

B.P. Chiropractic
5150 Ashley Phosphate Rd.
N. Charleston, SC 29418

(843) 552-5353 • Fax (843) 553-8105

NAME: Harold Simmons DATE: 10/4/22

This is to certify that the above named patient is under the care of our office. The patient was at our office AM [] PM [] today for treatment.

Physician Report: DIAGNOSES: Post accident trauma : Other _____

And
Therapy Rx [] Physical Therapy Chiropractic [] Orthopedic Evaluation [] Neurologic Evaluation

Frequency [] Daily [] 4 days/week 3 days/week [] 2 days/week

Work/School Recommendations:

Employee may return to work/school without restrictions as of ___/___/___.

Totally disabled. Effective ___/___/___ . Estimated return to work in ___ Weeks; Undetermined time []

The patient has been examined by [] Orthopedic Surgeon [] Neurologist Disability recommendations and report are pending.

The patient is returning to work against medical advice. The patient cites: [] financial necessity [] Employer does not offer light duty work, therefore employee must return to full duty.

Return to work with light duty restrictions listed below: Effective Date ___/___/___

[] Lifting – Occasional 10 / 25 / 50 Max lbs. [] Lifting – Repetitive 5 / 10 / 25 Max lbs.

[] No repetitive bending, twisting at the waist. [] No repetitive movements involving arms/shoulders

[] No reaching above shoulder level [] No repetitive pushing, pulling

[] Hourly breaks (5-10 min) to stretch/rest [] Mixed sitting, standing, walking hourly

Notes: Mr. Simmons is under our care for a car accident for the next 4-6 weeks.

Physician's Signature



Patient: SIMMONS, HAROLD JR
Account No: D00073441960
Unit No: D000269727
Location: SMC EMERGENCY DEPART...
Physician: Shelley, Neal H MD
Date: 10/06/22

Patient Visit Information

You were seen today for:

Cervical strain, acute

Staff

Your caregivers today were:

Physician: Shelley, Neal H MD
Practitioner: WARE, BRANDON M PA

Patient Instructions Reviewed

Neck Sprain or Strain

received 10/06/22 - 1413

Activity Restrictions or Additional Instructions

Rest, warm compress to areas.

Alternate Tylenol and NSAIDs as needed for pain if you can take these medications.

Please return to the ER for fever, numbness, tingling, weakness, bowel/bladder changes, chest pain, abdominal pain or any other concerns.

Expect to be more sore in the next few days.

Please follow-up with your regular physician

Flexeril as needed for muscle spasms, may cause drowsiness, do not take while driving.

Medication Dose and Instructions

CYCLOBENZAPRINE (FLEXERIL) 10 MG TAB
10 MG ORAL (by mouth) TWICE DAILY AS NEEDED As Needed for spasm #10 TAB REF 0
10/06/22 2:12pm Status: PENDING
Walgreens Drugstore #17043 (843)766-5593
1115 OLD TOWN RD CHARLESTON, SC 294076062

LIDOCAINE 5% (LIDODERM 5%) 1 EACH ADH. PATCH
1 PATCH TRANSDERMAL DAILY #14 PATCH REF 0
Instructions: 12 hours on to affected area, then 12 hours off
10/06/22 2:12pm Status: PENDING
Walgreens Drugstore #17043 (843)766-5593
1115 OLD TOWN RD CHARLESTON, SC 294076062

APPOINTMENT CARD

Patient Name: Simmons, Harold

Appointment: Wednesday, September 21, 2022 at 9:40 AM

Provider: Dana L Simpson

Resource: Simpson, Dana L

Facility: TJ Bell Family Health Center
130 VARNFIELD DR Suite 100
SUMMERVILLE, SC-29483-7317
Tel:843-722-4112 Fax:866-285-7156

Reason: Car accident



Fetter Health Care
— NETWORK —

Covid-19 Rapid Covid Test Results (FORM D)

Thank you for entrusting Fetter Health Care Network for your COVID-19 testing needs today. You have received rapid antigen test results.

Please continue to practice social distancing and wearing face coverings to continue to keep yourself and others free of infection.

Your RAPID COVID TEST RESULT IS: **POSITIVE**/NEGATIVE as of
9/21/22

IF NEGATIVE: Continue to socially distance yourself from others and wear a mask to decrease the spread. If symptoms persist or worsen, consider retesting in 1-3 days.

IF POSITIVE: REMAIN ISOLATED AT HOME, for 5 days (tomorrow is day #1). If symptoms are significantly reduced, stop isolation and wear mask for additional 5 days at all times to decrease spread to others. If still symptomatic, then remain on isolation until symptoms are resolved.

Seek immediate medical attention via 911 or nearest emergency department if symptoms worsen.

Should you develop additional questions related to COVID-19 results after your test, please call 843-722-4112 from 8:30am-5:00pm.



Patient: SIMMONS,HAROLD JR
Account No: D00073190002
Unit No: D000269/2/
Location: SMC EMERGENCY DEPART...
Physician: ER,Doctor
Date: 09/09/22

School/Work Excuse

Trident Medical Center
Summerville Medical Center
Moncks Corner Medical Center
Centre Pointe Emergency
Brighton Park Emergency

Print Date: 09/09/22 Time: 2338
ED Visit Date: 09/09/22

SIMMONS,HAROLD JR has been treated and released from the Emergency Department.
The physician's instructions are as follows:

Return to Work(days): off 9/9 - 9/11/22

Return to School(days):

Comment:

ED provider: ER,Doctor

Date 09-08-2022	County 18	City, State & Zip 642 / DORCHESTER RD	City, State & Zip 2 NORTH CHARLESTON
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Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530

SA-551853 Driver/Pedestrian's Full name SIMMONS HAROLD				SA-561854 Driver/Pedestrian's Full name BURGESS TRACY R			
Unit # 1	Sex	Race	Street 1182 KING ST	Unit # 2	Sex	Race	Street 5414 CLEARVIEW DR
# Occ 1	Birth Date		City, State & Zip CHARLESTON SC 294033426	# Occ 1	Birth Date		City, State & Zip N CHARLESTON SC 294207804
State SC	Driver's License # 0002502272		Class D	Insurance Company AARP	State SC	Driver's License # 00C1870670	
Year 2004	Body PK	Vehicle Make FORD	VIN 1FTPW12594KB90466	Year 2017	Body UT	Vehicle Make MERZ	VIN WDC0G4KB0HF162988
State SC	Year 2023	License Plate # QZG309	Owner's D.L. # 0025022272	State SC	Year 2023	License Plate # FFR490	Owner's D.L. # 001870670
Home Telephone			Owner's Full Name SIMMONS HAROLD N	Home Telephone			Owner's Full Name BURGESS TRACY R
Bus. Telephone			Street 1182 KING ST	Bus. Telephone			Street 5414 CLEARVIEW DR
Contributed To Collision Yes <input type="radio"/> No <input checked="" type="radio"/>			City, State & Zip CHARLESTON SC 294033426	Contributed To Collision Yes <input checked="" type="radio"/> No <input type="radio"/>			City, State & Zip N CHARLESTON SC 294207804

Driver/Pedestrian's Full name				State	Year	License Plate #	Owner's D.L. #
Unit #	Sex	Race	Street	Home Telephone		Owner's Full Name	
# Occ	Birth Date		City, State & Zip	Bus. Telephone		Street	
State	Driver's License #		Class	Insurance Company	Contributed To Collision Yes <input type="radio"/> No <input type="radio"/>		City, State & Zip
Year	Body	Vehicle Make	VIN	Accident Insurance Information for Unit # 2			
All Units Insurance Information (to be completed by Investigating Officer)				Company Name PROGRESSIVE		Area Code/Phone Number	
				Agency Name		Policy Number 938765509	
Accident Insurance Information for Unit # 1				Accident Insurance Information for Unit #			
Company Name AARP		Area Code/Phone Number		Company Name		Area Code/Phone Number	
Agency Name		Policy Number 55PHG759983		Agency Name		Policy Number	

Automobile Liability Insurance Information

Notice of Requirement Accepted <input type="checkbox"/>	Signature	Y <input type="checkbox"/> N <input type="checkbox"/> Refused to Affix Signature?	Y <input type="checkbox"/> N <input type="checkbox"/> Vehicle Subject to Registration in SC?
To Be Completed Below or Entered at WWW.SC-ALIR.com By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically. Reference to Unit #: _____. I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.		The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein.	
Insurance Company	Policy #	Signature	Title
Beginning Date	Ending Date	Policy Holder	NAIC # (Assigned by S.C. Dept. of Ins.)
		Bus. Telephone ()	

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion				Form FR-10 Not Issued: Section 56-10-520			
Check here if a Form SR-23 Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle				No FR-10 issued to Operator/Owner of Unit #: _____			
Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____				Summons Issued To:			
Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.				Signature		Date	
				For operating or allowing the operation of an uninsured vehicle		Summons Number:	
						Signature	
Investigating Officer's Name J.D. TUTEN	Rank LCPL	SCCJA# 2408-7502	Jurisdiction Code HP06	Review Date	Reviewer's Name	Rank	Internal Agency Code CHTC22CAD107900