

THE STATE OF SOUTH CAROLINA
In The Supreme Court of South Carolina

APPEAL FROM RICHLAND COUNTY
Probate Court

Amy W. McCulloch, Richland County Probate Judge

Case No. 2020-GC-40-00072

Jane E. Baskin,.....Respondent

v.

William B. Walkup,.....Appellant

EXHIBIT B

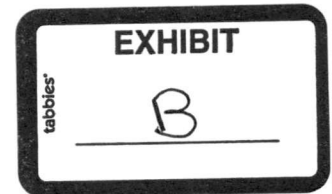
NOTICE OF APPEAL

Order Denying Motion for Recusal filed April 28, 2022
("Recusal Order")

RECEIVED

SEP 01 2022

S.C. SUPREME COURT



STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

IN THE PROBATE COURT
CASE NO. 2020-GC-40-00072

JANE E. BASKIN,)
Petitioner,)
vs.)
WILLIAM B. WALKUP,)
Respondent.)

ORDER DENYING MOTION FOR RECUSAL

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SEP 01 2022

S.C. SUPREME COURT

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CLERK OF COURT
S.C. SUPREME COURT

THIS MATTER COMES BEFORE THE COURT upon a Motion for Recusal filed on November 19, 2021, by attorney Thornwell F. Sowell, III, on behalf of Respondent, William B. Walkup. Respondent requests that this Court recuse itself from any further proceedings, citing two instances where Respondent felt that this Court had prejudged the case and has not and will not receive a fair and impartial determination of the merits of this case. The first instance is on July 27, 2021, when the Court requested a proposed order from the Petitioner for temporary attorneys' fees and costs. The second instance is regarding a conversation in chambers on October 12, 2021, with the attorneys of records, when attorneys Sowell and Durant for Respondent remember that this Court stated that attorneys' fees and costs would be awarded to the Petitioner. Respondent cites violations of Cannons 2(A) and 3(E)(1)(a), Rule 501, SCACR.

A hearing on the matter was held on February 17, 2022. Present at the hearing were Petitioner, Jane E. Baskin, and her attorney Richard C. Detwiler; attorneys for Respondent, Thornwell F. Sowell, III, and Bess DuRant; and Agent under Power of Attorney for Jane E. Baskin, Michelle Mosely. Subsequent to the hearing, attorneys Sowell and DuRant submitted Affidavits to the Court in support of the Motion for Recusal, and attorney Detwiler and Special Trustee and attorney Alex Weatherly, Jr. submitted Affidavits in reply.

This matter began as a Complaint filed by the Petitioner on July 20, 2020, requesting that Respondent be removed as Trustee of the Trust established by Eldridge Baskin for the Petitioner's benefit, as well as for an accounting of all Trust property, income, debts, and expenses. Eldridge Baskin, who died on September 21, 1990, is the father of Jane Baskin, a single woman aged 76 with a serious and permanent physical disability since her childhood. The

Trust was established by the Will of Eldridge Baskin and named Respondent, a second cousin of Jane Baskin and professional financial advisor and investor, as her Trustee. Respondent has served as her Trustee since 1990. Respondent is now 81 years old.

The trial on the Complaint was held on January 4 - 6, 2021. After the Petitioner rested her case and after Respondent's direct and cross examination testimony, the parties entered into a Temporary Settlement Agreement ("Agreement") on January 6, 2021. The parties agreed, amongst other things, on set a budget for Petitioner, to appoint attorney Weatherly as Special Trustee, and to allow Respondent to continue as the financial investor for the Trust funds. The Agreement stated that, "[t]he litigation in this matter is stayed and all issues not decided are held in abeyance with full reservation of rights in regards to litigation, including the issue of attorneys' fees."

Respondent's counsel was clear on the record that they wished to reserve the right to present further evidence in the matter at a later date in a continuation of the trial through the testimony of the following witnesses: Julian W. Walker, Jr., Sinclair Lewis, Albert L. Moses, Clarence E. Kanipe, Jr., Captain Louis Edward Spradlin, Anne Webster, and Katherine Parr. Respondent's counsel further wished to offer the deposition of Dr. Frampton Henderson and potentially introduce the report from the Guardian ad Litem.

It is important to note that before the trial began, this Court was in possession of and had clearly read the Affidavits of the above listed potential witnesses, as they were filed with the Court on December 18, 2020 as a part of Respondent's Motion for Summary Judgment, attached to this Order as **Exhibit A**. Before the trial began, this Court was in possession of and had clearly read the report of the Guardian ad Litem as the Court appointed this person and the report was filed on November 30, 2020, attached to this Order as **Exhibit B**. Before the trial began, this Court was in possession of and had reviewed the medical records from Dr. Frampton Henderson as they were presented to the Court for in camera review on November 17, 2020 and were agreed upon as Item 39 of the Joint Trial Exhibits in the January 2021 trial, attached to this Order as **Exhibit C**. It is also important to note that on several occasions since the Temporary Settlement Agreement, the attorneys have stipulated that the conclusion of Respondent's case could be submitted based on the Affidavits already a part of the file.

The hope and intention was that the Temporary Settlement Agreement, attached to this Order as **Exhibit D**, would resolve all matters of contention between the parties and allow for a

resolution without further litigation. In this Agreement, the parties were required to report the progress of the Agreement to the Court by July 16, 2021. Mr. Weatherly provided updates on the Petitioner and regular Accountings to the Court. Neither Respondent nor his counsel filed or communicated any disagreements or concerns about the Agreement by the progress report deadline nor did they request the trial to be re-scheduled.

On February 12, 2021, Petitioner filed a Petition for Temporary Attorneys' Fees and Costs with the Court asking for approval of a temporary payment of fees and costs for Petitioner from the Trust. This Petition was hand delivered to Respondent's attorneys on the same date. Respondent's attorneys did not file a response or opposition to the Petition for Temporary Attorneys' Fees and Costs. Mr. Detwiler emailed the Judicial Law Clerk and Clerk of Court on March 8 and March 11, 2021, inquiring about the status of the Petition and each time copied Bess Durant. The Court is not aware if she responded to those emails but the file does not contain any response.

On July 27, 2021, approximately five months after the filing of the Petition, believing that the Petition was uncontested and that the Temporary Agreement was working well, having heard nothing to the contrary, the Clerk of Court for the Richland County Probate Court in an administrative act, sent an email that included all attorneys involved that asked Petitioner's counsel to prepare a proposed Order, attached to this Order as **Exhibit E**. Respondent's attorneys immediately opposed the request and promptly filed a memo opposing any attorneys' fees and costs. This Court has yet to award any attorneys' fees and costs for Petitioner in this matter.

On July 27, 2021, Petitioner's counsel filed a Notice of Motion and Motion to Amend Temporary Settlement Agreement, seeking to increase Petitioner's monthly budget due to Petitioner's need for additional care.

On August 5, 2021, Respondent's counsel filed a Memorandum in Opposition to the Petition for Attorneys' Fees and Costs, questioning the Accounting and requesting a status conference.

A Zoom status conference was then scheduled in the matter for October 12, 2021. Participating in the Zoom status conference were attorneys Detwiler and Weatherly for the Petitioner and attorneys Sowell and Durant for Respondent. At this status conference, attorney Sowell stated that Respondent and Respondent's counsel denied that the Agreement was still in

effect and indicated that no further payments would be made to the Special Trustee, prompting this Court to hold an in person emergency hearing in the matter on the same day.

Present at the emergency hearing on October 12, 2021 were Respondent and his counsel, attorneys Sowell and Durant; attorney Detwiler, as counsel for the Petitioner; and attorney Weatherly, as counsel for the Petitioner and Special Trustee. A copy of the Transcript from this hearing is attached as **Exhibit F**.

During the course of this hearing, Respondent and his counsel were focused on the position that the Agreement was no longer in affect and the Respondent's need to reconvene the trial in the matter in order to show further evidence in support of Respondent's position, primarily focused on his reputation and character, as evidenced by attorney Durant's statement:

Ms. Durant: [Mr. Walkup] wants to tell you his side of the story as soon as possible. He feels his name's been dragged through the mud, he wants to make you sure that he is not the person that he is alleged to be.

Later in the hearing, Respondent stated the following:

Mr. Walkup: My next concern is my own well-being. This has been the most difficult situation that I've ever gone through in my life. I wake up every middle of the night, every night, lose sleep. This person has a physical disability and I've card for her and I still care for her and love her, but the reality is she has no conscious about telling false information under oath.

In an effort to clarify Petitioner's position, Mr. Detwiler stated:

Mr. Detwiler: Your Honor, I think I have already made an offer to stipulate that these witnesses are going to testify that Bill Walkup is a fine upstanding person and that he manages money very well, and I don't think anyone is going to dispute that.

Approximately half way through the emergency hearing, Respondent asked the Court directly about attorneys' fees and costs. Respondent's attorneys did not object or interject in the exchange. The following is a portion of the transcribed hearing:

Mr. Walkup: May I ask this question, please?

The Court: Certainly.

Mr. Walkup: Did I understand that there was a request for the fees to be paid by me by these attorneys in July?

Mr. Detwiler: Yes. Absolutely. And I also made a corresponding request that, if not, they be paid by the Trust.

The Court: You and they, with Jane's obvious involvement, can agree to anything different. At the end of the day, at the end of your trial in December, I've got lots of decisions to make. You're giving them all to me to make, unless you agree to something else yourselves, which is the foundation of this agreement. Try this out for a while and see if it can work. I thought it was, wonderfully. So I'm shocked it was over in your mind and you're ready to go back to litigation mode. Nothing great comes of litigation, but you'll get an answer. You remain in control of your own situation, until you give it all to me. But you are in no way going to blow up this temporary agreement based on some aggrieved feelings. And I will put that in an Order as my ruling on your request for the fate of the Temporary Agreement.

Mr. Sowell: I understand, but I reiterate that I think it's already over and I don't really think you have the jurisdiction to do that, but...

The Court: Ok.

Mr. Sowell: Respectfully...

The Court: No, let's go to the Code.

Mr. Sowell: I will...

The Court: No, let's go to the Code.

Mr. Sowell: ...receive your Order.

The Court: Let's go to the Code. 62-7-111. You gave me... You invoked my jurisdiction when this lawsuit was filed and you answered and we had a half of a hearing. You entered into what I can be described as a non-judicial settlement agreement.

Mr. Sowell: I agree with that.

The Court: Ok. In the Reporter's Comments: "While the SCTC..." South Carolina Trust Code...

Mr. Sowell: Temporary settlement agreement. I don't think we entered into a non-judicial settlement agreement. I think we entered into a temporary settlement agreement.

The Court: Mr. Sowell, I don't know what we are doing. I thought we were absolutely, before you interjected your need to argue the temporariness and termination of the settlement agreement, in a very good place, with your client agreeing that he had no problem with the settlement agreement. So, I don't know what we're doing.

Mr. Sowell: I can't help that. I know what I'm doing.

The Court: That sounds insulting.

Mr. Sowell: Well, I can't...

The Court: So, I'm not sure how to receive that either.

Mr. Sowell: I'm just saying that I have to make these arguments, because I believe they are correct. I respect the Court and I will respect the Court's rulings.

The Court: Then give me the Code section that supports your argument and position contrary to what I am trying to accomplish today.

Mr. Sowell: Well, it was not a Court ordered settlement.

The Court: I didn't say it was.

Mr. Sowell: And I understand what you say...

The Court: Why don't you read the Code section with me before we argue further.

Mr. Sowell: I mean, I don't have it so I can't read it. You can read. I can guess... I don't have it.

The Court: Do you not have digital access to the...?

Mr. Sowell: Well, maybe. (To Ms. Durant) Do we? Do we have it? (To the Court) Ok, I'll read it.

The Court: Why don't we take a moment and I'll show it to you in chambers.

Mr. Sowell: Ok.

The parties then met in chambers to allow Mr. Sowell to read the code section about jurisdiction and the Temporary Agreement. A conversation was held in chambers between the Court and all attorneys, where this Court addressed all attorneys about the need to attempt settlement negotiations and the issue of attorneys' fees and costs, expressing this Court's concern that Respondent did not understand that a potential outcome was that he personally could be responsible for the attorneys' fees and costs of Petitioner. Respondent's attorneys were told that if the trial proceeds and Respondent is not successful, this Court will award attorneys' fees and costs for the Petitioner and Respondent may be required to pay all or a portion personally. The issue of the award of attorneys' fees and costs to the Petitioner and whether or not the Trust pays or Respondent pays personally is still an issue to be decided. The emphasis to Mr. Sowell and Ms. Durant in chambers was to require that they make sure that their client understands the potential going forward, as Respondent seemed confused in the courtroom. Any misunderstanding of this statement or its meaning or context can be placed directly on the very contentious nature of the Emergency Hearing.

The attorneys returned to the courtroom and the hearing continued, during which Respondent agreed to the need for Petitioner to have more caregiver time and the need to increase the budget for caregivers and supplies for Petitioner.

On October 29, 2021, this Court issued an Order Regarding Emergency Hearing where the Agreement was amended and the conclusion of the trial on the merits of the matter was scheduled for December 21 and 22, 2021.

Pursuant to Respondent's Motion for Recusal, this Court issued an Order to Stay Proceedings on December 16, 2021, stating that all proceedings and pending motions in this matter were stayed, the conclusion of the trial was continued, and the Temporary Settlement Agreement filed on January 6, 2021, and amended on October 29, 2021, was to stay in place until the Motion for Recusal was resolved.

LAW REGARDING RECUSAL/DISQUALIFICATION

1. "A judge shall respect and comply with the law and shall act at all times in a manner that promotes public confidence in the integrity and impartiality of the judiciary." Canon 2(A), CJC, Rule 501, SCACR.
2. "A judge shall disqualify himself or herself in a proceeding in which the judge's impartiality might reasonably be questioned, including but not limited to instance where the judge has a personal bias or prejudice concerning a party or a party's lawyer, or a personal knowledge of disputed evidentiary facts concerning the proceeding." Canon 3(E)(1)(a), CJC, Rule 501, SCACR.
3. "A judge *shall* hear and decide matters assigned to the judge except those in which disqualification is required." Canon 3(B)(1), CJC, Rule 501, SCACR (emphasis added).
4. "A judge should disqualify himself in a proceeding in which his impartiality might reasonably be questioned, including but not limited to, instances where he has a personal bias or prejudice against a party." *Murphy v. Murphy*, 319 S.C. 324, 461 S.E.2d 39 (1995).
5. "Such bias must stem from an extrajudicial source and result in decisions based on information other than what the judge learned from his participation in the case. It is not enough for a party seeking disqualification to simply allege bias. The party must show some evidence of bias or prejudice." *Roper v. Dynamique Concepts, Inc.*, 316 S.C. 131, 447 S.E.2d 218 (Ct.App.1994)
6. "A judge must exercise sound judicial discretion in determining whether [her] impartiality might reasonably be questioned." *State v. Cheatham*, 349 S.C. 101, 111, 561 S.E.2d 618, 624

(2002).

7. "If there is no evidence of judicial prejudice, a judge's failure to disqualify himself will not be reversed on appeal." *Ellis v. Procter & Gamble Dist. Co.*, 315 S.C. 283, 433 S.E.2d 856 (1993).
8. "In the final analysis, while appellate courts will accord "great weight to the trial judge's assurances of his own impartiality, [they will] find a judge's impartiality might reasonably be questioned when his factual findings are not supported by the record." *Id.* at 285, 433 S.E.2d at 857.
9. In *Shaw v. State*, 276 S.C. 190, 277 S.E.2d 140 (1981) our Supreme Court addressed the authority of a trial judge to resolve a motion for disqualification where he is the subject. The court held:

Our Court has apparently not specifically considered the authority of a judge to resolve a motion for disqualification of which he is the subject. After much consideration of the authorities, we conclude that as a general rule the judge, in determining whether to proceed, must accept as true the factual allegations of a motion to disqualify. However, this does not prevent the judge from exercising his right to consider the legal sufficiency of those facts. (Citations omitted). Additionally, the fair meaning of any remark must be interpreted in the light of the context in which it is uttered in determining whether the remarks show personal bias or prejudice on the part of the judge sufficient to require that he be disqualified. (Citation omitted).

10. "While our Supreme Court has not extensively treated the question of the legal sufficiency of facts necessary to warrant the disqualification of a judge, the federal courts have done so. In the federal arena, the courts have held, as has our Supreme Court, that the alleged bias must be personal as distinguished from judicial." *Davis v. Board of Sch. Comm'rs*, 517 F.2d 1044 (5th Cir.1975); *Roper*, 447 S.E.2d 218.
11. "Likewise, the bias must stem from extrajudicial sources and result in a decision on the merits based on considerations other than what the judge learned from his participation in the case. *Id.* A motion to recuse may not be predicated on the judge's rulings in the case before him or on rulings in a related case, nor on his demonstrated tendency to rule in any particular manner, or on a particular judicial leaning or attitude derived from his experience on the bench." *United States v. Grinnell Corp.*, 384 U.S. 563, 86 S.Ct. 1698, 16 L.Ed.2d 778 (1966); *Berger v. United States*, 255 U.S. 22, 31, 41 S.Ct. 230, 232, 65 L.Ed. 481 (1921).

12. "It is axiomatic that the expectation of a fair and impartial tribunal is a basic tenet of all cherished notions of due process embodied in the United States Constitution." *In re Murchison*, 349 U.S. 133, 75 S.Ct. 623, 99 L.Ed. 942 (1955).
13. "Timeliness is essential to any recusal motion. To be timely, a recusal motion must be made at counsel's first opportunity after discovery of the disqualifying facts." *Davis v. Parkview Apartments*, 409 S.C. 266, 289, 762 S.E.2d 535, 547 (2014) (citing *Duplan Corp v. Milliken, Inc.*, 400 F.Supp. 497, 510 (D.S.C.1975)).

ANALYSIS OF FACTS AND LAW

1. Respondent's basis for recusal, under Canon 2(A) and Canon 3(E)(1)(a), CJC, Rule 501, SCACR, rests on the alleged impropriety of the Court pre-judging the matter to award attorneys' fees and costs before Respondent has had a chance to provide final evidence and rest his case. As stated above, the instances cited by Respondent are the email from the Clerk of Court on July 27, 2021, to Petitioner's counsel to prepare a proposed order granting their Petition for attorneys' fees and costs and a statement made by the Court in chambers to the attorneys during the October 12, 2021, Emergency Hearing, regarding Respondent paying attorneys' fees and costs should the trial continue and the Court rule against him.
2. The email from the Clerk of Court requesting a proposed order was an administrative act and given the surrounding facts at that time, as laid out above, is a normal administrative act. Moving issues along in what appeared to be an uncontested matter is not a sign of bias or prejudice or a prejudging by this Court. No order has been issued.
3. The issue of attorneys' fees and costs is a matter that this Court has jurisdiction to decide. S.C. Code Ann. § 62-7-1004, 1976, as amended, states that "the court, as justice and equity may require, may award costs and expenses, including reasonable attorneys' fees and costs, to any party, to be paid by another party or from the trust that is the subject of the controversy."
4. Additionally, the parties have both plead for an award of attorneys' fees and costs.
5. For this Court to remind any party that attorneys' fees and costs are still an available remedy, should equity or justice so require, is not a matter of bias or prejudice, but what this Court saw as a necessary reminder given the position of the parties at the Emergency Hearing and the confusion exhibited by the Respondent.

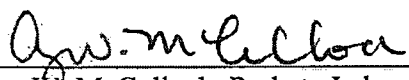
6. This Court does not personally know the Petitioner or the Respondent. This Court had no knowledge of the Petitioner or the Respondent, his business, his character, his reputation, or his investment company prior to the Trial.
7. This Court has heard the testimony of Petitioner and Petitioner's three witnesses. This Court has heard the testimony of the Respondent. This Court has read the Affidavits and reports of all known potential witnesses of the Respondent. This Court has reviewed all fifty-two joint court exhibits. In addition to the trial, this Court has held approximately four to five hearings in this matter.
8. This Court has no personal bias or prejudice against Respondent or his counsel and no personal bias or prejudice for the Petitioner or her counsel, the witnesses they have called or intend to call, or the case they are presenting.
9. This Court has made no decision, issued any order, or given any directive based on extrajudicial evidence. To the contrary, all decisions made, orders issued, and directives given are based solely on the voluminous evidence already of record and properly before this Court.
10. Because this Court finds no personal bias or prejudice other than that based on mere conjecture, it is imperative for this Court to hear this matter, whose litigation has been before it since the Petitioner's Complaint was first filed July 20, 2020.

THEREFORE THE COURT ORDERS THE FOLLOWING:

- A. Having reviewed the record of this case and considered the matters before it, the Court finds that recusal should be **DENIED**.
- B. The Temporary Settlement Agreement filed on January 6, 2021, and amended on October 29, 2021, shall remain in place until final judgment.
- C. "[T]he denial of a motion for disqualification is interlocutory and reviewable only after an appeal from final judgment." Simpson v. Simpson, 377 S.C. 519, 660 S.E.2d 274 (Ct. App. 2008) (citing Rogers v. Wilkins, 275 S.C. 28, 29-30, 267 S.E.2d 86, 87 (1980)).
- D. The conclusion of the trial in this matter shall be held on **June 15, 2022, at 12:00P.M.**

IT IS SO ORDERED.

April 28, 2022
Columbia, South Carolina


Amy W. McCulloch, Probate Judge
Richland County Probate Court



EXHIBIT

A

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jane E. Baskin,

Plaintiff,

vs.

William B. Walkup,

Defendant.

IN THE PROBATE COURT

CASE NO.: 2020-GC-40-72

**AFFIDAVIT OF
JULIAN W. WALKER, JR.**

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

PERSONALLY APPEARED BEFORE ME, Julian W. Walker, Jr., sworn deposes and states:

1. I am Julian W. Walker, Jr., and I reside at 4119 Stevens Road in Columbia, South Carolina 29205.
2. I am a member of the South Carolina Bar and a graduate of Duke University Law School.
3. For 23 years I was the trust executive officer at First National Bank of South Carolina, South Carolina National Bank, and Wachovia Trust of South Carolina.
4. This affidavit is presented on behalf of William B. Walkup, as trustee of the Eldridge Baskin Trust.
5. As a predicate for making this affidavit, I have met with Bill Walkup and his attorneys both in person and by telephone. I have reviewed the Last Will and Testament of Eldridge Baskin, which includes the referenced trust, and other documents, correspondence,

pleadings and materials related to the trust, including the transcripts of the depositions of both Jane Baskin and William B. Walkup, and relevant sections of the South Carolina Trust Code.

6. Jane Baskin requests the Court to remove trustee Bill Walkup, relying upon South Carolina Trust Code (SCTC) Sec. 62-7-706, Removal of Trustee. To fully understand and appreciate the meaning of this code section, one must note the meaning of "interests of the beneficiaries" found in SCTC Sec. 62-7-103 (7). "Interests of the beneficiaries" means the beneficial interests provided in the terms of the trust. The REPORTERS'S COMMENT amplifies as follows: The term "interests of the beneficiaries" means the beneficial interests provided in the terms of the trust, not as defined by the beneficiaries.

7. It is my trustee expert opinion that in this case the beneficiary Jane Baskin has attempted to define and determine the beneficial interests of the Eldridge Baskin Trust for her without regard to or respect for her father's intentions regarding those interests expressed in the terms of the trust, including his appointment of William B. Walkup as trustee of the trust.

8. It also is my opinion that the trustee Bill Walkup has administered effectively and efficiently the trust in the best interests of beneficiary Jane Baskin provided by her father in the terms of the trust and has done so for 30 years by bearing in mind the trust language as follows: "the sole purpose of the trust created hereunder being to provide for the well being of Jane E. Baskin so long as she shall live."

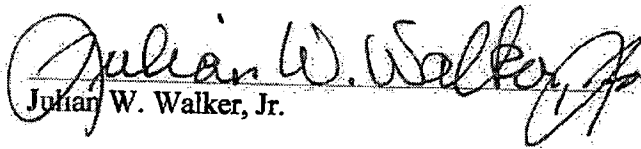
9. It also is my opinion that (1) the trustee's investment and management of the relatively modest assets that originally funded the trust 30 years ago and (2) the trustee's distribution and expense payment disciplines over the same 30 years providing benefits for the beneficiary in the discretion of the trustee deemed by him to be suitable for her then current needs and consistent with the "sole purpose of the trust" resulting in the present significantly

increased value of the trust now sufficient to provide the full-time professional care she needs continuing for the rest of her life — constitutes a truly remarkable administration record for the trustee.

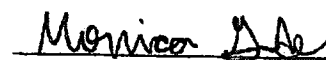
10. It also is my opinion that (1) no evidence can be found of any damages caused by the trustee to the interests of the beneficiary provided in the terms of the trust and the SCTC; (2) even if the Court were to agree with the plaintiff beneficiary that one or more of the alleged acts by the defendant trustee did occur, no single act alone or series of acts together caused any significant harm to the interests of the beneficiary provided in the terms of the trust and the SCTC or thus constituted any flagrant misconduct by the trustee; and (3) since the terms of the trust do not specify the trustee's compensation, the trustee's compensation is and has been reasonable and fair under all of the known circumstances.

11. I am competent to testify to the matters stated herein.

FURTHER HE SAYETH NOT.


Julian W. Walker, Jr.

Sworn this 15 day of December, 2020


Printed Name: Monica Gende
Notary Public for State of South Carolina
My Commission Expires: 9/8/2025

FILED

STATE OF SOUTH CAROLINA)

COUNTY OF RICHLAND)

Jane E. Baskin,)

Plaintiff,)

vs.)

William B. Walkup,)

Defendant.)

IN THE PROBATE COURT 12: 43

CASE NO.: 2020-GC-40129
AMY W. McCULLOCH
PROBATE JUDGE
RICHLAND COUNTY, S.C.

AFFIDAVIT OF
SINCLAIR LEWIS

STATE OF SOUTH CAROLINA)

COUNTY OF ANDERSON)

PERSONALLY APPEARED BEFORE ME, Sinclair Lewis, who being first duly sworn,
deposes and states:

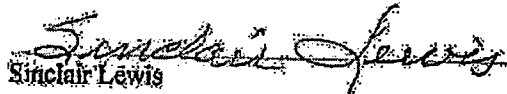
1. I reside at 508 Holly Creek Drive in Anderson, SC.
2. I was the Senior Minister at Shandon United Methodist Church and minister to William B. Walkup for nine years. I have known Bill Walkup for more than thirty years.
3. When the church's financial manager died in 1994 Bill Walkup was asked to manage the trust funds for the church. When he accepted this challenge, the funds totaled about \$600,000. They now total over \$6,000,000, even though the church spends the income from the trust each year to support the church's annual programs. There have, of course, been contributions and gifts to the funds, but a large part of the increase has come from the growth of the investments that Bill Walkup has selected.
4. Bill Walkup has managed my retirement funds over the past twenty-five (25) years and has done an excellent job. As his minister, and even since, when I have asked him to help people in need, he has always responded positively.

5. I can and do attest that Bill Walkup is a trustworthy person and a caring person who would never intentionally harm anyone.

6. I am competent to testify to the matters stated herein.

FURTHER HE SAYETH NOT.

Swear this 12th day of December, 2020


Sinclair Lewis


Printed Name: Stephen R. Lewis
Notary Public for State of South Carolina
My Commission Expires: 3/3/2027

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jane E. Baskin,

Plaintiff,

vs.

William B. Walkup,

Defendant.

FILED
IN THE PROBATE COURT

CASE NO. 2023-PC-40-123
JAN 01 2023

AMY W. McCULLOCH
PROBATE JUDGE
RICHLAND COUNTY, S.C.

**AFFIDAVIT OF
ALBERT L. MOSES**

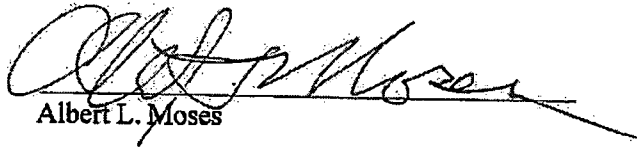
STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

PERSONALLY APPEARED BEFORE ME, Albert L. Moses, who being first duly sworn deposes and states:

1. I am Albert L. Moses, residing at 6449 Goldbranch Road, Columbia, SC, and I am competent to testify to the matters stated herein.
2. I am a retired attorney with forty years of legal experience largely in the field of wills, trusts and probate.
3. I have known Bill Walkup for more than half a century. From time to time, he has been a client of mine and also has referred individuals to me for legal work. In the entire time I have known Bill Walkup I have not heard, known or experienced anything even slightly derogatory about him. To the contrary, he has an excellent reputation for integrity and financial expertise, all of which correspond to my personal experiences with him.
4. The Bill Walkup I know is a kind gentleman.
5. With respect to Jane Baskin, it appears that Bill Walkup's concern about Ms. Baskin's health and safety have interfered with Ms. Baskin's freedom of action and caused her to make ill-founded charges against Bill Walkup. I base this statement upon my review of statements made by Ms. Baskin's cousin Anne Webster and former Power of Attorney Katherine Parr.
6. I am competent to testify to the matters stated herein.

FURTHER HE SAYETH NOT.


Albert L. Moses

Sworn this 10th day of December, 2020

Monica Gende
Printed Name: Monica Gende
Notary Public for State of South Carolina
My Commission Expires: 9/9/2025

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jane E. Baskin,

Plaintiff,

vs.

William B. Walkup,

Defendant.

IN THE PROBATE COURT

CASE NO.: 2020-GC-40-72

**AFFIDAVIT OF
CLARENCE E. KANIPE, JR.**

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

PERSONALLY APPEARED BEFORE ME, Clarence E. Kanipe, Jr., who being first duly sworn deposes and states:

1. I am the Senior Pastor of Shandon United Methodist Church, located at 3407 Devine Street, Columbia, South Carolina 29205, where William Baskin Walkup has been a faithful member for 35 years.

2. The record of Mr. Walkup's service to our congregation is long and distinguished. He has been a dedicated leader in Sunday School, worship, and the administrative life of our congregation. One outstanding area of Mr. Walkup's service to Shandon UMC has been as manager of our endowment funds. He has performed this work gratis for over 25 years. His professionalism and trustworthiness in this work have been impeccable.

3. Behind Mr. Walkup's impressive record of service to Shandon UMC is a big heart, a love for people, and a desire to serve. He is a true Christian gentleman in the very best sense of those words and one of the most generous people I've been privileged to know in my 37 years of ministry.

4. I am familiar with the charge of assault and battery against Mr. Walkup. I find it impossible to square that accusation with the character of Mr. Walkup as I have known him. I can say without hesitation that he is as gentle, humble, and kind-hearted a person as I've ever known.

5. I highly commend Mr. Walkup as a person of deep compassion, sincere kindness, and unimpeachable integrity.

6. I am competent to testify to the matters stated herein.

FURTHER HE SAYETH NOT.

Clarence E. Kanipe, Jr.
Clarence E. Kanipe, Jr.

Sworn this 9th day of December, 2020

Jennifer J. Cox
Printed Name: Jennifer J. Cox
Notary Public for State of South Carolina
My Commission Expires: 6/6/2027

STATE OF SOUTH CAROLINA) IN THE PROBATE COURT
COUNTY OF RICHLAND) CASE NO.: 2020-GC-40-72

Jane E. Baskin,)
Plaintiff,)

vs.)

William B. Walkup,)
Defendant.)

**AFFIDAVIT OF
CAPTAIN LOUIS EDWARD
SPRADLIN**

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

PERSONALLY APPEARED BEFORE ME, Louis Edward Spradlin, , who being first duly sworn deposes and states:

1. I am Louis Edward Spradlin, Captain, United States Navy Reserve (Retired), and I reside at 6709 Kaminer Drive in Columbia, South Carolina.

2. I have known William B. Walkup since 1991. I have seen the gentle, caring and personable Bill Walkup in his interactions with persons of a wide variety of cultures and backgrounds. Bill Walkup is one who I cannot believe would harm anyone, much less someone he had accepted personal responsibility for protecting their financial wellbeing.

3. Bill Walkup and I both participated in the Methodist Youth Fellowship mission project to Johns Island every summer, as adult counselors and team leaders for more than twenty years. On the mission trips he was much admired for his skills, his care, and his concern for the MYF clients. He was acknowledged for his tutoring and training for the MYF youth on his team, and I always admired his easy, caring, and courteous manner with the clients and youth.

4. In 1995 I became connected with Bill Walkup through the Shandon United Methodist Church Foundation and Trusts Committee, where Bill was the volunteer investment

manager. In this time frame the Church Trustees formally made Bill Walkup the funds' manager for all foundations and trusts maintained by the church. He has served Shandon in that capacity for more than 26 years. In this time the funds have grown from a value of about \$600,000 to a current value of about \$6,300,000. Some of this growth is from new contributions, but the bulk is from market growth even while the incomes were being spent on the purposes of each fund.

5. In the late 1990's, after knowing Bill Walkup and his integrity for some years through the management of the church funds, I transferred one-half of my IRA to Bill's management. I continue to serve as Chair of the Shandon Investment Managers Committee that oversees Bill Walkup in his management of the Shandon trusts and foundation. Both the church and my personal funds have been successfully managed with the utmost integrity and concern for safety, security, and return. I fully trust Bill Walkup with my financial wellbeing, as well as the Shandon trusts and foundation.

6. Bill Walkup was included in my will as co-trustee of my estate in approximately the year 2000. I am personally aware of his playing that role for others in our church community.

7. This affidavit is based on almost thirty years of personal and professional observations of Bill Walkup. In all of these observations I have never seen him to be anything but a trustworthy gentleman, a gentle caring person, and one who puts aside many personal demands to be of service to others.

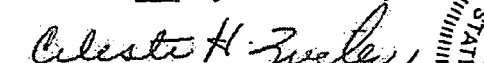
8. I am competent to testify to the matters stated herein.

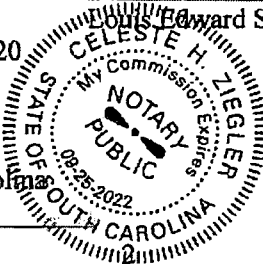
FURTHER HE SAYETH NOT.



Louis Edward Spradlin

Sworn this 10th day of December, 2020


Printed Name: Celeste H. Ziegler
Notary Public for State of South Carolina
My Commission Expires: 9/25/22



STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jane E. Baskin,

Plaintiff,

vs.

William B. Walkup,

Defendant.

IN THE PROBATE COURT

CASE NO.: 2020-GC-40-72

**AFFIDAVIT OF
ANNE WEBSTER**

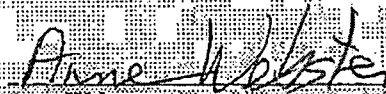
STATE OF NORTH CAROLINA

COUNTY OF FORSYTH

PERSONALLY APPEARED BEFORE ME, Anne Webster, who being first duly sworn deposes and states:

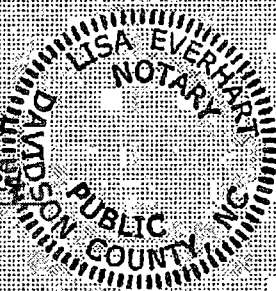
1. I live in Winston-Salem, North Carolina and am first cousin to Jane Baskin.
2. Until 2017 or so I drove to Columbia to pick up Jane and then hosted her for two weeks in my home. In about March of 2017 I had a long discussion with Jane Baskin about charges she had made to Alex Weatherly about Bill Walkup.
3. I specifically addressed each of these charges with Jane, and they all turned out to be untrue. Attached as Exhibit A to this affidavit is my email to Alex Weatherly, dated March 8, 2017, which expresses my concerns about Jane's false memories of situations.
4. I believe Bill Walkup and his staff have done an amazing job of caring for Jane's finances over a thirty year period. Paying all of Jane's bills has been an enormous task while also managing Jane's trust assets to be used for all of the critical care she has needed and will need in the future.
5. I am competent to testify to the matters stated herein.

FURTHER SHE SAYETH NOT.


Anne Webster

Sworn this 10 day of December, 2020

Lisa Everhart
Printed Name: LISA EVERHART
Notary Public for State of North Carolina
My Commission Expires: 4-20-24



On the advice of my attorney W. McNair Tornaw (828 898-9800) I have had this affidavit notarized by stamped seal since that is the only method open to me at this time. In order to get an embossed seal I would have to go into downtown Winston-Salem to the government building, which would be risky for a person of my age in this time of COVID but fruitless since my ordinary NC driver's license is no longer valid ID to admit me.

Anne Webster
12-10-20

EXHIBIT

A

Teresa S. Laverne

From: Alex Weatherly
Sent: Wednesday, March 08, 2017 8:01 PM
To: Teresa S. Laverne
Subject: FW: proposed email

Please print.

From: Anne Webster [mailto:aweb44etal@triad.rr.com]
Sent: Wednesday, March 08, 2017 6:12 PM
To: Bill@Walkup.biz; Alex Weatherly <AlexWeatherly@callisontighe.com>
Subject: proposed email

I talked with you by phone last week about my great concern that Jane's mobility issues now require that she be in an assisted living facility for her own safety and that her inability to handle money wisely in the past (amassing a \$15,000 debt and other smaller ones since then) make having a money manager mandatory. As her cousin who has driven from my home in Winston-Salem to Columbia to get her and then spent two weeks entertaining her at my home twice yearly, I feel I have ample experience to address her physical issues. Since our conversation, I have had a long discussion with Jane about several of the charges she made to you about Bill Walkup's treatment of her and that you communicated to him.

1. That Bill has taken some items from her apartment: When I asked her specifically what was missing, the only thing she could name is a COPY of a check from a land sale that she had turned over to Walkup's assistant Celeste and that is currently represented in his records. Jane "remembered" that she and Pat Watson had made a copy of that check before turning it over and that she had put that copy in a certain drawer. That copy is now missing, and she has jumped to the conclusion that Bill went into her apartment when she wasn't there and took the copy. When I reminded her that she had told me that her cousin Steve took the check to her and then went to Bill's office with her to give him the check, she remembered that this is the way it occurred. It is thoroughly plausible that the copy never existed but certainly ridiculous that a copy of the check would be taken by Bill or any other person. There was NO other item missing from her apartment.
2. That she once had two inches of standing water in her apartment that could lead to mold: Jane laughed at this and said that you, Alex, had got this wrong. She told you about a leak that happened in the apartment above and that resulted in some water that leaked through her kitchen ceiling and down a ceiling light fixture onto her carpet. She told me that she called the apartment manager, who quickly sent maintenance workers to vacuum up the water and set up fans to help dry the area. The 2" of standing water were never in Jane's apartment, nor was there any delay by the maintenance workers in addressing this issue.
3. That Bill hurt her toe while taking her out to the car: Jane originally injured her foot when she fell in her apartment one night, requiring her to call Shella, who helps her several hours a day, to drive over and get Jane back on her feet. While Jane was immediately aware that she had injured her foot, she did not think it required a medical visit. Several days later she noticed that her toe was hurting and that it was bruised. The first time Jane told me about Bill's hurting her toe, she said that he dragged her out to the car with Shella watching. Since then I have heard from Bill that both he and Shella got Jane seated on her walker and rolled her out to the car. She admitted to me that she didn't tell Bill about the fall or the injury that resulted (she never wants him to know she has fallen again, and she obviously had not considered that Shella would report the incident to Bill) and that he would have no way of knowing about the injury. Bill says that he asked Jane to show him that she could get up from her chair and walk across the floor, and walking may have been painful for her, but that was nothing that she didn't have to do a number of times a day, and it certainly should not support a charge that he injured her.

Baskin 0001

Walkup 00061

4. That Bill is mean to her: Over the years Jane has told this tale to everyone she gets to know. She considers it mean that he won't let her have free access to her trust money, but she never tells them about the credit card debt she allowed to grow to \$15,000 when she had only \$800 per month for discretionary spending or about the other times I have had to bail her out of smaller debt situations. Jane thinks it mean that he stopped her from driving when he felt she was a danger to herself and others. She thinks it mean that told her she needed to clean the clutter from her furniture and floors at a time when "stuff" was piled on all the furniture surfaces and layers of "stuff" covered the floors, leaving only pathways to follow while moving from one room to another. I walked those pathways and even made a special trip to Columbia to try to help her get rid of the mess, only to find that she wouldn't let me get rid of anything but accumulated trash.

Please recognize that when Jane gets terribly upset, she makes charges the way a child does, without realizing that facts will not back her up. Sometimes she has false memories of situations. At other times she lies to support her agenda. That this behavior comes from a person who elicits sympathy because of her physical condition often obfuscates the truth of the issue. People tend to believe her precisely because she is someone they don't suspect of any capability of subterfuge; therefore, she has friends in Columbia and a whole church congregation trying to protect her, this made possible because they know only what she tells them and see no reason to doubt her. Keeping these supporters ignorant of the whole situation has been Jane's M.O. for years. It works well for her, unfortunately.

I have explained to Jane that falsely accusing someone of theft and making unsubstantiated charges seriously damages her own credibility and makes your job as her lawyer more difficult. I want Jane located in a safe environment that will give her the opportunity to pursue her many interests, but I will not support her misrepresenting facts to achieve her goal.

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Jane E. Baskin,

Plaintiff,

vs.

William B. Walkup,

Defendant.

IN THE PROBATE COURT

CASE NO. 2020-GC-40-72

FILED

2020 DEC 18 PM 12:43

AFFIDAVIT OF
KATHERINE PARR

STATE OF NORTH CAROLINA
COUNTY OF Guilford

PERSONALLY APPEARED BEFORE ME, Katherine Parr, who being first duly sworn
deposes and states:

1. I am a resident of North Carolina and the former Power of Attorney for Jane Baskin until my Power was superseded by Michele Moseley's Power in February 2017. I was not informed in advance that Ms. Moseley was going to replace me as Jane's Power of Attorney.

2. In my experience with Jane, when I held her Power of Attorney, Jane Baskin did not always appreciate or understand what was best for her. Anne Webster and I have long believed that Jane needs more assistance than she receives because she has fallen so many times it is a wonder that she has not been seriously hurt.

3. As far as the financial aspect, Jane has no real concept of her finances and does not think long-term.

4. I expressed these concerns to Alex Weatherly and Bill Walkup in April 2017.

5. I am competent to testify to the matters stated herein.

FURTHER SHE SAYETH NOT

Katherine Parr

Katherine Parr

Sworn this 14th day of December, 2020

Courtney L Campbell
Printed Name: *Courtney L Campbell*
Notary Public for State of North Carolina
My Commission Expires: *07/20/2025*

COURTNEY L CAMPBELL
Notary Public
GUILFORD COUNTY, NC
My Commission Expires: *7/20/25*

EXHIBIT

B

Senior Matters

FILED
NOV 30 2020

RICHLAND COUNTY
PROBATE COURT

CE

October 19, 2020

Guardian Ad Litem Report

Ward: Jane E. Baskin, Case Number 2020-GC-40-00072
Guardian Ad Litem: Michelle Nunn, Senior Matters

This report summarizes current needs of Jane E. Baskin and makes recommendations, pursuant to the order from the Court dated October 23, 2020.

Interviews conducted:

1. 10/28/20: Jane E. Baskin at 200 Atrium Way, Columbia, SC 29223
2. 10/28/20: Jenny Vega (paid caregiver) at 200 Atrium Way, Columbia, SC 29223
3. 11/2/20: Michele Mason (non-paid caregiver) via telephone
4. 11/10/20: William Walkup (Trustee) via telephone
5. 11/12/20: Ron Callahan (home improvement contractor) via telephone

Reviews and evaluations:

1. Medical Records – Providence Family Practice
2. Property evaluations of 200 Atrium Way, Columbia SC 29223 and 316 Summerlea Drive, Columbia SC 29203
3. Blueprint, and renovation estimate – Callahan Enterprises, LLC.
4. Budget Report – Jane E. Baskin & William Walkup

Facts:

Jane E. Baskin is a seventy-four-year old Caucasian female who resides alone with her small dog "Lambchop" in an apartment complex at 200 Atrium Way, Columbia, SC 29223. She has cerebral palsy with severe dystonia.

The 2-bedroom, 1-bathroom, roughly 1100 square foot apartment has an open living area, dining room, kitchen, and an enclosed patio. The hallway and doorways are narrow. There is only one entryway into the home. The apartment is purportedly handicap accessible, but the limited provisions only include a grab bar the length of the hallway and a portable shower chair. The apartment does not meet her level of need or accommodate her disability. She needs a handicap accessible bathroom, wide hallways, and a handicap accessible entry/exit, but this apartment affords none of these requirements.

According to Ms. Baskin, she has a certified nursing assistant (Jenny Vega) paid by the trustee. Ms. Vega's schedule at Ms. Baskin's home is Monday through Friday 9:00am to 1:00pm, and Monday and Tuesday evenings 5:00pm to 7:00pm. She dresses Ms. Baskin for the day, prepares meals, does light housekeeping, and walks the dog. Ms. Vega submits her hours worked to Mr. Walkup and she is paid \$15 per hour. Additionally, Ms. Baskin stated that

Michele Moseley has provided assistance Saturday and Sunday from 5:00pm to 11:00pm for the past two years but does not receive compensation.

Ms. Baskin requires supervision 24 hours per day, 7 days per week because it is unsafe for her to be left alone. If there was an emergency, Ms. Baskin could not react quickly and remove herself and her pet from the apartment. She cannot walk independently. She is a high fall risk and needs constant hands-on assistance. She is dependent on others for transportation, grocery shopping, and meal preparation.

Other observations and statements:

Ms. Baskin wants to be more involved in communication and decisions regarding her finances and living arrangements. Her financial concerns include insufficient monthly funds to cover necessities like food, incontinence supplies, household products, medication, clothing, veterinary expenses, medical equipment, or entertainment.

Regarding living arrangements, per Mr. Walkup, he holds 51% ownership of the apartment complex Mr. Baskins currently lives in. Her desire is to move back into the family home she grew up in on Summerlea Drive and make it handicap accessible. Renovations are underway, but Ms. Baskins had to borrow \$30,000 from a church member/friend to pay for them.

Ms. Baskin and Mr. Walkup (Trustee) appear not to be on good terms. According to Ms. Baskin, she currently refuses to see Mr. Walkup under any circumstances due to her fear of his actions and reactions, and his overall negative behavior.

All parties interviewed state they want what is best for Ms. Baskin, but the GAL is concerned that not all these perspectives comprehensively consider her full range of needs.

Recommendations:

1. Apply for Community Long Term Care services (CLTC) and set up an Income Trust Account for SC Medicaid. This will allow Ms. Baskin to receive waiver services for supplies, medical equipment, and caregiver services in the home.
2. Hire a DHEC-licensed and bonded non-medical home health company of Ms. Baskin's choosing to provide additional hours of supervision beyond CLTC services. This will cover supervision of staff, stability, a care manager, a registered nurse, and assistance with activities of daily living.
3. Release funds from Ms. Baskin's trust to complete the conversion of 316 Summerlea Drive into a fully handicap accessible environment and to repay any monies she has borrowed for this purpose. Callahan Enterprises, LLC is a licensed and bonded company that has brought in different specialty groups to renovate the home. An open floor plan for the area that Ms. Baskin will be utilizing occupies 50% or greater of the home's living space.
4. Hire a licensed home inspector and mold inspector to assess the home prior to move in.
5. Provide a life alert pendant with fall detection for emergency medical attention.
6. Provide a custom-fitted wheelchair for mobility and transport due to her inability to walk. She is limited to transferring and pivoting. The rollator walker she currently uses is a high risk for fall due to her unsteady gait.
7. Incorporate physical and occupational therapy into daily activities to increase her endurance and strength.

8. Ms. Baskin states her father was a World War II veteran so she may be eligible for Aid & Attendance Benefit through the Veteran's Administration. Obtain a copy of father's DD-214 to determine eligibility and apply for benefit.
9. Hire a professional fiduciary service provider to serve as trustee. The professional provider will assist with and provide communication regarding Ms. Baskin's finances, including setting budgets and paying bills.
10. Establish a monthly budget for Ms. Baskin with her input. With guidance, she is capable of making decisions that will best meet her needs.

These recommendations are based on information obtained via interviews and additional research. Senior Matters can be relied upon to be responsive to any questions or concerns the Court may have.

Ms. Baskin is a capable woman with a strong desire to improve her quality of life. She is an independent thinker but she recognizes the need for and value of non-conflicted professionals who communicate openly and honestly, with a true sense of partnership.

Submitted, with Respect,



Michelle Nunn – Guardian Ad Litem

Senior Matters

ENTERED NOV 8

EXHIBIT

C

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone: 803-254-5171 Fax: 803-779-7403

October 28, 2020

Available Demographic Information

PATIENT

JANE E BASKIN (DOB: [REDACTED] 1948, F) [REDACTED] 9155 ID: 1251
200 ATRIUM WAY
COLUMBIA, SC 29223
(803) 354-2560
Cell: (803) 354-2560
OTHER [REDACTED]
Race: White
Ethnicity: Not Hispanic or Latino
Language Preference: English

INSURANCE INFORMATION

Medicare of South Carolina / Palmetto / Medicare of South Carolina / Palmetto (Primary)
ID #: 6RE3AD2FG17
Group #:
Usual Copay: 0.00
P O Box 100190
Palmetto gba A675
Columbia, SC, 29202-
(888) 414-8592
Notes:

Blue Cross and Blue Shield South Carolina FEP / Blue Cross and Blue Shield South Carolina FEP (Secondary)
ID #: R58096435
Group #: 104
Usual Copay: 0.00
PO Box 600601
Columbia, SC, 29260-
(888) 930-2345
Notes:

EXHIBIT

39

Amazing Charts

Printed By: Shawnta Burris, MEDICAL RECORDS 10/28/2020 9:25:30 AM

Page 1 of 1

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above.

Henderson 00001

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (██████ 1946)

Oct 28, 2020 Wed 09:26 AM

Monday, Aug 24 2020

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: F/U and wax in both ears

History of Present Illness: 74-year-old lady who comes in today for a six-month recheck. She has a history of severe cerebral palsy with hyper toe necessity.

Review of Systems: Patient has chronic neck pain and has distortion of her neck. She has had surgery past but this did not do much for her pain and spasm.

She has had some wax in her ears recently.

She had abdominal pain at the end of last week and then some on Sunday. She had a little bit this m but is less than it was. She said was pre severe when she had the pain. She had no fever chills an dysuria. She has some chronic constipation. This is no worse than usual. She is nonambulatory. She is in today with her caregiver. The caregiver says she is under lot of s because there is a lawsuit going on about foods to be her custodian. past medical history and medication reviewed with the patient.

Past Medical History: Cerebral palsy with severe dystonia
Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
Osteoporosis
anemia
hyperlipidemia
DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) butalbital/acetaminophen/caffeine 50 mg-325 mg-40 mg oral tablet, 1 qid prn
2) cefuroxime 500 mg oral tablet, Take 1 tablet by mouth 2 times a Day
3) cervical collar, pt with severe cervicatl spine disease and down turning head, needs support
4) clobetasol 0.05% topical cream, use bid on rash
5) desonide ointment 0.05%, use bid prn
6) Driadol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
7) Fioricet oral tablet, One tablet four times a day prn
8) hydrocodone-homatropine 5 mg-1.5 mg/5 mL oral syrup, 5 ml po q 4H prn cough
9) Tums 500 mg oral tablet, chewable

Physical Examination: BP: 134/80 Pulse: 85 Temp: 97.5F

Patient is alert and pleasant. She has severe torticollis of the neck. She has old surgical scars
Extremities with spasticity. There is cerumen impaction in both ears. Heart regular rhythm no murmur
gallop. Lungs are clear. Abdomen is soft. Exam was done in the chair. There are no masses or
organomegaly. Bowel sounds are normal. Legs with no edema. Skin looks good.

Goals:

Health Concerns:

Henderson 00002

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (██████1946)

Oct 28, 2020 Wed 09:26 AM

Assessment & Plan:
Abdominal pain
Cerumen impaction
Cerebral palsy with dystonia
History of cervical myelopathy
Anemia
Hyperlipidemia

CBC, CMP, amylase and urinalysis pending.
Referred to ENT for removal of the cerumen impaction.
Continue other meds as prescribed. See me back as needed or 6 months.
Instructions:

(Encounter was coded as:)

Thursday, Feb 13 2020
Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: Medicare Wellness

History of Present Illness: The patient is a 73-year-old lady with a lifelong history of cerebral palsy with severe dystonia. Also a past history of acquired cervical cord compression with myelopathy from spondylolisthesis. She had surgery for this in 2003. She comes in today for her Medicare wellness v is accompanied by her caregiver.

Review of Systems: The annual wellness visit and health risk assessment form is reviewed. The patient denies any acute problems. She did have recent cataract surgery.

Past Medical History: Cerebral palsy with severe dystonia
Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
Osteoporosis
anemia hyperlipidemia
DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) butalbital/acetaminophen/caffeine 50 mg-325 mg-40 mg oral tablet, 1 qid prn
2) cervical collar, pt with severe cervical spine disease and down turning head needs support
3) clobetasol 0.05% topical cream, use bid on rash
4) desonide ointment 0.05%, use bid prn
5) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
6) Fioricet oral tablet, One tablet four times a day prn
7) Tums 500 mg oral tablet, chewable

Henderson 00003

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (■■■■/1946)

Oct 28, 2020 Wed 09:26 AM

Physical Examination: BP: 130/70 Pulse: 92
She is sitting in a wheelchair. She has severe stiffness of the neck and her chin rest almost on her
Extremities with some spasm and some weakness. She is alert and oriented. Heart and lungs are normal.
Affect normal.
PHQ-9 depression screen done in her score is 0.

Goals:

Health Concerns:

Assessment & Plan:

Medicare wellness visit

Cervical myelopathy (G95.9):
Cerebral palsy with dystonia
Recent cataract surgery

Patient refuses a colonoscopy. Actually she physically could not go through the prep because of her
limitations and spasticity. She does declined a colo guard test. She refuses mammograms. She does
want a bone density scan.
She has already done a living will and advanced care directives. She has a durable power of attorney
refuses all immunizations.
I will see her back in 6 months.
Instructions:

(Encounter was coded as:)

Thursday, Nov 7 2019
Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: f/u refills

History of Present Illness: PATIENT IS IN FOR FOLLOW-UP ON HER CEREBRAL PALSY WITH DYSTONIA
AND HER SEVERE CERVICAL ARTHRITIS AND DO DEFORMITY. She is in with her caregiver.

Review of Systems: The patient says that her neck is bother her more. She says she wants a neck bra
leg brace.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis, myelopathy
Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Henderson 00004

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) butalbital/acetaminophen/caffeine 50 mg-325 mg-40 mg oral tablet, 1 qid prn
2) cervical collar, pt with severe cervical spine disease and down turning head. needs support
3) clobetasol 0.05% topical cream, use bid on rash
4) desonide ointment 0.05%, use bid prn
5) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
6) Fioricet oral tablet, One tablet four times a day prn
7) Tums 500 mg oral tablet, chewable

Physical Examination: BP: 120/80 Pulse: 86
She has a stiff with distorted neck with her chin almost resting on her chest. She cannot lift it.
lift the neck and could not lift it. Far. The patient is alert and oriented. She is sitting in a
can move both legs but they appear weak.

Goals:

Health Concerns:

Assessment & Plan:

Cervical myelopathy (G95.9):

Cervical arthritis

Postop neck surgery

INFANTILE CEREBRAL PALSY UNSPECIFIED (G80.9): Now In adulthood

Dystonia and muscle spasms

Carolina PT for PT and OT evaluation. I told the patient that I did know if braces would help and I
their assistance with this.
and medicare wellness visit and do some labs then.

PROVIDED HM: Colorectal Cancer: Screening

Given: Patient has refused this Decision Support. Patient physically unable to perform this

PROVIDED HM: High Blood Pressure in Adults: Screening

Given: Blood pressure was measured and recorded.

PROVIDED HM: Screening for Breast Cancer with Mammography (age 50-74 years)

Given: Patient has refused this Decision Support.

CLINICAL SUMMARY: Declined by Patient (11/8/2019)

Instructions:

(Encounter was coded as: 99213)

Monday, Jan 7 2019

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: RX for Neck Brace

Henderson 00005

Providence Family Practice
115 Blarney Drive
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Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

for her. They will talk to the local vendor. Total time spent with patient today was 15 min with g
50% time spent on counseling and coordinating care. PRESCRIBE: Driadol 50,000 intl units (1.25 mg)
capsule, 1 caplet every week, # 4, RF: 12.
PRESCRIBE: cervical collar, pt with severe cervicl spine disease and down turining head. needs supp
1, RF: 0.
DISCONTINUE: Valium 5 mg oral tablet One tablet four times a day prn spasticity or anxiety, REASON:
DISCONTINUE: PT consult evaluate and treat, REASON:
DISCONTINUE: light weight transport wheel chair, REASON:
DISCONTINUE: tramadol 50 mg oral tablet 1 po q 8H prn pain, REASON:
DISCONTINUE: Toviaz 4 mg oral tablet, extended release One tablet daily for bladder control, REASON:
DISCONTINUE: Lasix 20 mg oral tablet One tablet BID, REASON:
DISCONTINUE: prednisone 20 mg oral tablet Take 1 tablet by mouth once daily, REASON:

Instructions:

(Encounter was coded as:)

Monday, Nov 13 2017

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: Rash on both legs

History of Present Illness: Patient has had a rash on both legs for about a week. First started on
and then spread to the left leg. It itches a lot. It is not anywhere else other than the legs and
normal to the left arm. She is in with a caregiver today. Caregiver states that the patient is now
new medicine the patient is on is Xyzal and she started this about 6 weeks ago. She is no longer on

Review of Systems: past medical history and medication reviewed with the patient.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003..
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) antifungal barrier cream, 1 application to area affected TID PRN
2) baclofen 10 mg oral tablet, 1 bid prn muscle spasms
3) desonide ointment 0.05%, use bid prn
4) Driadol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
5) Fioricet oral tablet, One tablet four times a day prn
6) Lasix 20 mg oral tablet, One tablet BID

Henderson 00007

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JANE BASKIN ()/1946)

Oct 28, 2020 Wed 09:26 AM

- 7) light weight transport wheel chair
- 8) PT consult, evaluate and treat
- 9) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
- 10) tramadol 50 mg oral tablet, 1 po q 8H prn pain
- 11) Tums 500 mg oral tablet, chewable
- 12) Valium 5 mg oral tablet, One tablet four times a day prn spasticity or anxiety

Physical Examination: Wt: 145 lb Ht/Ln: 64 in BMI: 24.9 BP: 124/80 Pulse: 72
There is a red papular rash with some confluency both legs. Has severe cerebral palsy and spit spas

Goals:

Health Concerns:

Assessment & Plan:

Dermatitis of undetermined etiology. Possible drug rash from the Xyzal. No other precipitating cause identified. She is not using any new soaps or laundry detergent cetera.

Stop the Xyzal and again clobetasol cream. Referred to Dermatology p.r.n.. Total time spent with her today was 15 minutes with greater than 50 percent of the time spent on counseling coordination of care.
PRESCRIBE: clobetasol 0.05% topical cream, use bid on rash, # 45, RF: 1. (Transmitted by Frampton Henderson, MD)

PRESCRIBE: prednisone 20 mg oral tablet, Take 1 tablet by mouth once daily, # 5, RF: 0. (Transmitted by Frampton Henderson, MD)

Instructions:

(Encounter was coded as: 99213)

Monday, Feb 27 2017

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: Fill out assisted living form

History of Present Illness: Mrs. Baskin is in to have a form filled out and an examination done to get assisted living. However, she says she is not going to go. She denies any acute problems. She can have episodic falls. She has a past history of severe cerebral palsy with severe dystonia and some cord compression and myelopathy.

Review of Systems: she denies depression. appetite is good. She denies any chest pain or shortness of breath. She denies any bowel problems. She does have chronic edema of the legs and her caregiver says that she thinks it is from her sitting down with her legs dependent almost all the time. She is requesting the patient be given a prescription for a lift chair. Also, she hurt her left foot because there is a wheel on her walker and she is requesting a new walker with wheels and a seat. The patient complains of urinary frequency. She is on Lasix for the edema and also was on something for overactive bladder but quit taking this (Toviaz). Past medical history is reviewed.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
3. Osteoporosis

Henderson 00008

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JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) antifungal barrier cream, 1 application to area affected TID PRN
2) baclofen 10 mg oral tablet, 1 bid prn muscle spasms
3) desonide ointment 0.05%, use bid prn
4) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
5) Floricet oral tablet, One tablet four times a day prn
6) Lasix 20 mg oral tablet, One tablet BID
7) light weight transport wheel chair
8) PT consult, evaluate and treat
9) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
10) tramadol 50 mg oral tablet, 1 po q-8H prn pain
11) Tums 500 mg oral tablet, chewable
12) Valium 5 mg oral tablet, One tablet four times a day prn spasticity

Physical Examination: BP: 110/80 Pulse: 74

The patient is too unsteady to step on the scale to weigh. She is using a walker with wheels and th rolled her down the hall to the exam room because of her ambulatory difficulties. She is alert and She has the severe arthritic deformities of her neck and spine and she has the dystonia with her cer palsy. EYES: normal. EARS: normal. Carotids: normal. Thyroid: normal. Chest symmetrical. HEART regular rhythm, no murmur or gallop. LUNGS: clear. Legs: 1+ edema. Mental status is normal. She and oriented x 3. Recall is adequate. Examination of her foot reveals bruising of the left 1st and

Goals:

Health Concerns:

Assessment & Plan:

1. Foot injury secondary to contusion.
2. Spastic cerebral palsy.
3. Cervical myelopathy.
4. Frequent falls.
5. Hyperlipidemia.
6. Dependant edema.

Contusion of left foot, initial encounter (S90.32XA):
Spastic cerebral palsy (G80.1):
Cervical myelopathy (G95.9):
Hyperlipidemia (E78.5):
Recurrent falls (R29.6):
Dependent edema (R60.0):

PRESCRIBE: Valium 5 mg oral tablet, One tablet four times a day prn spasticity or anxiety, # 120, RF

Henderson 00009

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JANE BASKIN ([REDACTED] 1946)

Oct 28, 2020 Wed 09:26 AM

1. I told her just to use her Lasix and Toviaz if needed. I wrote a prescription for a lift chair a walker with wheels and a seat. I refilled her Valium which she primarily uses for spasticity but al occasionally for anxiety.
2. No other med changes were made today.
3. I filled out the assisted living form. PPD applied. She will come back in 48 hours to read this

Instructions:

(Encounter was coded as: Medium Complexity > 99214)

Tuesday, Jun 28 2016
Full Progress Note signed by James Henderson, MD

Chief Complaint: multiple

History of Present Illness: 1) Low back pain. Off and on for years. Past few days been a little wors with standing. Certain positions worsen. No f.c.s.n.v.c.d. No trauma.
2) Wanted to discuss her edema. Has swelling in legs. Was taking Lasix for her edema and Toviaz for Stopped the Toviaz as to her it did not make sense to do one to make her pee more and another to mak go less. Having some urgency requiring Depeneds undergarment use. Not clear if she needed them prio stopping Toviaz or not.
3) OAB, see above.
4) Rash buttocks. Try to keep area dry but difficult given her mobility and medical issues.

Review of Systems: As above.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) baclofen 10 mg oral tablet, 1 bid prn muscle spasms
2) desonide ointment 0.05%, use bid prn
3) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
4) Fioricet oral tablet, One tablet four times a day prn
5) Lasix 20 mg oral tablet, One tablet BID
6) light weight transport wheel chair
7) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
8) tramadol 50 mg oral tablet, 1 po q 8H prn pain

Henderson 00010

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JANE BASKIN (██████1946)

Oct 28, 2020 Wed 09:26 AM

- 9) Tums 500 mg oral tablet, chewable
10) Valium 5 mg oral tablet, One tablet four times a day prn spasticity

Physical Examination: BP: 110/78 Pulse: 64
GENERAL: WNWd NAD A&Ox3 fixed contractures BUE/BLE.
HEENT: grossly normal.
LUNGS: CTAB s w/r/r
HEART: RRR S1 S2 s m/g/r
ABD s/nt/nd/nabs
CHEST WALL: WNL
EXTREMITIES: NO C/C/E
back s TTP. No CVA tenderness. Some relief of pain palpation
Intergluteal fold c erythema and satellite lesions of skin.

Goals:

Health Concerns:

Assessment & Plan:

- # Low back pain (M54.5):
- # Myelopathy in other diseases classified elsewhere (G99.2):
- # Candida intertrigo (B37.2):
- # Overactive bladder (N32.81):

PRESCRIBE: Fioricet oral tablet, One tablet four times a day prn, # 120, RF: 5. (Transmitted by Jame Henderson, MD)

REMOVED from Current Meds: CeleBREX 200 mg oral capsule, One tablet daily, # 30, RF: 1. (Transmitted by James Henderson, MD) Date Prescribed: 04/29/2016

PRESCRIBE: baclofen 10 mg oral tablet, 1 bid prn muscle spasms, # 30, RF: 3. (Transmitted by James Henderson, MD)

PRESCRIBE: antifungal barrier cream, 1 application to area affected TID PRN, # 180, RF: 3. (Transmit James Henderson, MD)

Barrier cream AF for buttocks.

OAB meds and lasix don't counteract but if she did notice decreased total daily UOP then can stay of Recommend she monitor.

Edema: Continue lasix. In of itself edema not a problem till it becomes a problem. Okay to hold dose later in day if has something she really wants to do that is short ie go to church. Just take it af

PROVIDED: Patient Education (6/28/2016)

CLINICAL SUMMARY: Declined by Patient (6/28/2016)

Instructions:

(Encounter was coded as: 99214)

Thursday, Mar 31 2016

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: Leg swelling and Needing RX for Celebrex

Henderson 00011

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JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

History of Present Illness: Mrs. Baskin is a 70-year-old patient with a life long history of cerebral severe dystonia. She comes in today complaining of increased trouble walking and with leg swelling. Says both of these problems have been gradual. On further questioning, she states that she sits most time in a chair with her feet being dependant. She does sleep flat in the bed, except for she props to keep her neck from bothering her. She denies any chest pain or shortness of breath. She says th time in the past, she had trouble with pain and stiffness with walking and Celebrex seemed to help a wants to try this again. The other concern is that she had severe spondylolisthesis and a cervical compression that resulted in some myelopathy back in 2003. She underwent extensive cervical spine surgery by Dr. Scott Boyd at that time. The last note I have from Dr. Boyd was a year ago. Then she was complaining of pain in her right leg which Dr. Boyd thought was part of her dystonia pa She did get a little better with physical therapy back in December and she wants to try that as well Celebrex.

Review of Systems:

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) baclofen 10 mg oral tablet, 1 bid prn muscle spasms
2) desonide ointment 0.05%, use bid prn
3) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
4) Fioricet oral tablet, One tablet four times a day prn
5) Lasix 20 mg oral tablet, 1 tablet in the late morning for leg swelling
6) light weight transport wheel chair
7) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
8) tramadol 50 mg oral tablet, 1 po q 8H prn pain
9) Tums 500 mg oral tablet, chewable
10) Valium 5 mg oral tablet, One tablet four times a day prn spasticity

Physical Examination: BP: 120/76 Pulse: 72
She is very difficult to understand due to her dystonia affecting her speech. She has an angulated has a large posterior cervical scar. Reflexes are trace bilaterally. She has severe spasticity and adequately evaluate this.

Goals:

Health Concerns:

Assessment & Plan:

1. Increased gait problems, probably multifactorial.

Henderson 00012

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JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

2. Spastic cerebral palsy with severe dystonia.
3. History of cervical cord compression.
- # Abnormal gait (R26.9):
- # Spastic cerebral palsy (G80.1):

1. I don't think we have much to lose trying the Celebrex and physical therapy so we will do this. have 3+ edema of both legs. Her heart and lungs were clear. I am going to check a CBC, CMP and a B
2. If the patient does not improve at all then I will at least get Dr. Boyd to take another look at think we have a whole lot to offer at this stage.

PRESCRIBE: CeleBREX 200 mg oral capsule, One tablet daily, # 30, RF: 0. (Transmitted by Frampton Henderson, MD) (DO NOT DELIVER YET)
PRESCRIBE: CeleBREX 200 mg oral capsule, One tablet daily, # 30, RF: 0. (Transmitted by Frampton Henderson, MD)

Instructions:

(Encounter was coded as: Medium Complexity > 99214)

Tuesday, Dec 15 2015
Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: R foot/ankle swelling and abnormal gait

History of Present Illness: Jane is complaining of increased trouble with walking. She has a history of cord compression with some myelopathy and also history of cerebral palsy with severe dystonia and a lifelong history of walking problems but it seemed to have gotten worse recently. She is accompanied by a friend who says it looks like her feet just can't get going. Also, she has had some swelling of the foot and ankle recently. She had some muscle pain in the left posterior leg when somebody was trying to massage it a month ago but that is pretty much resolved now. She is complaining of urinary frequency. She has a history of OAB and has been prescribed Toviaz but she does not take this regularly. She is concerned that she has a urinary tract infection causing the frequency now.

Review of Systems:

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy surgery and reconstruction in 2003.
3. Osteoporosis
4. anemia
5. hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) baclofen 10 mg oral tablet, 1 bid prn muscle spasms

Henderson 00013

Providence Family Practice
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JANE BASKIN [REDACTED] (1946)

Oct 28, 2020 Wed 09:26 AM

History of Present Illness: Patient has not been in here for over a year. She is a 72-year-old lady history of cerebral palsy and severe dystonia. She has had a surgery on her neck because of cord compression back in 2003. The patient is in today with a friend and her power of attorney, Michelle. report that the patient is having increasing problems with her neck in that she keeps it leaning for sharp angle. This increases her pain and also her back problem. They are wanting to know about get cervical collar. Also she has a lift chair that does not seem to be fifteen her properly.

Review of Systems:

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. myelopathy
Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor

Medications: 1) clobetasol 0.05% topical cream, use bid on rash
2) desonide ointment 0.05%, use bid prn
3) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
4) Pioricet oral tablet, One tablet four times a day prn
5) Lasix 20 mg oral tablet, One tablet BID
6) light weight transport wheel chair
7) prednisONE 20 mg oral tablet, Take 1 tablet by mouth once daily
8) PT consult, evaluate and treat
9) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
10) tramadol 50 mg oral tablet, 1 po q 8H prn pain
11) Tums 500 mg oral tablet, chewable
12) Valium 5 mg oral tablet, One tablet four times a day prn spasticity or anxiety

Physical Examination: BP: 124/70 Pulse: 72

Patient has a prominent protrusion of her cervical spine on the left with a downward torticollis pos
She has the dystonic movements of her extremities. Mental status seems normal. She is in a wheelch

Goals:

Health Concerns:

Assessment & Plan:

Cervical palsy with dystonia. Now with a pronounced flexion of the neck in a torticollis position.
History of vitamin-D deficiency

I updated her medication list since told her to restart her Drisdol.

I wrote a prescription for the cervical collar. Also they will research the lift chair to see which

EXHIBIT

39

Henderson 00006

Providence Family Practice
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Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

- 2) desonide ointment 0.05%, use bid prn
- 3) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week
- 4) Fioricet oral tablet, One tablet four times a day prn
- 5) Lasix 20 mg oral tablet, 1 tablet in the late morning for leg swelling
- 6) light weight transport wheel chair
- 7) Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control
- 8) tramADol 50 mg oral tablet, 1 po q 8H prn pain
- 9) Tums 500 mg oral tablet, chewable
- 10) Valium 5 mg oral tablet, One tablet four times a day prn spasticity

Physical Examination: Wt: 138.2 lb Ht/Ln: 64 in BMI: 23.7 BP: 110/80 Pulse: 66
The patient has difficulty getting up out of a chair. She has upper and lower extremity spasticity, contracture of the neck muscles. She has no edema. I am unable to get her to try to walk in the ex

Goals:

Health Concerns:

Assessment & Plan:

- # Paresthesia of skin (R20.2):
- # Myelopathy in other diseases classified elsewhere (G99.2):
- # Cerebral palsy (G80.9):

ua and culture

increase tolviaz from 4 to 8 mg if ua neg

Instructions:

(Encounter was coded as: Medium Complexity > 99214)

Tuesday, Mar 17 2015

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: CPE

History of Present Illness: Mrs. Baskin is a 68-year-old lady with a history of severe cerebral palsy dystonia. She is in for a modified physical today and to follow up on the cerebral palsy and osteop

Review of Systems: She has just been seen by Dr. Scott Boyd for her cervical cord compression and myelopathy. She had decompression surgery in 2003 and I recently sent her back to him because of increasing problems with her neck and spasms in both legs. I had placed her on Baclofen but she says makes her feel goofy. Dr. Boyd suggested trying Valium again but wants me to prescribe it. I think appropriate since I am seeing her on an ongoing basis and I don't think he is seeing her too frequently has periodic falls. She denies any significant depression. She has had no recent fractures or injuries. She denies chest pain or shortness of breath. No bowel problems. She does have chronic incontinence and just has almost what sounds like a neurogenic bladder. She has no warning that she voids etc. She wears a diaper and this takes care of the problem. Remainder of the review of system negative. Past medical history and medication list are updated and reviewed today.

Henderson 00014

Providence Family Practice
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JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) baclofen 10 mg oral tablet, 1 bid prn muscle spasms
2) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
3) Fioricet oral tablet, One tablet four times a day prn
4) light weight transport wheel chair
5) Toviaz 8 mg oral tablet, extended release, One tablet at night for bladder
6) tramadol 50 mg oral tablet, 1 po q 8H prn pain

Physical Examination: Wt: 138 lb Ht/Ln: 64 in BMI: 23.7 BP: 126/70 Pulse: 74 RR: 14
The patient is alert and oriented and in no acute distress. She has severe antelexion of the head neck. She has muscle rigidity and spasms and almost no range of motion of the neck. Bilateral grip decreased. Bilateral leg strength decreased. She is hyperreflexic in the ankles. MOUTH: normal. normal. EARS: normal. Thyroid: normal, the best I can feel, she does have the antelexion deformity BREASTS: normal. HEART: regular rhythm, no murmur or gallop. Anterior lung exam normal. Breasts without masses. ABDOMEN: soft, bowel sounds normal, no masses or organomegaly. Pelvic and rectal deferred at the patient's request. Legs: no edema. FEET: 1+ pedal pulses. EKG is normal.

Goals:

Health Concerns:

Assessment & Plan:

1. Cerebral palsy with severe dystonia.
2. History of cervical cord compression and myelopathy.
3. Osteoporosis.
4. Anemia.
5. Hyperlipidemia.

Cerebral palsy (343.9):
OSTEOPOROSIS (733.0):
Hyperlipidemia (272.4):
Anemia (285.9):

1. For spasticity, we are going to try Valium. For her bladder, we are trying Toviaz. She says this seem to help a whole lot. She wants to decrease the dose to 4 mg. If it is neurogenetic, of course going to help.
2. Continue Drisdol for her vitamin D supplementation.
3. She says she can't swallow capsules and tablets, I told her to get chewable Tums.
4. Labs, including a vitamin D level, are pending.

Henderson 00015

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JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

PRESCRIBE: desonide ointment 0.05%, use bid prn, # 15, RF: 5.
PRESCRIBE: Valium 5 mg oral tablet, One tablet four times a day prn spasticity, # 120, RF: 5.
PRESCRIBE: Toviaz 4 mg oral tablet, extended release, One tablet daily for bladder control, # 30, RF: 11.
PRESCRIBE: Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every week, # 4, RF: 11.

cbc, cmp, lipids and vitamin d level are pending

Instructions:

(Encounter was coded as: Medium Complexity > 99214)

Monday, Dec 8 2014

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: Discuss Referral

History of Present Illness: Mrs. Baskin is a 68-year-old lady who comes in today complaining of spas right leg. These spasms are intermittent in nature and last a few minutes at a time. They are unpr She says recently they have been getting more frequent and she is asking that I try to get her back Dr. Scott Boyd because he has told her in the past she has a cervical myelopathy and she thinks this causing the problem with the leg. The patient says that she has not seen Dr. Boyd in quite some tim other than to go by his office and get an occasional hug. She says that she is confident that he wo to see her.

Review of Systems:

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependant on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
2) Fioricet oral tablet, One tablet four times a day prn
3) light weight transport wheel chair
4) Toviaz 8 mg oral tablet, extended release, One tablet at night for bladder
5) traMADol 50 mg oral tablet, 1 po q 8H prn pain

Physical Examination: Wt: 140 lb Ht/Ln: 64 in BMI: 24.0 BP: 120/80 Pulse: 72

Henderson 00016

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (██████ 1946)

Oct 28, 2020 Wed 09:26 AM

The patient has severe spasticity. She has dystonia consistent with cerebral palsy. Her gait is un She has altered posture of her neck and she has old surgical scars. Cranial nerves are intact. Leg grossly normal but she has hyperreflexia.

Goals:

Health Concerns:

Assessment & Plan:

1. Leg muscle spasms, questionably from her cerebral palsy but also with a history of myelopathy. T patient is very desirous of getting in to see Dr. Boyd.

Muscle spasm (728.85):

PRESCRIBE: baclofen 10 mg oral tablet, 1 bid prn muscle spasms, # 14, RF: 0. (Transmitted by Frampto Henderson, MD)
see dr boyd mid day andy day

PROVIDED: Patient Education (12/10/2014)

1. I gave her a short term supply of Baclofen to use but from her history, by the time the pill would the spasm would be gone away. She wants to try something though. We will see if we can't get her i Dr. Boyd.

CLINICAL SUMMARY: Declined by Patient (12/10/2014)

Instructions:

(Encounter was coded as: Medium Complexity > 99214)

Tuesday, Jul 22 2014

Full Progress Note signed by James Henderson, MD

Chief Complaint: FU from fall

History of Present Illness: Patient here s/p fall. She has done it before this time. She was going steps and holding on to the door frame. She reports she just did not move her feet enough and fell floor. She only fell down one step. She has CP with severe dystonia. She notes she fell on to her has a little tenderness in the chest. She in the past had an ace bandage.

Review of Systems: Pain worse with deep resp or standing straight up. Certain movements worsen but otherwise doing ok.

Past Medical History: 1. Cerebral palsy with severe dystonia.

2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.

3. Osteoporosis

4 anemia

5 hyperlipidemia

7. DT immunization 2007.

8. Pneumovax 2007.

Right carotid bruit.

Family History: The patient is adopted

Henderson 00017

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN ([REDACTED] /1946)

Oct 28, 2020 Wed 09:26 AM

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: 1) Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
2) Fioricet oral tablet, One tablet four times a day
3) light weight transport wheel chair
4) Toviaz 8 mg oral tablet, extended release, One tablet at night for bladder

Physical Examination: Wt: 140.4 lb Ht/Ln: 64 in BMI: 24.1 BP: 110/70 Pulse: 80

GENERAL: WNWd NAD A&Ox3

HEENT: grossly normal.

LUNGS: CTAB s w/r/r

HEART: RRR S1 S2 s m/g/r

ABD s/nt/nd/nabs

CHEST WALL: No deformity noted x forward bent posture. No pain on lateral compression. Mild pos pain lateral sternal boarder.

EXTREMITIES: NO C/C/E

Goals:

Health Concerns:

Assessment & Plan:

CHEST WALL PAIN (786.52):

Instructions printed and provided to patient:

PRESCRIBE: tramadol 50 mg oral tablet, 1 po q 8H prn pain, # 20, RF: 0. (Transmitted by James Henderson, MD)

bruise from fall in chest, supportive care.

Try to remember to be intentional about your steps and use walker etc to prevent falls.

PROVIDED: Patient Education (7/23/2014)

Instructions:

(Encounter was coded as: 99203)

Friday, Mar 14 2014

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: CPE

History of Present Illness: Mrs. Baskin is a 67-year-old lady in for her physical examination and to on cerebral palsy, cervical disease, osteoporosis, anemia, hyperlipidemia and her fractured finger.

Review of Systems: pmh reviewed

She says her finger is healing well. She is just buddy taping it now. She has had no more falls.

Henderson 00018

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

depression. She denies chest pain or shortness of breath. No bowel or bladder problems. She has cerebral palsy limitations. No urinary incontinence. No fecal incontinence.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport [Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
Fioricet oral tablet, One tablet four times a day
light weight transport wheel chair
Toviaz 8 mg oral tablet, extended release, One tablet at night for bladder

Physical Examination: Wt: 147 lb Ht/In: 64 in BMI: 25.3 BP: 120/80 Pulse: 74 RR: 18
Pleasant, in no acute distress. She is alert and oriented x 3. She has speech difficulties from her and palsy. She has spasticity. EYES: normal. EARS: normal. NOSE: normal. MOUTH: normal. THROAT normal. Carotids: no bruits. Thyroid: no goiter. Chest symmetrical. HEART: regular rhythm, no murmur. LUNGS: clear. Breast exam is normal. ABDOMEN: benign, no mass or organomegaly. PELVIC: the speculum exam is difficult due to her spasticity of her thigh muscles and leg muscles. The internal vaginal exam appears normal but I cannot visualize her cervix. Bimanual exam is unremarkable. RECTUM normal. No stool in the rectal vault.

Goals:

Health Concerns:

Assessment & Plan:

1. Cerebral palsy.
 2. Osteoporosis by history.
 3. Hyperlipidemia.
 4. History of cervical cord compression - postop.
 5. History of anemia.
 6. History of finger fracture.
- # INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):
OSTEOPOROSIS (733.0):
HYPERLIPIDEMIA (272.4):

1. We will continue current medications. Once again, fall precautions emphasized. She had a mammogram in January and it was normal. She will do this annually. I will see her back in six months. We will repeat bone density scan at that time.

Instructions:

Henderson 00019

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

(Encounter was coded as: 99214)

Tuesday, Feb 18 2014
Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: 10 day f/u

History of Present Illness: Ms. Baskin is in for a ten day follow up on her overactive bladder. I g samples of various things to try and she says that Toviaz does seem to be helping a lot. I also ins on timed voiding and I told her to it every hour while awake but she says that is too much so she is every 2-4 hours. She denies any side effects to the medication. She does have a past history of se cerebral palsy with severe dystonia.

Review of Systems:

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
Fioricet oral tablet, One tablet four times a day
light weight transport wheel chair
VESicare 10 mg oral tablet, One tablet daily

Physical Examination: BP: 124/70 Pulse: 68 RR: 16
She is in a wheelchair. The finger she broke from a recent fall is in a splint. Neurological exam unchanged. She just has the spasticity.

Goals:

Health Concerns:

Assessment & Plan:

1. Overactive bladder.
 2. Cerebral palsy with dystonia.
- # HYPERTONICITY OF BLADDER (596.51):
INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):
1. Continue Toviaz 8 mg a day. Follow up prn.

Henderson 00020

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

Instructions printed and provided to patient:

PRESCRIBE: Toviaz 8 mg oral tablet, extended release, One tablet at night for bladder, # 30, RF: 11.
(Transmitted by Frampton Henderson, MD)

DISCONTINUE: VESicare 10 mg oral tablet One tablet daily

Instructions:

(Encounter was coded as: 99214)

Monday, Feb 3 2014

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: 6 WKS F/U

History of Present Illness: Mrs. Baskin is a 67-year-old lady who had come to our office today to di treatment of her overactive bladder. Unfortunately, she was trying to get to the bathroom in our of she fell and injured her right hand. She also hit her forehead.

Review of Systems: The patient has had an occasional fall at home through the years. She has a past medical history of cerebral palsy with severe dystonia which has been present since birth. She also history of cervical cord compression from spondylolisthesis and had surgery and reconstruction in 20 has done pretty well with this since then. In reference to her overactive bladder, she says that sh responded to Vesicare 5 mg a day. She says she has frequent accidents where she wets herself. On c questioning, some of this seems to be due to urgency but also she has the neurological difficulty wi physically getting to the bathroom in a reasonable amount of time due to her cerebral palsy.

Past Medical History: 1. Cerebral palsy with severe dystonia.

2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.

3. Osteoporosis

4 anemia

5 hyperlipidemia

7. DT immunization 2007.

8. Pneumovax 2007.

Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks

Fioricet oral tablet, One tablet four times a day

light weight transport wheel chair

VESicare 10 mg oral tablet, One tablet daily

Physical Examination: BP: 140/82 Pulse: 72

The patient has a flap like laceration of the lateral aspect of the right index finger. She has art deformities and some spastic deformities of both hands. She is tender over the distal PIP joint of

Henderson 00021

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

finger. There is a small bruise on her forehead. Her mental status is normal. Cranial nerves are her neurological exam is remarkable mostly for the dystonia and spasticity. I sent the patient for her finger and wrist. The x-ray report showed that she had a slightly displaced fracture of the met the proximal second phalanx.

Goals:

Health Concerns:

Assessment & Plan:

1. Fractured finger.
2. Insignificant contusion of the forehead.
3. Cerebral palsy with spasticity and dystonia.
4. Overactive bladder and physical difficulty in getting to the bathroom in time to prevent urinary incontinence.

CLOSED FRACTURE OF PHALANX OR PHALANGES OF HAND UNSPECIFIED (816.00):

1. For her finger, I am going to refer her to orthopedics.
2. For her overactive bladder, I have instructed her to begin timed voiding of every one hour while will also increase her Vesicare to 10 mg a day to see if this helps with the urges some. I do not today had anything to do with the Vesicare she is on. She just seemed to have gotten her feet tangl and slipped and fell while trying to get to the bathroom in our office. She will touch base with me of weeks.

Instructions:

(Encounter was coded as: 99214)

Thursday, Dec 12 2013

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: UTI

History of Present Illness: Mrs. Baskin is a 67-year-old lady who presents with complaints of urinary and incontinence. She says she goes about every 3-4 hours during the day and she gets to the bathro can't get her pants down in time. She does have a past medical history of cerebral palsy with sever and ambulation is difficult but she says she gets there on time but just can't control it once she g bathroom.

She denies any dysuria. No fever or chills. She is not on any diuretics. No new medications.

Review of Systems: See HPI.

Past Medical History: 1. Cerebral palsy with severe dystonia.

2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.

3. Osteoporosis

4 anemia

5 hyperlipidemia

7. DT immunization 2007.

8. Pneumovax 2007.

Right carotid bruit.

Family History: The patient is adopted

Henderson 00022

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport
[Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: Driedol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
Fioricet oral tablet, One tablet four times a day
light weight transport wheel chair

Physical Examination: Wt: 146 lb Ht/Ln: 64 in BMI: 25.1 BP: 130/80 Pulse: 86
u/a normal

The patient is in no acute distress. She has dystonia and signs of cerebral palsy. Her gait is imp
has severe arthritic changes of the neck. She has some deformity of the hands also and stiffness of
hands. HEART: normal. LUNGS: clear. ABDOMEN: unremarkable. Legs: no edema.

Goals:

Health Concerns:

Assessment & Plan:

1. Cerebral palsy.
2. Overactive bladder.
3. Impaired ambulation and impaired use of hands due to the cerebral palsy.

INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):

HYPERTONICITY OF BLADDER (596.51):

1. I told her to try to get to the bathroom as soon as she thinks she may have to go. I will begin
mg a day increasing to 10 if needed. She will call me if this medicine does not work.
2. I refill her Fioricet that she takes for headaches and muscle pains.
3. I want to see her back in six weeks.

urine culture

PRESCRIBE: VESicare 5 mg oral tablet, One tablet at night for over active bladder, # 30, RF: 11.
(Transmitted by Frampton Henderson, MD)

PRESCRIBE: Fioricet oral tablet, One tablet four times a day, # 100, RF: 5. (Transmitted by Frampton
Henderson, MD)
follow up in 6 weeks

PROVIDED HM: Screening for Breast Cancer with Mammography (age 50-74 years)
Given: mammogram is past due, will call to schedule

PROVIDED HM: Screening for Cervical Cancer
Given: not sexually active

Instructions:

(Encounter was coded as: 99214)

Henderson 00023

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

Tuesday, Oct 16 2012

Full Progress Note signed by Frampton Henderson, MD

Chief Complaint:

History of Present Illness: Ms. Baskin is in for a six month followup. She is accompanied by a gent says that he takes her to most of her appointments and tries to take care of her.

Review of Systems: Ms. Baskins had a few falls since I saw her. She is in for a face to face evalua Her friend says that she needs a wheelchair. She has trouble getting around inside the house becaus has to hold onto walls etc. However, it is when she tries to get outside that she really has her pr that is when she does most of her falling. Her spasticity remains the same. She continues to have headaches. She denies any bowel changes, melena or hematochezia.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis
4 anemia
5 hyperlipidemia
7. DT immunization 2007.
8. Pneumovax 2007.
Right carotid bruit.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport [Tobacco: Never smoker]

Allergies: Zocor (Updated by FRAMPTON on 03/13/2012 09:44 AM)

Medications: Drisdol 50,000 intl units (1.25 mg) oral capsule, 1 caplet every 2 weeks
Fioricet oral tablet, One tablet four times a day

Physical Examination: Wt: 155 lb Ht/In: 64 in BMI: 26.7 BP: 130/80 Pulse: 74
The patient is alert and oriented x 3. She is somewhat difficult to understand due to her dysphonia dystonia and spasticity. She has a very stiff neck (history of spondylolisthesis and cervical cord compression). Her gait is very unsteady. She does use a cane. I don't think she has the upper bod strength for a walker. Legs: no edema.

Goals:

Health Concerns:

Assessment & Plan:

1. Severe cerebral palsy with severe dystonia.
2. Spondylolisthesis of the cervical spine.
3. Osteoporosis.

INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):
OSTEOPOROSIS (733.0):

1. I do feel the patient would benefit from a wheelchair. Probably the best thing for her is to hav transport wheelchair so that whoever is accompanying her can push her around and put it in and out o car. She might benefit from a wheelchair at her house but I don't think she has the upper body stre

Henderson 00024

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (1946)

Oct 28, 2020 Wed 09:26 AM

NECK: no masses, there is a right carotid bruit, none on the left. Chest symmetrical. BREASTS: nor
HEART: regular rhythm, no murmur or gallop. LUNGS: clear. ABDOMEN: unremarkable. PELVIC: severe
vaginal atrophy is present. This makes her pap smear difficult. Uterus is normal size. No adnexal
RECTAL: normal, Heme negative stool.

Goals:

Health Concerns:

Assessment & Plan:

1. Cerebral palsy with severe dystonia.
2. History of cervical cord compression with spondylolisthesis, status post-surgery in 2003.
3. Osteoporosis.
4. History of chronic anemia.
5. Hyperlipidemia.
6. Right carotid bruit, not heard before.

OSTEOPOROSIS (733.0):

HYPERLIPIDEMIA (272.4):

INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):

1. Carotid ultrasound will be scheduled.
2. EKG was done. Labs are pending.
3. I refilled her Fioricet for her headaches. She will followup in six months. A pap smear was done
Mammogram to be scheduled.

Instructions printed and provided to patient:

PRESCRIBE: Fioricet oral tablet, One tablet four times a day, # 100, RF: 5.

DISCONTINUE: fioricet 1 tid prn

PROVIDED HM: Screening for Breast Cancer with Mammography (age 50-74 years)
Given: normal

PROVIDED HM: Screening for Cervical Cancer
Given: normal

PROVIDED: Patient Education (3/17/2012)

Instructions:

(Encounter was coded as: 99214)

Wednesday, Mar 9 2011
Full Progress Note signed by Frampton Henderson, MD

Chief Complaint: CPE

History of Present Illness: Ms. Baskin is a 64-year-old female with severe cerebral palsy and dystonia
in for a physical examination. She denies any acute problems. She has not had any recent falls.

Review of Systems: Other than recurrent headaches and her spasticity and some neck pain, her ten sys

Henderson 00026

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

JANE BASKIN (■■■■■1946)

Oct 28, 2020 Wed 09:26 AM

review of systems is negative.

Past Medical History: 1. Cerebral palsy with severe dystonia.
2. Cervical cord compression from spondylolisthesis. Surgery and reconstruction in 2003.
3. Osteoporosis.
4. History of anemia, resolved.
5. History of "burning legs".
6. Mild dyslipidemia.
7. DT immunization 2007.
8. Pneumovax 2007.

Family History: The patient is adopted

Social History: No tobacco. No alcohol. She lives alone. She is dependent on others for transport

Allergies: None. (Updated by ADMIN on 05/31/2010 10:31 AM)

Medications: Fioricet, 1 tid prn
Fioricet oral tablet, One tablet Four Times a Day

Physical Examination: Wt: 152 kg Ht/In: 65 in BMI: 55.8 BP: 130/70 Pulse: 72 RR: 16 Pain: 0
The patient is alert, oriented and in no acute distress. She has obvious spasticity and some speech from the spasticity. She has torticollis of the neck. EYES: PERL, conjunctiva normal. EARS: normal. MOUTH: normal. THROAT: normal. Carotids: no bruits. Thyroid: no goiter. HEART: regular rhythm, no murmur or gallop. LUNGS: clear. BREASTS: normal. ABDOMEN: unremarkable. PELVIC: vaginal atrophy, otherwise normal. RECTAL: normal, Hemoccult negative stool.

Goals:

Health Concerns:

Assessment & Plan:

1. Well exam.
 2. Cerebral palsy with secondary headaches.
 3. History of osteoporosis.
 4. History of cervical cord compression from spondylolisthesis with surgery in 2003.
 5. Mild dyslipidemia.
- # ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY (V70.0):
INFANTILE CEREBRAL PALSY UNSPECIFIED (343.9):
OSTEOPOROSIS (733.0):
HYPERLIPIDEMIA (272.4):

1. Labs are pending. Continue current meds. DEXA scan is done. Pap was done last year and we will another one next year. Annual mammograms also.

Instructions:

(Encounter was coded as:)

Friday, Feb 5 2010
Full Progress Note signed by Frampton Henderson, MD

Henderson 00027

PROVIDENCE HOSPITAL NORTHEAST
120 GATEWAY CORPORATE BLVD
COLUMBIA, S.C. 29203

Name: BASKIN, JANE E
Phys: Henderson, Frampton Jr.
DOB: [REDACTED] 1946 Age: 65 Sex: F
Acct: [REDACTED] 8785 Loc: E.RAD
Exam Date: 03/28/2011 Status: REG CLI
Radiology No:
Unit No: 2000039447

Frampton Jr. Henderson
2750 Laurel Street
Suite 103
Columbia, SC 29204

(803) 254-5171 framptonh@aol.com

EXAM# TYPE/EXAM RESULT
001268935 RAD/BONE DENSITY (AXIAL)

BONE DENSITY:

COMPARISON: NO previous.

HISTORY: Osteopenia.

The lumbar spine and proximal femurs were scanned with the Lunar DEXA system. Pertinent readings are as follows:

BMD SITE	(g/cm ²)	T-score	Z-score
L-Spine			
L2-L4	0.940	-2.2	-0.7
Left Femur	0.705	-2.5	-1.4
Right Femur	0.689	-2.6	-1.5

IMPRESSION: Osteopenia of the lumbar spine and left hip with osteoporosis of the right hip.

NOTE: The T-score reflects the standard deviation of this patient's readings from those of normal young adult controls. The World Health Organization definitions are as follows:

CATEGORY	T-SCORE
Normal	Above -1.0

PROVIDENCE HOSPITAL NORTHEAST
120 GATEWAY CORPORATE BLVD
COLUMBIA, S.C. 29203

Name: BASKIN, JANE E
Phys: Henderson, Frampton Jr.
DOB: [REDACTED]/1946 Age: 65 Sex: F
Acct: [REDACTED] 8786 Loc: E.RAD
Exam Date: 03/28/2011 Status: REG CLI
Radiology No:
Unit No: Z000039447

EXAM#	TYPE/EXAM	RESULT
001288935	RAD/BONE DENSITY (AXIAL)	
	<Continued>	

Osteopenic	-1.0 to -2.5
Osteoporotic	Below -2.5

** REPORT SIGNATURE ON FILE 04/06/2011 (1624) **
Reported By: JASON C. LYNN, M.D.
Signed By: LYNN, JASON C

CC: Frampton Jr. Henderson

Technologist: L.CATHERINE WIMBERLY, R.T.(R)
Transcribed Date/Time: 04/04/2011 (1648)
Transcriptionist: DEPOMASL
Printed Date/Time: 04/06/2011 (1628)

PAGE 2

Frampton Jr. Henderson

Henderson 00029

Providence Hospital Northeast

120 Gateway Corporate Blvd.
Columbia, SC 29203

DEXA Bone Densitometry Report: Monday, March 28, 2011

Dear DR HENDERSON FRAMPTON,

Your patient JANE BASKIN completed a BMD test at our facility. The following summarizes the results of our evaluation.

Patient:

Name:	JANE BASKIN	Height:	67.0 in.
Patient ID:	39447	Weight:	150.0 lbs.
Date of Birth:	03/26/1946	Exam Date:	03/28/2011
Gender:	Female	BMD Device:	GE Medical Systems Lunar Prodigy

Indications:

Fractures:

Treatments: Calcium

Densitometry Results:

Scan Type	Region	Measured	Age	BMD	T-Score	Z-Score
AP Spine	L2-L3	03/28/2011	65.0	0.936 g/cm ²	-2.2	-0.7
DualFemur	Total Mean	03/28/2011	65.0	0.697 g/cm ²	-2.5	-1.5

Morphometry Results:

Scan Type	Region	Deformity	Measured	Age	Average Height (cm)	Z-Score	A/P Ratio (%)	Z-Score
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Assessment:

World Health Organization - Definition of Osteoporosis and Osteopenia for White Women:

Normal: T-Score at or above -1 SD
Osteopenia: T-Score between -1 and -2.5 SD
Osteoporosis: T-Score at or below -2.5 SD
Established Osteoporosis: T-Score at or below -2.5 SD plus fragility fracture

- BMD as determined from Femur Total Right is 0.689 g/cm² with a T-Score of -2.6. This patient is considered osteoporotic according to World Health Organization (WHO) guidelines. Fracture risk is high. Treatment, if not already being done, should be started. A follow up DEXA is recommended in one-year to monitor response to therapy.

Recommendations:

National Osteoporosis Foundation (NOF) guidelines recommend initiating therapy to reduce fracture risk in women with BMD:

T-Score below -2 SD
T-Score below -1.5 with other risk factors present

- Mild to aggressive therapies are available in the form of Hormone replacement therapy (HRT), Bisphosphonates, Calcitonin, and SERMs. Additionally, all patients should ensure an adequate intake of dietary calcium (1200mg/d) and vitamin D (400-800 IU daily).
- People with diagnosed cases of osteoporosis or osteopenia should be regularly tested for bone mineral density. For patients eligible for Medicare, routine testing is allowed once every 2 years. Testing frequency can be increased for patients who have rapidly progressing disease, or for those who are receiving medical therapy to restore bone mass.

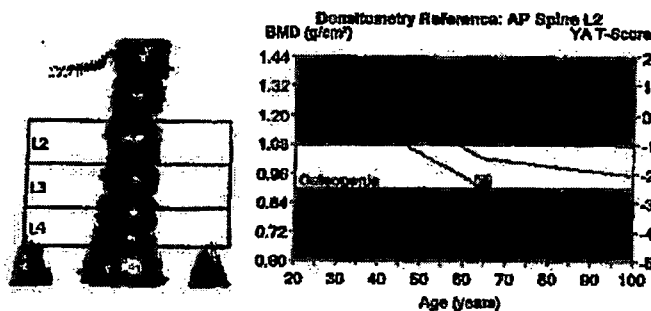
Henderson 00030

Providence Hospital Northeast

120 Gateway Corporate Blvd.

Columbia, SC 29203

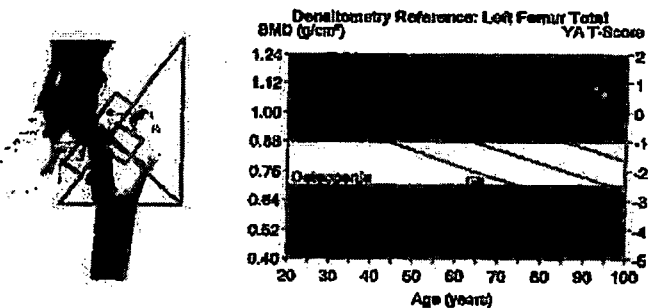
Patient:	BASKIN, JANE	Patient ID:	39447
Birth Date:	1946 65.0 years	Referring Physician:	DR HENDERSON FRAMPTON
Height / Weight:	67.0 in. 150.0 lbs.	Measured:	03/28/2011 1:42:11 PM (11.20)
Sex / Ethnic:	Female White	Analyzed:	03/28/2011 1:46:14 PM (11.20)



Region	BMD (g/cm³)	Young-Adult T-Score	Age-Matched Z-Score
L2	0.925	-2.3	-0.8
L3	0.946	-2.1	-0.6
L4	0.947	-2.1	-0.6
L2-L3	0.936	-2.2	-0.7
L2-L4	0.940	-2.2	-0.7
L3-L4	0.947	-2.1	-0.6

Matched for Age, Weight (females 25-100 kg), Ethnic USA (ages 20-40) AP Spine Reference Population (v110)
Statistically 68% of repeat scans fall within 1SD (± 0.030 g/cm³ for AP Spine L2)

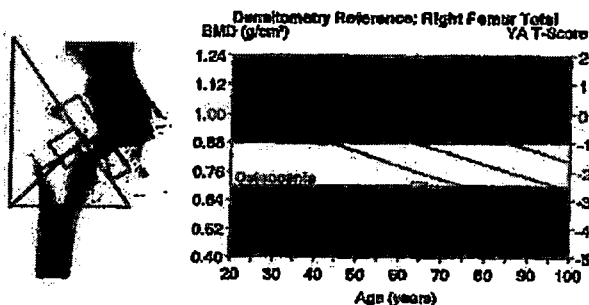
Image not for diagnosis



Region	BMD (g/cm³)	Young-Adult T-Score	Age-Matched Z-Score
Neck	0.755	-1.9	-0.5
Upper Neck	0.585	-2.0	-0.6
Wards	0.410	-3.8	-1.9
Troch	0.525	-2.4	-1.8
Shaft	0.811	-	-
Total	0.705	-2.5	-1.4

Matched for Age, Weight (females 25-100 kg), Ethnic USA (ages 20-40) Femur Reference Population (v110)
Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm³ for Left Femur Total)

Image not for diagnosis



Region	BMD (g/cm³)	Young-Adult T-Score	Age-Matched Z-Score
Neck	0.757	-1.9	-0.5
Upper Neck	0.544	-2.3	-1.0
Wards	0.470	-3.4	-1.5
Troch	0.477	-2.8	-2.2
Shaft	0.838	-	-
Total	0.689	-2.6	-1.5

Matched for Age, Weight (females 25-100 kg), Ethnic USA (ages 20-40) Femur Reference Population (v110)
Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm³ for Right Femur Total)

Image not for diagnosis



GE Healthcare

Lunar Prodigy
DF-1443

Henderson 00031



Carotid Study Report

JANE BASKIN
March 14, 2012

Med Rec No: 250909155

Indications: CPT 93880 Carotid, 785.9

DOB: 1946

Gender: F

Age: 66

Equip. Used: Vivid I #2

Height:

Location: Providence Family Practice

Weight:

Sonographer: T. Starke

Study Time: 9:53 AM

Referring: Frampton Henderson MD

Reading: Columbia Heart Clinic

Study Quality: Fair

ADJ QA: No Follow Up

Complications Body Habitus

Risk Factors: Carotid Bruit

RIGHT			LEFT		
	PSV (cm/s)	EDV (cm/s)	Stenosis	PSV (cm/s)	EDV (cm/s)
ECA	93	10		70	8
ICA-dis	50	19		63	14
ICA-prox	45	15		67	23
CCA-dis	65	17		62	15
CCA-prox	86	25		56	9

RIGHT		LEFT
0.69	ICA/CCA ratio	1.08
Normal	Vessel Geometry	Normal
Antegrade	Vertebral Artery	Antegrade
Normal	Vert. Art. Waveform	Normal
124 cm/s	Subclavian PSV	137 cm/s
77 cm/s	Vertebral PSV	31 cm/s
Normal	Intimal Thickness	Normal

Duplex Imaging of the carotid arteries (extra cranial carotid circulation) reveals:

Right: Peak systolic velocities in the right bulb, internal, and external carotid arteries are within normal limits. Antegrade flow is seen in the right vertebral artery.

Left: Peak systolic velocities in the left bulb, internal, and external carotid arteries are within normal limits. Antegrade flow is seen in the left vertebral artery.

Conclusion:

No evidence of hemodynamically significant stenosis in the bilateral carotid bifurcation vessels.

March 15, 2012 04:16 PM

Robert E Delphis, MD

Electronically Signed on CoreWeb



Palmetto Imaging
www.SCDiag.com

Palmetto Imaging - Downtown
1931 Lady Street, Columbia, SC 29201
p: 803.256.7646 f: 803.256.8046

PATIENT NAME: Baslin, Jane
DOB: [REDACTED] 1946
MRN: 08-1682460
PHONE: 803-351-5422
PHYSICIAN: Frampton Henderson, MD
EXAM DATE: 09/03/2020

EXAM: CT-Abdomen and Pelvis with contrast

REASON FOR EXAM: abdominal pain

ADDITIONAL HISTORY: Elevated liver enzymes

TECHNIQUE: Helical images through the abdomen and pelvis were obtained. The patient was administered 100 mL of Isovue-370 contrast intravenously. Creatinine 0.5 calculated GFR of 121 CTDI volume 7.4 mGy. Total exam DLP 346.5 mGy-cm

COMPARISON: None.

FINDINGS: There is minimal scarring posteriorly in the lung bases. There is no pericardial or pleural effusion. The liver is of normal size and density. There is no biliary dilatation. Small sub centimeter renal cysts are seen bilaterally as well as a large left renal parapelvic cyst. No calcified gallstones are seen. There is no biliary dilatation. The pancreas appears normal. There is no ascitic fluid. There are no adrenal lesions.

The uterine size is unremarkable. There is a large hypodense mass within the uterus, incompletely imaged. No adnexal masses seen.

CONCLUSION:

Radiology

PAGE 1 of 2

Henderson 00033

PATIENT NAME: Baskin, Jane

DOB: [REDACTED] 1946

EXAM: CT-Abdomen and Pelvis with contrast

EXAM DATE: 09/03/2020

1. Uterine nodule
2. Renal cysts

Robin Daum Kowalski, MD
(877) 527-9375

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***

9/3/2020 4:30 PM: Robin Daum Kowalski, MD

RD/rdk

DD: 09/03/2020 04:26 pm

DT: 09/03/2020 04:30 pm

Accession #: 08-4046929

Radiology

PAGE 2 of 2

Henderson 00034

InMed

Diagnostic Services of S.C., LLC

1/27/2014

Dr. F. W. HENDERSON
2750 LAUREL ST - PROVIDENCE FAMILY
PRACTICE
SUITE 103
COLUMBIA, SC 29204

RE: BASKIN, JANE

Date of Birth: 1946

Patient ID: 1655641

Requesting Physician: Dr. F. W. HENDERSON 2750 LAUREL ST - PROVIDENCE FAMILY
PRACTICE

SUITE 103 COLUMBIA SC 29204 United States

Reason for Study: SCREENING

Date of Study: 01/10/2014

EXAMINATION: mammo-screening

TECHNIQUE: Bilateral digital screening mammogram with ICAD.

COMPARISON: No prior studies currently available. We could not locate films at Providence
Hospital.

FINDINGS: The patient is quite kyphotic making positioning difficult. On the MLO projections,
the patient's chin actually cover some of the superior tissues.

Given the above limitations, the background tissue parenchymal pattern shows somewhat of a
dense pattern. There are no suspicious masses or calcifications. No focal asymmetries are
seen.

IMPRESSION: Somewhat limited study due to positioning difficulties. Please see above.
Otherwise, no suspicious screening mammogram findings. Screening mammogram in one
year would be the recommendation.

BI-RADS CATEGORY: 2 - Benign Finding(s)

Signed,



Dr. D. M. Bull

ed63934e-7586-49cd-a22d-e72d3c496d38 - 1

BASKIN, JANE

PROVIDENCE HOSPITAL NORTHEAST

120 GATEWAY CORPORATE BLVD
COLUMBIA, S.C. 29203

Name: BASKIN, JANE E
Phys: Henderson, Frampton Jr.
DOB: [REDACTED]/1946 Age: 65 Sex: F
Acct: [REDACTED] 8786 Loc: E.RAD
Exam Date: 03/28/2011 Status: REG CLI
Radiology No:
Unit No: Z000039447

EXAM#	TYPE/EXAM	RESULT
001288934	MAMMO/SCREEN MAMMOGRAM BILAT W/	BENIGN FINDINGS - NE

SCREENING MAMMORAM, 03/28/11:

COMPARISON: 12/15/08.

ICAD was used for Second Look computer-assisted diagnosis.

There is heterogeneously dense breast parenchyma bilaterally. No masses, areas of architectural distortion, or suspicious clustered microcalcifications are seen. There are benign appearing calcifications noted.

IMPRESSION: No mammographic evidence of malignancy. Routine followup is recommended.

ACR Category 2: Benign findings.

**** REPORT SIGNATURE ON FILE 03/30/2011 (1733) ****
Reported By: SHEILA B. JONES, M.D.
Signed By: JONES, SHEILA B

CC: Frampton Jr. Henderson

Technologist: APRIL P BYRD, R.T. (R) (M)
Transcribed Date/Time: 03/30/2011 (1102)
Transcriptionist: NELSONRV
Printed Date/Time: 03/30/2011 (1733)

PAGE 1

Signed Report

Henderson 00036

EVIDENCE HOSPITAL DOWNTOWN2435 FOREST DRIVE
COLUMBIA, S.C. 29204Name: BASKIN, JANE E
Phys: Henderson, Frampton Wyman Jr. MD
DOB: [REDACTED] /1946 Age: 67 Sex: F
Acct: [REDACTED] 8374 Loc: D.RAD
Exam Date: 02/03/2014 Status: REG CLI
Radiology No:
Unit No: M000097135

EXAM#	TYPE/EXAM	RESULT
001599545	RAD/HAND (3 VIEWS) RIGHT	

HAND, DATED 2/3/14

INDICATION: Contusion, arm pain.

FINDINGS: AP, lateral, and oblique views of the right hand demonstrates there is a transverse metaphyseal fracture at the distal aspect of the proximal phalanx second digit with dorsal displacement of the distal fracture fragment. Adjacent soft tissue swelling. There is some mild joint deformity identified in the PIP joints of the digits but no erosive changes are present. There is joint space narrowing identified involving the base of the thumb and first metacarpophalangeal joint. No opaque foreign body is seen.

IMPRESSION:

There is a moderately displaced metaphyseal fracture of the distal aspect of the proximal phalanx second digit involving the metaphyseal region.

** REPORT ELECTRONICALLY SIGNED 02/03/2014 (1641) **
Reported By: H. COOPER BLACK, III, M.D.
Signed By: BLACK, H COOPER III

CC: Frampton Wyman Jr. Henderson MD

Technologist: STUDENT 1
Dictated Date/Time: 02/03/2014 (1400)
Transcribed Date/Time: 02/03/2014 (1420)
Transcriptionist: WALDRORS
Printed Date/Time: 02/03/2014 (1641)

PAGE 1

Signed Report

Henderson 00037

JOVIDENCE HOSPITAL DOWNTOWN
2435 FOREST DRIVE
COLUMBIA, S.C. 29204

Name: BASKIN, JANE E
Phys: Henderson, Frampton Wyman Jr. MD
DOB: [REDACTED] 1946 Age: 67 Sex: F
Acct: [REDACTED] 8374 Loc: D.RAD
Exam Date: 02/03/2014 Status: REG CLI
Radiology No:
Unit No: M000097135

EXAM#	TYPE/EXAM	RESULT
001599556	RAD/WRIST, RT 3 OR 4-INC/NAVICUL	

WRIST, DATED 2/3/14

INDICATION: Contusion.

FINDINGS: AP, lateral, and oblique views of the right wrist demonstrates mild degenerative type changes. There are areas of minor joint space narrowing. No acute fracture, dislocation, or opaque foreign body is evident.

IMPRESSION:

Mild degenerative findings. No acute wrist trauma noted.

** REPORT ELECTRONICALLY SIGNED 02/03/2014 (1641) **
Reported By: H. COOPER BLACK, III, M.D.
Signed By: BLACK, H COOPER III

CC: Frampton Wyman Jr. Henderson MD

Technologist: STUDENT 1
Dictated Date/Time: 02/03/2014 (1400)
Transcribed Date/Time: 02/03/2014 (1429)
Transcriptionist: WALDRORS
Printed Date/Time: 02/03/2014 (1641)

PAGE 1

Signed Report

Henderson 00038

 Carroll Physical Therapy
and Sports Medicine, Inc.



Discharge Summary

Date of Visit: 06-17-20
Patient Name: Baskin, Jane
Patient #: 0119903558
Date of Onset: 04-09-19
Visits: 27

Therapist: Benjamin Ashton, PT
Referring Provider: FRAMPTON HENDERSON JR, MD
Date of Birth: 03-26-1946
Age: 74
Insurance: Medicare South Carolina Part B

Date of Initial Evaluation: 04-09-20

Diagnosis:

R53.1 Weakness
R26.9 Unspecified abnormalities of gait and mobility
G80.2 Spastic hemiplegic cerebral palsy
M50.00 Cervical disc disorder with myelopathy, unspecified cervical region

SUBJECTIVE

Jane Baskin has attended a total of 27 treatment sessions following referral to therapy for treatment of the above diagnosis. Treatment has focused on client's chief complaints: 1. Weakness 2. Difficulty walking. Pt is sad therapy is ending but is ready to do her at home.

Functional Status	Prior	Current
Activities of daily living	Minimal	Severe
Car transfers	Minimal	Severe
Walking for household distances/mod community	Minimal	Severe

fax
7-17-20

Contraindications and Precautions

1. Medical Conditions - Metal Implants 2. Medical Conditions - Risk for Falls

OBJECTIVE

PT NEUROLOGICAL EVALUATION

Range of Motion Comments: Severe hip tightness bilaterally, severe heelcord tightness left, severe limitations of above shoulder height mobility bilaterally

MANUAL MUSCLE TEST:

Upper Extremity	Initial	Goal	Last	Current	Comments
Right MMT	04-09-20		06-10-20	06-17-20	
Shoulder Flexion	3+	4+	3+	3+	
Shoulder Abduction	3+	4+	3+	3+	
Elbow Flexion	3+	4+	4	4+	
Upper Extremity	Initial	Goal	Last	Current	Comments
Left MMT	04-09-20		06-10-20	06-17-20	

Patient No: 0119903558
Patient: Jane Baskin
DOS: 06-17-20

141 Atrium Way Columbia, SC 292236301
Phone: (803) 788-8484 Fax: (803) 788-8489

PAGE 1 OF 4

Henderson 00039

Shoulder Flexion	3-	4	3+	3+	
Shoulder Abduction	3-	4	3+	3+	
Elbow Flexion	3	4	4	4	
Lower Extremity	Initial	Goal	Last	Current	Comments
Right MMT	04-09-20		06-10-20	06-17-20	
Hip Flexion	3+	4+	3+	3+	
Hip Abduction	3	4	3	3	
Knee Extension	3+	4+	4-	4-	
Ankle Dorsiflexion	3+	4+	3+	3+	
Ankle Plantarflexion			3-	3-	
Lower Extremity	Initial	Goal	Last	Current	Comments
Left MMT	04-09-20		06-10-20	06-17-20	
Hip Flexion	2+	3+	3	3	
Hip Abduction	2+	3+	3-	3-	
Knee Extension	3-	3+	3+	3+	
Ankle Dorsiflexion	2	3	3-	3-	

GAIT:

Pt amb short distances with RW and +2 assist. Severe cervical/thoracic deformity. Pt fixed at approx 90 deg cerv flex with head literally resting on chest with left rotation. Severe compression of the thorax. Pt wears soft ankle brace right for support. Pt has difficulty initiating steps and then uses momentum to move forward.

Function/ADLs	Rating	Comments
Grooming	Maximum assist	
Upper Body Dressing	Maximum assist	
Lower Body Dressing	Maximum assist	
Car Transfer	Maximum assist	
Walking	Maximum assist	RW, short distances
Light Cleaning	Unable	
Functional Mobility	Maximum assist	

Function	Initial	Goal	Last	Current	Comment
Walking household/mod distances	Poor	Fair+/Good-	poor ++	poor ++	Improved weight shifting strategies for transfers/ambulation
ADL's	Poor	Fair+/Good-	poor ++	poor ++	Improved weight shifting strategies for transfers/ambulation
Car transfers	Poor	Fair+/Good-	poor ++	poor ++	Improved weight shifting strategies for transfers/ambulation

Motor	Rating	Comments
Standing Tolerance	Poor	needs bar or walker to hold on too
Activity Tolerance	Poor	

Objective Tests:**ACTIVITY LOG**

Patient No: 0119903558
 Patient: Jane Baskin
 DOS: 06-17-20

141 Atrium Way Columbia, SC 292238301
 Phone: (803) 788-8484 Fax: (803) 788-8499

PAGE 2 OF 4

Henderson 00040

Time Based Activities	Comment	Sets	Reps	Weight	Time	Special	CPT	Provider
Gait training	+2 mod and with RW with verbal and physical assist for initiation of step, stride length, walker placement, posture (core engagement), 60' x 2 and 45' x 1		5		5		Gait Train 97116 -[C005]	A6070 (PT) Benjamin Ashton
transfers	chair and pivot transfers		5		5		Ther Act 97530 -[C001]	A6070 (PT) Benjamin Ashton
LAQ		3	5		4		Ther Exercise 97110 -[C003]	A6070 (PT) Benjamin Ashton
Seated ball squeeze		4	5		4		Ther Exercise 97110 -[C003]	A6070 (PT) Benjamin Ashton
Seated hip abduct with Tband		4	5		4		Ther Exercise 97110 -[C003]	A6070 (PT) Benjamin Ashton
pull to stand	handrail at the mirror, marches/ weightshifts/ sideways walking, turning in a circle, fwd/back walking				20		Ther Act 97530 -[C001]	A6070 (PT) Benjamin Ashton
nu step	L2 disassociated UE/LE reciprocal motion				5		Ther Act 97530 -[C001]	A6070 (PT) Benjamin Ashton
walker scoots	push/pull with legs to improve strength				10		Ther Exercise 97110 -[C003]	A6070 (PT) Benjamin Ashton

Time Based Time	Service Based Time	Other Time	Total Time
57			57

ASSESSMENT

The patient appears motivated. The patient's tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent. The patient's discharge prognosis is good. Pt gets fatigued quickly with standing exercises. Pt is ready to d/c and perform hep for maintenance.

Goals	Short-Long	Time Frame	Result	Comment
Pt/caregiver will demonstrate independence with home program	Short Term	2 weeks	Met	practicing transfers/ standing exercises at home.
Pt's strength, flexibility and active muscle function will improve to allow patient to amb short/mod distances with RW and +1 mod assist	Long Term	12 weeks	Partially met	depends on fatigue that day
Pt's strength, flexibility and active muscle function will improve to allow patient to perform ADL's with +1 min/mod assist	Long Term	12 weeks	Partially met	depends on fatigue that day

Goals	Short-Long	Time Frame	Result	Comment
Pt's strength, flexibility and active muscle function will improve to allow patient to perform car transfers with +1 min/mod assist	Long Term	12 weeks	Not met	

PLAN**Reason For Discharge:**

Other - See Discharge Details

Discharge Comments: Pt has reached max medical potential and is ready to perform hep for maintenance.

Benjamin Ashton, PT

This document was electronically signed on 06-18-20 at 08:27a

By: Benjamin Ashton, PT

License Number: PT9874

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

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William M. Rambo, Jr., MD
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Scott B. Boyd, MD
Brett C. Guntor, MD
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720 Rabon Road
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Pain Medicine
Eva J. Rawl, MD, Steven B. Storick, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 784-3700 - (F) 784-0322

OFFICE CONSULTATION

Patient: Jane E. Baskin
Chart: 49346
DOB: [REDACTED] 1946
Date: 03/16/2015
CNAWT: 4041

CHIEF COMPLAINT: Neck flexion.

HISTORY OF PRESENT ILLNESS: Ms. Jane Baskin is a 68-year-old female known to us for many years for anterior and posterior cervical fusion from C3-6 for stenosis. She also has cerebral palsy. She is at baseline neurologically with her arm and leg tingling and gait disturbance. She walks with a rolling seated walker. She says for a few months now she has developed this head-down position with her neck and cannot lift it up. She is not having a tremendous amount of pain in her neck. She has not had any recent therapy.

HISTORIES: Please see patient history form for medications/allergies, past medical history, social history, family history, and review of systems which are well documented in the intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

PHYSICAL EXAMINATION: VITALS: HT 5'8", WT 137, R 18. **GENERAL:** The patient is well-developed, well-nourished appearing and in no acute distress. **HEENT:** Normocephalic, atraumatic. Sclera is nonicteric. **PERRL EOML:** **NECK:** Prominent protrusion at the lower left cervical spine along the posterior cervical incisions. Neck is in a flexed, torticollis position down and to the right. Negative Lhermitte's or Spurling's sign. **RESPIRATIONS:** Even and unlabored. **LUNGS:** Clear bilaterally. **CV:** S1, S2, RRR. **ABDOMEN:** Soft, nontender, nondistended. **EXTREMITIES:** No edema. Some contractures to a few of the fingers on both hands. **SKIN:** Warm, dry and intact. **NEUROLOGICAL:** Awake, alert, and conversant. GCS 15. Cranial nerves III-XII are intact. Speech is slow and dysarthric. Motor strength in the upper and lower extremity is 5/5 throughout except for 4-/5 hand intrinsic and grips. She has slow deliberant movements. Sensory exam is normal throughout the upper and lower extremities. SLR is negative. She is hyperreflexic throughout the upper and lower extremities. There is evidence for stable upper motor neuron signs. Gait is slow and spastic and needs the aid of a rolling walker.

RADIOGRAPHIC STUDIES: There are no imaging studies to review, but looking at her 2006 films it shows extensive anterior posterior instrumentation and fusion with anterior C4-5 corpectomy with strut graft and plate and posterior C3-7 lateral mass screws. It is not clear where the C7 lateral mass screws are in firm bone.

IMPRESSION/PLAN: Ms. Jane Baskin has some persistent neck pain, but it has not progressed and she is certainly in better shape than she was before her surgery 10 years ago. Today, she states that her greatest problem is pain and stiffness in her right leg. This is not a radicular pattern and it seems like her quadriceps are mostly involved. This has been a longstanding problem for her. Dr. Henderson has her on baclofen, which she is not sure is helping. I suspect this is part of her dystonia. I wonder if Vallum may make this better, but I will defer that to Dr. Henderson. I do not know that this would be anything surgical, and at this point would elect not to do a lumbar MRI. We will see what Dr. Henderson has to say, but I think our surgical options are extremely limited here.

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

Page 2

Re: Jane E. Baskin

03/16/2015

The patient was seen and examined by me as well as Russell McMurtry, NP.

Electronically signed by Scott B. Boyd, MD at 03/17/2015 14:13

Scott B. Boyd, MD

SBB/cb

DOC#: 00026287/JOB#: 26699

CC: Frampton Henderson, Jr., MD [51097]

Henderson 00044

**THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.
PO BOX 1488
COLUMBIA, SOUTH CAROLINA 29202**

TELEPHONE: (803) 254-6391 FAX: (803) 799-0682

**J. E. Carnes, MD Theodore T. Faber, MD Mark K. Lencke, MD
Alan R. Morgan, MD Michael C. Mareska, MD**

J. E. Carnes, M.D.
Patient ID: 178225
Patient Name: Jane Baskin
DOB: 03/26/1946
Date of Service: 12/05/2011



F. W. Henderson, M.D.
2750 Laurel St. Suite 103
Columbia, S.C. 29204

CONSULTATION

Dear Frampton:

I saw Jane Baskin today. This patient is a very pleasant 65 year old female with a history of cerebral palsy, as well as a previous cervical laminectomy with myelopathy. She states she has been having a little more trouble walking of late, even though it is very difficult to ascertain exactly what the difference is in her walking. I did see her in 2002 for nerve conduction studies. She was seen in consultation by Dr. Adams. She did not have any evidence of lumbar spine disease or peripheral neuropathy at that time. She states, however, that subsequently, she had extensive surgery, with a fusion of her neck. A titanium rod, she states, was placed in her neck and she has multiple screws up and down her spine. Lately she has gained some weight and feels this is contributing to her increased difficulty walking. She is walking with a walker.

NEUROLOGICAL EXAMINATION: Her examination clearly shows a dystonia consistent with cerebral palsy with dystonia. She also has some hyperreflexia compatible with her previous neck surgery. She has no nystagmus and I do not see any other cranial nerve findings, other than dysarthria.

IMPRESSION: Frampton, this is a particularly difficult issues because of the patient's previous problems affecting her gait. It is difficult to say what is new and what is not in this difficult situation. It is also a difficult situation because the patient has had extensive surgery, with metal in her neck by her history, which would of course severely affect scans of her neck. I did discuss, however, that scans of neck and head are sometimes used to help evaluate walking difficulties and they exclude disease that might require surgery. The patient makes it very clear that she does not wish to have any of these studies, as she plans to have no further surgery. I did order B12, thyroid, and some other studies to consider other causes of gait disturbance, but I am

Page Two
Patient ID: 178225
Patient Name: Jane Baskin
DOB: [REDACTED] 1946
Date of Service: 12/05/2011

not optimistic that this will help. The patient was interested in some physical therapy, even though she has no car, and will have marked difficulties getting to any place for physical therapy. I am going to get one of my secretaries to check to see if she might qualify for some type of homebound situation for physical therapy. She is to call for the results of her blood studies and I plan to see her on an as needed basis, depending on her responses.

Frampton, this is a particularly difficult situation. Please call if you have questions about this patient, either now or in the future, in terms of her walking problems.

Sincerely,

J. E. Carnes, M.D.

JEC/mgs



WEST COLUMBIA

391 Summerplace Drive
W. Columbia, SC 29169
803.794.4585 (p)
803.796.8924 (f)

NORTHEAST

11 Gateway Corners Pl.
Columbia, SC 29209
803.462.2300 (p)
803.462.0375 (f)

ST. ANDREWS

7039 St. Andrews Rd. #304
Columbia, SC 29212
803.794.4585 (p)
803.796.8924 (f)

LEXINGTON

511 W. Main St. #208
Lexington, SC 29072
803.794.4585 (p)
803.796.8924 (f)

S.G. Saleeby MD · M.E. Stabrook MD · J.W. Schieberg MD · E.W. Stuart MD · R. Vasudeva MD · J.A. Richter MD · M.N. Thomas MD · E.R. Singh MD · J.L. Wilson MD ·
M. Anderson APRN · A. Charlton APRN · S. Catterton APRN · S. Millhouse APRN · L. Seckert-Lowe APRN · A. Thadin APRN

Frampton W. Henderson, MD
2750 Laurel Street Suite 103
Columbia, SC 29204
(803) 254-5171 (phone)
(803) 779-7403 (fax)

Date:

9/10/2020 3:40 PM

Patient Name:

Jane Baskin

DOB (age):

1946 (74)

Provider:

Gene W. Stuart, MD

Dear Dr. Henderson,

The patient was seen today and below is a summary of the encounter.

Reason for Consultation: abdominal pain, elevated liver enzymes

History of Present Illness:

Jane Baskin is seen for an initial visit today. She is referred for elevated liver enzymes but I have no labs available. Apparently having abdominal pains off and on in the lower abdomen for a few weeks, also noted to have a UTI, elevated lfts. No further pain (this was 2 weeks ago). CT was notable for a large hypodense mass within the uterus, small renal cysts (liver and bile ducts normal, no calcified gallstones). She has cerebral palsy. No heart or lung issues. No prior liver issues.

Assessment:

Nonspecific abnormal results of function study of liver

Plan:

Request lab tests from referring provider/PCP

Thank you for allowing me to participate in the care of this patient.

Sincerely,

Gene W. Stuart, MD

Electronically signed on 9/10/2020 4:23:43 PM by Gene W. Stuart, MD

Faxed on 9/10/2020

Jane Baskin, G76300, 1946

Henderson 00047

**Recertification Plan of Care**

Patient: Jane Baskin
PN / CASE: 00230414 / OT001
Referral source: (35052) - Frampton Henderson MD

Date: 09-19-18
DOB: [REDACTED] 1946
Age: 72

Frampton Henderson MD
2750 Laurel St # 403

Columbia SC 29204-0802

NPI: 1487730842
Fax: (803) 779-7403

HISTORY

History of Present Illness: Patient was referred to Occupational Therapy secondary to:

- Functional decline -

No report of hospitalization in past 4 months.

Past Medical History:

Cerebral palsy, myopathy affecting RLE

Medications:

Eutalib-acetamin-caf 50-325-40 mg (Esquic) 4x daily

Precautions - Contraindications:

Fall risk

Environmental Factors

Patient lives in private house. Residence is a single level building.

Bathroom Setup: bath tub.

Patient lives alone. Professional caregiver assistance is provided. Family/friends/community assistance is provided.

Equipment Present:

tub transfer bench, rollator, transport w/c, raised toilet seat with arms, lift chair

Previous Level of Function:

• Transfer Ability - set up, about 1 mth ago • Bed Mobility - independent, about 1 mth ago • Functional Mobility - set up, about 4 years ago • Bathing - set up, about 1 mth • Dressing - stand by assistance, about 1 mth • Grooming - set up, about 1 mth • Toileting - set up, about 1 mth • Self Feeding - set up, about 1 mth

OBJECTIVE**Body Functions and Structures****Upper Extremity****Activities****Toileting**

• Patient performed toileting with toilet with built up arm support, with stand by assistance. Patient has difficulty with maintaining position, clothing adjustment and cleaning body. Patient performed this activity for 1 trials. Client continues to require CGA-SBA with adjusting clothing due to standing tolerance and difficulty reaching to L side to pull up brief & pants. Client is able to self clean h/e does require increase time.

**Transfers**

• Patient performed sit to stand transfer from a toilet using a wheeled walker, independently. Patient performed this activity for 2 trials. Takes increase time to initiate motion to stand h/e once moving client is able to perform the sit to stand fly

Functional Mobility

• Patient's primary means of mobility is functional ambulation. Patient traveled 20.00 feet with wheeled walker on even surface, carpet and tile surface, requiring set up. Patient performed this activity for 2 trials. Once s/u client requires increase time to w/ from living room to her toilet. If on a lower surface or client is fatigued requires CGA-SBA to stand to rollator.

Education

Topic	Audience	Delivery of Education	Assess	Return of Knowledge	Trials	Total Time	Response to Education	Comments
Transfers	Caregiver	Physical, Visual and Verbal		Physical, Visual and Verbal		30	Additional Training due to technique	client with day caregiver to show proper w/ technique and safety prec

Functional Outcome Measures and Standardized Tests

Arm Curl Test: Right: 15 in 30 seconds Left: 15 in 30 seconds

Result Interpretation: Age % rank normative values for women 70-74: 15th% = 10; 35% = 13; 55% = 15; 75% = 17; 95% = 22

Comments: Increase overall towards the 55% percentile of UE use

ASSESSMENT

Clinical Impression: Client with good progress & meeting goals. Client to reassess x4 more visits today to carryover HEP & safety with ADL performance with client caregivers.

Gains are Increase overall UE strength & mobility to perform ADL's & increase stand balance and tolerance.

Hindrances to Rate of Recovery Chronic changes due to her diagnoses & neurological deficits.

Hindrances are being addressed with EDU for strengthening & carryover with safety and HEP.

Skilled care is required To carryover with caregivers and provide HEP

Justification for Missing Status Update N/A

Diagnoses:

G80.9 Cerebral palsy, unspecified

M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site

R27.9 Unspecified lack of coordination

Clinically Complex Situations:

1. Patient does not have access to outpatient hospital services and is debilitated such that transport is a physical hardship

2. Patient has other musculoskeletal condition that directly impacts rate of recovery

Rehab Potential: Good

PLAN

Frequency and Duration: Patient will be seen 2 times per week for a total of 15 days.

Interventions:

ADL Training, balance training, bed mobility, fine/gross MTR COORD, training, neuromuscular re-education.

Patient: Jane Baskin

PN / CASE: 00230414 / OT001

Date: 09-19-18

Page 2 of 3

Henderson 00049



patient/caregiver instructions, physical reconditioning, safety training, therapeutic activities, therapeutic exercises.

This document was electronically signed on 09-20-18 at 09:06a by Lisa Rigazio OT, License # 5288.

Referral Source Certification - According to Federal Regulation, it is necessary for the Referral Source to review and certify all of the Occupational Therapy plans of care which may extend up to 90 days per certification under the Medicare B program. Please review the OT Plan of Care, and upon your approval, sign and date below.

I certify that I have reviewed and approve the OT Plan of Care:

Certification Period: From 09-20-18 to 10-04-18

Referral Source Signature: _____

Date: 9/21/18

Certifying Referral Source: Frampton Henderson MD

Please Return Signed Copy To Fox Rehabilitation at: 1.866.741.3458

BRADLEY, LINDA To: HENDERSON, FRAMPTON (18037797403)

14:31 09/09/20 GHT-08 Pg 2-2

Palmetto Ear Nose and Throat
2801 DEVINE STREET
SUITE 101
COLUMBIA, SC 29205-2024

Frampton Henderson
115 BLARNEY DR
SUITE 212
COLUMBIA, SC 29223-

Dear Dr. Henderson ,

Thank you for your referral of Jane Baskin, DOB: [REDACTED] 1946.

CERUMEN IMPACTION:

Ms. Jane Baskin is a 74yF accompanied by her friend and caregiver presenting today, noting mildly decreased hearing bilaterally. She has CP and is confined to a w/c and is unable to hold her neck upright. Physical examination confirmed bilateral cerumen impactions, which were removed with curette and irrigation. The tympanic membranes were noted to be normal and the patient's hearing subjectively improved immediately.

The patient should return in 6 months for an ear check (due to the significant amount of cerumen buildup).

With kindest personal regards,

Linda Bradley FNP

LINDA BRADLEY, FNP-C

Patient:

Black, Jane

1254

68 year

HR: 74 BPM

Inter vals:

PR 172 ms

QR 94 ms

QT 384 ms

QTc 301 ms

ST 30 ms

ST 30 ms

ST 30 ms

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SINUS BRADY

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NR:

Inter vals:

PR 172 ms

QR 94 ms

QT 384 ms

QTc 301 ms

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Patient:

Black, Jane

1254

68 year

HR: 74 BPM

Inter vals:

PR 172 ms

QR 94 ms

QT 384 ms

QTc 301 ms

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Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
Prisma Health

AGE ACCESSION #
74 FT00011796
LAB ID SPECIMEN INFORMATION:
109885 Specimen ID: FT00011796
Type:
Source:
Condition:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
09/04/2020 02:17:34
COLLECTION DATE / TIME
09/03/2020 12:00:00

REPORTED ON
09/03/2020 21:14:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
HEPATITIS A IGM						
-Hepatitis A Igm Ab	Non-Reactive	Non-Reactive	-		F	Prisma Health

NOTES on 'Hepatitis A Igm Ab':
Non-Reactive: IgM anti-HAV not detected. Does not exclude the possibility of exposure to or infection with HAV. Levels of IgM anti-HAV may be below the cut-off in early infection.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

HEPATITIS B CORE IGM

-Hepatitis B Core Igm	Non-Reactive	Non-Reactive	-		F	Prisma Health
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NOTES on 'Hepatitis B Core Igm':
Non-Reactive: IgM anti-HBc not detected. Does not exclude the possibility of exposure to or infection with HBV.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

HEPATITIS B SURFACE ANTIGEN W/CONFIRMATION

-Hepatitis B Surface Ag	Non-Reactive	Non-Reactive	-		F	Prisma Health
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NOTES on 'Hepatitis B Surface Ag':
Non-Reactive: Considered negative for HBsAg.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

HEPATITIS C AB W/RFLX RNA PCR

-Hep C Ab	Non-Reactive	Non-Reactive	-		F	Prisma Health
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NOTES on 'Hep C Ab':

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
COLUMBIA, SC 29223
1946 (803) 354-2580

RESULTS PROVIDED BY
Prisma Health

AGE ACCESSION #
74 FT00011796
LAB ID SPECIMEN INFORMATION:
109885 Specimen ID: FT00011796
Type:
Source:
Condition:

ORDERING PROVIDER
Frampton Henderson, MD
RECEIVED ON
09/04/2020 02:17:34
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09/03/2020 12:00:00

REPORTED ON
09/03/2020 21:14:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
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Non-Reactive: Antibodies to HCV not detected; does not exclude the possibility of exposure to HCV.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

**Signed Off by F. Henderson, MD on 9/4/2020 3:11:57 PM.

Providence Family Practice
115 Blarney Drive
Suite 212
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Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

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1251 F JANE BASKIN
DOB 200 ATRIUM WAY
COLUMBIA, SC 29223
1946 (803) 354-2560

AGE ACCESSION #
74 FT00011615
LAB ID SPECIMEN INFORMATION:
109703 Specimen ID: FT00011615
Type:
Source:
Condition:

RESULTS PROVIDED BY
Prisma Health

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
08/25/2020 02:15:27
COLLECTION DATE / TIME
08/24/2020 14:37:00

REPORTED ON
08/24/2020 19:20:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
URINALYSIS W/MICROSCOPY						F
Reported On: 08/24/2020 19:20:00						
-Color	Amber	--	--		F	Prisma Health
-Clarity	Hazy	--	--		F	Prisma Health
-Specific Gravity, Urine	1.025	1.001-1.035	--		F	Prisma Health
-Urine pH	5.0	5.0-9.0	--		F	Prisma Health
-Urine Glucose	Negative	Negative	--		F	Prisma Health
-Urine Protein	30	Negative	mg/dL	A	F	Prisma Health
-Urine Ketone	Trace	Negative	--	A	F	Prisma Health
-Urine Billirubin	Negative	Negative	--		F	Prisma Health
-Urine Blood	Small	Negative	--	A	F	Prisma Health
-Urine Nitrite	Positive	Negative	--	A	F	Prisma Health
-Urine Urobilinogen	0.2	0.1-1.9	mg/dL		F	Prisma Health
NOTES on 'Urine Urobilinogen': Verified by alternate method						
-Leukocyte Esterase	Moderate	Negative	--	A	F	Prisma Health
-UA Chem Scr Com	See Comment	--	--		F	Prisma Health

NOTES on 'UA Chem Scr Com':
This is a screening test, limitations and interfering substances may result in false negative or false positive results. All Abnormal chemical screen results should be further investigated.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

CBC W/DIFF

F

Providence Family Practice
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08/25/2020 02:15:27
COLLECTION DATE / TIME
08/24/2020 14:37:00

REPORTED ON
08/24/2020 19:20:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
Reported On: 08/24/2020 19:01:00						
-WBC Count	8.4	3.7-11.0	K/uL		F	Prisma Health
-RBC Count	4.18	3.74-4.94	M/uL		F	Prisma Health
-Hemoglobin	13.0	11.2-15.7	g/dL		F	Prisma Health
-Hematocrit	39.6	34.1-44.9	%		F	Prisma Health
-MCV	94.7	79.4-95.3	fL		F	Prisma Health
-MCH	31.1	25.6-32.2	pg		F	Prisma Health
-MCHC	32.8	32.2-35.3	g/dL		F	Prisma Health
-RDW-SD	52.9	36.4-46.3	fL	H	F	Prisma Health
-RDW-CV	15.2	11.6-14.4	%	H	F	Prisma Health
-Platelet Count	333	150-400	K/uL		F	Prisma Health
-MPV	10.9	9.4-12.3	fL		F	Prisma Health
-Auto Nucleated RBC's	0.0	0.0-0.0	/100WBC		F	Prisma Health

NOTES on 'Auto Nucleated RBC's':

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

AUTO DIFF

Reported On: 08/24/2020 19:01:00

-Auto Neutrophil	71.4	37.0-78.0	%		F	Prisma Health
-Auto Lymph	12.6	15.0-45.0	%	L	F	Prisma Health
-Auto Monocyte	6.6	4.0-13.0	%		F	Prisma Health

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COLLECTION DATE / TIME
08/24/2020 14:37:00

REPORTED ON
08/24/2020 19:20:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Auto Eos	6.34	0.0-7.0	%	H	F	Prisma Health
-Auto Basophil	0.5	0.0-2.0	%		F	Prisma Health
-Auto Immature Grans	0.8	0.0-0.5	%	H	F	Prisma Health
-Absolute Neutrophil	5.99	1.56-6.13	K/uL		F	Prisma Health
-Absolute Lymph	1.06	1.18-3.74	K/uL	L	F	Prisma Health
-Absolute Monocytes	0.65	0.24-0.36	K/uL	H	F	Prisma Health
-Absolute Eosinophils	0.70	0.04-0.36	K/uL	H	F	Prisma Health
-Absolute Baso	0.04	0.01-0.08	K/uL		F	Prisma Health
-Absolute Immature Grans	0.05	0.00-0.03	K/uL	H	F	Prisma Health

NOTES on 'Absolute Immature Grans':

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

AMYLASE LEVEL

Reported On: 08/24/2020 19:10:00

F

-Amylase Total	34	20-160	U/L		F	Prisma Health
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F

NOTES on 'Amylase Total':

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

COMPREHENSIVE METABOLIC PROFILE

Reported On: 08/24/2020 19:10:00

F

-Sodium	143	136-145	mmol/L		F	Prisma Health
-Potassium	3.6	3.5-5.1	mmol/L		F	Prisma Health

F

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08/25/2020 02:15:27
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08/24/2020 14:37:00

REPORTED ON
08/24/2020 19:20:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Chloride	109	98-107	mmol/L	H	F	Prisma Health
-CO2	24	23-31	mmol/L		F	Prisma Health
-Anion Gap	10	5-15	mmol/L		F	Prisma Health
-Glucose Level	99	70-99	mg/dL		F	Prisma Health
NOTES on 'Glucose Level': Fasting: 70-99 Impaired Fasting: 100-125 Random: 70-139						
-BUN	14	10-20	mg/dL		F	Prisma Health
-Creatinine	0.68	0.60-1.10	mg/dL		F	Prisma Health
-Calcium	9.1	8.6-10.6	mg/dL		F	Prisma Health
-Albumin	3.9	3.4-4.8	g/dL		F	Prisma Health
-AST (SGOT)	48	5-34	U/L	H	F	Prisma Health
-ALT (SGPT)	68	0-54	U/L	H	F	Prisma Health
-Bilirubin, Total	0.8	0.2-1.2	mg/dL		F	Prisma Health
-Protein, Total	7.1	6.2-8.1	g/dL		F	Prisma Health
-Alkaline Phos	302	40-150	U/L	H	F	Prisma Health

NOTES on 'Alkaline Phos':

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

GFR NON-AFRICAN AMERICAN
Reported On: 08/24/2020 19:10:00

-GFR African American	100	>=60	mL/min/1.73 sq		F	Prisma Health
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Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2580

RESULTS PROVIDED BY
Prisma Health

AGE ACCESSION #
74 FT00011615
LAB ID SPECIMEN INFORMATION:
109703 Specimen ID: FT00011615
Type:
Source:
Condition:

ORDERING PROVIDER
Frampton Henderson, MD
RECEIVED ON
08/25/2020 02:15:27
COLLECTION DATE / TIME
08/24/2020 14:37:00

REPORTED ON
08/24/2020 19:20:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-GFR Non-African American	86	>=60	mL/min/1.73 sq		F	Prisma Health

NOTES on 'GFR Non-African American':
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 sq meter has more clinical implications for classification of kidney function than values above this level. GFR and GFRA are calculated using the CKD-EPI equation.

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

URINALYSIS MICROSCOPIC EXAM ONLY
Reported On: 08/24/2020 19:13:00

F
F Prisma Health
F Prisma Health
F Prisma Health
F Prisma Health
F Prisma Health

-Urine RBC's	0	0-3	/HPF	
-Urine WBC's	19	0-5	/HPF	H
-Urine EPI	Few	Few	/HPF	
-Urine Bacteria	Few	None	/HPF	
-Mucus Strands	Occasional	-	/LPF	

NOTES on 'Mucus Strands':

TESTING PERFORMED AT:

Prisma Health Midlands Central Laboratory
14 Medical Park Drive
Columbia, SC 29203
(803) 434-7770

**Signed Off by F. Henderson, MD on 8/30/2020 8:24:52 AM.

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #
74 00707856000
LAB ID SPECIMEN INFORMATION:
97156 Specimen ID: 007078560002019
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
01/08/2019 09:13:29
COLLECTION DATE / TIME
01/07/2019 16:01:00

REPORTED ON
01/08/2019 08:12:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
CBC WITH DIFFERENTIAL/PLATELET						
-WBC	6.5	3.4-10.8	x10E3/uL		F	01
-RBC	4.21	3.77-5.28	x10E6/uL		F	01
-Hemoglobin	12.9	11.1-15.9	g/dL		F	01
-Hematocrit	39.1	34.0-46.6	%		F	01
-MCV	93	79-97	fL		F	01
-MCH	30.6	26.6-33.0	pg		F	01
-MCHC	33.0	31.5-35.7	g/dL		F	01
-RDW	14.4	12.3-15.4	%		F	01
-Platelets	342	150-379	x10E3/uL		F	01
-Neutrophils	71	Not Estab.	%		F	01
-Lymphs	16	Not Estab.	%		F	01
-Monocytes	8	Not Estab.	%		F	01
-Eos	4	Not Estab.	%		F	01
-Basos	0	Not Estab.	%		F	01
-Immature Cells	-	-	-		X	01
-Neutrophils (Absolute)	4.7	1.4-7.0	x10E3/uL		F	01
-Lymphs (Absolute)	1.0	0.7-3.1	x10E3/uL		F	01
-Monocytes(Absolute)	0.5	0.1-0.9	x10E3/uL		F	01
-Eos (Absolute)	0.3	0.0-0.4	x10E3/uL		F	01

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LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS

1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY

LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #

74 00707856000

LAB ID SPECIMEN INFORMATION:

97156 Specimen ID: 007078560002019
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER

Frampton Henderson, MD

RECEIVED ON

01/08/2019 09:13:29

COLLECTION DATE / TIME

01/07/2019 16:01:00

REPORTED ON

01/08/2019 08:12:00

FASTING

NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Baso (Absolute)	0.0	0.0-0.2	x10E3/uL		F	01
-Immature Granulocytes	1	Not Estab.	%		F	01
-Immature Grans (Abs)	0.0	0.0-0.1	x10E3/uL		F	01
-NRBC	--	--	--		X	01
-Hematology Comments:	--	--	--		X	01

GENERAL NOTES:

'Clinical Information: mb

COMP. METABOLIC PANEL (14)

-Glucose	93	65-99	mg/dL		F	01
-BUN	12	8-27	mg/dL		F	01
-Creatinine	0.51	0.57-1.00	mg/dL	Below Low Normal	F	01
-eGFR If NonAfricn Am	96	>59	mL/min/1.73		F	01
-eGFR If Africn Am	111	>59	mL/min/1.73		F	01
-BUN/Creatinine Ratio	24	12-28	--		F	01
-Sodium	143	134-144	mmol/L		F	01
-Potassium	4.1	3.5-5.2	mmol/L		F	01
-Chloride	108	96-106	mmol/L	Above High Normal	F	01
-Carbon Dioxide, Total	20	20-29	mmol/L		F	01
-Calcium	9.3	8.7-10.3	mg/dL		F	01
-Protein, Total	7.1	6.0-8.5	g/dL		F	01

Providence Family Practice
115 Blarney Drive
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Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
03/26/1946 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #
74 00707856000
LAB ID SPECIMEN INFORMATION:
97156 Specimen ID: 007078560002019
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
01/08/2019 09:13:29
COLLECTION DATE / TIME
01/07/2019 16:01:00

REPORTED ON
01/08/2019 08:12:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Albumin	4.5	3.5-4.8	g/dL		F	01
-Globulin, Total	2.8	1.5-4.5	g/dL		F	01
-A/G Ratio	1.7	1.2-2.2	--		F	01
-Bilirubin, Total	<0.2	0.0-1.2	mg/dL		F	01
-Alkaline Phosphatase	92	39-117	IU/L		F	01
-AST (SGOT)	23	0-40	IU/L		F	01
-ALT (SGPT)	23	0-32	IU/L		F	01

Specimen 007078560002019 facilities:

01:
LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON, NC 272153361
800-762-4344 Director: SANJAI NAGENDRA MD

**Signed Off by F. Henderson, MD on 1/8/2019 5:24:39 PM.

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153381
800-782-4344 Director: William F Hancock MD

AGE ACCESSION #
74 05807855010
LAB ID SPECIMEN INFORMATION:
70816 Specimen ID: 058078550102017
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
02/28/2017 17:18:41
COLLECTION DATE / TIME
02/27/2017 11:13:00

REPORTED ON
02/28/2017 08:35:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
CBC WITH DIFFERENTIAL/PLATELET						
-WBC	5.6	3.4-10.8	x10E3/uL		F	01
-RBC	4.15	3.77-5.28	x10E6/uL		F	01
-Hemoglobin	12.7	11.1-15.9	g/dL		F	01
-Hematocrit	39.7	34.0-46.6	%		F	01
-MCV	86	79-97	fL		F	01
-MCH	30.6	26.6-33.0	pg		F	01
-MCHC	32.0	31.5-35.7	g/dL		F	01
-RDW	13.8	12.3-15.4	%		F	01
-Platelets	325	150-379	x10E3/uL		F	01
-Neutrophils	71	--	%		F	01
-Lymphs	17	--	%		F	01
-Monocytes	7	--	%		F	01
-Eos	4	--	%		F	01
-Basos	1	--	%		F	01
-Immature Cells	--	--	--		X	01
-Neutrophils (Absolute)	4.0	1.4-7.0	x10E3/uL		F	01
-Lymphs (Absolute)	1.0	0.7-3.1	x10E3/uL		F	01
-Monocytes(Absolute)	0.4	0.1-0.9	x10E3/uL		F	01
-Eos (Absolute)	0.2	0.0-0.4	x10E3/uL		F	01

Providence Family Practice
115 Blarney Drive
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LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1948 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #
74 05807855010
LAB ID SPECIMEN INFORMATION:
70816 Specimen ID: 058078550102017
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-782-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
02/28/2017 17:18:41
COLLECTION DATE / TIME
02/27/2017 11:13:00

REPORTED ON
02/28/2017 06:35:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Baso (Absolute)	0.0	0.0-0.2	x10E3/uL		F	01
-Immature Granulocytes	0	--	%		F	01
-Immature Grans (Abs)	0.0	0.0-0.1	x10E3/uL		F	01
-NRBC	--	--	--		X	01
-Hematology Comments:	--	--	--		X	01

GENERAL NOTES:

'Clinical Information: ab

COMP. METABOLIC PANEL (14)

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Glucose	98	65-99	mg/dL		F	01
-BUN	10	8-27	mg/dL		F	01
-Creatinine	0.56	0.57-1.00	mg/dL	Below Low Normal	F	01
-eGFR If NonAfrican Am	95	>59	mL/min/1.73		F	01
-eGFR If African Am	109	>59	mL/min/1.73		F	01
-BUN/Creatinine Ratio	18	11-26	--		F	01
-Sodium	145	134-144	mmol/L	Above High Normal	F	01
-Potassium	4.0	3.5-5.2	mmol/L		F	01
-Chloride	105	96-106	mmol/L		F	01
-Carbon Dioxide, Total	18	18-29	mmol/L		F	01
-Calcium	9.2	8.7-10.3	mg/dL		F	01
-Protein, Total	7.3	6.0-8.5	g/dL		F	01

Providence Family Practice
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LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #
74 05807855010
LAB ID SPECIMEN INFORMATION:
70816 Specimen ID: 058078550102017
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER

Frampton Henderson, MD

RECEIVED ON

02/28/2017 17:18:41

COLLECTION DATE / TIME

02/27/2017 11:13:00

REPORTED ON

02/28/2017 06:35:00

FASTING

NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Albumin	4.5	3.5-4.8	g/dL		F	01
-Globulin, Total	2.8	1.5-4.5	g/dL		F	01
-A/G Ratio	1.6	1.1-2.5	-		F	01

NOTES on 'A/G Ratio':

Effective March 13, 2017 the reference interval
for A/G Ratio will be changing to:

Age	Male	Female
0 - 7 days	1.1 - 2.3	1.1 - 2.3
8 - 30 days	1.2 - 2.8	1.2 - 2.8
1 - 6 months	1.3 - 3.6	1.3 - 3.6
7 months - 5 years	1.5 - 2.6	1.5 - 2.6
> 5 years	1.2 - 2.2	1.2 - 2.2

-Bilirubin, Total	<0.2	0.0-1.2	mg/dL	F	01
-Alkaline Phosphatase	88	39-117	IU/L	F	01
-AST (SGOT)	16	0-40	IU/L	F	01
-ALT (SGPT)	20	0-32	IU/L	F	01

Specimen 058078550102017 facilities:

01:

LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON, NC 272153361
800-762-4344 Director: WILLIAM F HANCOCK MD

**Signed Off by F. Henderson, MD on 3/1/2017 2:20:16 PM.

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2580

AGE ACCESSION #
74 09107852860
LAB ID SPECIMEN INFORMATION:
56315 Specimen ID: 091078528602016
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
04/02/2016 08:04:39
COLLECTION DATE / TIME
03/31/2016 15:39:00

REPORTED ON
04/01/2016 15:36:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
COMP. METABOLIC PANEL (14)						
-Glucose	92	65-99	mg/dL		F	01
-BUN	12	8-27	mg/dL		F	01
-Creatinine	0.75	0.57-1.00	mg/dL		F	01
-eGFR If NonAfricn Am	81	>59	mL/min/1.73		F	01
-eGFR If Africn Am	93	>59	mL/min/1.73		F	01
-BUN/Creatinine Ratio	16	11-26	--		F	01
-Sodium	145	134-144	mmol/L	Above High Normal	F	01
-Potassium	3.9	3.5-5.2	mmol/L		F	01
-Chloride	106	97-108	mmol/L		F	01
-Carbon Dioxide, Total	26	18-29	mmol/L		F	01
-Calcium	9.1	8.7-10.3	mg/dL		F	01
-Protein, Total	6.9	6.0-8.5	g/dL		F	01
-Albumin	4.2	3.5-4.8	g/dL		F	01
-Globulin, Total	2.7	1.5-4.5	g/dL		F	01
-A/G Ratio	1.6	1.1-2.5	--		F	01
-Bilirubin, Total	<0.2	0.0-1.2	mg/dL		F	01
-Alkaline Phosphatase	112	38-117	IU/L		F	01
-AST (SGOT)	21	0-40	IU/L		F	01
-ALT (SGPT)	17	0-32	IU/L		F	01

Providence Family Practice
115 Blarney Drive
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LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS

1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #

74 09107852860

LAB ID SPECIMEN INFORMATION:

56315 Specimen ID: 091078528602016
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY

LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER

Frampton Henderson, MD

RECEIVED ON

04/02/2016 08:04:39

COLLECTION DATE / TIME

03/31/2016 15:39:00

REPORTED ON

04/01/2016 15:36:00

FASTING

NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
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GENERAL NOTES:

'Clinical Information: TL

B-TYPE NATRIURETIC PEPTIDE

-B-Type Natriuretic Peptide	24.0	0.0-100.0	pg/mL		F	01
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Specimen 091078528602016 facilities:

01:

LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON, NC 272153361
800-762-4344 Director: WILLIAM F HANCOCK MD

**Signed Off by F. Henderson, MD on 4/2/2016 10:39:13 AM.

**Comments: [Added by F. Henderson, MD]

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #
74 34907850030

LAB ID SPECIMEN INFORMATION:
52949 Specimen ID: 349078500302015
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
12/17/2015 07:35:03
COLLECTION DATE / TIME
12/15/2015 12:41:00

REPORTED ON
12/17/2015 06:36:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Baso (Absolute)	0.0	0.0-0.2	x10E3/uL		F	01
-Immature Granulocytes	0	--	%		F	01
-Immature Grans (Abs)	0.0	0.0-0.1	x10E3/uL		F	01
-NRBC	--	--	--		X	01
-Hematology Comments:	--	--	--		X	01

GENERAL NOTES:

'Clinical Information: SRC:UR Urine ab

BASIC METABOLIC PANEL (8)

-Glucose	92	65-99	mg/dL		F	01
-BUN	12	8-27	mg/dL		F	01
-Creatinine	0.71	0.57-1.00	mg/dL		F	01
-eGFR If NonAfricn Am	87	>59	mL/min/1.73		F	01
-eGFR If Africn Am	100	>59	mL/min/1.73		F	01
-BUN/Creatinine Ratio	17	11-26	--		F	01
-Sodium	136	134-144	mmol/L	Above High Normal	F	01
-Potassium	4.1	3.5-5.2	mmol/L		F	01
-Chloride	107	97-108	mmol/L		F	01
-Carbon Dioxide, Total	23	18-29	mmol/L		F	01
-Calcium	9.4	8.7-10.3	mg/dL		F	01

VITAMIN B12

F

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS

1251 F JANE BASKIN
DOB 200 ATRIUM WAY
03/26/1946 COLUMBIA, SC 29223
(803) 354-2560

AGE 74
ACCESSION # 34907850030

LAB ID 52949
SPECIMEN INFORMATION:
Specimen ID: 349078500302015
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY

LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER

Frampton Henderson, MD

RECEIVED ON

12/17/2015 07:35:03

COLLECTION DATE / TIME

12/15/2015 12:41:00

REPORTED ON

12/17/2015 06:36:00

FASTING

NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Vitamin B12	347	211-946	pg/mL		F	01
URINE CULTURE, ROUTINE						F
-Urine Culture, Routine	Final report	-	-		F	01
RESULT						F
-Result 1	No growth	-	-		F	01

Specimen 349078500302015 facilities:

01:
LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON, NC 272153361
800-762-4344 Director: WILLIAM F HANCOCK MD

**Signed Off by F. Henderson, MD on 12/17/2015 4:55:12 PM.

**Comments: [Added by F. Henderson, MD] / [Added by F. Henderson, MD]

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS

1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY

LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #

74 07607850570

ORDERING PROVIDER

Frampton Henderson, MD

LAB ID SPECIMEN INFORMATION:

39726 Specimen ID: 076078505702015
Type:
Source:
Condition:
Total Volume:

RECEIVED ON

03/18/2015 09:53:19

REPORTED ON

03/18/2015 08:19:00

COLLECTION DATE / TIME

03/17/2015 11:45:00

FASTING

NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
CBC WITH DIFFERENTIAL/PLATELET						
-WBC	3.8	3.4-10.8	x10E3/uL		F	01
-RBC	3.89	3.77-5.28	x10E6/uL		F	01
-Hemoglobin	11.9	11.1-15.9	g/dL		F	01
-Hematocrit	35.1	34.0-48.6	%		F	01
-MCV	90	79-97	fL		F	01
-MCH	30.6	26.6-33.0	pg		F	01
-MCHC	33.9	31.5-35.7	g/dL		F	01
-RDW	14.6	12.3-15.4	%		F	01
-Platelets	323	150-379	x10E3/uL		F	01
-Neutrophils	64	--	%		F	01
-Lymphs	22	--	%		F	01
-Monocytes	10	--	%		F	01
-Eos	3	--	%		F	01
-Basos	1	--	%		F	01
-Immature Cells	--	--	--		X	01
-Neutrophils (Absolute)	2.4	1.4-7.0	x10E3/uL		F	01
-Lymphs (Absolute)	0.9	0.7-3.1	x10E3/uL		F	01
-Monocytes(Absolute)	0.4	0.1-0.9	x10E3/uL		F	01
-Eos (Absolute)	0.1	0.0-0.4	x10E3/uL		F	01

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #
74 07607850570
LAB ID SPECIMEN INFORMATION:
39726 Specimen ID: 076078505702015
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON 03/18/2015 09:53:19
COLLECTION DATE / TIME 03/17/2015 11:45:00
REPORTED ON 03/18/2015 08:19:00
FASTING NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Baso (Absolute)	0.0	0.0-0.2	x10E3/uL		F	01
-Immature Granulocytes	0	-	%		F	01
-Immature Grans (Abs)	0.0	0.0-0.1	x10E3/uL		F	01
-NRBC	-	-	-		X	01
-Hematology Comments:	-	-	-		X	01
COMP. METABOLIC PANEL (14)						F
-Glucose	92	65-99	mg/dL		F	01

NOTES on 'Glucose':
'Specimen received in contact with cells. No visible hemolysis
'present. However GLUC may be decreased and K increased. Clinical
'correlation indicated.'

-BUN	12	8-27	mg/dL		F	01
-Creatinine	0.61	0.57-1.00	mg/dL		F	01
-eGFR If NonAfricn Am	93	>59	mL/min/1.73		F	01
-eGFR If Africn Am	108	>59	mL/min/1.73		F	01
-BUN/Creatinine Ratio	20	11-26	-		F	01
-Sodium	147	134-144	mmol/L	Above High Normal	F	01
-Potassium	4.2	3.5-5.2	mmol/L		F	01
-Chloride	106	97-108	mmol/L		F	01
-Carbon Dioxide, Total	21	18-29	mmol/L		F	01
-Calcium	9.5	8.7-10.3	mg/dL		F	01
-Protein, Total	6.7	6.0-8.5	g/dL		F	01

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1251 F JANE BASKIN
DOB 200 ATRIUM WAY
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(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #
74 07607850570
LAB ID SPECIMEN INFORMATION:
39726 Specimen ID: 076078505702015
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
03/18/2015 09:53:19
COLLECTION DATE / TIME
03/17/2015 11:45:00

REPORTED ON
03/18/2015 08:19:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Albumin	4.4	3.6-4.8	g/dL		F	01
-Globulin, Total	2.3	1.5-4.5	g/dL		F	01
-A/G Ratio	1.9	1.1-2.5	--		F	01
-Bilirubin, Total	<0.2	0.0-1.2	mg/dL		F	01
-Alkaline Phosphatase	82	39-117	IU/L		F	01
-AST (SGOT)	16	0-40	IU/L		F	01
-ALT (SGPT)	15	0-32	IU/L		F	01

LIPID PANEL

-Cholesterol, Total	229	100-199	mg/dL	Above High Normal	F	01
-Triglycerides	73	0-149	mg/dL		F	01
-HDL Cholesterol	67	>39	mg/dL		F	01

NOTES on 'HDL Cholesterol':
'According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a
'negative risk factor for CHD.

-VLDL Cholesterol Cal	15	5-40	mg/dL		F	01
-LDL Cholesterol Calc	147	0-99	mg/dL	Above High Normal	F	01
-Comment:	--	--	--		X	01

VITAMIN D, 25-HYDROXY

-Vitamin D, 25-Hydroxy	34.8	30.0-100.0	ng/mL		F	01
------------------------	------	------------	-------	--	---	----

NOTES on 'Vitamin D, 25-Hydroxy':
'Vitamin D deficiency has been defined by the Institute of
'Medicine and an Endocrine Society practice guideline as a
'level of serum 25-OH vitamin D less than 20 ng/mL (1,2).
'The Endocrine Society went on to further define vitamin D
'insufficiency as a level between 21 and 29 ng/mL (2).
'1. IOM (Institute of Medicine). 2010. Dietary reference
'intakes for calcium and D. Washington DC: The

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
/1946 COLUMBIA, SC 29223
(803) 354-2660

AGE ACCESSION #
74 07607850570
LAB ID SPECIMEN INFORMATION:
39726 Specimen ID: 076078505702015
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
03/18/2015 09:53:19
COLLECTION DATE / TIME
03/17/2015 11:45:00

REPORTED ON
03/18/2015 08:19:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
1. National Academies Press.						
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al.						
Evaluation, treatment, and prevention of vitamin D						
deficiency: an Endocrine Society clinical practice						
guideline. JCEM. 2011 Jul; 96(7):1911-30.						

Specimen 076078505702015 facilities:

01:
LABCORP BURLINGTON
1447 YORK COURT
BURLINGTON, NC 272153361
800-762-4344 Director: WILLIAM F HANCOCK MD

**Signed Off by F. Henderson, MD on 3/18/2015 8:19:37 PM.
**Comments: [Added by F. Henderson, MD]

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

AGE ACCESSION #
74 07307850300
LAB ID SPECIMEN INFORMATION:
25830 Specimen ID: 07307850300
Type:
Source:
Condition:
Total Volume:

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON REPORTED ON
03/15/2014 10:14:26 03/15/2014 06:37:00
COLLECTION DATE / TIME FASTING
03/14/2014 12:01:00 NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
LIPID PANEL						
-Cholesterol, Total	233	100-199	mg/dL	Above High Normal	F	BN
-Triglycerides	62	0-149	mg/dL		F	BN
-HDL Cholesterol	64	>39	mg/dL		F	BN
NOTES on 'HDL Cholesterol': 'According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a 'negative risk factor for CHD.						
-VLDL Cholesterol Cal	12	5-40	mg/dL		F	BN
-LDL Cholesterol Calc	137	0-99	mg/dL	Above High Normal	F	BN
-Comment:	--	--	--		X	BN

VITAMIN D, 25-HYDROXY

-Vitamin D, 25-Hydroxy 26.5 30.0-100.0 ng/mL Below Low Normal F BN

NOTES on 'Vitamin D, 25-Hydroxy':
'Vitamin D deficiency has been defined by the Institute of
'Medicine and an Endocrine Society practice guideline as a
'level of serum 25-OH vitamin D less than 20 ng/mL (1,2).
'The Endocrine Society went on to further define vitamin D
'insufficiency as a level between 21 and 29 ng/mL (2).
'1. IOM (Institute of Medicine). 2010. Dietary reference
'intakes for calcium and D. Washington DC: The
'National Academies Press.
'2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al.
'Evaluation, treatment, and prevention of vitamin D
'deficiency: an Endocrine Society clinical practice
'guideline. JCEM. 2011 Jul; 96(7):1911-30.

CBC WITH DIFFERENTIAL/PLATELET

-WBC	4.5	3.4-10.8	x10E3/uL		F	BN
-RBC	4.13	3.77-5.28	x10E6/uL		F	BN
-Hemoglobin	12.4	11.1-15.9	g/dL		F	BN

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LABORATORY REPORT

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1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560
AGE ACCESSION #
74 07307850300
LAB ID SPECIMEN INFORMATION:
25830 Specimen ID: 07307850300
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
03/15/2014 10:14:26
COLLECTION DATE / TIME
03/14/2014 12:01:00

REPORTED ON
03/15/2014 06:37:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Hematocrit	37.4	34.0-46.6	%		F	BN
-MCV	91	79-97	fL		F	BN
-MCH	30.0	26.6-33.0	pg		F	BN
-MCHC	33.2	31.5-35.7	g/dL		F	BN
-RDW	14.3	12.3-15.4	%		F	BN
-Platelets	311	155-379	x10E3/uL		F	BN
-Neutrophils	70	40-74	%		F	BN
-Lymphs	19	14-46	%		F	BN
-Monocytes	7	4-12	%		F	BN
-Eos	4	0-5	%		F	BN
-Basos	0	0-3	%		F	BN
-Immature Cells	-	-	-		X	BN
-Neutrophils (Absolute)	3.1	1.4-7.0	x10E3/uL		F	BN
-Lymphs (Absolute)	0.8	0.7-3.1	x10E3/uL		F	BN
-Monocytes(Absolute)	0.3	0.1-0.9	x10E3/uL		F	BN
-Eos (Absolute)	0.2	0.0-0.4	x10E3/uL		F	BN
-Baso (Absolute)	0.0	0.0-0.2	x10E3/uL		F	BN
-Immature Granulocytes	0	0-2	%		F	BN
-Immature Grans (Abs)	0.0	0.0-0.1	x10E3/uL		F	BN
-NRBC	-	-	-		X	BN

Providence Family Practice
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LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #
74 07307850300
LAB ID SPECIMEN INFORMATION:
25830 Specimen ID: 07307850300
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
03/15/2014 10:14:26
COLLECTION DATE / TIME
03/14/2014 12:01:00

REPORTED ON
03/15/2014 06:37:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Hematology Comments:	--	--	--		X	BN
BASIC METABOLIC PANEL (8)						F
-Glucose	94	65-99	mg/dL		F	BN
-BUN	14	8-27	mg/dL		F	BN
-Creatinine	0.56	0.57-1.00	mg/dL	Below Low Normal	F	BN
-eGFR If NonAfricn Am	97	>59	mL/min/1.73		F	BN
-eGFR If Africn Am	112	>59	mL/min/1.73		F	BN
-BUN/Creatinine Ratio	26	11-26	--		F	BN
-Sodium	142	134-144	mmol/L		F	BN
-Potassium	4.0	3.5-5.2	mmol/L		F	BN
-Chloride	106	97-108	mmol/L		F	BN
-Carbon Dioxide, Total	22	19-28	mmol/L		F	BN
-Calcium	9.4	8.6-10.2	mg/dL		F	BN

Specimen 07307850300 facilities:

BN:
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

**Signed Off by F. Henderson, MD on 3/16/2014 8:51:43 AM.
**Comments: [Added by F. Henderson, MD]

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2580

AGE ACCESSION #
74 34607855320

LAB ID SPECIMEN INFORMATION:
23951 Specimen ID: 34607855320
Type:
Source: UR
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
12/14/2013 09:58:25
COLLECTION DATE / TIME
12/12/2013 12:11:00

REPORTED ON
12/14/2013 06:36:00
FASTING
NO

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
URINE CULTURE, ROUTINE					F	
-Urine Culture, Routine	Final report	--	--		F	BN

GENERAL NOTES:

Clinical Information: SRC:UR

Specimen 34607855320 facilities:

BN:
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

**Signed Off by F. Henderson, MD on 12/15/2013 5:48:26 PM.
**Comments: [Added by F. Henderson, MD]

Providence Family Practice
115 Blarney Drive
Suite 212
Columbia, SC 29223
Phone 803-254-5171 Fax 803-779-7403

LABORATORY REPORT

ID # SEX PATIENT DEMOGRAPHICS
1251 F JANE BASKIN
DOB 200 ATRIUM WAY
1946 COLUMBIA, SC 29223
(803) 354-2560

AGE ACCESSION #
74 07307835950
LAB ID SPECIMEN INFORMATION:
9709 Specimen ID: 07307835950
Type:
Source:
Condition:
Total Volume:

RESULTS PROVIDED BY
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

ORDERING PROVIDER
Frampton Henderson, MD

RECEIVED ON
03/14/2012 09:15:19
COLLECTION DATE / TIME
03/13/2012 09:39:00

REPORTED ON
03/14/2012 06:38:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
VITAMIN D, 25-HYDROXY					F	
-Vitamin D, 25-Hydroxy	13.3	30.0-100.0	ng/mL	Below Low Normal	F	BN

NOTES on 'Vitamin D, 25-Hydroxy':
'Vitamin D deficiency has been defined by the Institute of
'Medicine and an Endocrine Society practice guideline as a
'level of serum 25-OH vitamin D less than 20 ng/mL (1,2).
'The Endocrine Society went on to further define vitamin D
'insufficiency as a level between 21 and 29 ng/mL (2).
'1. IOM (Institute of Medicine). 2010. Dietary reference
'intakes for calcium and D. Washington DC: The
'National Academies Press.
'2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al.
'Evaluation, treatment, and prevention of vitamin D
'deficiency: an Endocrine Society clinical practice
'guideline. JCEM. 2011 Jul; 96(7):1911-30.
'**Effective March 5, 2012, Vitamin D, 25 Hydroxy specimen**
'requirements will change to serum only.

GENERAL NOTES:

'Clinical Information:

'Specimen 07307835950 facilities:

BN:
LabCorp Burlington
1447 York Court
Burlington, NC 272153361
800-762-4344 Director: William F Hancock MD

**Signed Off by F. Henderson, MD on 3/15/2012 12:24:32 PM.
**Comments: [Added by F. Henderson, MD]

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Patient Name: Michele C. Moseley as Personal Representative for Jane E. Baskin
SSN: 9155
DOB: 1946

The following health provider is authorized to provide medical records and disclose patient identifiable health information:

Name: Frampton Henderson, MD
Address: 115 Blarney Drive, Suite 212
Columbia, SC 29223

Phone:
Fax:

The above named health provider is authorized to discuss my medical treatment and health information with my attorney, Richard C. Detwiler of Callison Tighe & Robinson, LLC.

The scope of the health information to be provided or disclosed is as follows:

All medical records for all dates of service for all medical conditions and treatment from the above named health care provider, including but not limited to doctor's notes, nurses notes, admission summaries, discharge summaries, emergency room records, physical therapy records, correspondence, test results, radiology reports, consultation reports, MRI reports, CT scan reports, out-patient records, operative notes, mental health treatment records, and any other documents in your possession or control. All billing records regarding the referenced incident. All medical release authorizations, notes, memoranda, correspondence, claim forms, reports and insurance documents regarding the referenced incident.

The health information is authorized to be provided to:

Thornwell F. Sowell, Esq.
Sowell & Durant
1325 Park Street, Suite 100
Columbia, SC 29201

Phone: (803) 772-1100
Fax: (803)

My attorney is authorized to act on my behalf regarding all insurance and legal matters. The patient identifiable health information received pursuant to this release authorization is to be used for the following purpose:

No-fault (PIP) insurance claims, liability claims, underinsured motorist claims, workers' compensation claims and all other insurance or legal matters related to my injuries or health condition.

Treatment, payment, enrollment or eligibility for benefits will not be conditioned on signing this authorization.

RIGHT OF REVOCATION: I have the right to revoke this release authorization at any time. The revocation must be in writing and be delivered to Richard C. Detwiler. The revocation will not apply to records and information that have already been provided.

EXPIRATION: Unless earlier revoked, this authorization will expire upon the termination of the representation by Richard C. Detwiler.

PATIENT RIGHTS: I have the right to inspect or copy the information to be disclosed, to inspect and amend my medical records, and to an accounting of the use and disclosure of my health information to any third party, as provided in CFR 164.528.

RE-DISCLOSURE: I understand that there is a potential for unauthorized re-disclosure of the information and that the re-disclosed information may not be protected by federal confidentiality rules.

PHOTOCOPIES OF THIS RELEASE ARE VALID AND MAY BE USED IN LIEU OF THE ORIGINAL.

DATE: 12/08/2020

SIGNATURE: Michele C Moseley

Michele C. Moseley as Personal
Representative for Jane E. Baskin

EXHIBIT

D

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

FILED

IN THE PROBATE COURT
Estate Number: 2020-GC-40-0072

2021 JAN -6 P 1:35

IN THE MATTER OF THE TRUST
OF JANE E. BASKIN

AMY W. MCCULLOCH
PROBATE JUDGE
RICHLAND COUNTY, S.C.

TEMPORARY
SETTLEMENT AGREEMENT

1. The litigation in this matter is stayed and all issues not decided are held in abeyance with full reservation of rights in regards to litigation, including the issue of attorney's fees.
2. William Walkup will remain as Trustee solely to continue to manage the money for investment purposes and he will continue to retain tax reporting responsibility for the caregivers.
3. Alex Weatherly shall be Special Trustee of the Jane E. Baskin Trust.
4. William B. Walkup agrees to pay the 2020 property taxes and shall provide the amount of \$513.84 to Alex Weatherly for him to pay the 2020 property taxes.
5. The agreed upon budget per month is as follows:

\$4810.00	Caregivers
\$150.00	Mortgage beginning in February
\$300.00	Electricity
\$60.00	Water
\$120.00	Cable
\$75.00	Cellphone
\$120.00	Pharmacy
\$75.00	Vet Bills
\$250.00	Boost/Depends (Supplies)
\$75.00	House Insurance
\$50.00	Property Taxes
\$650.00	Food/Dog Food and treats
\$250.00	Clothing/ Toiletries
\$150.00	Dining Out
<u>\$150.00</u>	Miscellaneous
\$7,285.00	
6. The parties agree that this budget shall be reduced by the personal income Ms. Baskin receives of \$860.00.
7. The parties agree that William Walkup, as Trustee, shall provide Ms. Baskin, as a beneficiary, \$6,425.00 per month to be paid to Alex Weatherly, as Special Trustee, for him to distribute as needed for the care of Ms. Baskin. The check shall be made payable to Callison & Tighe Trust Account and is to be deposited into their trust account for disbursement in accordance with the above budget.

8. William B. Walkup will provide a check for January 2021 in the amount of \$6,428.00 and shall be provided to Alex Weatherly by January 7, 2021.
9. Jane E. Baskin will move from her current residence at Atrium Place apartments into her home at 316 Summerlea Drive, Columbia, South Carolina 29203 by February 1, 2021.
10. The parties agree that this settlement agreement will be a temporary solution to determine its feasibility moving forward and the parties will report to the Court in 6 months' time with a progress report by July 16, 2021.

Jane E. Baskin

Jane E. Baskin, Beneficiary

1-6-2021
Date

Michele Moseley
Michele Moseley

1-6-2021
Date

Alex Weatherly
Alex Weatherly,

1-6-2021
Date

Richard C. Detwiler
Richard C. Detwiler

1-6-2021
Date

William B. Walkup T' + c
William B. Walkup, Trustee

1/6/21
Date

Thornwell F. Sowell
Thornwell F. Sowell

1/6/21
Date

Bess J. DuRant
Bess J. DuRant

1/6/21
Date

EXHIBIT

E

Lori Elrod

From: Lori Elrod
Sent: Tuesday, July 27, 2021 12:35 PM
To: 'RickDetwiler@callisontighe.com' (Other); Alex Weatherly
Cc: Biff Sowell; 'Bess DuRant'
Subject: Jane Baskin

Mr. Detwiler,
Please send a proposed order over to pay your attorney's fees.

Lori Elrod
Clerk of Probate
Richland County Probate Court
P.O. Box 192
Columbia SC 29202
www.richlandcountysc.gov/probate

EXHIBIT

F

Jane E. Baskin, 2020-GC-40-00072, Emergency Hearing – Court's Transcript - 10.12.2021

The Court: Alright, we're making a recording in the matter of Jane E. Baskin 2020-GC-40-00072. This emergency hearing was scheduled by me and I all but demanded that the parties be here ordered that you be here, beckoned you to the Court. Based on our Zoom status meeting this morning. Present are Mr. Rick Detwiler on behave of Jane Baskin. Mr. Alex Weatherly currently serving as the special trustee for Jane Baskin. Mr. Sowell as attorney with Ms. Durant for Mr. Bill Walkup as the Trustee. Alright, so I am certain that there has been some huge misunderstanding and I am certain it's my fault. So bear with me while I walk through what I think I know, and urge you to correct whatever I have misunderstood. And I launch from the temporarily settlement agreement that we, you, entered on January 6, 2021. My memory is and I think the file reflects that was a trial in the matter and at the urging of me, and maybe even you felt it yourself, let's find a temporary solution and a temporary budget to see how it can work. And I think that's what this was meant to be. The agreement contemplates a look back into.... Check in how are you....6 months' time. Which the agreement says July 16. My memory, and I think the file reflects, is that while we checked in with you, and we got the accountings. No one raised any alarms until recently. And the recent alarm was I need to increase the budget for Mr. Weatherly based on costs and expenses that were increasing or something. Had you before this morning alerted me or this Court that there was a problem. Mr. Sowell, Ms. Durant, Mr. Walkup what did we miss?

Ms. Durant: Your Honor...

The Court: Please stay seated so that, the primary reason is to make sure to get you on the microphone. Secondly let's just all stay seated

Ms. Durant: May I take off my mask

The Court: As long as those around you are comfortable, the rules are ever-changing about this masking thing

Ms. Durant: Billy are you okay if I take my mask off? Biff, are you ok? Alex? Rick? You okay if I take my mask off?

[Everyone stated it was okay to do so.]

Ms. Durant: Your Honor, we first raised an issue about the accounting in a memorandum that we filed with this Court that was entered about August 2nd. And it starts, the argument started on page 3 about issues we saw in the accounting. That is the extent that we notified the Court of any issues we had with the temporary settlement agreement. We also voiced our concerns about not receiving due process, once we receive notice from your clerk that an award of attorney fees might be issued. Those were the two opportunities that we raised an issue about the temporary settlement agreement, with the Court.

The Court: Okay can we all get to her August the, you said August the 2nd?

Ms. Durant: Yes, your Honor. Well, I emailed it in on August the 2nd, to Ms. Elrod, with a copy to you and a copy to Mr. Detwiler and Mr. Weatherly and its entitled "Defendant's

Memorandum in Opposition to Plaintiff's Proposed Order on Plaintiff's Petition for Attorneys' Fees and Costs, Pendente Lite."

The Court: Somethings wrong... Oh, I think I found it. Alright do you happen to have yours?

Ms. Durant: Yes, your Honor. Do you need a copy?

The Court: No, I have mine. I was actually asking Mr. Detwiler

Mr. Detwiler: I do not. (To Mr. Weatherly) Do you happen to have it?

Mr. Weatherly: I think so.

The Court: I have a clocked in date of August the 5th of this year. Defendant's Memorandum in Opposition to Plaintiff's Proposed Order on Plaintiff's Petition for Attorneys' Fees." (To Ms. Durant) Is that what you just said?

Ms. Durant: Yes, your Honor.

The Court: Do you have yours?

Mr. Detwiler: We have it, your Honor.

The Court: So, I understand the attorney's fees are a big overwhelming looming issue, but certainly that's not what we were focused on this morning

Ms. Durant: No, your Honor. To clarify the attorney's fees are a completely separate issue than this issue that I wanted to direct to your attention in paragraph 3 in the 2nd paragraph. I'm sorry that was poorly worded, I guess that is section 3, the second paragraph of that section that starts with "the study of Baskin's recent accounting shows," and it goes down to list what we saw as issues with the various accountings we received from Mr. Weatherly's office.

The Court: Okay, so going into the specifics of the accounting that you had not been provided, have you seen those to date?

Ms. Durant: We have not seen any back up documents to date. No, your Honor.

The Court: Is that part of why Mr. Walkup wants to, for lack of better phrase, terminate the temporary agreement?

Ms. Durant: I think that it's a little part of it, but not the grand sum of it.

The Court: Okay, it seems like we need to get into the weeds of the accounting, which is why I ask Mr. Weathersly to bring...

Mr. Weatherly: Weatherly.

The Court: I keep messing it up. I messed it up every time this morning, I don't know what's wrong with my brain and names this morning, so please forgive me.

Mr. Weatherly: My wife does the same thing.

The Court: *laughs* I doubt that.

The Court: But I think my question comes back to you and Mr. Sowell, I was alarmed that it was with great, definite statement that you were no longer that you were no longer going to pay the special trustee and no longer going to abide by the agreement. Did I miss hear you? Is that a motion that I haven't seen? Is that something you have said previous to this morning's Zoom meeting?

Ms. Durant: Your Honor, if I could answer for Mr. Sowell, because I think there is some confusion between the two of us.

The Court: Okay.

Ms. Durant: Him and me... When we approached this status conference, we both discussed, without getting into the details of our attorney/ client relationship, that we had viewed the temporary settlement agreement as being one, temporarily and over for what we thought was going to last six months and be over and that you would revisit it to see if it could continue on, was number one. And number two that we did think it would be breached because we find that Mr. Weatherly, or the special trustee, did not follow the line items, as he and Ms. Mosley laid out for this Court back in June... I mean January. I should have earlier in the conversation probably alerted you to the fact that we did view that the agreement was over and done with. I did not think that it was as definitive as we are now contending it is. But, long story short, we've always, from the beginning of today before the Zoom, I was not as clear as I should've been that it was over and done with, in our minds.

The Court: I just don't know how you get there without asking for a hearing to address the concerns for its continuation, because my mindset is that it is working. I have... and I see you raising concerns about the details, which you are entitled too... but I do not see the level of alarm raised before a statement in what I consider a regroup meeting this morning. Which was based on your concerns like "We are not ready to hear the meat of anything," and I think we said in response, "Okay let's turn this into a status meeting," which is what I consider this morning and I am sorry if that was in any way miscommunicated from me or my staff. However, I did not hear your alarm bells going off before your statement this morning, which is we're not going to abide by the agreement any longer and we're not going to make any payments... and then there was the confusion, he would continue to pay, but he wouldn't pay it to anyone but Jane Baskin.

Ms. Durant: That was my error. That was my error.

The Court: Where are we? Why don't take this... why don't I give you this back and you take me to where you really are and why you're there.

Ms. Durant: Starting from the beginning, that we view the settlement agreement as temporary, and I think the settlement agreement is no longer feasible.

The Court: But he continued to pay, per the agreement.

Ms. Durant: Understand your Honor, but we thought we were coming back to the Court in July to discuss everything and it ended up just being...

The Court: It's October why didn't you just... why wouldn't you just come bang your hands on the desk, give me a hearing in July.

Ms. Durant: I hear and understand your frustration, and perhaps we should've but we didn't. But, we're here today doing that.

The Court: Without proper alarm of the concerns before statements this morning, other than the concern of the detail of the accounting... right?

Ms. Durant: Well the detail of the accounting, like I said is a small part of a much larger part... The much larger part is that Mr. Walkup wants his day to be heard.

The Court: I have heard you clear on that, and tried to schedule that this morning.

Ms. Durant: And he is willing to abide by the temporary settlement terms, if we could get that hearing date scheduled early.

The Court: I've got no two days before that.

Ms. Durant: Okay well if that's...

The Court: Again I find it, I use the word weird... bazaar... that I have you down for the 21 and 22 but he'll abide by the agreement as long as I give it to him before the 20th.

Ms. Durant: No, I missed you there.

The Court: Well we had it on the calendar for December 21st and 22nd.

Ms. Durant: Okay.

The Court: And I thought your letter to me this morning was "we'll abide by the agreement as long as we get a hearing before December 20th."

Ms. Durant: we just want a hearing, we'd prefer a hearing next month

The Court: I mean you had December 21st and 22nd

Ms. Durant: Then I just mistyped, I should've typed the 21st. That's my error, again that's my error. I'm having a bad day.

The Court: I think we can agree that we both are.

Ms. Durant: I had a bad day and wrote the 20th when I should've wrote the 21st. Mr. Walkup is just ready to put up his case, to have you hear his side of the story. I can't frame it... And you've heard it a hundred times from me... And I can't be any clearer about it... He wants to tell you his side of the story as soon as possible. He feels his name's been dragged through the mud, he wants to make you sure that he is not person that he is alleged to be

The Court: I want to beg you for some reasonableness right now. You want your day, I will give it to you, sir. There's not ever been a question that you weren't entitled to it, if you could not live with this agreement any longer. Tell me what's wrong with it? Tell me what is hurting the concept of this agreement? Tell me do you believe she's in danger?

Mr. Walkup: [inaudible]

The Court: Well, I think you're the driver of this issue and while your attorney's are here to speak for you, I need to know... You're willing to blow up what seems to be working, and I don't understand.

Mr. Walkup: Your Honor, I told you the truth, the whole truth, so help me God

The Court: That's not the question. That's not what I asked you.

Mr. Walkup: And I will continue to do that.

The Court: That's wonderful. I'm asking you very specially, are you concerned about her well-being?

Mr. Walkup: I am concerned that her guardian ad litem said she needs 24/7 care, which is what I had been saying for years, and she's getting only 36... 49 percent care. As a fire in the middle of the light, she has no way of getting out.

The Court: Okay, let's just pause right there. And let me hear you, what level of care is she receiving? How many hours a day? How are the evenings, and that time frame other than when their caregivers are their being handled? Give me the whole story.

Mr. Weatherly: Your Honor...

The Court: Pull the mic over please.

Mr. Weatherly: Your Honor, when we entered into the settlement agreement, the amount that was lighted for care was for about 72 hours a week, with the understanding that she would not have around the clock care. She went into the hospital not long after that. When she returned to home, significantly more care was necessary. She was receiving about 95 hours a week care. And that's what we booked to make sure that... Because she could not take care of herself, pretty much at all at that point. She has since returned to the place where she can deal with less care, we now think she needs about 91 hours a month. And that's what we requested in the Motion we followed in July, to get additional funds in order to cover that 91 hours. That breaks down to her being cared for about 5 hours during the day. There is a lady... As I should point out your Honor, as the Court required, there is a lady living there in the house with her. So if she needed to get out, there is someone there who is specifically charged to get her out of that house, in the event that there is a problem. And so while she doesn't have oversight care for 24 hours a day, there is someone there who their throughout most of the time and certainly during the evenings.

The Court: And all throughout the night?

Mr. Weatherly: Through the night... All the way through the night.

The Court: Who is that person?

Mr. Weatherly: I'm sorry, I can't remember her name off the top of my head, but... her first name is Pat, but I can't remember her last name.

The Court: Is she paid to do that?

Mr. Weatherly: She receives free rent, and she contributes to the utilities.

The Court: Which was the initial plan, good job! (To Mr. Walkup) Do you remember that? Do you remember us discussing that in January?

Mr. Walkup: And I was told that, that lady would be moving in June.

Mr. Weatherly: And we were going to look for a replacement, but, as it turns out, she decided to stay longer. And right now her staying is indefinite.

The Court: (To Mr. Walkup) That may not have been something that you were aware of.

Mr. Walkup: No one has told me that.

The Court: Wonderful. So this is good news. So that concern can be eliminated based on this new information for you. Do you agree?

[Inaudible noise]

The Court: I don't know what's wrong with the microphone, I don't know what's wrong and I apologize.

Mr. Walkup: I'm having a little trouble hearing you, but go ahead say that again please.

The Court: Certainly, that's new information for you?

Mr. Walkup: Right.

The Court: You were not aware that someone was staying with her overnight and longer than the hours that you could see being paid for.

Mr. Walkup: That's correct.

The Court: So that's good information.

Mr. Walkup: It's good she's got that. Is it a permeant situation?

Mr. Weatherly: Your Honor, it's our understanding that it was one of the Court's requirements, so until the Court would relieve the requirement it would remain in fact.

The Court: So that's a good thing, we agree on that.

Mr. Walkup: That's a good thing that somebody's there to help her get out, because she could not get out herself.

The Court: So we can check... Put a little check mark to put next to that concern. What's your next one?

Mr. Walkup: My concern, if you would give me a few minutes to speak, is that the very sad truth is that Jane has made a 31 year career of telling lies and fabricating stories about me.

The Court: Okay, we're not doing that today Mr. Walkup. What I want to hear is what you have concerns about with the current agreement. What else about this agreement is concerning you, to the degree that you would want to have it terminated, obliterated? What else about it is concerning you? Because we just eliminated one concern, that she is more safe than you realize.

Mr. Walkup: Well, I'm happy about that.

The Court: What's your next concern?

Mr. Walkup: My next concern is my own well-being. This has been the most difficult situation that I've ever gone through in my life. I wake up every middle of the night, every night, lose sleep. This person has a physical disability and I've cared for her and I still care for her and love her, but the reality is she has no conscious about telling false information under oath.

The Court: Mr. Walkup, I have to suggest that your focus today needs to be on what's wrong with agreement, and what about it needs to be amended to get us to the place that gives you your day in court. This is not that day. This is not your day to tell me what lies she's told about you, or anything else about the story of your feelings and your reputation. Today is the day about the agreement. Is there anything else about the agreement that is giving you concern that we can get to December, the date of your trial, to finish out the trial?

Mr. Walkup: I have... I was unable to present any of my witnesses in defense. I sat down for two days, hearing all of the other side.

The Court: I am going to stop you again. Will you see if this microphone is any better for you, would you mind just going over there and sitting at that desk? I don't know what's wrong with that microphone but it's going to come through very scratchy.

[Mr. Walkup moves to a new table]

Mr. Walkup: Am I too close to it?

The Court: I don't know what's happening, just give it a shot.

Mr. Walkup: Is this any better?

The Court: Yes, sir.

Mr. Walkup: Okay. I'll talk louder then.

The Court: Can we move a copy of the agreement over to him. I really want you to focus on this agreement. What about the agreement, and you can even say, "I'm concerned about the accountings." Let's give him his accountings, Mr. Weatherly's the accounting please.

Mr. Walkup: Is this the original agreement?

The Court: Yes, sir. Do you have your copies of the accountings?

Mr. Walkup: I have seen the accountings.

The Court: Mr. Weatherly has filed I think three accountings, maybe four.

Mr. Weatherly: Nine, your Honor.

The Court: Nine.

Mr. Weatherly: Oh no, I'm sorry your Honor. I have one ready to file, and I have extra copies if anyone in the Court wants me to share with Mr. Walkup.

The Court: What we're really needing to focus right now on is what do we need to address in the agreement? What does he need to answer for you, about either the agreement or the accountings that can bring the temperature down, to get you to a December 21st /22nd trial date?

Mr. Walkup: I don't have any problem with agreement itself.

The Court: Okay.

Mr. Walkup: I have a great problem with the delay in having my truth be told and the strain it has on my life. My family has said to me numerous times you just need to resign and give up the trusteeship and the management of the funds.

The Court: Well, I think that's just acceptable. If you want to do that I think that's very acceptable to take this pressure and turmoil off of you.

Mr. Walkup: But the reality is that it has caused me huge emotional and financial strain, huge legal bills, and if I just resign from those positions, it seems likely that you'd just say, "Well, Mr. Walkup's pays all the legal bills."

The Court: I think you can separately either agree to that or put that before me as a separate issue to decide. I don't like the fact that you're in pain. I don't want anyone to be in pain. I don't like any turmoil, but I also don't want to blow up an agreement that appears to be, I think we can agree, 80 to 90 to 95 percent working. The real focus, and I know that you'll agree with me, is her physical safety, her medical care, and her enjoyment of the life that she has been given, with the moneys available. Everything else is a side issue.

Mr. Sowell: Your Honor, may I interject?

The Court: Yes, sir.

Mr. Sowell: And I want to make this one point with you, which is the only point that I made this morning, this agreement says in its caption that it is temporary.

The Court: Sure.

Mr. Sowell: It says in the final paragraph of the agreement, that it is temporary. We thought that it would be over, in fact I think there's an argument to be made that, I'm not really making it right now just for the sake of cohesion, I guess that's what you'd call it, that the agreement was over in July when these accountings or whatever...

The Court: I just can't see how we're really making this the headway.

Mr. Sowell: May I speak... I've got to make this argument. And once I get through with it, it'll probably be the last thing I will have to say. It is my belief that this agreement was over at the

appointed date, for the Status Conference in July. There was no Status Conference in July, there was one set for October the 12th, so Mr. Walkup, as I'd say as a matter of grace, but not a matter of contract because I think that agreement was over in July. As I continued to make these payments, as continued to make them, and they are up to date as of today. He has never avoided or attempted to avoid or attempted to circumvent that temporary agreement. It was my belief, and continues to be my belief, that today was the Status Conference to decide what would be the fate of that temporary agreement. It is our position that the agreement is over, because it was temporary, and we are not any longer bound by it. One of the major reasons, if not the major reason for that position, is that Mr. Walkup has repeatedly told us, without waving the attorney/client privilege, that he wants to have his day in court. We have repeatedly told him, without waving the attorney/client privilege, that the Court generally sets the schedule for trials, and hearings, and whatever. And so, in effect, we have fought off our own client up until today. I'm not willing to do that anymore, I think that agreement was temporary and I think that it is over. We have continued to make those agreed payments beyond July. We have indicated that we are agreeable in making them, continuing to make them without any wavier of our position just to keep this think going until December 21 or 22, although we would like a hearing at an earlier date if possible. And that's what I have to say. Thank you.

Mr. Detwiler: You're looking at me as if there is something to respond to, your Honor. I agree with you that it is... Or it is incredible to me that someone... Let me back up. The one thing that we have not talked about today other than, well you have talked about it, but I haven't anything from the Trustee side, talking about Jane Baskin's well-being. Not a word. All I've heard is how his feelings are hurt and how he wants his day in court so he can tell you what he wants to tell you, but there has been no discussion of her well-being. It is incredible to me that anyone would suggest that this agreement can just be unilaterally dispensed with by the Trustee, A. And B, that's not what the document says. The document says that the temporary agreement that will make progress reports to the Court, which both sides did, by July 16th. It also says this, your Honor, and I also made this point this morning, and I think we need to revisit it if you don't mind. It says that this agreement will be a temporary solution and to determine its feasibility moving forward. Well what we have here is an agreement that is working. Mr. Walkup just testified that he didn't have any problems with the agreement...

The Court: He didn't testify, he stated.

Mr. Detwiler: You're right. He stated. He just stated that he didn't have any problem with the agreement. He did not raise any questions about the accounting. All he said was he dislikes the delay that has occurred with him having the ability to come before you and tell you that he feels he has been wronged. Which is not really particularly relevant to the issues before this Court. Now it would be our position that it would be sort of the mirror image of what Mr. Sowell just said, that we have reached a point after this temporary solution at which the Court can determine that this is feasible, and it should be made a final agreement, and a final order to the Court. It's working. Now, if there is anything that we could do on our side that would Mr. Baskin, excuse me Mr. Walkup, with a decision to resign as Trustee, we would be more than happy to do that. I am with you, I hate that he is tortured by all of this. We have presented a case, and there were 2 day of hearings. One day was our case, one day and the second entire day was Mr. Walkup

testifying. The entire day. I don't know what else he needs to say, but if he needs to present more evidence and the Court feels like it's relevant to the issues before the Court then so be it. I don't see how it could possibly be. Ms. Baskin is doing well as I reported to the Court this morning. Mr. Weatherly and I, in anticipation in this meeting today, we physically went over and met with her on Friday afternoon at 3:15. We had a very good visit with her, she was doing very well, she was very coherent. She's difficult to understand as you said, but I understood everything she said. She had a remarkable memory of the events. She stated that she still wanted the thirteen thousand and some odd dollars, and she stated it to the penny, that she gave to Mr. Walkup to invest for and she wanted that back. I know that's water under the bridge, but my point is that clarity of her communication was remarkable. And she's physically about like she was, I would say. Mr. Weatherly can say whether he agrees or not, but that's my view of it. You've allowed me a minute to ramble and I apologize for rambling, but I am at my wits end with this case. We have invested, as you know, a lot of time and effort on behalf of Ms. Baskin and we feel like we've done a good job for her. We will represent her until the end, with or without pay. But what we're doing here today is a remarkable waste of energy, in my view. We ought to get this matter wrapped up. Mr. Walkup, if he can't resign, then we need to move forward with the agreement that we have here in place. I would encourage him to think about resigning, but that's up to him and that's up to the Court. There is one other thing that needs to be mentioned, Mr. Weatherly has provided 9 accountings, monthly accountings. Since we have had this trial, 9. How many has Mr. Walkup provided? None. The answer is none. He has provided no accounting. And of course the reason we tried this case in the first place is because we had gotten 2 accounting over the 30 year course of this Trust. And here we are again, and we have yet to get an accounting.

The Court: (to Mr. Walkup) May I have it? The accounting?

Mr. Walkup: The accounting today? Yes.

Mr. Sowell: Well, we wrote the Court a letter in July with an accounting...

The Court: May I have an actual accounting?

Mr. Sowell: I mean Mr. Detwiler says whatever he wants too, but we wrote the Court in July.

The Court: It's not about that, can I have an actual accounting?

Ms. Durant: This is what we were able to pull since your email, your Honor.

The Court: Money should be a push of a button at any day and anytime.

Mr. Sowell: I don't know what he's talking about when he says we've provided none.

The Court: I just want the accounting.

Mr. Sowell: I take great umbrage at what he said.

The Court: Okay, what do you want me to do today? Because you are arguing what I consider very conflicting and contrary points and I do not understand.

Mr. Sowell: Well, we have said as plainly, as we can, that we will continue to make those payments to Mr. Alex Weatherly, until we have a hearing on the 21st and 22nd of December,

although we would like to have it earlier. That is our position. And otherwise we don't believe that it is enforceable but we are willing to do so because the Court is asking us to.

The Court: Well, I am not going to ask anymore. I am going to order you to. This is getting to the point of ridiculous.

Mr. Sowell: I cannot agree. I might agree it's ridiculous, but I don't have the same view of it as the Court does.

The Court: Let's all read paragraph 10 together. Mr. Walkup, look at paragraph 10 of the agreement.

Mr. Walkup: Pardon?

The Court: Paragraph 10 of the agreement.

Mr. Walkup: "The parties agree that this settlement agreement will be a temporary solution to determine its feasibility moving forward and the parties will report to the Court in 6 months' time with a progress report by July 16."

The Court: There is no concept that anybody's mind that terminated with some automatic function, on July 16 of 21. And if you thought you did, and you wanted to be reassured it was, that would be a Motion. And at any point you can ask me to schedule the finality of your trial, because you are concerned that he did not get his day in court. Which I have done at your request, this morning.

Mr. Sowell: And we have agreed to it. And we have agreed to continue making those interim payments in the...

The Court: ...While in the same breathe telling me the temporary agreement, in your mind, is terminated.

Mr. Sowell: True.

The Court: Okay.

Mr. Sowell: Quiet true.

The Court: Not okay. That part is not okay.

Mr. Sowell: I'm just telling you what my position is.

The Court: Okay. You asked me, specifically the fate of the temporary agreement is how you saw today. The fate of the temporary agreement: it is still in place. Mr. Walkup, it is still in place. Please don't be thinking that it is anything but still in place. The hope was that it was to get you to a place where it would be, on some level, the foundation of final agreement. I welcome your resignation.

Mr. Walkup: May I ask this question, please?

The Court: Certainly.

Mr. Walkup: Did I understand that there was a request for the fees to be paid by me by these attorneys in July?

Mr. Detwiler: Yes. Absolutely. And I also made a corresponding request that, if not, they be paid by the Trust.

The Court: You and they, with Jane's obvious involvement, can agree to anything different. At the end of the day, at the end of your trial in December, I've got lots of decisions to make. You're giving them all to me to make, unless you agree to something else yourselves, which is the foundation of this agreement. Try this out for a while and see if it can work. I thought it was, wonderfully. So I'm shocked it was over in your mind and you're ready to go back to litigation mode. Nothing great comes of litigation, but you'll get an answer. You remain in control of your own situation, until you give it all to me. But you are in no way going to blow up this temporary agreement based on some aggrieved feelings. And I will put that in an Order as my ruling on your request for the fate of the Temporary Agreement.

Mr. Sowell: I understand, but I reiterate that I think it's already over and I don't really think you have the jurisdiction to do that, but...

The Court: Ok.

Mr. Sowell: Respectfully...

The Court: No, let's go to the Code.

Mr. Sowell: I will...

The Court: No, let's go to the Code.

Mr. Sowell: ...receive your Order.

The Court: Let's go to the Code. 62-7-111. You gave me... You invoked my jurisdiction when this lawsuit was filed and you answered and we had a half of a hearing. You entered into what I can be described as a non-judicial settlement agreement.

Mr. Sowell: I agree with that.

The Court: Ok. In the Reporter's Comments: "While the SCTC..." South Carolina Trust Code...

Mr. Sowell: Temporary settlement agreement. I don't think we entered into a non-judicial settlement agreement. I think we entered into a temporary settlement agreement.

The Court: Mr. Sowell, I don't know what we are doing. I thought we were absolutely, before you interjected your need to argue the temporariness and termination of the settlement agreement, in a very good place, with your client agreeing that he had no problem with the settlement agreement. So, I don't know what we're doing.

Mr. Sowell: I can't help that. I know what I'm doing.

The Court: That sounds insulting.

Mr. Sowell: Well, I can't...

The Court: So, I'm not sure how to receive that either.

Mr. Sowell: I'm just saying that I have to make these arguments, because I believe they are correct. I respect the Court and I will respect the Court's rulings.

The Court: Then give me the Code section that supports your argument and position contrary to what I am trying to accomplish today.

Mr. Sowell: Well, it was not a Court ordered settlement.

The Court: I didn't say it was.

Mr. Sowell: And I understand what you say...

The Court: Why don't you read the Code section with me before we argue further.

Mr. Sowell: I mean, I don't have it so I can't read it. You can read. I can guess... I don't have it.

The Court: Do you not have digital access to the...?

Mr. Sowell: Well, maybe. (To Ms. Durant) Do we? Do we have it? (To the Court) Ok, I'll read it.

The Court: Why don't we take a moment and I'll show it to you in chambers.

Mr. Sowell: Ok.

RECESS FOR MEETING IN CHAMBERS

The Court: So we took a break for us to look at the law together and, Mr. Sowell, I think you'd agree that the Court can intercede in a non-judicial agreement, in the oversight of its temporariness, to make sure that the status is maintained until such trial date set now for December 21st and 22nd.

Mr. Sowell: To that limited degree, yes.

The Court: Thank you, sir. Now on the table, is the issue of an increase in the monthly amount. And the amount you're asking for, Mr. Detwiler and Mr. Weatherly, is how much? The amount of the increase is how much?

Mr. Detwiler: Your Honor, I'll let Mr. Weatherly address the exact increase amount, but just for the record, this was a motion that was filed on July 20th, 2021, to increase the settlement amount, the monthly amount that is.

Mr. Weatherly: Your Honor we requested an increase from \$6,425.00 per month, which was the Trustees portion of the total seven thousand odd dollar a month budget, to \$8,105.00 per month. And that is principally in order to increase the caregivers from 72 hours at \$15.00 dollars a month, to, I believe its 91 hours, at \$15.00, dollars a month. Now there are other parts to that increase, but that is the bulk of it.

The Court: And I believe Ms. Durant that you said you wanted to see the documentation of the caregiver time and how it is paid. Not just the check saying or an accounting saying that it was paid. May I ask you to afford yourself and maybe your client to look at these documents, which are the caregivers' time.

[Inaudible discussion]

The Court: And Mr. Walkup, I believe that you said, that was one of your concerns that she needed more care.

[Inaudible discussion explaining the accounting]

Mr. Walkup: Absolutely.

Mr. Weatherly: My assistant has prepared for the time based on the number of hours, \$15.00 dollars an hour. My bookkeeper reviews it, I have a firm bookkeeper and then she cuts the checks. And then we keep copies of all the checks, as you can look at each payroll.

The Court: Let's let them take a minute to flip through it.

Mr. Weatherly: Take your time. There are a few other bills where we paid the pharmacy bills and for the wheelchair and things like that. And the backup for them should be in the file.

Ms. Durant: Your Honor, is this something we could get in electronic format and study up on it? I don't think Mr. Walkup is in the position right now to make any decisions.

The Court: Well, can we try? Because the decision is that, can we pay for more caregiving time? I believe he indicated that was one of his main concerns, providing more caregiving time. So if the cost is already increased, already incurred, or already in need of it being incurred because of her well-being and her care, then let's try to resolve it today. And yes of course we will provide it subsequently in electronic format, but let's look at the paper right now if we can, please. The paper is to justify that it has been going on. The paper is to justify the process that he is using. If you're concerned about his process of hiring or managing their time, let's discuss that. But my memory is Mr. Walkup, that when you managed the caregiver time, that they reported to your secretary their time for the week or their hours for the week and you pay them, is that correct?

Mr. Walkup: Correct.

The Court: And I think that's what I just heard Mr. Weatherly describe as his process. Would you look at the records for a moment please, and let's see if we can resolve this? That you are not concerned about his process. The accuracy of the hours.

Ms. Durant: (To Mr. Walkup) So this is the invoice that Michelle submits to Alex. Then it is followed up by the

Mr. Weatherly: (To Mr. Walkup) And we cut individual checks to each of the caregivers.

Ms. Durant: (To Mr. Weatherly) And how is Pat Macintosh taking into account in here?

Mr. Weatherly: (To Ms. Durant) Her situation is that she gets rent free, so she stays there and then she contributes a small amount to Jane. She pays directly to Jane each month for utilities.

Ms. Durant: (To Mr. Weatherly) Okay, but does she do any caregiving, per say?

Mr. Weatherly: (To Ms. Durant) She's not one of the caregivers. But she's there at night to help Jane in any event that she needs to go in an emergency or something like that.

The Court: Does she make meals for her?

Mr. Wetherly: Most of the time there is a caregiver while they are there.

The Court: ...Assist her while getting into bed?

Mr. Weatherly: They should have someone to help her with that at night. The caregiver basically starts early in the morning and goes till about midafternoon, and then a caregiver comes back in the evening to get her to get ready for bed. I am not sure the exact time, but I could probably figure it out by looking at a schedule here that was turned in last week.

The Court: And you have how many hours a week of care now, and how many hours do you want to go to?

Mr. Weatherly: We want to be able to give 91 hours in a week.

The Court: And right now you are?

Mr. Weatherly: 72.

The Court: Mr. Walkup, can you agree to the increase in hours per week?

Mr. Walkup: Yes.

The Court: And then the obviously the increase cost?

Mr. Walkup: And the cost, yes.

The Court: Alright.

Mr. Weatherly: And just a second, the Court knows the other items that we were primarily wanting to increase is that because Jane was sick she has additional pharmacy issues, so we were wanting to increase that from \$120.00 to \$260.00 a month, which is a \$140.00 increase. She has additional supplies needs, because the caregivers have to be more involved in changing her and things like that. And so we were looking for a \$250.00 a month increase in the supplies. And then on the homeowner's insurance that had to go from \$75.00 to \$116.00, because the insurance agent called and if we're going to have caregivers there and if one of them had an accident that might not be covered. So we added caregiver insurance, which increases that from \$75.00 to \$116.00, which is a \$41.00 increase.

The Court: Are you okay with all of those things?

Mr. Walkup: Yes.

Mr. Weatherly: Thank you, your Honor.

Ms. Durant: Can we have an electronic copy?

Mr. Weatherly: I can get your copies, yes.

Ms. Durant: Thank you.

The Court: Anything else today, Mr. Detwiler?

Mr. Detwiler: Um, your Honor, we have our outstanding Petition for Attorneys' Fees, I understand that... I assume that, that will be reserved until the end of the trial? If we have one. But I'd be happy to have that heard as well and I think that's it.

The Court: Certainly, attorneys' fees issues will be handled at the end of the trial December 21st or 22nd. Anything else before we talk about the trial?

no one speaks

The Court: We agree on the 21st and 22nd? Have you had opportunity to verify with your witnesses?

Ms. Durant: We have not. We have been getting ready for this hearing.

The Court: So let that be something you wind up today so that we can make sure we are all on the same page with those dates, and also if they want to appear in person, whether they want to appear by Zoom. And how many you will have. And certainly we're going to try to crunch this quick out of an abundance of prudence and economy. And if there is anything that can be just affidavited, with your agreement obviously, Mr. Detwiler, to reduce time and cost, that would be something to consider as well.

Mr. Detwiler: Your Honor, I think...

The Court: The opinion testimony of Mister... I've forgotten who you just said, I apologize.

Mr. Sowell: Mosely and Walker.

The Court: And certainly if you want to pose just questions, written questions, for them to answer versus an in person, I certainly would applaud that, but I understand if you want to be in the moment and in person.

Mr. Detwiler: Your Honor, I think I have already made an offer to stipulate that these witnesses are going to testify that Bill Walkup is a fine upstanding person and that he manages money very well, and I don't think anyone is going to dispute that.

The Court: Why don't you talk to your attorneys, sir, because I don't think that... It's a lot for you to consider, a lot for you to think about. That is a statement that should mean something in the direction that you were concerned about.

Mr. Detwiler: Your Honor, on the issue of attorney's fees, I am not trying to belabor the point, we haven't been paid, as you know, anything. I assume, but do not know, that Mr. Walkup has

been paying Ms. Durant and Mr. Sowell for their labors. May we... Would the Court entertain our Petition to have some fees be paid out of the Trust to keep us going?

The Court: Well...

Mr. Sowell: Absolutely not agreeable.

The Court: That's unfortunate that it was that quick to be considered as a hard heavy... Mr. Sowell?

Mr. Sowell: Yes, your Honor.

The Court: Processing, for just a moment, any betterment of Ms. Baskin. That would be my request, and that needs more than a moment's evaluation. And certainly a sum certain that you and your client can come to... Get to a place where you are okay... Is what I am asking for? And let's just don't answer the question right this second. Let's look at which is our duty, our duty under the umbrella of the care of Jane Baskin. Is she better than she was? And that may not be something that you can get to today just yet. Is she happier than she was? Is she safer than she was? Is she more independent than she was? Those are the evaluations criteria that I will have to apply. The guardian ad litem, remind me who that was?

Mr. Detwiler: Michelle Nunn.

The Court: Michelle Nunn?

Mr. Detwiler: Yes, ma'am.

The Court: And she was brought in based on her specialty, do we need another guardian ad litem? Or a revisit by the guardian ad litem before your trial in December? So that that testimony will be pertinent in the change in circumstances.

Ms. Durant: I have no objection to that.

Mr. Detwiler: You asked if that... Your question is, is it necessary? I would say, probably not. I'm concerned about the expense. But I certainly do not object to it.

The Court: Well, I don't know who else would testify as to the change, the effect of the physical change, the effect of the new structure. I don't know who else could testify about that, and that will be pertinent.

Mr. Detwiler: Certainly no objection.

Mr. Walkup: Who paid for that?

Ms. Durant: I assume the trust will pay for Ms. Nunn?

The Court: Yes, ma'am. So I will let you think about that as well. So a follow up, reappointment Order and then considering his offer about stipulations of reputation; affidavits of lieu of testimony, they may find agreeable. And that may not be something that you can resolve. And then any temporary award of attorneys' fees by agreement... And temporary not meaning short term, temporary as it is resolving a portion of the fees if at all. Alright?

Mr. Detwiler: Your Honor, I do believe the Court has the power and the authority to award temporary fees, for the record. I think the Code allows for that and I would be happy to review any affidavits of testimony that Mr. Walkup's attorneys want to present, and likely we will agree to them.

The Court: And if there is the possibility that there is less than two days, once you have really structure who you are going to call, and what they're going to testify about, and how long it can take. If it is truly less than that two day potential time frame, I could possibly squeeze it in sooner than that but a back to back two day that's the best I have right now. Alright? We are adjourned.

Mr. Walkup: May I have a word, your Honor?

The Court: okay

Mr. Walkup: I still, based upon the absolute lies that Jane has told, I still face assault and battery charge. Absolutely factious. She went to her doctor, her forty year old doctor a week after the alleged incident, for a complete physical examine and said nothing to him about any kind of injuries. In her testimony she said she went to the Doctor's Care two weeks after the incident, but it was actually a month and two days after the incident, and she went to the Doctor's Care to get her injuries certified. And she testified that she... They asked the doctor to write that it was a contusion and he hesitated, but, in her words, "I asked him write intrusion and he says, 'Okay.'" Just absolute total false, fictitious stories that she has no conscious to feel that I could be put in jail because of these assault and battery charges. It's an example.

Mr. Detwiler: Your Honor, we were unaware of these criminal... That there were any criminal matter pending before us

Mr. Walkup: Assault and battery was filed by these lawyers and they filed it three years to the date of the incident, like the next day, either that day or the day, the statute of limitation would have expired.

The Court: I think, Mr. Walkup, you may be confused. So let's listen to the lawyers on this. Does he have criminal charges pending against him?

Ms. Durant: No, your Honor. It's a civil complaint filed by Callison Tighe.

The Court: So it's a civil complaint.

Mr. Walkup: Well, regardless.

The Court: The result of that... It matters. It's a civil complaint. Your being placed in jail is not the consequence of that, it's all money. It will never be jail. Civil liability is about you paying her money for the alleged injuries.

Mr. Walkup: But it also adds to my huge legal bills ,and it adds to my stress and it adds to the hours...

The Court: (To Ms. Durant and Mr. Sowell) Do you represent him in this matter? (Counsel affirms) Okay. I don't think it is proper to bring it in front of me because it is not my jurisdiction.

Mr. Walkup: Well the many other lies that she has told about me are a part of your jurisdiction, I'm certain. Just over and over again. The biggest lie in the world is that I wrote the will and left everything to me. Ben Boyd, who was one time an associate judge here, was married to her first cousin. He wrote the will. And if you remember her testimony, she said that she read the will and it said that everything was left to me, nothing to her. As a result of that, she took it to her dad and told him... Showed it to him and he said... He told those guys to get out of here and correct the will, just totally fictitious stuff.

The Court: Mr. Walkup, I know these things are burning on you and you're dwelling on them, however it is not what today is for. Can we agree on that?

Mr. Walkup: But the reality is that I have gone through a huge expenses and strain of stress for a lot of years, based upon a series a long series of lies that Jane has told. No conscious about it she has just...

The Court: That is the third time that you have said she has no conscious. I have to call this to a conclusion, sir, because she's not here and this is becoming, if not already, your testimony. That is what December is for

Mr. Walkup: That will add to the pain and suffering and legal fees that I have to pay. None of which would have occurred, if she had not told a series of lies

The Court: Mr. Walkup, I urge you to resolve this short of litigation in December. There is an ability within you and the people present here today to resolve all the concerns, all of them. By agreement. I wish you would shift your focus. I am not your attention on that issue. You can control all of that, if you can come to an agreement. Otherwise I will decide what is properly before me in December. We are now adjourned.