:** LONG, TRINITY**Address:** 6250 N LEE ST
: APT 86
: MORROW, GA 30160**DOB:** XX/XX/2015**Gender:** Female**Injury/Damage:** UNKNOWN**Coverage/Loss:** Bodily Injury

: (Closed)

Contact: HOGAN, DYLAN - (478) 621-1664

SSN: XXX-XX-8470 (SSN ISSUED PRIOR TO DOB UU/2011-0000)

Service Provider: Guardian

Name: LONG, CHASTITY

Address: 6252 N LEE ST

: APT 86

: MORROW, GA 30260

DOB: XX/XX/1986

Cellular Phone: (404) 397-7475

Service Provider: Guardian

Name: LONG, KERRY

Address: 6252 N LEE ST

: APT 86

: MORROW, GA 30260

DOB: XX/XX/1986

Cellular Phone: (678) 847-3082

* Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

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**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WITNESS STATEMENT OF INJURY OR ILLNESS**

This Form Must Be Completed And Submitted With The Initial Report Of Injury

Witness Name:	Today's Date:
Injured Employees Name: <u>DANA DIXON</u>	
Contact #: <u>470452597</u>	Date of alleged incident: <u>12/13/17</u>
Supervisor's Name: <u>Cathy Purvis</u>	Time of incident: <u>6:00 PM</u>
	Contact #: _____

Witness Description of Incident:
Please include date, time and place of incident along with the activity that you were engaged in at the time of incident. State exactly what happened to cause the injury. Specifically, list all body parts affected (Example - right index finger, lower/mid/upper back, etc.). Do NOT include patient name(s) but do include patient/client number(s) and the names of others present, if applicable. Use extra sheets of paper if necessary.
DIRECTIVE NO. 856-06, Employee Disciplinary Standards and attachments, requires every employee, including supervisors, to assist in the performance of any investigations.

I was doing a 1 on 1 with resident Mr. George King on unit 134 while charting on resident. Resident suddenly gets up and was heading for his room door but was unsteady in his hurried state. To keep resident from falling I grab resident clothing to keep him from hitting his head on the wheelchair and attempted while trying to help him keep his balance in doing so the resident struck me on the left side of my head. I kept resident from falling and placed him over on his bed.

List any other witnesses to the incident:

The incident as described is true and complete to the best of my knowledge.

[Handwritten Signature]
Employee Signature

01-13-17
Date