20045

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, III, Circuit Court Judge

Case No.: 2009-CP-42-5373

James Hoftiezer, as Personal Representative for the Estate of Martha Hoftiezer. .....Appellant,

v.

D. Mark Hicklin, M.D., Drs. Taylor, Hicklin, Westmoreland and Coley, P.A., and Spartanburg Regional Health Services District, Inc., d/b/a Spartanburg Regional Healthcare System . .....Respondents.

RECORD ON APPEAL
VOLUME 2

Counsel of Record

Ruskin C. Foster
Brad D. Hewett
500 Taylor Street
Post Office Box 8113
Columbia, South Carolina 29202
Attorneys for Appellant

Perry D. Boulier
Ginger D. Goforth
Holcombe Bomar, P.A.
100 Dunbar Street, Suite 200
Spartanburg, South Carolina 29306
Attorneys for Respondents

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SC Court of Appeals

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941

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FAXED 4/9/03 KP

ECKERD Fax Refill Authorization Request Ho

From: Eckerd Pharmacy #8031
8951 VALLEY FALLS ROAD
BOILING SPRINGS, SC 29316
Pharmacy Phone Number: (864) 578-3730

Patient: Hoftiezer, Martha
Fax Date: 4-9-03
Fax Time: 1:16 AM (PM)

Pharmacy Fax Number: 599-9330

Patient Information:
Martha Hoftiezer

DOB: 07/14/47 Phone: (864)578-9514

Prescriber Information:
Thomas Westmoreland, M
391 E. HENRY ST
SPARTANBURG, SC 29302
Phone: (000)573-9595
Fax : (000)585-3752

327

Prescription Information:
Prescription Number:
Third Party Plan Name:MERCK-MEDCO
Product Name: BEXTRA 20MG TABS (PHAI)
Date Written: 01/09/03
Last Filled Date: 03/03/03
Sig: Take 1 tablet every day

Last Refill Quantity: 30 TA

Prescriber Response Area:
Refill Authorized? (Yes) No
Additional Refills? 1 (2) 3 4 5 ___ PRN
Generic Permitted? (YES) No
Comments:

Authorized By: M Hicklin
Printed Name: M. Hicklin
Date: 4-9-03

Return your respc via fax to the number above.
Generics will be substituted unless otherwise indicated by prescriber

461

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FAXED 4/9/03 MP

ECKERD Fax Refill Authorization Request Ho

From: Eckerd Pharmacy #803!
8951 VALLEY FALLS ROAD
BOILING SPRINGS, SC 29316
Pharmacy Phone Number: (86) 78-3730

Patient: Hoftiezer, Martha
Fax Date: 4-9-03
Fax Time: 1:16 AM (PM)

Pharmacy Fax Number: 599-9336

Patient Information:	Prescriber Information:
Martha Hoftiezer DOB: 07/14/47 Phone: (864)578-9514	Thomas Westmoreland, M 391 E. HENRY ST SPARTANBURG, SC 29302 Phone: (000)573-9595 Fax : (000)585-3752
Prescription Information: Prescription Number: 4289983 Third Party Plan Name:MERCK-MEDCO Product Name: PHENOBARBITAL 97.2MG T A 3 (QUAL) Date Written: 08/19/02 Last Filled Date: 11/21/02 Sig: Take 1 tablet at bedtime Last Refill Quantity: 30 TA	**Prescriber Response Area:** Refill Authorized? (Yes) No Additional Refills? 1 2 3 4 5 ∅ PRN Generic Permitted? (Yes) No Comments: Authorized By: M Hicklin Printed Name: M. Hicklin Date: 4-9-03 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

Martie Hoftiezer

Date: 3303 Reason for visit: bad cold x10d / frequent, profuse sweating more than night sweats
low grade fever, earaches bilat

Wt 150 3/4 Wt

94 96 BP 140/80

HOFFTIEZER, MARTIE 03/03/03 SCOTT A. COLEY, M.D.

S: Martie comes in with cold, cough, congestion and some profuse sweating over the last few weeks. She is off her hormones and that may be part of the reason, but she has got a right earache and just been sick for about ten days with coughing, but just started feeling better for a while now and then worse over Friday and Saturday. No real cough now.

O: On examination, right TM is red and bulging. Left TM is clear. Throat; erythematous with drainage. Purulence in nose. Bilateral maxillary sinus tenderness. Lungs are clear. Heart is regular.

A: Purulent upper respiratory infection.

P:
1. Amoxicillin 500 mg two caps p.o. b.i.d. for ten days.
2. Profen II DM b.i.d.
3. Also, for insomnia, I gave her Ambien 10 mg one tab p.o. q.h.s. 30 tabs with one refill.
4. Work excuse for 3/3/03, 3/4/03 and 3/5/03.
5. Progress report in the next few days.
6. Followup otherwise p.r.n.

SAC/ctf

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FAXED
2-3-03 MB
2:13p m

ECKERD Fax Refill Authorization Request

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS, SC 29316
Pharmacy Phone Number: (864)578-3739

Patient: Hoftiezer, Martha
Fax Date: 2/1/03
Fax Time: 9:50 AM PM

Pharmacy Fax Number: 599-9336

Patient Information:	Prescriber Information:
Martha Hoftiezer DOB: 07/14/47 Phone: (864)578-9514	Thomas Westmoreland, M 391 E. HENRY ST SPARTANBURG, SC 29302 Phone: (000)573-8595 Fax : (000)585-3752
Prescription Information: Prescription Number: 6289988 Third Party Plan Name:MERCK-MEDCO Product Name: TRAMADOL 50MG TABS (TEVA) Date Written: 08/19/02 Last Filled Date: 12/23/02 Sig: Take 1 tablet 2 times a day after meals	**Prescriber Response Area:** Refill Authorized? Yes No Additional Refills? 1 2 3 6 Generic Permitted? Yes N Comments: Authorized By: Printed Name: Date: 2/3/03

DATE	TIME	CALLER	PH.#
1-8-03	12:50	7-14-47	578-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Martha S. Hofthezer			MB	W

MESSAGE	DISPOSITION
Presc. Bextra (2xdy) on Rx you wrote you gave #100 1xdy needs to be #=60 2xdy Call Pharm + correct	
ALLERGY	
DRUG STORE Eck. B Springs	HANDLED BY

Should be 1 every Bed Dr

1/8/03 2 Every gd

Dr to call us back

1-9-03 - She is in Jury duty

Pharmacy states she already knows its 20mg qd

1-9-03 She took Bextra 20mg 1 qd C.S.

And now she is out. It's too early to Refill

Pharm. won't refill (Ins. won't pay for it.)

Call Dr

Wants you to write ① Bextra 20mg 1 qd #30 2 refl

Eck. Bait Spring ② Maxalt - migraines

Maxalt MLT 1 PRN (can

as directed

2 refl

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoffiezer, Martha
Fax Date: 12.24.02
Fax Time: 0940 AM (PM)

Pharmacy Fax Number: 599.9336

Patient Information:	Prescriber Information:
Martha Hoffiezer DOB: 07/14/47 Phone: (864)578-9514	Westmoreland Thomas Westmoreland , M 391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-8585 Fax : (000)585-3752 DEA# AW7534654
Prescription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: ETODOLAC 400MG SA (TEVA) Date Written: 06/13/02 Last Filled Date: 11/21/02 Sig: Take 1 tablet 2 times a day after meals Last Refill Quantity: 60 TA Generic for LODINE XL 400MG TABS	**Prescriber Response Area:** Refill Authorized? (Yes) No Additional Refills? 1 2 3 (4) 5 ___ PRN Generic Permitted? (Yes) No Comments: Authorized By: [signature] Printed Name: Date: 12/26/02 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

FAXED
12/24/02

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Martie Hoftiezer

Date: 11/11/02 Reason for visit: diarrhea/nausea x 4 days.

Wt 152 Ht

T ____ P 88 R ____ BP 120/80

Scott A. Coley, M.D.

11/11/02 4; Hoftiezer, Martie

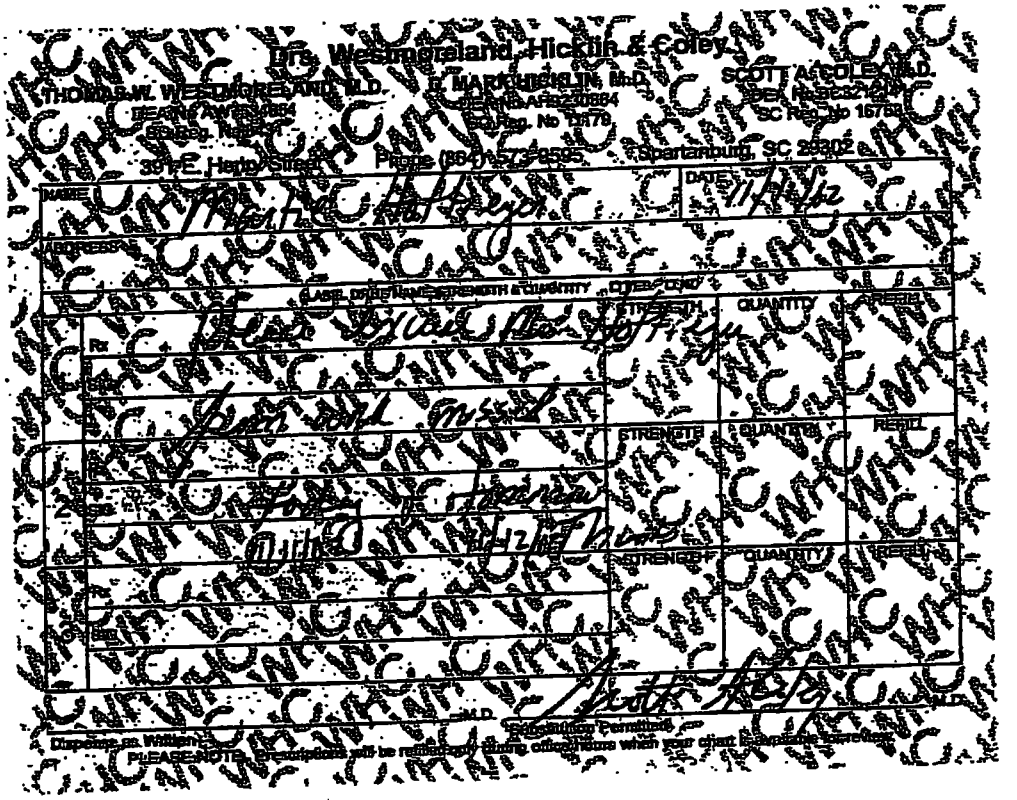
S: Martie has history of diarrhea and nausea for the past four days. Actually has not vomited, just had some loose stools. Pepto-Bismol over the counter is not helping

O: HEENT: Normal. Mucous membranes: Moist. Lungs: Clear. Heart: Regular. Abdomen: Just diffusely tender, normal active bowel sounds, soft. CBC looks OK. Hemoglobin is back up to 11.2.

A/P: 1. Gastroenteritis.
Lomotil, one tablet by mouth daily, #20 with one refill.
Work excuse for today and tomorrow.
Follow-up otherwise as needed.

SAC/ts-ag

DATE 11-21-02	TIME 9:35	CALLER 7-14-47		PH.# 578-9514	
PT. Martha Hoftiezer	AGE	TEMP.	REC'D BY: MS	MD W	
MESSAGE given samp. of Bextra it has helped wants Rx Bextra #100			DISPOSITION Zoloft #60 1 po qd 2 refills.		
ALLERGY					
DRUG STORE Eck-B-Springs			HANDLED BY		


Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. F. MARK HICKLIN, M.D. SCOTT A. COLEY, M.D.

DEA# AW5386864 DEA# BH6230864 DEA# BC3216814

S.C. Reg. No 19179 S.C. Reg. No 19179 S.C. Reg. No 16768

391 E. Henry Street Phone (864) 573-8595 Spartanburg, SC 29302

NAME DATE

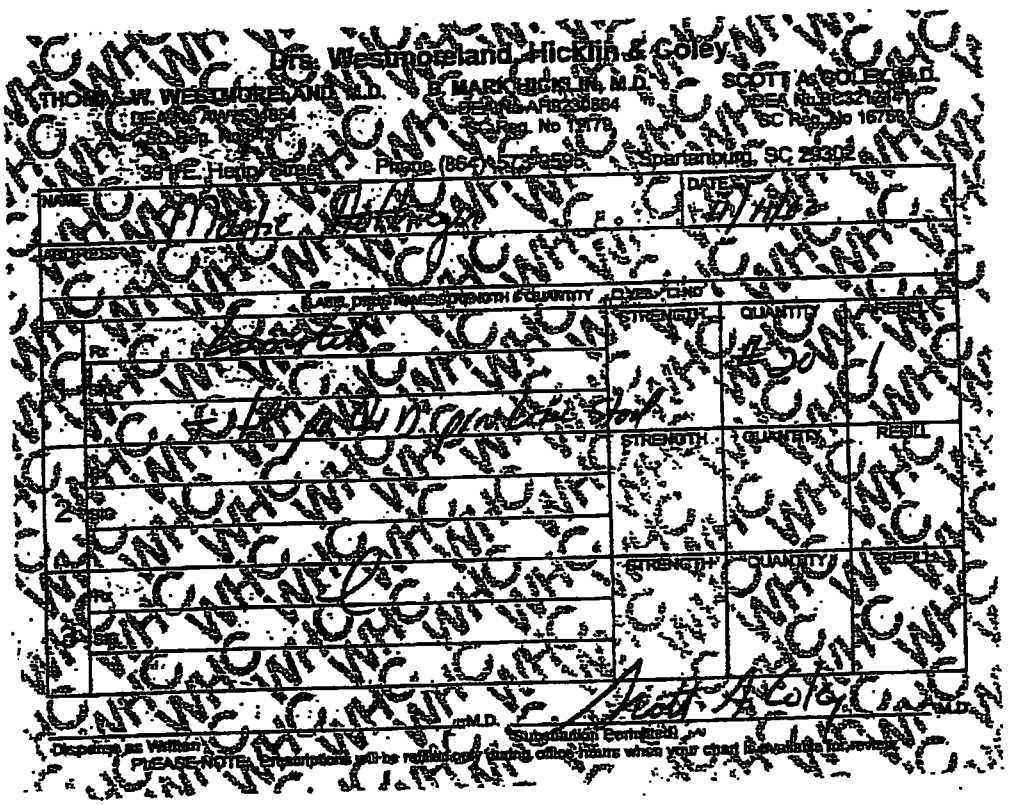
ADDRESS

Rx

STRENGTH QUANTITY REFILL

Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.


Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. F. MARK HICKLIN, M.D. SCOTT A. COLEY, M.D.

DEA# AW5386864 DEA# BH6230864 DEA# BC3216814

S.C. Reg. No 19179 S.C. Reg. No 19179 S.C. Reg. No 16768

391 E. Henry Street Phone (864) 573-8595 Spartanburg, SC 29302

NAME DATE

ADDRESS

Rx

STRENGTH QUANTITY REFILL

Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Hoftiezer Martie J

Date: 10/31/02 Reason for visit: Migraines also bumps on (R) 4th finger tip

Wt 154 Ht

BP 130/70

CBC ferritin

* migraines - Maxalt-MLT 10 mg PRN

* Evista -

HOFTIEZER, MARTY 10/31/02 THOMAS W. WESTMORELAND, MD

S: Marty comes in with migraine. She had some pots and pans fall on her head while out at work several months ago. She has had three really bad migraines over the past 2 months. She has only taken over the counter meds and it has caused some problems with her stomach. She is known to have severe iron deficiency anemia and has been seeing Dr. Corso for that. She has not had a hemoglobin check in a while. The last CBC I think was in March. She feels well usually. She has had of course a flare of her osteoarthritis in her hips and knees and cannot tolerate Celebrex very well now. She also wants to go off of Prempro and wants some advise as to what else to use.

O: HEENT is negative. TMS are clear. Throat is clear. Neck is supple. No thyromegaly, lymphadenopathy or jugular venous distention. Lungs are clear to P&A. Heart is regular. No murmur or gallop. Abdomen is negative.

A:
1. Migraine headaches most probably worsened by trauma. She had a concussion she said when this accident happened.
2. Osteoarthritis.
3. Iron deficiency anemia.
4. Menopause.

P:
1. We gave her some Maxalt-MLT and told her how to use it, 10 mg to 30 mg in a 24 hour period. Use at onset of the headache.
2. She can use simple analgesics otherwise.
3. Also, Bextra 20 mg that she can use daily if needed for her osteoarthritis problems. It may be helpful for the headaches as well.
4. We gave her Evista 60 mg daily. She is going to finish her present Prempro prescription and then go to Evista.
5. We talked about hot flashes, etc.
6. We are going to draw a CBC, iron and ferritin level to see where she is now with her anemia.
7. She is to recheck otherwise p.r.n.

TWW/cs

09/19/2002 16:58 8645999336 ECKERD Ho

ECKERD Fax Refill Authorization Request

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730
Pharmacy Fax Number: 599-9336

Patient: H...ezer, Martha
Fax Date: 9/19/02
Fax Time: 3:00 AM PM

Patient Information:	Prescriber Information: Westmoreland
Martha Hoffiezer DOB: 07/14/47 Phone: (864)578-9514	Thomas Westmoreland , M 391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-8595 Fax : (000)585-3752 DEA# AW7534854
Pr...ription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: SUCRALFATE 1GM TABS (TEVA) Date Written: 03/11/02 L ...Filled Date: 08/17/02 Sig: Take 1 tablet 2 times a day ~~after meals~~ 15-30 minutes AC L Refill Quantity: 60 TA le for CARAFATE 1 GM TABS	**Prescriber Response Area:** Refill Authorized? (Yes) No Additional Refills? 1 2 3 4 (5) ___ PRN Generic Permitted? (Yes) No Comments: Authorized By: M Hicklin Printed Name: M. Hicklin Date: 9/19/02 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

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08/17/2002 19:13 8645999336 ECKERD PAGE 01

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoftiezer , Martha
Fax Date: 8/17/02
Fax Time: 5:45 AM PM

Pharmacy Fax Number: 599-9336

Patient Information: Martha Hoftiezer DOB: 07/14/47 Phone: (864)578-9514	**Prescriber Information: Westmoreland** Thomas Westmoreland , M 391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-9595 Fax : (000)585-3752 DEA# AW7534654
Prescription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: ULTRAM 50MG TAB (MC N) Date Written: 03/11/02 Last Filled Date: 07/11/02 Sig: Take 1 tablet 2 times a day after meals Last Refill Quantity: 60 TA	**Prescriber Response Area:** Refill Authorized? (Yes) No Additional Refills? 1 2 3 (4) 5 ___ PRN Generic Permitted? (Yes) No Comments: Authorized By: Printed Name: Date: 8/19/02 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

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08/17/2002 19:13 8649999936 ECKERD PAGE 02

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy, #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoffiezer, Martha
Fax Date: 8/12/02
Fax Time: 5:45 AM PM

Pharmacy Fax Number: 599-9336

Patient Information:	Prescriber Information:
Martha Hoffiezer DOB: 07/14/47 Phone: (864)578-9514	Thomas Westmoreland, M 391 E. HENRY ST SPARTANBURG, SC 29302 Phone: (000)573-9595 Fax : (000)585-3752 DEA# AW7534654
Prescription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: CELEBREX 200MG CAPS (G.D.) Date Written: 03/11/02 Last Filled Date: 07/11/02 Sig: Take 1 capsule 2 times a day after meals Last Refill Quantity: 60 CA	**Prescriber Response Area:** Refill Authorized? (Yes) No Additional Refills? 1 2 3 (4) 5 ___ PRN Generic Permitted? (Yes) No Comments: Authorized By: Printed Name: Date: 8/19/02 Return your response via fax to the fax number above. Quantities will be substituted unless otherwise indicated by prescriber

Confidential Patient Information

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08/17/2002 19:13 8645995336 ECKERD PAGE 03

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS, SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoffiezer, Martha
Fax Date: 8/17/02
Fax Time: 5:45 AM PM

Pharmacy Fax Number: 599-9336

Patient Information:	Prescriber Information: Westmoreland
Martha Hoffiezer DOB: 07/14/47 Phone: (864)578-9514	Thomas Westmoreland , M 391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-9595 Fax : (000)585-3752 DEA# AW7534654
Prescription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: PREMPRO 5MG TAB-28 (WYET) Date Written: 03/11/02 Last Filled Date: 07/11/02 Sig: Take 1 tablet every day Last Refill Quantity: 28 TA	**Prescriber Response Area:** Refill Authorized? Yes No Additional Refills? 1 2 3 4 5 ___ PRN Generic Permitted? Yes No Comments: Authorized By: Printed Name: Date: Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

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08/17/2002 15:13 8645999336 ECKERD

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoftiezer , Martha
Fax Date: 8/17/02
Fax Time: 5:45 AM PM

Pharmacy Fax Number: 599-9336

Patient Information:	Prescriber Information: Westmoreland
Martha Hoftiezer	Thomas Westmoreland , M
DOB: 07/14/47 Phone: (864)578-9514	391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-9595 Fax : (000)585-3752 DEA# AW7534654
Prescription Information:	**Prescriber Response Area:**
Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: PROPOXY N 100MG W/APAP (TEVA) Date Written: 03/11/02 Last Filled Date: 07/11/02 Sig: Take 1 tablet 2 times a day as needed for pain L Refill Quantity: 60 TA ic for DARVOCET-N-100 TABS	Refill Authorized? (Yes) No Additional Refills? 1 2 3 (4) 5 ___ PRN Generic Permitted? (Yes) No Comments: Authorized By: [signature] Printed Name: Date: 8/19/02 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

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08/17/2002 15:13 8645999336 ECKERD

ECKERD Fax Refill Authorization Request

Ho

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Patient: Hoftiezer , Martha
Fax Date: 8/12/02
Fax Time: 5:45 AM PM

Pharmacy Fax Number: 599-9336

Patient Information: Martha Hoftiezer DOB: 07/14/47 Phone: (864)578-9514	**Prescriber Information: Westmoreland** Thomas Westmoreland , M 391 E. HENRY ST SPARTANBURG , SC 29302 Phone: (000)573-9595 Fax : (000)585-3752 DEA# AW7534654
Prescription Information: Prescription Number: Third Party Plan Name:MERCK-MEDCO Product Name: PHENOBARBITAL 97.2MG TAB (QUAL) Date Written: 03/11/02 Last Filled Date: 07/11/02 Sig: Take 1 tablet at bedtime Last Refill Quantity: 30 TA	**Prescriber Response Area:** Refill Authorized? Yes No Additional Refills? 1 2 3 4 5 ___ PRN Generic Permitted? Yes No Comments: Authorized By: Printed Name: Date: 8/19/02 Return your response via fax to the fax number above. Generics will be substituted unless otherwise indicated by prescriber

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DATE	TIME	CALLER	PH. #
7/3/02	PM	Marty Hofteizer	4864-292-2868 / # 578-9514

PT.	AGE / TEMP.	REC'D BY:	MD
	44-47	WB	W

MESSAGE: Not due til 14th. But going out town next wk. Feels early LF's to take w/ food. Prilosec (blue pill) 1 qd. Wellbutrin 1 B.i.d. #90 (Celebrex 1 tid) Darvocet 1 tid Lodine 1 b.i.d

DISPOSITION: Refill Prempro, Wellbutrin, celebrex, Darvocet, Lodine, Early Phase, Lipitor

ALLERGY:

DRUG STORE: Eck-R Eagles

HANDLED BY:

Marty Hofteizer 7/6/02

Marty called saying that she had diverticulitis. However, as we discussed her symptoms mainly it's a feeling of discomfort in her upper abdomen immediately after eating. It feels as though her food doesn't go down. There is mild nausea. She has had no fever or chills, and has no significant abdominal tenderness based on her self exam at home. I recommended that she have this checked out either at an Urgent Care or at the ER today. She seems very reluctant to do that. She is going to try some Carafate that she has at home. Also suggested antacids p.c. and at h.s. and to proceed to the ER this weekend if things get any worse. DMH:na

06/13/2002 11:51 8643999336 ECKERD Ho

ECKERD Fax Refill Authorization Request

From: Eckerd Pharmacy #8039
8951 VALLEY FALLS ROAD
BOILING SPRINGS , SC 29316
Pharmacy Phone Number: (864)578-3730

Pharmacy Fax Number: 599-9334

Patient: Hoffiezer, Martha
Fax Date: 6-13-02
Fax Time: 10 AM PM

Patient Information:
Martha : Hoffiezer

DOB: 07/14/47 Phone: (864)578-9514

Prescriber Information: Westmoreland
Thomas Westmoreland , M
391 E HENRY ST
SPARTANBURG , SC 28302
DEA# AW7534654
Phone: (000)573-9595

Fax : (000)585-3752

Prescription Information:
Prescription Number:
Product Name: ETODOLAC ER 400MG TABS (PURE)
Date Written: 05/18/01
Last Filled Date: 05/14/02
Sig: Take 1 tablet 2 times a day after meals

Last Refill Quantity: 60 TA
Generic for LODINE XL 400MG TABS

Prescriber Response Area:
Refill Authorized? (Yes) No
Additional Refills? 1 2 3 (4) 5 ___ PRN
Generic Permitted? (Yes) No
Comments:

Authorized By: [signature]
Date: 6/13/02

Return your response via fax to the fax number above.
Generics will be substituted unless otherwise indicated by prescriber

FAXED

CONTAINS CONFIDENTIAL PATIENT RECORDS:
PLEASE HANDLE ACCORDINGLY

M. Hoftiezer

Date: 3/11/02 Reason for visit: ① X-ray results (hip 7/01)
② Hip pain management to arthritis
③ Darvocet-N for anemia fall '01

Pt. 189 T — P 60 R — BP 170/110

CBC

- Prempro
- Phenobarb
- Carafate
- Ultram bid / DNKA
- Celebrex 200 bid

HOFTIEZER, MARTY 03/11/02 THOMAS W. WESTMORELAND, MD

S: X-ray results of the hip fail to reveal any significant degenerative changes. This was done back in September, but she is known to have arthritis in her spine. She presently takes Prempro I think 0.625/5, Phenobarbital 97.5 I think it is daily, Carafate one gram b.i.d. to t.i.d., Ultram b.i.d. and Celebrex 200 mg b.i.d. Stomach is burning a little bit so we are increasing the Carafate. I also gave her some Darvocet-N 100 to use for pain as far as her shoulders, back and neck is concerned. She has been horribly anemic in the past and she was given two units of blood and a couple of units of InFeD or iron. She is terribly iron deficient. Her hemoglobin today is 13.4 grams with hematocrit of 40.8 which is excellent for her. We wrote her new prescriptions for her meds.

O: Heart, lungs and abdomen all appear to be okay.

P:
1. Lets see if we can manage her pain a little bit better with some Darvocet along with the Ultram.
2. She is to continue with anti-inflammatories.
3. She can leave off her Lodine for right now.
4. Recheck otherwise as needed.

TWW/ctf

DATE	TIME	CALLER	PH. #
3-18-02	10:25		518-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoftiezer	7.14.47	NO	der	W

MESSAGE
vomiting
stomach cramps - diarrhea
US RX

DISPOSITION
① Phenergan supp. 25mg #8
Insert 1 q 6-8H prn N/V
② Cimetidine #14
1 tab PO q 12H
Stool up to 6/day

ALLERGY

DRUG STORE Eck's-B-SP95

HANDLED BY

DATE 9-27-01 TIME 2:45 CALLER PH.# 578-0770

PT. Martha Hoftiezer AGE 7-14-47 TEMP. REC'D BY: der MD W

MESSAGE ① CELEBREX - had samples
② does PT need iron

DISPOSITION per Woodwork
celebrex 200 #30
1 po daily 2 refills

ALLERGY

DRUG STORE ECKS - B. Spgs

HANDLED BY Pgo V to 7.1 — needs to see hematology 1st (Dr Cogo) — then
not working.
Sorry Pho'd had already been called.

Call on Thurs, or late pm other days
Call pt Eappt → 392-2865

10/9 @ 3

Vx to Pharm 200 mg

DATE 2-3-01 TIME 10:39 CALLER Eric PH.# 578-3731

PT. Martha Hoftiezer AGE TEMP. REC'D BY: 7.14.47 CdL MD W

MESSAGE Cy refill
Celebrex 200 mg
Lotrel 5 mg
Ck, P.S.

DISPOSITION 1 po daily #30 5rf
1 po BID #30 2rf

ALLERGY

DRUG STORE

HANDLED BY

DATE	TIME	CALLER	PH. W 548-0770
9-6-01	10:15		548-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoftiezer	7-14-47		der	W

MESSAGE
prism oak
Rx a HA

DISPOSITION
Stripped down 6 day pk
of ff
as directed, see dayl today

ALLERGY

DRUG STORE Eck's-B-Sos

HANDLED BY

Date: 9-10-01 Reason for visit: Arthritis Pain & low iron

Wt 158 Ht

T ___ P 80 R ___ BP 144/90

CBC ✱ ✱ Celebrex-Twice

Ultram 50
Lodine XL 400
Lortab 5 #40 ✓
Phenobarb 97.2 mg
Premarin 625/5

Marty Hoftiezer 9/10/01

S: Continues to have arthritis pain. See the note from 5/18/01. Known to be severely iron deficient. Continues to have a lot of spine, hip, and leg pain. Presently taking Prem Pro .625/5 1 daily, Phenobarbital 97.2 mg daily, Lodine XL 400 1 b.i.d., Ultram 50 1 b.i.d. to q.i.d. and Niferex Forte 150 b.i.d. She has taken Lortab 5's occasionally for pain and this time I gave her 40 with 2 refills. She is not really abusing any of the meds at this point. She says Vioxx did not help and wishes to try some Celebrex for her arthritis pain.

O: HEENT – Lungs, heart, and abdomen negative. Indeed still has pain with abduction of the left hip and leg. She is to very pale, of course today.

P: Refilled her medications. Gave her some Celebrex, enough for about 10 days to 2 weeks. Told her to stop the Lodine when she takes Celebrex. We did another CBC today which showed a hemoglobin now down only to about 7.1. WBC is elevated at 16.8, platelets are normal. Obviously the Niferex is not working. I want to probably go ahead and refer her to the hematologist to see what we can do to get her hemoglobin back up. She'll feel much better in that regard. Also if no improvement with the Celebrex, and we only got x-rays of minor degenerative changes of the thoracolumbar junction and negative hips, and I am concerned about the possibility of some sort of malignancy. She is not losing weight, in fact she is gaining weight. Then again, referral to hematology/oncology people is probably still in order. She is to call back tomorrow for results of her CBC. Recheck otherwise prn. TWW:na

HOFTIZER, MARTY 05/18/01 THOMAS W. WESTMORELAND, MD

S: She has left hip pain. Check spots on her face and check her toenails. Recheck the CBC. She is known to be severely iron deficient. For four months now, she has had pain in both hips radiating into her spine. It is lateralized now in the left hip into the upper thigh. No muscle pain. It seems to be a discomfort mainly late in the day when she is on her feet so much. She presently has to sleep on her right side and she does not do that very well. The left side causes a lot of pain. She is presently taking Prempro 0.625/5 daily, Lodine XL 400 one b.i.d., Ultram 50 mg one b.i.d., Phenobarb 97.2 one at bedtime and Niferex Forte 150 b.i.d. She had been taking propoxyphene for pain and periodically needs something stronger than that. Marty is not addicted to meds. I gave her some Lortab 5 mg. I gave her about 30 I think, one every 6 to 8 hours as needed for severe pain.

O: HEENT, lungs, heart and abdomen are negative. Straight leg raising is negative. Pain with abduction of the left leg and hip.

P:
1. I am going to set up a lumbar spine and left hip.
2. We did a CBC today. Hemoglobin was persistently only about 8.7.
3. We are going to increase her Niferex Forte to 150 t.i.d. and also at her complaint, she does have thickened nails, toenails particularly and obvious onychomycosis. I am going to give her a prescription for Lamisil 250 one daily for three months and see how things go.
4. She is to recheck otherwise p.r.n.
5. I checked a couple of spots on her face and they look like either early seborrheic keratoses or a little compound nevus coming up. TWW/ctf

DATE	TIME	CALLER		PH. #
7-16-01	12:30	leave msg		578-9514 292-2868
PT. Martha Hoftiezer	AGE 1-14-47	TEMP.	REC'D BY: dan	MD W
MESSAGE Hx- Pain - arthritis - needs RX - & would like to try 410 XX if you think OK - can't eliminate other pain med!			DISPOSITION Vioxx 25mg #30 1 po daily	
ALLERGY				Coffs
DRUG STORE Eck's R-Sqs			HANDLED BY	

DATE	TIME	CALLER	PH. #
3-8-01	2:15	ECK'S.B. Spts	

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hofferer	7-14-47		for	W

MESSAGE

ULTRAM 50 mg #60 RX 2

DISPOSITION

ALLERGY

DRUG STORE

HANDLED BY

3-12-01

Pt-came for hem. ✓ - CBC being sent to SRMC - restarted iron 1 wk ago (after 4 days off) - says iron causes her to have diarrhea. - Will call pt on send letter & instructions when results come back

Date 5-18-01 Reason for visit: Hip pain -

Ht 150 Wt ? BP 140/70 ✓ (remills)

88

✓ spots on face

4 mos. -

Lt. hip/spine ⇒ upper thigh - (not much pain) - late day -

Lawrence

Lt hip

CBC

8.7

- Aleve D.C. #
- Ultram 50 #60
- Albuterol 90 2 PHS.
- Mupirocin 2% bid

DATE 1-24-01 | TIME 3:30 | CALLER | PH.# Cell 590-4548

PT. Martha Marty Hoftiezer | AGE 7-14-47 | TEMP. | REC'D BY: mB | MD W nurse

MESSAGE: lab Results

Call Pt today

DISPOSITION: ✓

ALLERGY

DRUG STORE

HANDLED BY

864-292-2868

DATE 2-5-01 | TIME 4:20 | CALLER | PH.# 578-9514

PT. Martha Hoftiezer | AGE 7-14-47 | TEMP. | REC'D BY: der | MD W

MESSAGE: PREMPRO .625/5mg #30 Rfx

LODINE XR BRAND NAME -60ct 400mg Rfx 1p

ULTRAM 50mg 60 ct 1p Bid pc

(discontinued) PROPOXY 100mg 60ct 1p Bid pc lumbosacral 97 only Refills

PHENOBARB -30 ct 97 only Refills

DISPOSITION: left VM

ALLERGY

DRUG STORE ECK'S - B. Sq95

HANDLED BY

578-9574

DATE 3.6.01 | TIME Mon | CALLER | PH.# 578.0770

PT. Kathe Hoftiezer | AGE | TEMP. | REC'D BY: 7.14.47 | MD W

MESSAGE: Advice #60 ✓

DISPOSITION: Just refilled 2/5/01

ALLERGY: Sulfa, Bactrim

DRUG STORE

HANDLED BY

HOFTIEZER, MARTY 01/12/01 THOMAS W. WESTMORELAND, MD

S: Marty is needing a physical along with a Pap smear. She has had extreme fatigue. No orthopnea. She has shortness of breath with exertion. She is pale with pale mucous membranes. She has had no GI symptoms and no changes in the stool. She does not have good recovery from her fatigue with sleep. She has no menses now since she is on Prempro so therefore, I do not think that she is bleeding anywhere. Joints continue to bother her. She uses occasional Darvocet. She still uses her Phenobarbital 97.2 mg. She takes one at night. This is for seizure prevention.

O: HEENT reveals a very very pale individual, pale mucous membranes and palpebral conjunctivae. The neck is supple. No masses or bruits. Lungs are clear. Heart is regular without a murmur or gallop. The patient's breasts are clear to palpation. Abdomen is flat and nontender. No palpable masses or organomegaly present. No palpable liver, kidney or spleen. Active bowel sounds. Pelvic exam reveals a cystocele and rectocele but Pap smear is done without any difficulty. Pelvic organs may be upper limit of normal size, maybe about 4 weeks in size. I do not feel any masses per say. Rectal is negative. Heme negative stool. Extremities are very pale with normal reflexes.

A: Exam is pretty well normal except for aforementioned problems. I think she is going to be anemic.

P:
1. We are going to do a complete blood count, comprehensive metabolic profile and thyroid-stimulating hormone.
2. She is to stay on her same medication; Prempro, Phenobarbital and some Darvocet. Lets see how this goes as far as the anemia is concerned.
3. Recheck otherwise as needed.

TWW/ct

Marie Hoftiezer 1/12/01

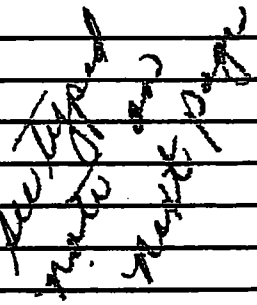
Marie had a critical lab value of hemoglobin hematocrit 5.4/18.2. She evidently saw Dr. Westmoreland today, 1/12/01. Could not find her chart. Dr. Westmoreland is out of the office. She was seen according to her at 3:30 after I called her. Was just complaining of fatigue. She has had low hemoglobin before and she has Niferex at home. I want her to take that tid with food over the weekend. She evidently got B12 injections in the past. I don't know if the B12 level was drawn but we will have her seen early next week for recheck. She is on nothing that would cause blood in the stool. He checked her stool and everything checked out okay. She takes Phenobarb, Prem Pro, Ultram, Darvocet on a prn basis. She seemed to be pretty stable now. She says her heart rate is normal although she can feel that it beats louder than usual. She seems to be stable so we'll just kinda watch her over the weekend and give us a call this weekend if she has any problems. SAC:na

Martha Hoffiezer

1-12-01 — needs physical — pap

146 — 96 — 160/88

pale - pale mm.
WD GT Ex.
- ND adenopathy
- Lungs
ND tenderness - liver.
ND tenderness - spleen.



1/16/01 — Hb 5.4 — 120/80

Transfusion
Iron
Fe/Folate

Marty Hofftiezer **1/16/01**

S: Marty is back to discuss her labs. Panic lab of hemoglobin of 5.4 with very hyperchromic microcytic anemia. All the rest of her labs look pretty good. Even TSH is normal. Cholesterol of 196. Like I say everything looks good except her low hemoglobin. Platelet count 468,000 which is a little bit high. WBC is normal and a normal differential.

A: I think is probably iron deficiency anemia. Hem negative stools. She has no period now since she is on Prem Pro.

P: We're going to see if she responds to Niferex Forte. Going to put her on 150 mg t.i.d. after meals and recheck her hemoglobin in about a month. She is also to have an iron ferritin, B 12 and folate and haptoglobin. TWW:na

DATE	TIME	CALLER	PH#
12-8-00	11:25	ECK's - B. Joss	578-9514

PT.	AGE	TEMP.	REC'D BY	MD
Martha Hoffiger	1-14-47		der	C

MESSAGE

PREMPRO /5mg — 9 day # 30 / 5 RF
PHENOBARBITAL 99.2 mg — 9 hs # 30 5 RF
DARVACET N 100 #60 — 1 BID prn # 30 RF

DISPOSITION

Need to see before can Rx Darvocet

ALLERGY

DRUG STORE

HANDLED BY

12-19-00 Lynda to call & set time p 1st of year

1-8-01 Appt. on Fri. for Physical
(Suffering from exhaustion.
& Weakness)
Is there anything to help the weakness & fatigue
Let's see her Fri.
Mult. vit daily -

352

DATE	TIME	CALLER	PH. #
6-1-00	11:30	Eck - Bad Sp	578 3730

PT.	AGE	TEMP.	REC'D BY:	MD
~~Martha~~ ~~Hoffiezer~~	7-14-47		DH	WC

MESSAGE

Phenobarbital 97.2 #30 8 day #30 5 NF
Lodine XL 400 #60 BID #60 5 NF
Thorazine 5mg #28
0.625/5 g day 5 NF

DISPOSITION

ALLERGY

DRUG STORE

HANDLED BY

DATE	TIME	CALLER	PH. #
Jan.	1:30	Rebecca	578 3730

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoffiezer			CLR	W

MESSAGE

Ck refill
Ultram 50mg #60 1 q 6 H prn X 1 only
#30

DISPOSITION

ALLERGY

DRUG STORE Eck B. Spring

HANDLED BY

DATE	TIME	CALLER	PH. #
8-24-00	2:03	7-14-47	

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoffiezer			MB	W

MESSAGE

Press
Ultram 50mg #30 1 q 6 H prn X 2 refills
Darvocet N100mg #30 1 q 6 H prn X 2 refills

DISPOSITION

ALLERGY

DRUG STORE Eckard B. Spring

HANDLED BY

7447 5280770

DATE	TIME	CALLER	PH/#
4/21/00	PM	Martha Hoftiezer	

PT.	AGE	TEMP.	REC'D BY:	MD
MRI Results	—		U	W

MESSAGE	DISPOSITION
What to do now? MRI Seen you or what Done Mon @ Shmc	Recheck here
ALLERGY	
DRUG STORE	HANDLED BY

Date: 5/2/00 Reason for visit: Discuss Surgery

Ht: ft

T: P: R: BP:

Martie Hoftiezer 5/2/00

S: Martie had a MRI done of her right knee and of course, the MRI came back with a non displaced crack or fracture in the right lateral posterior tibial plateau. There was no displacement but it is a definite crack. Also a torn ACL and large Baker's cyst in the back of the right knee.

Martie Hoftiezer, continued: 5/2/00

P: I feel like that this patient probably needs surgical intervention and certainly repair of ACL and maybe removal of Baker's cyst. Told her she needed to see an orthopaedist and talk about it. We made her a copy of the report of the MRI and we're going to be sending her to Dr. Steve Kana for evaluation for possibly surgical repair. Told Martie to take plenty of notes as to down time from her job. Recheck otherwise prn. TWW:na

Marty Hoftiezer 4/13/00

S: Marty has had problems off and on with knees and her back, etc. However, she was coming down off of a stool recently at her job which is owner of baby shop with her daughter and she was coming down off of a stool and just about a month ago and somewhat fell twisting her body and knees and then when she fell completely she jumped and caught herself but landed square flush on the floor with her feet and has felt like that she injured her right knee specifically at that time. I think it may have been a combination of fall and twisting injury. Since that time she has had trouble with the knee popping and clicking, giving way with her, making lots of noise. Somewhat swollen. She has to wear a knee brace voluntarily. Says it does help.

O: The knee itself seems stable as far as the ligaments are concerned. I get no ligamentous stretch unusually or pain with exam.

A: Knee problem, probably associated with meniscus injury.

P: Continue to wear her brace. Also given a prescription for Darvocet N 100 to use for pain 1 q4-6h as needed for pain. Was also given Valium 5 mg that she could use once daily if necessary. She says she uses it less than that but it does help with muscle relaxation and with her general anxiety disorder. No other findings on exam.

Abnormal knee, worry about cartilaginous injury.

I'm going to set her up to have a MRI of the right knee to rule out vertical meniscal tear. Also until then she's to wear her knee brace and use her pain meds. We talked also about her use of Lodine XL. I told her to use that 400 mg bid, particularly if the knee gave her a lot of pain. Recheck otherwise after we get her MRI done. TWW:na

DATE	TIME	CALLER	PH. #
2-29-00	4:28		578-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoftiezer	7-14m	101		W

MESSAGE	DISPOSITION
head cong., achy, Sthroat, PND, stuffy + R. nose (colored) (Taking Tavist-D OTC not helping)	Refill Propoxy 7mg (as needed)
ALLERGY NO	Amox. 500 #30 1 tid NR
DRUG STORE Echerd - B. Spring	HANDLED BY Claritin D 12 Hr. #40 1 po bid ~~Jeff~~

Dauprect V-100 #16
1 po 4-6H prn pain
VK

Date: 4-13-00 Reason for visit: Fell / Months ago
Wt 152 lb Hurt st. Ribs
T ___ P ___ R ___ BP 110/80
Daughter Hosp
Baby Hosp.
Mt. Pleasant Area
Advice
Vol. & Lied

7-1447

DATE	TIME	CALLER	PH. #
12/27/99	AM	Martha Hoffheizen	

PT.	AGE	TEMP.	REC'D BY:	MD
			L	W

MESSAGE

N. Flex Forte 15 cap q bid pc #60 x 4 refills
ULTRAM 50 mg Tab q 6 H prn #180 x 4 refills
PNeu-O 99.2 Page 8
2nd pg #5 x 6 refills

DISPOSITION

ALLERGY

DRUG STORE Eck B. Springs

HANDLED BY

DATE	TIME	CALLER	PH. #
12-21-99	1:25		518-954

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoffheizen	72	cc	CLW	W

MESSAGE

Ultram 50 mg Tab #30 4 refills.
Needs ketek
Request — what is this — if it's darvocet see script from 10/14/99

DISPOSITION

ALLERGY

DRUG STORE Eck B. S.

HANDLED BY

DATE	TIME	CALLER	PH. #
1-28-00	9:00	Eck's - B. Spgs	

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoffheizen	7-14-47		der	W

MESSAGE

DARVACET N-100 mg
Tab q 6 H prn pain

DISPOSITION

#90

NR

ALLERGY

Marti Hoftiezer

Date: 7-14-99

Wt 157 3/4

B/P

V. Intake Rt Lt

Rt. Arm Hook

140/80 Breakthru bleeding

On prempro

~~Prempro .625/2.5~~ → .625/5

Marty Hoftiezer 7/14/99

S: Marty has had over the last 3 months, 2 months in a row with very light menses. She has been on PremPro now for about a year. Its a Prem Pro .625/2.5. She says the last month or so she has not had any menses but the breakthrough bleeding was aggravating and she is frightened that this is going to happen again.

P: We will go ahead and increase her PremPro to .625/5 mg and let her continue as she is taking now, 1 daily and see how the menorrhagia goes over the next 2-3 months and we'll judge from there if we need to change anyother hormones.

Also has a little seborrheic keratosis on her right arm and right leg. The patient is reassured about these. Also a couple lesions upper portion of the left thigh and across the anterior portion of the right thigh, scattered like insect bites. We're going to use 21% Hydrocortisone on these and she is to recheck otherwise prn. TWW:na

DATE	TIME	CALLER		PH. #
10-14-99	11:45			578-9514
PT. Martha Hoftiezer	AGE 1-14-47	TEMP.	REC'D BY: der	MD W
MESSAGE needs RX			DISPOSITION	
DARVOCET (V chart) 2 mg			Darvocet N-100 #40 Tq 4-6H prn pain 2 refills	
ALLERGY				
DRUG STORE Eckio - B. Spgs			HANDLED BY	

Martie Hoftiezer

Date: 11-16-98 Reason for visit: Pain in abdomen started Sat.

Wt _____ Ht _____

T _____ P _____ R _____ BP 108/70

Cephalexin 500 qid x10d
Vicodin Prn

Martie Hoftiezer 11/16/98

S: Two to three day history of gradually worsening abdominal pain, central and left lower quadrant. Very tender to touch. Hyperactive bowel sounds, loosening of the stools over the last few days. CBC shows a WBC of 17,400 with a shift to the left and very tender left lower quadrant.

A: Diverticulitis.

P: Cephalexin 500 qid times 10 days, Vicodin tabs as needed for discomfort, Bland Diet, push po fluids and recheck in 24-48 hours and after we get her straightened out, then we probably ought to talk about a sigmoid and Barium enema to verify our proposals. TWW:na

Date: 3-18-99 Reason for visit: URI - cough → fever
Can't control bladder due to cough

Wt 156 Ht _____

T 97.5° P _____ R _____ 110/70

Mar. Sore ST, PND
Cough, Sinus

Augmentin (continue)
Stabilize Bladder C. Wms.

Marty Hofftizer 3/18/99

S: About a 3-4 day history of sore throat and PND. She is coughing a lot and this greatly aggravates her bladder incontinence problem. She is already on HRT and has tried Kugel exercises extensively to no avail.
O: Head and neck really unremarkable except for mild erythema of the pharynx. Chest is clear.

A: 1. URI.
2. Urinary incontinence, stress.

P: 1. Continue the Amoxicillin that Dr. Coley phoned in.
2. When she gets ready, we'll refer to Dr. Cliff Williams for further evaluation and treatment of this bladder problem. DMH:na

DMH

DATE	TIME	CALLER	PH. #
4-2-99	3:40		878-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Marty Hoftiezer	7-1447		MT	W.

MESSAGE	DISPOSITION
Darvocet ? mg	Darvocet N-100 #40 1 q 4-6 H prn pain NR
ALLERGY	
DRUG STORE B. Spring · Eckerd #29	HANDLED BY

DATE	TIME	CALLER	PH. #
6-14-99	9:07		

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoftiezer			MT	W

MESSAGE	DISPOSITION
Phenobarbital .97.2 mg	#60
1 H5	x6
ALLERGY	
DRUG STORE Eckerd - B. Spring	HANDLED BY

DRS WESTMORELAND HICKLIN & COLEY

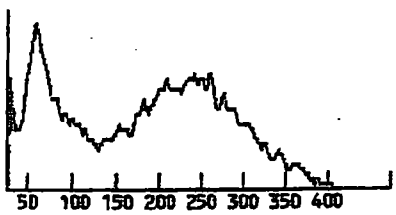
391 E HENRY ST
SPARTANBURG SC 29304 Martie Hoytezer

Dr Coley.

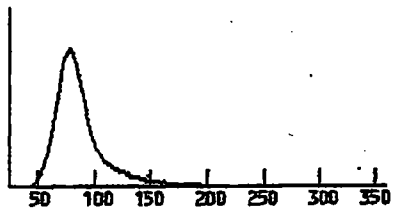
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11-11-02
12:14

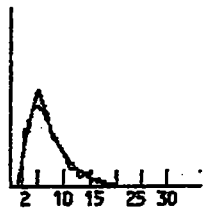
				Patient Limits 1	
WBC	8.5	*	x10^3/uL	3.6	11.0
LY	26.7	1	%	18.0	46.0
MO	3.4	1	%	3.0	13.0
GR	69.9	1	%	45.0	75.0
LY#	2.3	*	x10^3/uL	0.9	5.3
MO#	0.3	*	x10^3/uL	0.1	1.1
GR#	5.9	*	x10^3/uL	1.3	7.4
RBC	4.82		x10^6/uL	3.80	6.20
Hgb	11.2	L	g/dL	11.5	18.0
Hct	36.3		%	35.0	54.0
MCV	75.3	L	fL	80.0	100.0
MCH	23.2	L	pg	27.0	34.0
MCHC	30.7	L	g/dL	31.0	36.0
RDW	17.3	H	%	11.5	14.5
Plt	293.		x10^3/uL	140.	450.
MPV	7.3	L	fL	7.8	10.4
Pct	.214		%	0.190	0.360
PDW	17.7	H		15.5	17.1



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Date: 11-1-02

TEST RESULTS

Dear Patient: Martie Hoffleger

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

__ Elevated cholesterol___ Total ___LDL
__ Low LDL
__ Elevated triglycerides _____Total
__ Elevated Blood Sugar
__ Abnormal kidney functions
__ Abnormal liver functions
__ Abnormal PSA
__ Abnormal CBC

___Thyroid _____
___Protime_____
___Other_____
___Pap Smear_____
___Pathology Report_____
___X-ray Report_____

EXPLANATION OF FINDINGS:

Martie,
Blood getting low again. Hemoglobin down to 10.7.
Iron & ferritin very low. Need to get back to see Dr.
Cohen again.

_____ Repeat Lab Work indicated _____When? _____
_____ Routine repeat of Labs _____6 months _____1 year
_____ Office appointment necessary
_____ Medication necessary - See enclosed prescription
_____ Diet changes necessary - See enclosed information
_____ Repeat Pap Smear ___3 months___6 months___1 year
_____ Followup X-ray _____
__✓__ Appointment with a specialist. Please call the office to discuss scheduling appt. Dr. Cohen

If you have any questions, please call the office.

NOV 0 4 2002

Sincerely,

Drs. Westmoreland, Hicklin, Coley

By:

Base Id:

Name: **HOFTIEZER MARTIE S**

MR/FIN#:

DOB: 07/14/1947 1 FEMALE

Ordering Doctor: WESTMORELAND THOMAS W
Submitted: 31OCT02 Printed: 01NOV02 0618

Location RPN-TWHC -- OEX

SPARTANBURG REGIONAL MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
101 E.Wood St.
SPARTANBURG SC 29303

W.Mca.Davis,M.D. W.Brownlee Lowry,M.D.
J.David Wren,M.D. John W.Nelson,M.D.
Peter F.White,M.D. Robert O.Ranier,M.D.
Rosanna L.Lapham,M.D. William W.Mims,M.D.
John A.Caldwell,M.D.

Lab: (864)560-6212 Fax: (864)560-6049

HEMATOLOGY

	Collectin date: 31OCT02 1010	Ref Range:	Units:
BC	7.1	(4.5-11.0)	K/CMM
BC	4.49	(3.90-5.10)	M/CMM
EMOGLOBIN	10.7 L	(12.0-15.6)	G/DL
CT	33.4 L	(36.0-46.0)	%
CV	74.4 L	(85.0-98.0)	FL
CH	23.9 L	(28.0-33.0)	PG
CHC	32.1 L	(32.5-36.0)	%
DW	17.0 H	(11.5-14.5)	
LATELET	370	(130-400)	K/CMM
EUTS %	64.9	(32.3-72.9)	%
YMPHS %	19.5	(18.8-50.3)	%
ONOS %	10.5	(3.7-12.2)	%
OS %	4.7	(0.0-6.9)	%
ASOS %	0.4	(0.1-2.1)	%
NISO	1+		
YPOCHROME	2+		+
ACROCYTES	RARE		+

CHEMISTRY

	Collectin date: 31OCT02 1010	Ref Range:	Units:
RON SERUM	17 L	(33-142)	UG/DL

Vice Id:

ient: HOFTIEZER MARTIE S

RS/FIN#:

th: 07/14/1947 1 FEMALE

ding Doctor: WESTMORELAND THOMAS W
mitted: 31OCT02 Printed: 01NOV02 0618

cation RPN-TWHC -- OEX

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Rosanna L.Lapham,M.D. William W.Mims,M.D.
John A.Caldwell,M.D.

Lab: (864)560-6212 Fax: (864)560-6049

SPECIAL CHEMISTRY

Collectin date: 31OCT02
1010

		Ref Range:	Units:
ERRITIN	4.6 L	(11.0-307.0)	NG/ML

ymbols:
, = Low

Patient Name:HOFTIEZER MARTIE S Location: RPN-TWHC -- OEX

DRS WESTMORELAND HICKLIN & COLEY

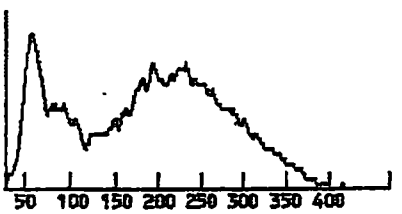
391 E HENRY ST
SPARTANBURG SC 29304

Martie Hofteizer

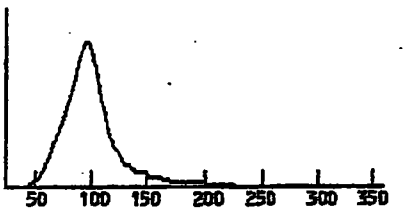
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03-11-02
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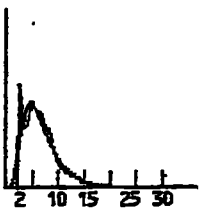
				Patient Limits 1	
WBC	9.2		x10^3/uL	3.6	11.0
LY	23.4		%	18.0	46.0
MO	5.5	3	%	3.0	13.0
GR	71.1	3	%	45.0	75.0
LY#	2.2		x10^3/uL	0.9	5.3
MO#	0.5	3	x10^3/uL	0.1	1.1
GR#	6.5	3	x10^3/uL	1.3	7.4
RBC	4.59		x10^6/uL	3.80	6.20
Hgb	13.4		g/dL	11.5	18.0
Hct	40.8		%	35.0	54.0
MCV	88.8		fL	80.0	100.0
MCH	29.2		pg	27.0	34.0
MCHC	32.9		g/dL	31.0	36.0
RDW	19.1	H	%	11.5	14.5
Plt	290.	*	x10^3/uL	140.	450.
MPV	6.7	*L	fL	7.8	10.4
Pct	.195	*	%	0.190	0.360
PDW	17.8	*H		15.5	17.1



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

DRS WESTMORELAND HICKLIN & COLEY

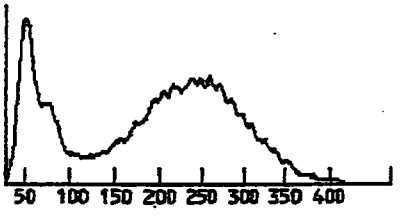
391 E HENRY ST
SPARTANBURG SC 29304

ID:
CVWB

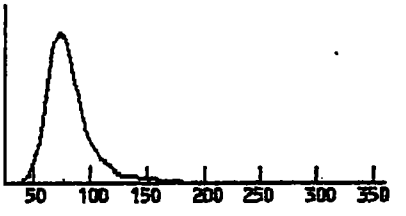
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Martie Hoftieger

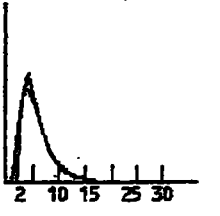
				Patient Limits 1	
WBC	16.8	H	x10^3/uL	3.6	11.0
LY	26.9	*	%	18.0	46.0
MO	3.8	*	%	3.0	13.0
GR	69.3	*	%	45.0	75.0
LY#	4.5	*	x10^3/uL	0.9	5.3
MO#	0.6	*	x10^3/uL	0.1	1.1
GR#	11.6	*H	x10^3/uL	1.3	7.4
RBC	3.59	L	x10^6/uL	3.80	6.20
Hgb	7.1	L	g/dL	11.5	18.0
Hct	25.9	L	%	35.0	54.0
MCV	72.1	L	fL	80.0	100.0
MCH	19.8	L	pg	27.0	34.0
MCHC	27.4	L	g/dL	31.0	36.0
RDW	19.7	H	%	11.5	14.5
Plt	446.		x10^3/uL	140.	450.
MPV	5.9	L	fL	7.8	10.4
Pct	.263		%	0.190	0.360
PDW	18.0	H		15.5	17.1



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

9/10/01

DRS WESTMORELAND HICKLIN & COLEY

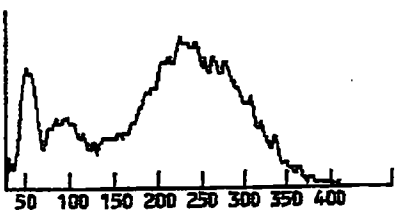
391 E HENRY ST
SPARTANBURG SC 29304

Martin) Hoffmeyer

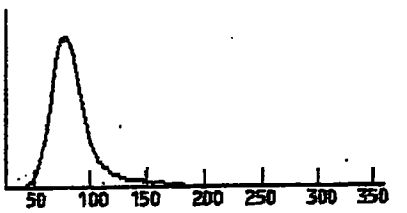
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09:36

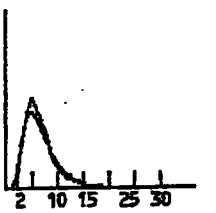
				Patient Limits 1	
WBC	9.1		x10^3/uL	3.6	11.0
LY	18.2		%	18.0	46.0
MO	1.9	3L	%	3.0	13.0
GR	79.9	3H	%	45.0	75.0
LY#	1.7		x10^3/uL	0.9	5.3
MO#	0.2	3	x10^3/uL	0.1	1.1
GR#	7.3	3	x10^3/uL	1.3	7.4
RBC	3.84		x10^6/uL	3.80	6.20
Hgb	8.7	L	g/dL	11.5	18.0
Hct	28.7	L	%	35.0	54.0
MCV	74.7	L	fL	80.0	100.0
MCH	22.5	L	pg	27.0	34.0
MCHC	30.2	L	g/dL	31.0	36.0
RDW	17.7	H	%	11.5	14.5
Plt	426.		x10^3/uL	140.	450.
MPV	6.9	L	fL	7.8	10.4
Pct	.295		%	0.190	0.360
PDW	16.9			15.5	17.1



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Ince It: #

ient: **HOFTIEZER MARTIE S**

R#/FIN#:

th: 07/14/1947 1 FEMALE

ding Doctor: WESTMORELAND THOMAS W
mitted: 12MAR01 Printed: 13MAR01 0246

cation RPN-TWH&C

SPARTANBURG REGIONAL MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
101 E.Wood St.
SPARTANBURG SC 29303

William S.Cheek,M.D. W.McA.Davis,M.D.
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Rosanna L.Lapham.M.D. William W.Mims,M.D.
John A.Caldwell,M.D.
Lab: (864)560-6212 Fax: (864)560-6049

HEMATOLOGY

Collectin date:	12MAR01 1620	Ref Range:	Units:
BC	8.4	(4.5-11.0)	K/CMM
BC	4.05	(3.90-5.10)	M/CMM
EMOGLOBIN	10.0 L	(12.0-15.6)	G/DL
CT	31.8 L	(36.0-46.0)	%
CV	78.5 L	(85.0-98.0)	FL
CH	24.6 L	(28.0-33.0)	PG
CHC	31.3 L	(32.5-36.0)	%
DW	28.4 H	(11.5-14.5)	
LATELET	320	(130-400)	K/CMM
EUTS %	73.0 H	(32.3-72.9)	%
YMPHS %	15.5 L	(18.8-50.3)	%
ONOS %	8.0	(3.7-12.2)	%
OS %	3.0	(0.0-6.9)	%
ASOS %	0.5	(0.1-2.1)	%
NISO	2+		+
YPOCHROME	1+		

3/13/01

ymbols:
= Low, H = High

Patient Name:HOFTIEZER MARTIE S Location: RPN-TWH&C

Date: 3-13-01

Dear Patient: Martie Hoftiezer

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

__ Elevated cholesterol___ Total ___LDL
__ Low LDL
__ Elevated triglycerides _____Total
__ Elevated Blood Sugar
__ Abnormal kidney functions
__ Abnormal liver functions
__ Abnormal PSA
__ Abnormal CBC

___Thyroid _____
___Protime_____
___Other_____
___Pap Smear_____
___Pathology Report_____
___X-ray Report_____

EXPLANATION OF FINDINGS:

Hemoglobin up from 5.8 to 10.0 today — much better — Continue iron therapy — Will recheck Hemoglobin again in 2 mos - 3 mos.

✓ Repeat Lab Work indicated CBC When? 2-3 mos
_____ Routine repeat of Labs _____6 months _____1 year
_____ Office appointment necessary
_____ Medication necessary - See enclosed prescription
_____ Diet changes necessary - See enclosed information
_____ Repeat Pap Smear ___3 months___6 months___1 year
_____ Followup X-ray _____
_____ Appointment with a specialist. Please call the office to discuss scheduling_____

If you have any questions, please call the office.

3-13-01

Sincerely,

Drs. Taylor, Westmoreland, Hicklin, Coley

By:

CYTOLOGY REPORT

SPARTANBURG PATHOLO. CONSULTANTS 659 E. MAIN ST. Sp. Anburg, S.C. (864) 583 3850

Patient: HOFTIEZER, MARTIE
Doctor: WESTMORELAND, THOMAS W.
Age/Gen: 53F DOB: 07/14/1947 SSN: OFFICE #:
Address:

Path #:
Collected: 12 JAN 01
PHONE #: (864) 578-9514

SPECIMEN: CERVICAL *THIN PREP™* Satisfactory for evaluation.

INTERPRETATION: **NO DYSPLASIA IDENTIFIED IN THIS MATERIAL.**

1/23/01

Date received : 15 JAN 01 [Scrn:JB 1 Read:01]
Date completed: 23 JAN 01

J. David Wren, M.D., Ph.D., Pathologist
(ELECTRONIC SIGNATURE)

* * * The pap test is a screening test, and is subject to false negative results. * * *

Date: 1-24-1

Dear Patient: Marie Hoffmeyer

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

__ Elevated cholesterol___ Total ___LDL
__ Low LDL
__ Elevated triglycerides _____Total
__ Elevated Blood Sugar
__ Abnormal kidney functions
__ Abnormal liver functions
__ Abnormal PSA
__ Abnormal CBC

___Thyroid _____
___Protime_____
___Other_____
___Pap Smear_____
___Pathology Report_____
___X-ray Report_____

EXPLANATION OF FINDINGS:

Marie,
The pap was normal.

_____ Repeat Lab Work indicated _____When? _____
_____ Routine repeat of Labs _____6 months _____1 year
_____ Office appointment necessary
_____ Medication necessary - See enclosed prescription
_____ Diet changes necessary - See enclosed information
__✓__ Repeat Pap Smear ___3 months___6 months__✓__1 year
_____Followup X-ray _____
_____Appointment with a specialist. Please call the office to discuss scheduling_____

If you have any questions, please call the office.

Sincerely, Taylor W.

Drs.Taylor, Westmoreland, Hicklin, Coley

By:

1-25-01

Time In:

ient: **HOFTIEZER MARTIE S**

R#/FIN#: (

:e: 07/14/1947 1 FEMALE

dering Doctor: WESTMORELAND THOMAS W
mitted: 16JAN01 Printed: 16JAN01 0554

cation RPN-TWH&C

SPARTANBURG REGIONAL MEDICAL CENTER
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Rosanna L.Lapham.M.D. William W.Mims,M.D.
John A.Caldwell,M.D.
Lab: (864)560-6212 Fax: (864)560-6049

CHEMISTRY

	Collectin date: 16JAN01 1030	Ref Range:	Units:
RON SERUM	73	(33-142)	UG/DL

SPECIAL CHEMISTRY

	Collectin date: 16JAN01 1030	Ref Range:	Units:
APTOGLOB	264 H	(33-171)	MG/DL
ERRITIN	5 L	(11-307)	NG/ML
IT-B12	285	(180-914)	PG/ML
IT-B12 (19AUG97 -- Current)			
B12 BORDERLINE LOW = 150-200 PG/ML			
OLATE	>20.0 *	(> 3.0)	NG/ML
OLATE (18NOV97 -- Current)			

1/19/01

372

Symbols:
, = Low, H = High, * = Abnormal

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

___ Elevated cholesterol___ Total ___LDL
___ Low LDL
___ Elevated triglycerides _____Total
___ Elevated Blood Sugar
___ Abnormal kidney functions
___ Abnormal liver functions
___ Abnormal PSA
___ Abnormal CBC
___Thyroid _____
___Protime_____
___Other_____
___Pap Smear_____
___Pathology Report_____
___X-ray Report_____

1-19-01

EXPLANATION OF FINDINGS:

Maddie,
Most likely a sensible iron deficiency anemia
Continue Ferrosa 3/x daily

✓ ___ Repeat Lab Work indicated CBC When? 6-8 weeks
___ Routine repeat of Labs _____6 months _____1 year
___ Office appointment necessary
___ Medication necessary - See enclosed prescription
___ Diet changes necessary - See enclosed information
___ Repeat Pap Smear ___3 months___6 months___1 year
___ Followup X-ray_____
___ Appointment with a specialist. Please call the office to discuss scheduling_____

If you have any questions, please call the office.

Sincerely,

Drs. Taylor, Westmoreland, Hickfin, Coley

By:

ber Id: CHART4

ame: HOFTIEZER MARTIE S

#/FIN#:

e: 07/14/1947 1 FEMALE

ding Doctor: SMITH E FREEMAN

mitted: 12JAN01 Printed: 16JAN01 0153

cation RPN-TWH&C

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DEPARTMENT OF LABORATORY MEDICINE
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Rosanna L.Lapham.M.D. William W.Mims,M.D.
John A.Caldwell,M.D.
Lab: (864)560-6212 Fax: (864)560-6049

HEMATOLOGY

Collectin date:	12JAN01 1630	Ref Range:	Units:
BC	8.3	(4.5-11.0)	K/CMM
ORR WBC	8.3		K/CMM
BC	2.93 L	(3.90-5.10)	M/CMM
EMOGLOBIN	5.4 !f	(12.0-15.6)	G/DL
12JAN01 1630 CALLED TO DR COLEY			
CT	18.2 L	(36.0-46.0)	%
CV	62.1 L	(85.0-98.0)	FL
CH	18.4 L	(28.0-33.0)	PG
CHC	29.5 L	(32.5-36.0)	%
DW	21.4 H	(11.5-14.5)	
LATELET	468 H	(130-400)	K/CMM
EGS	55	(55-75)	%
ANDS	5	(2-6)	%
YMPHOCYTE	34	(20-35)	%
ONOCYTE	4	(2-6)	%
OSINOPHIL	1	(1-3)	%
ASOPHILS	1	(0-1)	%
LT EST	INCREASE		
NISO	1+		+
YPOCHROME	1+		+
ICROCYTES	1+		

CHEMISTRY

Collectin date:	12JAN01 1630	Ref Range:	Units:
OT PROT	6.3	(6.1-8.0)	GM/DL
LBUMIN	3.3 L	(3.5-4.9)	G/DL
LOBULIN	3.0	(2.0-3.7)	GM/DL
/G RATIO	1.1	(.9-2.4)	
ST	21	(12-33)	IU/L
LK PHOS	62	(36-108)	IU/L
ILI TOTAL	.5	(.3-1.5)	MG/DL
A++ 374	36	(133-146)	MMOL/L
++	.4	(3.5-4.9)	MMOL/L
HLORIDE	103	(100-111)	MMOL/L
O2	24.0	(23.0-32.6)	MMOL/L

Symbols:
L = Low, H = High, ! = Critical, f = Footnote
Patient Name: HOFTIEZER MARTIE S Location: RPN-TWH&C

fice Id: CHART/

ient: HOFTIEZER MARTIE S

#/FIN#:

e: 07/14/1947 1 FEMALE

ding Docur: SMITH E FREEMAN
mitted: 12JAN01 Printed: 16JAN01 0153

cation RPN-TWH&C

SPARTANBURG REGIONAL MEDICAL CENTER
DEPARTMENT OF LABORATORY MEDICINE
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SPARTANBURG SC 29303

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Rosanna L.Lapham.M.D. William W.Mims,M.D.
John A.Caldwell,M.D.
Lab: (864)560-6212 Fax: (864)560-6049

CHEMISTRY

	Collectin date: 12JAN01 1630	Ref Range:	Units:
LUCOSE	85	(77-117)	MG/DL
JN	10	(6-20)	MG/DL
REAT	.8	(.6-1.2)	MG/DL
NION GAP	13	(6-13)	MMOL/L
JN/CREAT	13	(8-23)	
SMO CALC	270 L	(271-318)	MOSKG
LT	14	(8-39)	IU/L
ALCIUM	8.9	(8.9-10.3)	MG/DL
HOLESTEROL	196	(< 240)	MG/DL
RIGLYCERIDES	132	(52-233)	MG/DL
DL	78	(> 35)	MG/DL
DL	111	(< 130)	MG/DL
LDL	26	(10-40)	MG/DL
DL/LDL RATIO	1	(< 3)	

SPECIAL CHEMISTRY

	Collectin date: 12JAN01 1630	Ref Range:	Units:
SH	1.9	(0.3-4.7)	UIU/ML

ymbols:
= Low

DRS. TAYLOR, WESTMORELAND,
AND HICKLIN
391 E. [illegible]
P. O. Box [illegible]
SPARTANBURG, SC 29304

Sample ID #

Date: 11-16-98

Patient Name: Martin Hopkins

Time: 17:08

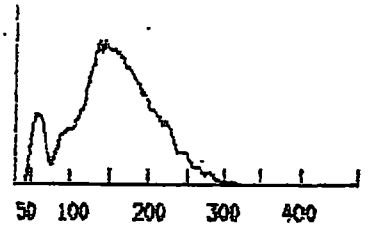
DOB: __/__/__ AGE:____ SEX:____ OPR ID: QS

OPR #: 4

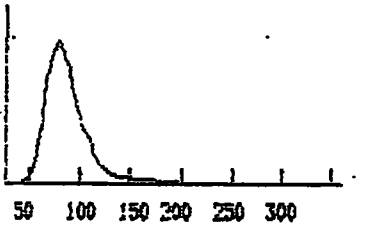
			Range #1				Range #1			Range #1
WBC	17.4 H	x10^3/uL	3.6- 11.0	RBC	4.78	x10^6/uL	3.80- 6.20	Plt	280.	x10^3/uL 140.-450.
LYM	15.9 RL	%	18.0-46.0	Hgb	12.7	g/dL	11.5-18.0	MPV	7.8	fL 7.4-10.4
MON	19.2 RH	%	3.0-13.0	Hct	38.0	%	35.0-54.0			
GRN	64.9 R	%	45.0-75.0	MCV	79.5 L	fL	90.0-100.0			
LYM	2.8 R	x10^3/uL	0.9- 3.3	MCH	26.6 L	pg	27.0-34.0			
MON	3.3 RH	x10^3/uL	0.1- 1.1	MCHC	33.5	g/dL	31.0-36.0			
GRN	11.3 RH	x10^3/uL	1.3- 7.4	RDW	19.9 RH	%	11.5-14.5			

REVIEW RESULT

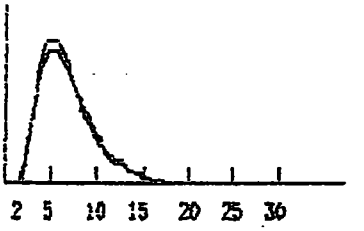
Sample ID # 111 Analyzed Date & Time: 11-16-98 17:08



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

CYTOLOGY REPORT

SPARTANBURG PATHOLOGY CONSULTANTS 659 E. MAIN ST. Spartanburg, S.C. (864) 583 3850

Patient: HOFTIEZER, MARTIE Path #:
Doctor: WESTMORELAND, THOMAS W. Date: 23 OCT 98
Age/Sex: 51F DOB: 07/14/47 SSN: OFFICE #: PHONE #: 578-9514
Address:

HISTORY: LMP YRS AGO

SPECIMEN: CERVICAL Satisfactory for evaluation.

DIAGNOSIS: NO DYSPLASIA IDENTIFIED IN THIS MATERIAL.

* This negative case has been screened a second time in accordance with our QA policy. *

! received : 26 OCT 98
! completed: 10 NOV 98 [Scrn:SH 1 Read:0]

W. Mac Davis, M.D., Pathologist

Date: 11-11-98

Dear Patient: Martie

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

____ All within normal limits.

The following abnormalities were found:

_____ Elevated cholesterol_____ Total _____LDL
_____ Low LDL
_____ Elevated triglycerides _____Total
_____ Elevated Blood Sugar
_____ Abnormal kidney functions
_____ Abnormal liver functions
_____ Abnormal PSA
_____ Abnormal CBC
_____ Thyroid _____
_____ Protime_____
_____ Other _____
__✓__ Pap smear normal
_____ Pathology Report_____
_____ X-ray report_____

Explanation of findings:

_____

_____

_____ Repeat Lab Work indicated _____When? _____
_____ Routine repeat of Labs _____6 months _____1 year.
_____ Office appointment necessary
_____ Medication necessary - See enclosed prescription
_____ Diet changes necessary - See enclosed information
__✓__ Repeat Pap Smear ___3 months___6 months__✓__1 year
_____ Followup X-ray _____
_____ Appointment with a specialist. Please call the office to discuss scheduling_____

If you have any questions, please call the office.

Sincerely,
Drs. Taylor, Westmoreland, Hicklin, Coley

By:

[redacted]

SB SmithKline Beecham Clinical Laboratories

LABORATORY REPORT

[redacted]

Remarks

SS#:

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						
LIPID PANEL						
	TRIGLYCERIDES	184		MG/DL	<200	AT
	CHOLESTEROL, TOTAL			MG/DL	<200	AT
	HDL-CHOLESTEROL	78		MG/DL	> 34	AT
	LDL-CHOLESTEROL	123		MG/DL (CALC)	0-130	AT
	CHOL/HDLC RATIO	3.05		(CALC)	<4.45	AT
COMPREHENSIVE METABOLIC PANEL						AT
	GLUCOSE	86		MG/DL	70-125	
	UREA NITROGEN (BUN)	13		MG/DL	7-25	
	CREATININE	0.8		MG/DL	0.5-1.4	
	BUN/CREATININE RATIO	16		(CALC)	6-25	
	SODIUM	140		MEQ/L	135-146	
	POTASSIUM	3.8		MEQ/L	3.5-5.3	
	CHLORIDE	106		MEQ/L	95-108	
	CALCIUM	9.4		MG/DL	8.5-10.3	
	PROTEIN, TOTAL	7.1		G/DL	6.0-8.5	
	ALBUMIN	4.2		G/DL	3.2-5.0	
	GLOBULIN	2.9		G/DL (CALC)	2.2-4.2	
	ALBUMIN/GLOBULIN RATIO	1.4		(CALC)	0.8-2.0	
	BILIRUBIN, TOTAL	0.2		MG/DL	0.0-1.3	
	ALKALINE PHOSPHATASE	85		U/L	20-125	
	AST (SGOT)	17		U/L	0-42	
CBC (INCLUDES DIFF/PLT)						AT
	WHITE BLOOD CELL COUNT	8.0		THOUS/MCL	3.8-10.8	
	RED BLOOD CELL COUNT	4.38		MILL/MCL	3.90-5.20	
	HEMOGLOBIN			G/DL	12.0-15.6	
	HEMATOCRIT			%	35.0-46.0	
	MCV			FL	80.0-100.0	
	MCH			PG	27.0-33.0	
	MCHC	33.3		%	32.0-36.0	
	RDW			%	9.0-15.0	
	PLATELET COUNT	305		THOUS/MCL	130-400	
	ABSOLUTE NEUTROPHILS	5512		CELLS/MCL	1500-7800	
	NEUTROPHILS	68.9		%		
	ABSOLUTE LYMPHOCYTES	1592		CELLS/MCL	850-4100	
	LYMPHOCYTES	19.9		%		
	ABSOLUTE MONOCYTES	640		CELLS/MCL	200-1100	
	MONOCYTES	8.0		%		
	ABSOLUTE EOSINOPHILS	208		CELLS/MCL	50-550	
	EOSINOPHILS	2.6		%		
	ABSOLUTE BASOPHILS	48		CELLS/MCL	0-200	
	BASOPHILS	0.6		%		

>> REPORT CONTINUED ON NEXT PAGE <<

SmithKline Beecham Clinical Laboratories

LABORATORY REPORT

[redacted]

Remarks

SS#:

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						

Servicing Laboratory: AT

>> END OF REPORT <<

Date: 10-[illegible].98

Dear Patient: Martie A. Hoffheizer

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

The following abnormalities were found:

- ✓ Elevated cholesterol 238 Total _____ LDL – not checked.
- _____ Low LDL
- _____ Elevated triglycerides _____ Total
- _____ Elevated Blood Sugar
- _____ Abnormal kidney functions
- _____ Abnormal liver functions
- _____ Abnormal PSA
- _____ Abnormal CBC
- _____ Thyroid _____
- _____ Protime _____
- X Other Low hemoglobin – but it's iron deficiency.
- _____ Pap smear _____
- _____ Pathology Report _____
- _____ X-ray report _____

Explanation of findings:

Start Niferex forte 150 mg + Lovaza daily

_____

- ✓ Repeat Lab Work indicated CBC When? 2 months
- _____ Routine repeat of Labs _____ 6 months _____ 1 year.
- _____ Office appointment necessary
- _____ Medication necessary – See enclosed prescription
- _____ Diet changes necessary - See enclosed information
- _____ Repeat Pap Smear ___ 3 months ___ 6 months ___ 1 year
- _____ Followup X-ray _____
- _____ Appointment with a specialist. Please call the office to discuss scheduling _____

If you have any questions, please call the office.

Sincerely,

Drs. Taylor, Westmoreland, Hicklin, Coley

By:

10-28-98 ch

DRS. TAYLOR, WESTMORELAND,
AND HICKLIN
391 E. HENRY STREET
P. O. BOX 3258
SPARTANBURG, SC 29304

Patient: Misti Hoffmeyer Date 10/23/98 Test By:

URINALYSIS | Chart #

VOID ☑ TURBID ☐ CC ☐ HAZY ☐ CATH ☐ CLEAR ☐

Color	PH	Sp. Gr	Glue	Ketones	Protein	Blood	Nitrite	Leuk	Bili	Urobili
	5	1025	—	—	—	—	—	—	—	+

MICROSCOPIC: Rare wbc

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

ME: HOFTIEZER,MARTIE S UNIT #:
DERING PHYSICIAN: MEHTA,PRASUN H CI#:
C: DIS DOB: 07/14/47 AN#:
Type:ER

Exam
10044 ER CHEST PA AND LATERAL Date: 01/04/04 2108
71020 Ord Diag: V71.4-OBSERV-ACCIDENT NEC

A and lateral chest x-ray 1/4/04:

ndication: 56 year old female involved in MVA with pain.

omparison unavailable.

indings: There is a large retrocardiac density present which most ikely represents a hiatal hernia. Lungs are hypoinflated but clear, nd the outlines of the pulmonary vascularity, hila and ardiomediastinum unremarkable. The heart is mildly prominent in size, ccentuated by hypoinflation.

mpression:

. No significant post traumatic sequela.

. Large retrocardiac mass likely that of a hiatal hernia.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

K

FINAL

PRINTED BY: JC26378
DATE 3/8/2004

SPA NBURG REGIONAL MEDICAL C ER
Radiology Report

ME: HOFTIEZER,MARTIE S
DERING PHYSICIAN: MEHTA,PRASUN H
C: ER
. Type:ER

DOB: 07/14/47

UNIT #:
CI#:
AN#:

Exam
60104 CT ABD W CONTR (WITH GAST AND IV) Date: 01/04/04 2108
74160 Ord Diag: V71.4-OBSERV-ACCIDENT NEC
60260 CT PELVIS WITH CONTRAST Date: 01/04/04 2108
72193 Ord Diag: V71.4-OBSERV-ACCIDENT NEC

T scan of the abdomen and pelvis

anuary 4, 2004

istory: Motor vehicle accident. Abdomen pain

echnique: Spiral scans following oral and intravenous contrast.

T of the abdomen
indings: There is no evidence for significant intra-abdominal injury. arge hiatal hernia is incidentally noted. Liver, spleen, pancreas and idneys all appear normal. No free fluid or free intraperitoneal air s identified.

mpression: Negative

T of the pelvis
indings: Bladder is intact. No abnormal fluid collections are dentified. Incidental note is made of diverticulosis of the sigmoid olon.

mpression: Negative for evidence of significant pelvic injury.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

FINAL

PRINTED BY: JC26378
DATE 3/8/2004

Date: 3-5-04

TEST RESULTS

Dear Patient: Martha Hottiezer

The doctor has reviewed your Lab Work, and/ or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

___ Elevated cholesterol ___ Total ____ LDL
___ Low HDL
___ Elevated triglycerides _____ Total
___ Elevated Blood Sugar
___ Abnormal kidney functions
___ Abnormal liver functions
___ Abnormal PSA
___ Abnormal CBC

___ Thyroid_____
___ Protime_____
___ Other_____
___ Pap Smear _____
___ Pathology Report_____
___ X-ray Report_____

EXPLANATION OF FINDINGS

Martha, you do have alot of bony spurs causing
pinching of nerve C5-6
Obviously this moto vehicle Accident
has made this worse.
I can't tell by reading the report
if this is bad enough for surgery.

___ Repeat Lab Work indicated _____ When? _____
___ Routine repeat of Labs_____ 6 months_____ 1 year
___ Office appointment necessary
___ Medication necessary – See enclosed prescription
___ Diet changes necessary – See enclosed information
___ Repeat Pap Smear ___ 3 months ___ 6 months ___ 1 year
___ Followup X-ray_____
___ Appointment with a specialist. Please call the office to discuss scheduling_____

Let's discuss at your next visit. SP

or you can call & we can discuss.

If you have any questions, please call the office.

I don't think physical therapy is going to help this much

Sincerely, SP

Drs. Westmoreland, Hicklin, Coley

By:

MAR 5 2004

ccmv668(3/03)

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

AME: HOFTIEZER,MARTIE S UNIT #:
RDERING PHYSICIAN: WESTMORELAND,THOMAS CI#:
OC: DIS DOB: 07/14/47 AN#:
t. Type:OPT

Exam
40128 OP HIP AP AND LATERAL*L Date: 05/31/01 1112
Ord Diag: 719.45-JOINT PAIN-PELVIS
40224 OP SPINE LUMBAR Date: 05/31/01 1112
Ord Diag: 719.45-JOINT PAIN-PELVIS
Date: 05/31/01 1112
Ord Diag:

Exam Start : 5/31/01 1147

LUMBAR SPINE AND LEFT HIP 05-31-2001

HISTORY: Low back and left hip pain.

LUMBAR SPINE:

The lumbar spine shows mild scoliosis with convexity to the left. There are multiple calcifications noted and these overlie the kidneys but do not appear to be within them and the etiology of this is unclear. These are small calcifications or perhaps some opaque material within bowel. The vertebral bodies are normally aligned in the lateral projection and no compression or bone destruction is seen. There is minor osteophyte formation at T12-L1.

CONCLUSION: MINOR DEGENERATIVE CHANGE OF THORACOLUMBAR JUNCTION. CALCIFICATIONS OVER THE ABDOMEN OF UNCERTAIN ETIOLOGY OR POSSIBLY OPAQUE MATERIAL WITHIN BOWEL.

LEFT HIP:

No bony abnormalities are seen. The joint space is maintained. The soft tissues are normal. The pelvis is intact.

CONCLUSION: NEGATIVE LEFT HIP.

6/11/01

FINAL

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

AME: HOFTIEZER,MARTIE S
RDERING PHYSICIAN: WESTMORELAND,THOMAS
DC: DIS
:. Type:OPT

UNIT #:
CI#:
DOB: 07/14/47
AN#:

Checkin-Exam Code Summary
648730-40128,648730-40224,A0-

1938

Read By: John Harrill, M.D.
Released By: John Harrill, M.D.

AM

FINAL

SPARTANBURG Regional Healthcare System

☐SRMC ☐BJW ☐SHRC

PHYSICIAN OUTPATIENT ORDER FORM

SRHS ACCOUNT NUMBER (if applicable) _____ MD AUTHORIZATION _____ Date 5-18-01

Patient Name: Last Name Hottiezer First Maxine MI S	Race	Sex	DOB	Social Security #
Address: (Receive Mail At) City	State	Zip Code		Telephone #

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Government Payment Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Please provide an ICD-9 code for each test.

Services Request

Service/Date Requested	Diagnosis (ICD-9 required)	Service/Date Requested	Diagnosis (ICD-9 required)
X-Ray L S spine	719.45		
L Hip			

Laboratory Services Request - NOTE - ICD-9 Code required

		Diagnosis
☐Basic Metabolic Panel	80048	
☐Glucose	82947	
☐Creatinine		
☐Electrolyte Panel		
☐Sodium		
☐Potassium		
☐Chloride		
☐CO_2		
☐Hepatic I Panel		
☐Albumin		
☐Bilirubin, I		
☐Bilirubin, T		
☐Alk Phosph		
☐ALT		
☐AST		
☐Protein		
☐Lipid Panel		
☐Cholesterol		
☐HDL		
☐Triglycerides		

		Diagnosis
☐Immuno G, A, & M	82784	
☐Iron	83540	
☐Iron Binding Cap	83550	
☐IgG	82784	
☐IgA	82784	
☐IgM	82784	
☐LDH	83615	
☐Lithium	80178	
☐Lipase	83690	
☐LH	83002	
☐Magnesium	83735	
☐Phenobarbital	80184	
☐Phosphorus	84100	
☐Potassium	84132	
☐Preg (Serum)	84703	
☐Preg (Urine)	81025	
☐PSA, *diagnostic*	84153	
☐PSA, *screening*	G0103	
☐Progesterone	84144	
☐Prolactin	84146	
☐Protein Elect	84165	
☐PT	85610	
☐PTT	85730	
☐Ratio	85044	
☐RPR	86592	
☐*If pos, titer*	86593	
☐*If pos, FTA*	86781	
☐Rubella	86762	
☐Sed Rate	85652	
☐Sodium	84295	
☐T4	84436	
☐Tegretol	80156	
☐Testosterone	85048	
☐Theophylline	80198	
☐Total Protein	84155	
☐Transferrin	84466	
☐Triglyceride	84478	
☐T Uptake	84479	
☐TSH	84443	
☐Valproic Acid	80164	
☐Urinalysis, macro	81003	
☐*If pos, micro*	81001	
☐WBC	85048	
☐Other		

X-ray LS spine
(D) Hip
719.45

UNIVASC® (MOEXIPRIL HCl) TABLETS
UNIRETIC® (MOEXIPRIL HCl and HYDROCHLOROTHIAZIDE)

For specimen submission – information on back must be completed

DATE / TIME

COLLECTED B

AGENCY: ____

388

85018

ADDRESSOGRAPH

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: HOFTIEZER,MARTHA UNIT #:
ORDERING PHYSICIAN: WESTMORELAND,THOMAS CI#:
LOC: DIS DOB: 07/14/47 AN#:
Pt. Type:OPT

Exam
04053 MRI EXTREMITY - LOWER*R Date: 04/24/00 1214
Ord Diag: 719.46-JOINT PAIN-L/LEG

MRI RIGHT KNEE: 4-24-00

CLINICAL HISTORY: Recent trauma, continued pain.

MRI RIGHT KNEE (ROUTINE PROTOCOL):

There is a nondisplaced fracture involving the posterior lip of the lateral tibial plateau with approximately 1-2 mm of articular surface diastasis. There is no evidence of depression of the fracture fragment. There is a large amount of edema throughout the adjacent marrow. In addition, there is a large bony contusion involving the lateral femoral condyle, without a discrete fracture identified. The anterior cruciate ligament is diffusely thickened with a large amount of interstitial edema. Findings are suggestive of a high grade partial tear. The posterior cruciate ligament appears intact as do the collateral ligaments. There is no meniscal tear. Edema and/or hematoma is seen along the inferior portion of the vastus medialis. Subcutaneous edema overlies the patellar tendon. There were no focal cartilaginous defects. There is a small joint effusion. A Baker's cyst is present as well.

IMPRESSION:

1. NONDISPLACED OR DEPRESSED FRACTURE INVOLVING THE POSTERIOR LIP OF THE LATERAL TIBIAL PLATEAU WITH ADJACENT MARROW CONTUSION.

2. CONTUSION INVOLVING THE LATERAL FEMORAL CONDYLE.

3. PARTIAL TEAR OF THE ANTERIOR CRUCIATE LIGAMENT.

4. BAKER'S CYST.

FINAL

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: HOFTIEZER,MARTHA
ORDERING PHYSICIAN: WESTMORELAND,THOMAS
LOC: DIS
Pt. Type:OPT

DOB: 07/14/47

UNIT #:
CI#:
AN#:

Checkin-Exam Code Summary
474231-04053R

1734 hours

Read By: DOUGLAS M FOLTZ, M.D.
Released By: DOUGLAS M FOLTZ, M.D.

PL

FINAL

Date: 4-26-00

Dear Patient: Martha Hoftreizer

The doctor has reviewed your Lab Work, and/or x-rays and indicated his findings below:

_____ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

__ Elevated cholesterol___ Total ___LDL
__ Low LDL
__ Elevated triglycerides _____Total
__ Elevated Blood Sugar
__ Abnormal kidney functions
__ Abnormal liver functions
__ Abnormal PSA
__ Abnormal CBC

___Thyroid _____
___Protime_____
___Other_____
___Pap Smear_____
___Pathology Report_____
___X-ray Report_____

EXPLANATION OF FINDINGS:

Cracked tibia posteriorly
Ant. cruciated ligament - partial tear,
Capt. Varus & knee

_____ Repeat Lab Work indicated _____When? _____
_____ Routine repeat of Labs _____6 months _____1 year
_____ Office appointment necessary
_____ Medication necessary - See enclosed prescription
_____ Diet changes necessary - See enclosed information
_____Repeat Pap Smear ___3 months___6 months___1 year
_____Followup X-ray _____
_____Appointment with a specialist. Please call the office to discuss scheduling_____

If you have any questions, please call the office.

Sincerely,

Drs.Taylor, Westmoreland, Hicklin, Coley

By:

SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

PHYSICIAN OUTPATIENT ORDER FORM

SRHS ACCOUNT NUMBER (If applicable) _____

MD AUTHORIZATION: Thomas W. Westmoreland, Jr.

Patient Name: Last/Name: Hattel	First: Martie	MI	Race: Cau	Sex: F	DOB: 7-19-47	Social Security #
Address: (Number/Mail &R)		City, State	Zip Code: 29316		Telephone #: 864 578 9574	

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Government Payment Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Please provide an ICD-9 code or narrative diagnostic information for each test.

Services Request

Service Requested	Diagnosis Description or ICD-9	Service Requested	Diagnosis Description or ICD-9
MRI (Rt. Knee)	719.46		No authorization needed per Insurance
			April 24th 12 Noon

Laboratory Services Request - NOTE * Requires ICD-9 Code (Narrative not acceptable)

		Diagnosis
☐ Basic Metabolic Panel	80048	
☐ Glucose	82947	
☐ Creatinine	82565	
☐ BUN	84520	
☐ Sodium	84295	
☐ Potassium	84132	
☐ Chloride	82435	
☐ CO_2	82374	
☐ Bilirubin Profile	82251	
☐ Direct Bilirubin	82248	
☐ Total Bilirubin	82247	
☐ Comprehensive Metabolic Panel	80054	
☐ Albumin	82040	
☐ Bilirubin, Total	82550	
☐ Calcium	82310	
☐ Creatinine	82565	
☐ Glucose	82947	
☐ Alk Phosphatase	84075	
☐ Potassium	84132	
☐ Total Protein	84165	
☐ Sodium	84295	
☐ AST	84450	
☐ BUN	84520	
☐ Electrolyte Panel	80051	
☐ Sodium	84295	
☐ Potassium	84132	
☐ Chloride	82435	
☐ CO_2	82374	
☐ Hepatic Function Panel	80058	
☐ Albumin	82040	
☐ Bilirubin, Direct	82248	
☐ Bilirubin, Total	82247	
☐ Alk Phosphatase	84075	
☐ ALT	84460	
☐ AST	84450	
☐ Lipid Panel*	80061	
☐ Cholesterol*	82465	
☐ HDL*	83718	
☐ Triglycerides*	84478	
☐ Thyroid Panel*	80091	
☐ T4*	84436	
☐ T Uptake*	84479	

		Diagnosis
☐ A/C*	83036	
☐ Albumin	82040	
☐ Alk Phos	84075	
☐ ALT	84460	
☐ Amylase	82150	
☐ AST	84450	
☐ BCP*	85027	
☐ Bili, Direct	82248	
☐ Bili, Total	82247	
☐ BUN	84520	
☐ B12	82607	
☐ CA125*	86316	
☐ Calcium	82310	
☐ CBC*	85025	
☐ CEA	82378	
☐ Chloride	82435	
☐ Cholesterol*	82465	
☐ CO_2	82374	
☐ CPK	82550	
☐ Creatinine	82565	
☐ Dilantin	80185	
☐ Digoxin*	80162	
☐ ECG	93005	
☐ Estradiol	82670	
☐ Estrogen	82672	
☐ Folic Acid	82746	
☐ Ferritin*	82728	
☐ FSH	83001	
☐ GGT	82977	
☐ Glucose*		
☐ Fasting*	82947	
☐ Random*	82947	
☐ 2 Hr. pp*	82947	
☐ Glycated Protein*	82985	
☐ HAV*	86709	
☐ HbcAb	86318	
☐ HbsAb	86706	
☐ HbsAg	87340	
☐ HCV	86803	
☐ HCG,quantitative	84702	
☐ HDL*	83718	
☐ Hemoglobin*	85018	
☐ Iron*	83540	
☐ Iron Binding Cap*	83550	
☐ IgG	82784	
☐ IgA	82784	
☐ IgM	82784	
☐ LDH	83615	
☐ Lithium	80178	
☐ Lipase	83690	
☐ LH	83002	
☐ Magnesium*	83735	

		Diagnosis
☐ Phenobarbital	80184	
☐ Phosphorus	84100	
☐ Potassium*	84132	
☐ Preg (Serum)	84703	
☐ Preg (Urine)	81025	
☐ PSA*	84153	
☐ Progesterone	84144	
☐ Prolactin	84146	
☐ Protein Elect	84165	
☐ PT*	85610	
☐ PTT	85730	
☐ Retic*	85044	
☐ RPR*	86592	
☐ If pos, titer*	86593	
☐ FTA*	86781	
☐ Rubella	85762	
☐ Sed Rate*	85652	
☐ Sodium	84295	
☐ Tegretol	80158	
☐ Testosterone	85046	
☐ Theophylline	80188	
☐ Total Protein	84155	
☐ Transferrin*	84466	
☐ Triglycerides*	84478	
☐ TSH*	84443	
☐ Valproic Acid	80164	
☐ Urinalysis* macro	81003	
☐ If pos, micro	81001	
☐ WBC*	85048	
☐ Other		

FOR SPECIMEN SUBMISSION - INFORMATION ON BACK MUST BE COMPLETED

DATE/ TIME COLLECTED: _____

COLLECTED BY: _____

AGENCY: _____

ADDRESSOGRAPH

1375 (5/99)

Vol. III

THOMAS W. WESTMORELAND, M.D.
D. MARK HICKLIN, M.D.
SCOTT A. COLEY, M.D.
391 EAST HENRY STREET • SPARTANBURG, SOUTH CAROLINA 29302 • 864-573-9595 • FAX: (864) 585-3752
In affiliation with Spartanburg Regional Healthcare System

Name: [redacted] Phone (home): 5785514 Med. Record #:

DOB: 7-14-47 (work): Occupation:

SSN: (cell):

DATE	CHRONIC PROBLEMS	ICD-9
	Migraine Headaches	
	OA Hips, Knees, LS Spine	
	Menopause	
	Hemorrhoids Anemia	280.1
	Seizure Disorder	
	PUD	
	Hiatal Hernia	

DATE	CHRONIC MEDICATIONS (DOSAGES)
	[redacted]
	[redacted]
	[redacted]
	Nexium 40 mg QD
	Wellbutrin SR 150 mg QAM BID
	Darvocet N-100 BID PRN
	[redacted]
	Ambien 10 mg QHS
	[redacted]
	Midrin QAM HA
	Synthroid 150 mcg 1 TID

DATE	OPERATIONS
'87	C-3 ruptured disc repaired
'97	R Rotator cuff repair - L/L

DATE OF LAST TEST	
A1C	
BMD	
Colonoscopy	
Gen. Med. Exam	
Gyn. Exam	
Lipid Panel	
Mammogram	
Pap Smear	
PSA	
Stress Test	
Thyroid Fcn.	

DRUG ALLERGIES	REACTION
Vioxx	
Celebrex	GI
Biaxin	
Topamax	Skin rash
Nafcillin	GI

IMMUNIZATIONS						
Adult Td						
Influenza						
Pneumococcal						
PPD						

Phone _____

Occupation _____

Marital Status : ☐ M ☐ S Children No. _____ Race _____

ACUTE PROBLEMS:	ICD	DATE
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
21)		
22)		
23)		
24)		
25)		
26)		
27)		
28)		

CHRONIC PROBLEMS:	HEALTH MAINTENANCE	CDM	DATE
A)	Iron Def Anemia 280.1		
B)			
C)			
D)			
E)			
F)			
G)			
H)			
I)			
J)			
K)			
L)			
M)			
N)			
O)			

OPERATIONS:

DATE: DESCRIPTION:

OTHER HOSPITALIZATIONS, ETC.:

DATE: DESCRIPTION:

CARDIAC RISK FACTORS ( ):

☐ Personal History

☐ Family History _____

☐ Hypertension

☐ Diabetes Mellitus

☐ Hypercholesterolemia

☐ Smoker

☐ Type A Personality

PAP SMEARS/PHYSICALS:

ALLERGIES: ☐ NONE

CHRONIC MEDICATIONS (DOSAGES):	DATE
Prempro 0.625/5.0	
Zodine 400, XL	
BID	
Phen d 97.2 q pm	

FAMILY HISTORY:

☐ Heart disease _____

☐ Hypertension _____

☐ Diabetes _____

☐ Glaucoma _____

☐ Cancer (type) _____

☐ Other _____

right © 1971, 1972,

DRS. WESTMORELAND, HICKLIN, COLEY
391 E. HENRY STREET
SPARTANBURG, SC 29302
864-573-9595

PHONE PRESCRIPTIONS
(or requests)

Martie Hefner 7-14-97

DATE	REQUEST AND REASON	RX CALLED (or refused) INSTRUCTIONS	PHARMACY	NURSE	DR
11/21/02	Bextra - Refill	Bextra 20mg #60 Tab 2RF	Eck Boiling	HE	Mike
1/9/03	Refill	Bextra / Mayalt (See Rx	↓	HE	W.
11-8-04	RF x 3	Phenobarbitol 972mg tqhs #30 RF x 3	Ingles Spring field	KP	Dr
1-26-05	RFx2	Darvocet N100 tpoBID #60 RFx2	↓	KP	
6/12/06	Rx Midrin as directed	#40 - take for headache	Ingles Springfield	JD	[illegible]

Please **fold**, **crease** and **tear**

BlueCross BlueShield

PPO

Subscriber #
Group Name: 7
Group # 008585 Benefit Package

01, MARTHA S HOFTIEZER

Member Effective	Health	Dental
05-01-06	Y	Y

BC Plan: 810, BS Plan: 810

BlueOPTIONS℠

In-Network Copays:	
Primary Care Office Visit	$20
Specialist Office Visit	$40
Urgent Care / ER	$40 / $150
Routine Vision Exam / Lenses & Frames	$20 / $100 Allowance
Chiropractic Care	$40
Mental Health / Substance Abuse	Covered
Prescription Drug	$10 / $25 / $40
	PAID BNCDRUG

Updated 7/20/06

bcbsnc.com

Date Printed: 05/02/06

For best results, fold

BlueCross BlueShield

PPO

Subscriber #
Group Name:
Group # 008586 Benefit Package #

	Member Effective	Health	Dental
01, MARTHA S HOFTIEZER	05-01-05	Y	Y

BC Plan: 318, BS Plan: 810

BlueOPTIONS℠

In-Network Copays:	
Primary Care Office Visit	$20
Specialist Office Visit	$40
Urgent Care / ER	$40 / $150
Routine Vision Exam	$20
Mental Health / Substance Abuse	Covered
Prescription Drug	$10 / $25 / $40 PAID BNCDRUG

bcbsnc.com

Date Printed: 04/28

Toll-free Customer Service:

Medical: Benefits & Claims 1-877-258-3334
Dental: Dental Blue® 1-800-305-6638
Mental Health / Substance Abuse 1-800-359-2422
Magellan Behavioral Health: Certification for all mental health & substance abuse services, except office visits.

To find a participating provider outside of NC:
BlueCard® 1-800-810-BLUE (2583)
Health Line Blue℠ 1-877-477-2424
24-hour health information line staffed by nurses

bcbsnc.com:
- Provider Directory - Health Management Programs -
- review claim status, update contact information, request new ID card, etc.

Blue Extras℠: discount programs, exercise incentives, and more

Physicians and other medical providers should file claims to the local Blue Cross and/or Blue Shield plan where services are rendered.

Send Medical Claims to:
Blue Cross and Blue Shield of North Carolina Claims Department
PO Box 35, Durham, NC 27702-0035

Send Dental Claims to: Blue Cross Blue Shield of North Carolina
PO Box 2100, Winston-Salem, NC 27102 or EDI Web MD #81473

www.bcsbenefitservicesinc.com: HIPAA EDI Eligibility & Claims Status

Certifications: Providers Call 1-800-214-4844
All claims are subject to review under BCBSNC's utilization management programs. Participating providers are responsible for obtaining certification. If you are using a non-participating provider, and you have questions about your certification requirements, contact BCBSNC Customer Service.

Blue Cross and Blue Shield of North Carolina provides administrative services only for this plan. Your employer retains sole responsibility for the funding of claims payment.

This card issued by Blue Cross and Blue Shield of North Carolina, an independent licensee of the Blue Cross and Blue Shield Association

Health Amber 1 800 672 7897

Updated 3/29/06

DRS. WESTMORELAND, HICKLIN & COLEY

PATIENT INFORMATION

NAME: MARTHA S. HOFFZER

SS#

STREET ADDRESS

MAILING ADD: COUNTY

CITY & STATE: SC

PHONE: 84 578 9514 CELL PHONE:

DATE OF BIRTH: 7-14-47

SEX: F RACE: W MARITAL STATUS: married

EMPLOYMENT INFORMATION

EMPLOYER

STREET ADDR

MAILING ADDRESS

CITY & STATE: SC ZIP: 29615

WORK PHONE #: Marie

FULL TIME [X] PART TIME [ ]

PERSON RESPONSIBLE FOR BILL (IF OTHER THAN PATIENT)

NAME

SS#

STREET ADDRESS

CITY & STATE

ZIP PHONE #

PRIMARY POLICY HOLDER INFORMATION

NAME

DATE OF BIRTH

SS#

PHONE #

SECONDARY POLICY HOLDER INFORMATION

EMPLOYER

STREET ADDRESS

MAILING ADDRESS

CITY & STATE ZIP

FULL TIME [ ] PART TIME [ ]

PRIOR WORKERS COMP ADDRESS (IF OTHER THAN)

ADDRESS

CITY & STATE

ZIP

PHONE #

SECONDARY POLICY HOLDER INFORMATION

PATIENT'S RELATIONSHIP TO POLICYHOLDER

NAME

DATE OF BIRTH

SS#

PHONE #

399

BlueCross BlueShield

PPO

Subscriber #
Group #

01, MARTHA S HOFTIEZER

Member Effective	Health	Dental
05-01-04	Y	Y

BC Plan: 510, BS Plan: 510

BlueOPTIONS℠

In-Network Copays:	
Prir Care Office Visits	$20
Specialist Office Visits	$40
U Care / ER	$50 / $150
Routine Vision Exam	$20
Mental Health / Substance Abuse	Covered
Prescription Drug	$10 / $25 / $40
	PAID RNCDRUG

Date Printed: 05/11/04

bcbsnc.com

Toll-free Customer Service:

Medical: Benefits & Claims 1-877-258-3334
Dental: Dental Blue® 1-800-305-6638
Mental Health / Substance Abuse 1-800-359-2422
Magellan Behavioral Health: Certification for all mental health & substance abuse services, except office visits.

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Health Line Blue℠ 1-877-477-2424
24-hour health information line staffed by nurses

bcbsnc.com:
- Provider Directory - Health Management Programs -
- e-Member Customer Service: review claim status, change membership info & order additional ID cards, etc.
- Blue Extras℠: discount programs, exercise incentives, and more

Physicians and other medical providers should file claims to the local Blue Cross and/or Blue Shield plan where services are rendered.
Send Medical Claims to:
Blue Cross and Blue Shield of North Carolina Claims Department
PO Box 35, Durham, NC 27702-0035
Send Dental Claims to: Blue Cross Blue Shield of North Carolina
PO Box 2100, Winston-Salem, NC 27102 or EDI Web MD #61473
www.ecsbenefitservicesinc.com: HIPAA EDI Eligibility & Claims Status
Certifications: Providers Call 1-800-214-4844
All claims are subject to review under BCBSNC's utilization management programs. Participating providers are responsible for obtaining certifications. If you are using a non-participating provider, and you have questions about your certification requirements, contact BCBSNC Customer Service.
Blue Cross and Blue Shield of North Carolina provides administrative services only for this plan. Your employer retains sole responsibility for the funding of claims payment.

This card issued by Blue Cross and Blue Shield of North Carolina, an independent licensee of the Blue Cross and Blue Shield Association.

Home Office Fresh Mkt.
1-800-520-1552

888-792-7824



THE FRESH MARKET, INC.
PLAN NUMBER

MedCost Preferred

Call (910) 272-1338 (Employer) regarding eligibility.
Call (910) 292-4994 (Penn Western Benefits, Inc.)
for a general description of benefits.

For claim filing information:
(OVER)

for authorization

FOR CLAIM SUBMISSION

MedCost Preferred HOSPITALS send bills to:	All other Providers send bills to:
MedCost Preferred PO Box 25307 Winston-Salem, NC 27114-5307	The Employee for submission with a claim form

No authorization needed
for Dent Pt.
D. Per Andrea

REGIONAL PHYSICIAN NETWORK

GENERAL CONSENT TO TREAT/ PATIENT AUTHORIZATION/ACKNOWLEDGEMENT OF BENEFITS RELEASE

The following are the conditions for services provided by the Regional Physician Network which is affiliated with Spartanburg Regional Health Services District, Inc. (District) for the patient whose name appears at the bottom of this page.

CONSENT FOR MEDICAL TREATMENT

I/we voluntarily consent to medical treatment and diagnostic procedures provided by Regional Physician Network and its associated physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations.

AUTHORIZATION FOR RELEASE OF INFORMATION

The practice and physicians are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this visit. I/we also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law.

ASSIGNMENT OF INSURANCE BENEFITS

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and the Regional Physician Network. I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand the Regional Physician Network can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection, I/we shall pay all collections fees and costs, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I/we have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at www.srhs.com.

4-28-03 4:10 pm
Date and Time

Signature of Patient/(Relationship to Patient)
(Parent, Guardian or Legally Authorized Representative)

Hospital Witness

Signature of Guarantor (Relationship to Patient)

REGIONAL PHYSICIAN NETWORK

In affiliation with Spartanburg Regional Healthcare System

Authorization of Use and Disclosure of Protected Health Information

Appointment Reminders. The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent by mail in a sealed envelope, or, a brief, non-specific message may be left on your answering machine. Occasionally, we may also use "appointment cards" to remind you about upcoming appointments. If you don't approve of these methods in the space provided (samples of appointment reminders are available upon request):

How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Regional Physician Network? (Select one option as a primary method of contact)

____ Regular Mail X Home Telephone ____ Work Telephone

X Appointment Cards ____ Email ____ Home Fax Machine

Other: _____

If you have an answering machine, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Regional Physician Network? (Check one)

X Yes ____ No ____ N/A

If "No" how else may we contact you regarding this information?

_____

Please list any other restrictions regarding messages or reminders about your healthcare:

Minimal details

Other Uses and Disclosures. Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and/or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect ort undo any use or disclosure of information that occurred before you notified us of your decision. You have the right to request restrictions on use and disclosure of your health information.

____ I would like the following restrictions regarding the use and disclosure of my health information:

_____

_____

_____

_____

REGIONAL PHYSICIAN NETWORK

In affiliation with Spartanburg Regional Healthcare System

Authorization of Use and Disclosure of Protected Health Information

Persons Authorized to Receive Information:
Health information Regional Physician Network collects or receives about you may be disclosed to the following persons:

RICHARD A. HOFFTEZER, spouse
Name of person/ relation/ organization

SANDRA L. HOFFTEZER - daughter (lives nearby)
Name of person/ relation/ organization

Use of Disclosure of Information:
_____ I authorize the person(s) listed above to receive all health information about appointment, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at Regional Physician Network.

__X__ I do not authorize the following information to be disclosed to any other parties except to me as the patient (Please specify):
unless unable to actively participate in myown health decisions

Expiration Date of Authorization
This authorization is effective through 1/01/2010 unless revoked or terminated by the patient or patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to the RPN physician practice location for which medical services were provided. You should contact the RPN Privacy Liaison or other authorized representative to terminate this authorization.

Potential for Re-disclosure
The person or organization to which health information is sent may repeatedly disclose health information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

MARTHA S. HOFFTEZER
Name of Patient (Print or Type)

Martha S. Hofftezer 4/30/03
Signature of Patient/Date

_____
Signature of Parent Representative

_____
Relationship of Parent Representative to Patient

SPARTANBURG
Regional Healthcare System

☐SRMC ☐SHRC ☐BJW

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: MARTHA SUE HOFFNER Date of Birth: 7/14/1947

Patient Address: SS#:

Phone: 864 578 9514

The undersigned hereby authorizes WESTMORELAND NURSING to release information contained in my medical records to: JAMES HOFFNER

(address)

Covering records for the period from COMPLETE to

DATE DATE

Specific information to be disclosed: COMPLETE

Purpose of Release: ESTATE

This authorization places no restrictions on any information to be released, including any treatment for alcohol, drug abuse, HIV testing, or psychiatric. If any restrictions are to be placed on information released, please state: N/A

a. The patient is voluntarily signing this authorization.
b. The patient reserves the right to refuse to sign this authorization.
c. The patient is entitled to review or receive a copy of the information for which the authorization is being sought.
d. The patient will receive a copy of the signed authorization.
e. The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
f. Information may be subject to re-disclosure by the recipient and no longer protected.

Signature of Patient Date

Signature of Personal Representative 7/19/08-21 Date 864 608 5720

Witness Date

Signature of Parent/Guardian Date

Description of Right to Act for the Individual

Identification

Expiration of this authorization is one (1) year from date of signature, unless otherwise specified.

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES DISCLOSURE.

Patient Label

Name: Martie Hoftiezer Phone: 578-9514

Drug allergies: See pg #1

Date: 7-31-06 HT WT 149 BP 152/90 P 76 T R

CC: Pain in chest neck & back between shoulder blade
[illegible] quite central CP.
? [illegible] Tramp / Shingles / Ant.
& SOB, N/D. [illegible]
heat helps. NTG — helps
CWP SP / D-6 heat

Martie Hoftiezer 7/31/06

S: Martie has had chest discomfort now for the last day. She really awakened with it yesterday morning and it is right in the center of her chest. It is somewhat aggravated by deep inspiration. She describes it as sharp and burning for the most part. she hs had no associated shortness of breath, nausea, or diaphoresis. Heat seems to help. She is not aware of any other modifiers. No worsening with exertion or eating. She tried a friend's NTG and that did not seem to help.

O: She is alert and in no distress. Examination of her neck, heart, lungs, and abdomen all negative. However, she has very significant sternal and bilateral parasternal chest wall tenderness. Seems to reproduce her pain.

A: Chest wall pain.

P:
1. Reassurance that it does not sound cardiac.
2. ~~Local heat.~~
3. We will give her a Steripred 10 mgs. 6-day Dosepak.
4. She has had frank ulcers before and is very intolerant of NSAIDS.
5. Recheck p.r.n.

DMH:hw
D. Mark Hicklin, M.D.

Name: Martie Hoftiezer Phone :

Drug allergies:

Date: 7/28/06 HT WT 145.0 BP 110/80 P 86 T R

CC: Remove part of ingrown nail - lt. great toe

Martie Hoftiezer 7/28/06

S: Martie is back for removal of the ingrown portion of her left grat toenail. It feels a good bit better now after having been on antibiotics.

O: Exam reveals definite improvement of the paronycheal infection. However, she still has tenderness of the paronycheal area.

A: Ingrown left great toenail.

P: 1. Under digital block anesthesia, straight back procedure was performed. She tolerated this well.

2. After care discussed.

3. Recheck her p.r.n.

DMH:hw

D. Mark Hicklin, M.D.

Name: Martie Hoftetiezer Phone: 518 9514

Drug allergies: Vicodin

Date: 7/20/06 HT WT 148 BP 134/90 P 60 T R

CC: Ingrown toe nail @ great toe

Martie Hoftetiezer 7/20/06

S: Martie is in regarding a painful ingrown left great toenail.

O: Exam reveals a pretty obvious ingrown nail with associated paronycheal infection. this is on the lateral margin of the nail.

A: Ingrown left great toenail with associated infection.

P:
1. Warm water soaks.
2. Cephalexin 500 mgs. t.i.d. for 10 days.
3. Recheck in 10 days, and at that time we will plan a straight back procedure and digital block anesthesia.

DMH:hw

D. Mark Hickfin, M.D.

Na

Dri

Dat

CC

DATE	TIME	CALLER	PH.#
6-12-02	10:50	Ingles Springfield	Patient's # 575-9514
PT. Martha Hoffmeier	AGE 74447 TEMP	REC'D BY:	MD W/H
MESSAGE		DISPOSITION	
Midrin			
ALLERGY		HANDLED BY	
DRUG STORE Ingles Springfield			

OCAA0240(5/88)

DATE	TIME	CALLER	PH.#
7-10-02	4:00	Chafer - Ash Hwy	
PT. Martha Hoffmeier	AGE 74447 TEMP	REC'D BY: TOB	MD W
MESSAGE Rx.		DISPOSITION	
Midrin #40			
ALLERGY		HANDLED BY	
DRUG STORE			

OCAA0240(5/88)

BlueCross BlueShield
of North Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

April 26, 2006

COLEY, SC
391 B HENRY ST
SPARTANBURG, SC 29302

Patient: MARTHA HOFTIEZER
Service: Pharmacy
Provider: COLEY, SC
Date of Request: April 18, 2006
Reference #:

This letter is in response to the request for override of a quantity-limit program drug.

After reviewing the submitted clinical information, along with relevant Milliman Health Care Management Guidelines and /or Corporate Medical Policy(ies) or BCBSNC Drug Criteria, our Regional Medical Director has indicated that Blue Cross Blue Shield North Carolina (BCBSNC) is not able to approve the request. *Please see the attached section titled "Reason for Denial" at the end of this letter for a specific explanation of this decision.*

Members and providers can request and receive, at no cost, the following information by calling Member Health Partnership Operations at 1-800-672-7897 ext. 57078:

- Any internal rules, guidelines, protocols, or other criteria (including clinical review criteria) used to make this decision; and
- An explanation of the scientific or clinical judgment for this decision/determination (applying the terms of the plan to the claimant's medical circumstances) in cases where the decision is based on a medical necessity, experimental treatment or similar exclusion or limit.

The treating physician, if they have further relevant information, may request a consultation with a Regional Medical Director by calling 1-800-672-7897 ext. 51019.

By copy of this letter, the member is notified that the requested service is not approved. The member always has the option to pay for services.

Internal Review
The member or his/her designated representative has a right to request that BCBSNC conduct an internal review of this decision. BCBSNC has a 2-step appeal process.

- Step 1 - Level I Appeal - a formal process that requires a written request for appeal by the member and includes a review by a committee. If the member files a Level I Appeal, BCBSNC will complete the review within 30 days.
- Step 2- Level II Grievance - a formal process that requires a written request for appeal by the member and includes a review by an outside panel. If the member files a Level II Grievance, BCBSNC will complete the review within 45 days and provide notice of the decision within 7 business days.

Please note: If the member is covered under an Employee Retirement Income Security Act of 1997 (ERISA) plan, the member has the right to file a civil action under Section 502(a) of the ERISA after completion of a Level I Appeal. The Level II Grievance review offered is voluntary for purposes of ERISA.

If the member wishes to pursue a Level I Appeal, the member should send a written request for appeal and an authorization, if applicable, to the following address within 180 days of this letter:

Appeals Unit - Level I
Network Support
Blue Cross Blue Shield of North Carolina
P.O. Box 30055
Durham, NC 27702
Fax - 919-765-4409

A member has the right to submit written comments, documents or other information relevant to the appeal. If a member wishes to appoint another person to assist them with an appeal, an authorization must be submitted in writing.

A member or his/her designated representative may request an expedited appeal if a delay: (i) would reasonably appear to seriously jeopardize the member's life, health or ability to regain maximum function; or (ii) in the opinion of the member's provider, would subject the member or a dependent to severe pain that cannot be adequately managed without the requested care or treatment. An expedited review may be initiated by calling 877-258-3334. BCBSNC will communicate the decision to the member and provider as soon as possible, but no later than 72 hours after the request.

The following rights are applicable only to members under an underwritten plan or Multiple Employer Welfare Arrangement (MEWA).

External Review
Once a BCBSNC Level II Grievance is completed, a member may request a review of the decision by an external, independent review organization (IRO), administered by the North Carolina Department of Insurance (NCDOI).

If a member has a medical condition where the time frame for the completion of BCBSNC expedited review would reasonably be expected to seriously jeopardize the member's life/health or the ability to regain maximum function, then the member may file an expedited external review request with the NCDOI. An expedited review may be filed with the NCDOI at the same time an expedited review appeals request is filed with BCBSNC. The NCDOI will determine whether the member must complete BCBSNC's review of the grievance before conducting the expedited external review.

Enclosed is a more detailed description of the standard and external review procedures for Fully Insured Groups and MEWAs.

Managed Care Patient Assistance Program
The member may also receive assistance with grievances from the Managed Care Patient Assistance Program by contacting: Managed Care Patient Assistance Program, PO Box 629,Raleigh, NC 27602, Tel: 919-733-6272, Tel (Toll free in NC): 1-866-867-6272;
E-Mail : MCPA@ncdoi.com

Sincerely,

Dennis O'Connell

Dennis O'Connell, MD
Regional Medical Director
Member Health Partnerships Operations

cc: MARTHA HOFTIEZER

Enclosure for Fully Insured Groups and MEWAs: Procedures for Standard and Expedited External Review

REASON FOR DENIAL

Request for quantity limit exception for Ambien is reviewed.

The following BCBSNC Medical Policies and Prior Plan Approval/Quantity Limitation Criteria serve as the basis for this determination:

MEDICALLY NECESSARY [or MEDICAL NECESSITY] (Policy number: MED1301, URL: http://www.bcbsnc.com/services/medical-policy/pdf/medical_necessity.pdf)- those covered services or supplies that meet ALL of the following criteria:
a. Provided for the diagnosis, treatment, cure or relief of a health condition, illness, injury or disease AND
b. Not for experimental, investigational or cosmetic purposes, except as specifically covered by your health benefit plan AND
c. Necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms AND
d. Within generally accepted standards of medical care in the community AND
e. Not solely for the convenience of the insured, the insured's family or the provider.
For medically necessary services, BCBSNC may compare the cost effectiveness of alternative services, settings or supplies when determining which of the services or supplies will be covered and in what setting medically necessary services are eligible for coverage.

HYPNOTIC QUANTITY LIMITATION CRITERIA (URL: http://www.bcbsnc.com/services/formulary/pdf/Hypnotic.pdf).

According to the manufacturer's product information, this hypnotic drug is indicated for short term treatment of insomnia, and hypnotics should generally be limited to 7 to 10 days of use. Per the Plan's Hypnotic Quantity Limitation Criteria, this prescription is subject to a quantity limitation of 15 units per 30 days unless medical necessity for more is clearly shown. In order to demonstrate medical necessity ALL of the following criteria must be met:
a. this patient/member has chronic insomnia (greater than 4 nights a week for over three months), AND
b. this patient/member has failed non-pharmacologic, sleep hygiene measures, AND
c. this patient/member has had an evaluation & treatment of underlying medical and/or psychiatric conditions possibly causing the insomnia.

Based on the information provided, this request does not meet the following criteria: b,c.
Request for coverage of this hypnotic medication in quantities greater than 15 units per 30 days is denied. If further review is desired, please submit copies of all office notes relating to insomnia from treating physician(s) over the past twelve months that document that all of the criteria are met.

#

BlueCross BlueShield of North Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association
1-800-672-7897

Provider Notification

Date: 04/26/2006

To: SC COLEY

Patient: HOFTIEZER. MARTHA S
Subscriber Number:
Date of Birth: 07/14/1947
Line of Business: Blue Options

Reference number:
Service(s): Pharmacy
Dates of Service: 4/13/2006 - 4/13/2007

After reviewing the submitted clinical information, along with relevant Milliman Health Care Management Guidelines and /or Corporate Medical Policy(ies), our Regional Medical Director has indicated that Blue Cross Blue Shield North Carolina (BCBSNC) is not able to approve the above service. Below is the clinical rationale for this decision.

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b. Not for experimental, investigational or cosmetic purposes, except as specifically covered by your health benefit plan AND
c. Necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms AND
d. Within generally accepted standards of medical care in the community AND.
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c. this patient/member has had an evaluation & treatment of underlying medical and/or psychiatric conditions possibly causing the insomnia.

PO Box 2291- Durham, NC 27702-2291
An Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of North Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association
1-800-672-7897

Provider Notification

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Request for coverage of this hypnotic medication in quantities greater than 15 units per 30 days is denied. If further review is desired, please submit copies of all office notes relating to insomnia from treating physician(s) over the past twelve months that document that all of the criteria are met.
Members and providers can request and receive, at no cost, the following information by calling Member Health Partnership Operations at 1-800-672-7897 ext 57078:

* Any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the medical policy number with the request); and
* If the decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgment for the determination, applied to the medical circumstances.

The treating physician, who has further relevant information, may request a consultation with a Regional Medical Director by calling 1-800-672-7897 ext 51019.

Internal Review
The member or his/her designated representative has a right to request that BCBSNC conduct an internal review of this decision. BCBSNC has a 2-step appeal process.

- Step 1 - Level I Appeal - a formal process that requires a written request for appeal by the member and includes a review by a committee. If the member files a Level I Appeal, BCBSNC will complete the review within 30 days.
- Step 2- Level II Grievance - a formal process that requires a written request for appeal by the member and includes a review by an outside panel. If the member files a Level I Grievance, BCBSNC will complete the review within 45 days and provide notice of the decision within 4 business days. Please note: If the member is covered under an Employee Retirement Income Security Act of 1997 (ERISA) plan the member has the right to file a civil action under Section 502(a) of the ERISA after completion of a Level I Appeal. The Level II Grievance review offered is voluntary for purposes of ERISA.

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If a member wishes to appoint another person to assist them with an appeal, an authorization must be designated in writing.

If the member wishes to pursue a Level I Appeal, the member should send a written request for appeal, additional supporting medical information and an authorization, if applicable, to the following address within 180 days of this letter:

Appeals Analysis - Level I
Quality Improvement Department
Blue Cross Blue Shield of North Carolina
P.O. Box 30055
Durham, NC 27702
Fax - 919-765-4409
Tel - 877-258-3334

A member has the right to submit written comments, documents or other information relevant to the appeal. If a member wishes to appoint another person to assist them with an appeal, an authorization must be submitted in writing.

A member or his/her designated representative may request an expedited appeal if a delay: (i) would reasonably appear to seriously jeopardize the member's life, health or ability to regain maximum function; or (ii) in the opinion of the member's provider, would subject the member dependent to severe pain that cannot be adequately managed without the requested care or treatment. An expedited review may be initiated by calling 1-877-258-3334. BCBSNC will communicate the decision to the member and provider as soon as possible, but no later than 72 hours after the request.

The following rights are applicable only to members under an underwritten plan or Multiple Employer



BlueCross BlueShield
of North Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

Provider Notification

External Review
Once a BCBSNC Level II Grievance is completed, a member may request a review of the decision by an external, independent review organization (IRO), administered by the North Carolina Department of Insurance (NCDOI).

If a member has a medical condition where the time frame for the completion of BCBSNC expedited review would reasonably be expected to seriously jeopardize the member's life/health or the ability to regain maximum function, then the member may file an expedited external review request with the NCDOI. An expedited review may be filed with the NCDOI at the same time an expedited review appeals request is filed with BCBSNC. The NCDOI will determine whether the member must complete BCBSNC's review of the grievance before conducting the expedited external review.

- Enclosed is a more detailed description of the external review procedures for Fully Insured Groups and MEWAs.

Managed Care Patient Assistance Program
The member may also receive assistance with grievances from the Managed Care Patient Assistance Program by contacting: Managed Care Patient Assistance Program, PO Box 629, Raleigh, NC 27602, Tel: 919-733-6272, Tel (Toll free in NC): 1-866-867-6272; E-Mail: MCPA@mail.jus.state.nc.us

Enclosure: Procedures for Standard and Expedited External Review For Fully Insured Groups and MEWAs.

4

BlueCross BlueShield of North Carolina

P. O. Box 2291
Durham, North Carolina 27702-2291
(919) 489-7431
An Independent Licensee of the Blue Cross and Blue Shield Association

Date/Time: Wednesday, April 26, 2006 9:06:14 AM

CONFIDENTIAL FAX TRANSMISSION

The material transmitted and communicated with this fax is intended only for the use of the individual or entity to which it is addressed. This communication may contain individual protected health information ("PHI") that is subject to protection under state and federal laws, or other confidential or proprietary information of Blue Cross and Blue Shield of North Carolina that may not be further disclosed. If the reader of this communication is not the intended recipient, or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Blue Cross and Blue Shield of North Carolina will reimburse you for the return postage. Thank you.

4

TO	
Name:	Bc Coley
Company/Department:	
Fax #	864-585-3752
Telephone #	

From	
Name:	Darren Duffy
Department:	
Fax #	800-459-1410
Telephone #	800-672-7897

Number of pages including cover page: 04

MESSAGE:



BlueCross BlueShield
of North Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

PPA or QL Drugs
Request for Additional Clinical Information

Date: 4/19/2006

Patient: HOFFMEYER MARTHA S
ID#:
Reference #:

To: SC COLEY

From: Medical Resource Management

We recently received a request from your office for a drug request for Prior Plan Approval or a drug request for a Quantity Limit override for the patient referenced above. Based on the clinical information provided, we can not further process your request. If there is additional clinical information that you feel is relevant to this member's case, please fax the additional information to the appropriate regional fax number listed below.

If we do not receive any additional clinical information from you on this member's case within three business days, it will be sent to a medical director for review.

Sincerely,

UM Pharmacy Coordinator

4

Regional Fax Numbers
Region 1- Asheville/Charlotte 800-459-1410
Region 2- Raleigh/Chapel Hill/Greenville 800-571-7942
Region 3- Durham/Greensboro/Winston Salem/Wilmington 800-672-6587
Attn: UM Pharmacy Coordinator

BlueCross BlueShield of North Carolina

P. O. Box 2291
Durham, North Carolina 27702-2291
(919) 489-7431
An Independent Licensee of the Blue Cross and Blue Shield Association

Date/Time: Wednesday, April 19, 2006 12:25:06 PM

CONFIDENTIAL FAX TRANSMISSION

The material transmitted and communicated with this fax is intended only for the use of the individual or entity to which it is addressed. This communication may contain individual protected health information ("PHI") that is subject to protection under state and federal laws, or other confidential or proprietary information of Blue Cross and Blue Shield of North Carolina that may not be further disclosed. If the reader of this communication is not the intended recipient, or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Blue Cross and Blue Shield of North Carolina will reimburse you for the return postage. Thank you.

TO

Name:	Sc Coley
Company/Department:	
Fax #	864-585-3752
Telephone #	

From

Name:	Patricia Jeffrey-Libby
Department:	
Fax #	800-571-7942
Telephone #	800-672-7897

Number of pages including cover page: 02

MESSAGE:

ATTN MARILYN..IN RECEIPT OF FAXED REQUEST FOR AMBIEN FOR MEMBER.... advise member has pharmacy benefits available/ request office notes faxed in to 800-571-7942 and advise will keep cse pended 3 business days and if not recd by 4/25 will send to md advisor as is/ please advise of dosage/quantity requesting/ advise #15 tabs in 30 days no auth is needed...PAT EXT
51237

HYPNOTIC QL FAX REQUEST FORM*

* Request for coverage in excess of 15 units (tablets, capsules) per 30 days. No authorization required if limit is not to be exceeded.

PROVIDER INFORMATION		PATIENT INFORMATION
PHYSICIAN NAME: Scott Coley, M.D.	PROVIDER ID/TAX ID:	PATIENT NAME: Martie Hottinger
CONTACT PERSON: Marilyn R.		BCBSNC ID:
PHYSICIAN PHONE: 864-573-9595	PHYSICIAN FAX: 864-585-3752	DATE OF BIRTH: 7-14-47

Medication Requested: ☑ Ambien® ☐ Ambien CR™ ☐ Sonata® ☐ Lunesta™ ☐ Rozerem™

1. Does the patient have chronic persistent insomnia (occurs more than 4 nights weekly for greater than 3 months)? ☑ Yes ☐ No

2. Has the member been counseled on general non-pharmacological sleep promotion techniques such as:
   - avoidance of stimulants
   - avoidance of daytime naps
   - regular schedule of sleeping and waking

   FAXED 4-13-06

   ☐ Yes ☑ No

3. Has the member been evaluated and treated for underlying conditions causing insomnia? ☐ Yes ☑ No

Other Pertinent Information: She has used this med for awhile with no adverse effects

I certify that, to the best of my knowledge, the information above is accurate.

Prescriber's Signature Required: Scott Coley

FOR BCBSNC INTERNAL USE ONLY

☐ Approved ☐ Denied Reason for Denial:

Fax completed form using the appropriate regional fax number.

Region 1 - Asheville/Charlotte ..... (800) 459-1410

Region 2 - Raleigh/Chapel Hill/Greenville ..... (800) 571-7942

Region 3 - Durham/Greensboro/Winston-Salem/Wilmington ..... (800) 672-6587

An Independent Licensee of the Blue Cross and Blue Shield Association ® Registered marks of the Blue Cross and Blue Shield Association, An Independent Licensee of Blue Cross and Blue Shield of North Carolina. WPE 1205

BlueCross BlueShield of North Carolina

Name

Drug

Date:

CC :

DATE	TIME	CALLER	PH.#
4/10/06	410	Ingles - Asheville Hwy	578-4301
PT. Martha Hoftiezer	AGE 7/14/47 TEMP	REC'D BY: DK	MD C
MESSAGE RF		DISPOSITION	
1. Phenobarbital 97.2mg 1 h.s. #30 eFX 5			
2. Ambien 10mg - needs Prior Auth - call Paid. Prescriptions 1-800-417-1915			
ALLERGY			
DRUG STORE Ingles - Ash. Hwy		HANDLED BY	

CCAA0240(6/88)

INAX 15. x 30
45 in 90
1-800-672-7897
INAX requires auth - see form
www.bcbsnc.com
Logging form

Name: Martie Hofteizer Phone: 578-9514

Drug allergies: Tramadol, Vioxx, Celebrex, Bextra

Date: 3-29-06 HT WT 149+ BP 142/76 P 72 T R

CC: F/U MVA

Morcult mit
Zomig 2.5 (5 ct)
Nelfinx 40
Midrin
Imitrex 100

Fell + hurt @ knee

3/29/06

Martie Hofteizer

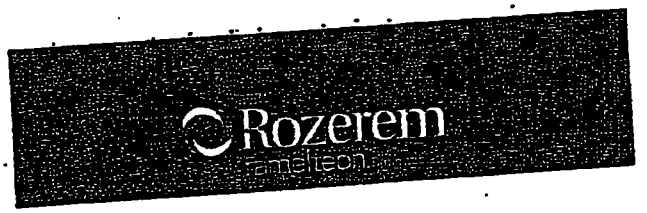
S: Martie is here for follow up of her motor vehicle accident. She is still having migraine headaches. She has about three a month that are really bad. She will take Soma periodically but she has really been off those for a while. She will take Midrin which will help more than anything. She takes that in conjunction with her Darvocet that she takes for her normal arthritis changes. She needs a refill on several of her meds and wanted some names of some migraine meds that she could possibly take in the future.

O: In no acute distress. TM's are clear. Throat is clear. She has decreased range of motion of her neck in all four movements there. She has got 2+ to 3+ spasm in the sternocleidomastoid muscles bilaterally of the neck. Lungs are clear. Heart is regular.

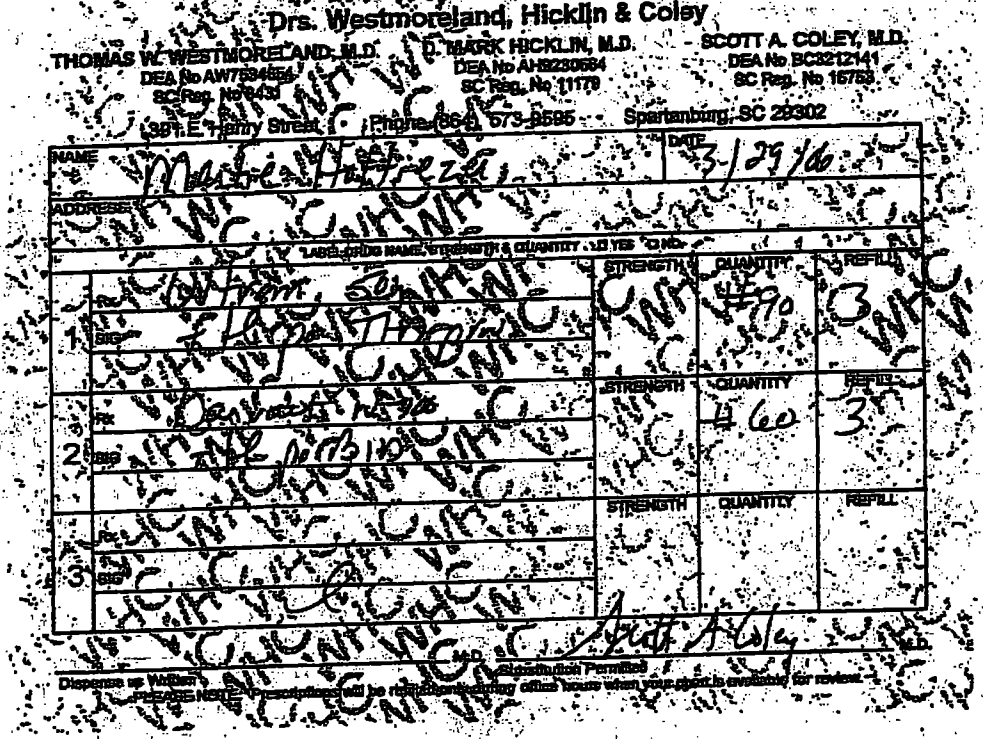
A/P: 1. Chronic migraines: Seem to be getting a little bit better after this motor vehicle accident almost a year ago. We will refill her Soma. Also refilled her Ambien, her Darvocet and her Ultram. Those prescriptions were copied in the chart. I wrote down some of the most common migraine meds. She is to follow up as needed.

Scott A. Coley

Scott A. Coley, M.D.



Zonig 2.5 mg 5 mg
Nexpro 40 mg
Imitrex 100 mg
Maxalt 5 mg 10 mg



Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534554 SC Reg. No 9431

D. MARK HICKLIN, M.D. DEA No AH8230584 SC Reg. No 11179

SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 16759

397 E. Henry Street • Phone (864) 573-8595 • Spartanburg, SC 29302

NAME Martha Hoffrezer DATE 3/29/06

ADDRESS

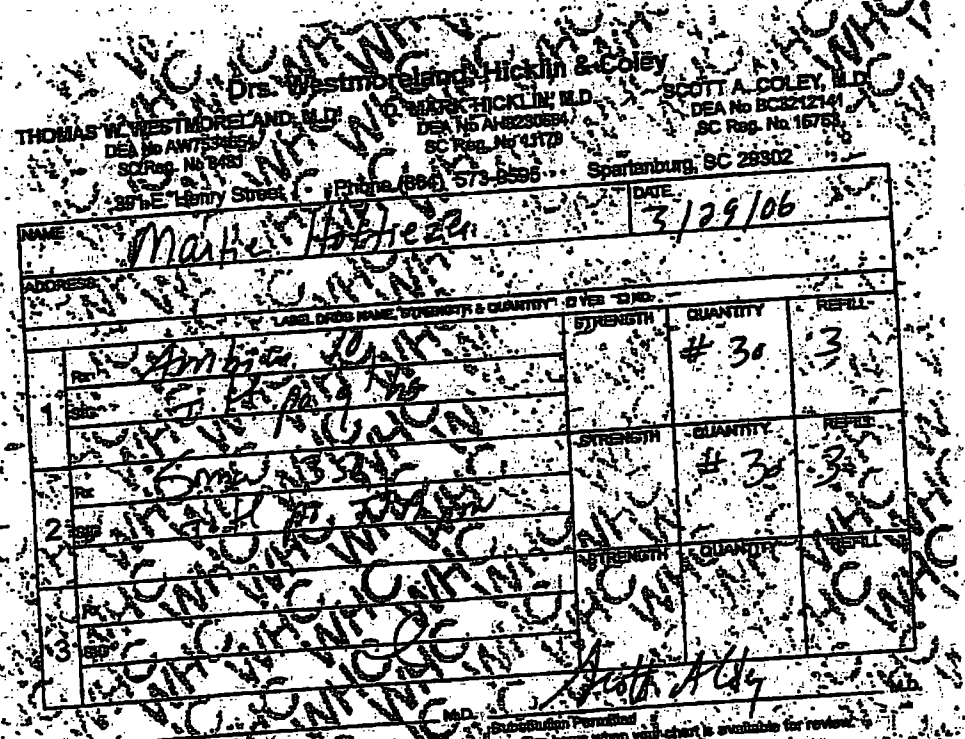
	LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO	STRENGTH	QUANTITY	REFILL
1	Rx Prem. Sol. Elixir 10mg/5ml Sig: 5ml po q 6h prn		#90	3
2	Rx Dexedrine 5mg Sig: 1 po q 6h prn		60	3
3	Rx Sig:			

M.D. Scott A Coley M.D.

Substitution Permitted

Dispense as Written

PLEASE NOTE: Prescriptions will be refilled during office hours when your chart is available for review.



Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534554 SC Reg. No 9431

D. MARK HICKLIN, M.D. DEA No AH8230584 SC Reg. No 11179

SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 16759

397 E. Henry Street • Phone (864) 573-8595 • Spartanburg, SC 29302

NAME Martha Hoffrezer DATE 3/29/06

ADDRESS

	LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO	STRENGTH	QUANTITY	REFILL
1	Rx Ambien 10mg Sig: 1 po q hs		#30	3
2	Rx Soma 350mg Sig: 1 po q 6h prn		#30	3
3	Rx Sig:			

M.D. Scott A Coley M.D.

Substitution Permitted

Dispense as Written

PLEASE NOTE: Prescriptions will be refilled during office hours when your chart is available for review.

DATE	TIME	CALLER	PH.#
11-7-05	11:10		

PT. Martha Hofferzer AGE 9/14/47 TEMP REC'D BY: MR MD W

MESSAGE
Ranitidine 150mg
+TID #90

DISPOSITION
Refills

ALLERGY

DRUG STORE Ingles Asheville Hwy

HANDLED BY

COAA02401(6/98)

DATE	TIME	CALLER	PH.#
12/12/05	350	Ingles - Asheville Hwy	

PT. Martha Hofferzer AGE 9/14/47 TEMP REC'D BY: DR MD W

MESSAGE
PF:
midrin #100
1 tab, then 2 q6h prn headache

DISPOSITION
2 refills

ALLERGY

DRUG STORE Ingles - Asheville Hwy

HANDLED BY

COAA02401(6/98)

Mackie Hoftiezer

Date: 9-28-05 Reason for visit: F/U MVA

Wt 154 Ht ____ 142/80 @

T ____ P 68 R ____ BP ____

Still taking some

pain → shoulders

Mary Hoftiezer 9/28/05

S: Mary needs meds refilled. I have been falling her for the MVA for quite some time and she is not much better. The pain is kind of moving toward her both shoulders now. I think Dr. Gheorghiu has pretty much let her go. She is continuing her Darvocet and Ultrasound.

O: TM's clear and throat clear and lungs clear to auscultation. Heart RSR. She has 2-3+ spasm both sides of the neck and 3+ spasm on the trapezius muscles bilaterally. Decreased ROM in all four movements. good grip strength of the hands

A: Neck pain, status post MVA.

P:
1. Refilled her Ambien 10 mgs. 1 tab. q.h.s., 30 tabs., 5 refills.
2. Darvocet N 100, 1 tab. b.i.d., 60 tabs., 5 refills.
3. Phenobarb 97.2 mgs. 1 tab. q.h.s., 30 tabs., 5 refills.
4. Unable to obtain the Phenobarb level last time so we will do that in 3 months.
5. This will probably be pretty much her last visit as far as the accident is concerned. She can followup with Dr. Westmoreland.
6. Recheck p.r.n.

Scott A Coley SAC:hw

Scott A. Coley, M.D.

DATE	TIME	CALLER	PH.#
9-7-05	2:10	Sharon	

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hopkins	74		m	

MESSAGE	DISPOSITION
Lomotil #30	
#90	
1 TID	
ALLERGY	
DRUG STORE Eagles Ash Hwy.	HANDLED BY

OCAA02401(6/98)

DATE 9 6 05	TIME 3:55 P	CALLER Mandy Hatcher		PH.# 578-9514	
PT.		AGE 7 14-47	TEMP.	REC'D BY WB	MD C
MESSAGE				DISPOSITION	
Stopped Topamax — Feels much better				O.C	
				98	
ALLERGY					
DRUG STORE				HANDLED BY	

CAA0240(E/08)

Martie Hoftiezer

Date: 6/15/05 Reason for visit: "Extreme Head pain"
Wt 147# Ht
P 72 R BP 132/78
2mg. VBCC / CMP / TSH / VCBC Topamax 69 mg
TSHPPG
Lost money @ Pugmire
Shoulder Back Ma
Shoulder blades / Upper
Topamax 69/45

MARTIE HOFTIEZER 06-15-05

S: Just has not felt right in her head for the past few weeks. Thought she may have some sort of tooth abscess because she was hurting in her gums. She is having tingling sensation in back of her neck, top of her head, pain on both sides of her head, just feels kind of fuzzy, fatigued. She typically has that when she takes her Topamax, but usually it goes away. Just does not feel like her normal self. Would like to have some blood work. She has had problems with migraine headaches, of course, for quite some time. Cannot afford the Zomig. Dr. Gheorghiu started the Topamax 100 mg q.h.s. She still takes Darvocet and Ultram p.r.n. as well as Ambien at bedtime. Other than the head pain, no major complaints, just neck stiffness which is typical for her.

O: Funduscopic exam: Unremarkable. TMs: Clear. Throat: Clear. Lungs: Clear. Heart: Regular. Neck: Very tender on both sides of the neck. Skin: I do not see any lesions on the head or scalp.

AP: Fatigue, pallor, paresthesia. Check CBC, CMP, TSH, B12 and will go from there. I suspect this could very well be the Topamax. She has titrated very slowly like she was supposed to, but will just kind of monitor things. If blood work comes back negative, will have her come off Topamax for awhile. SAC:jot

Scott A Gray

DATE	TIME	CALLER	PH.#
5-17-05	3:30	Martha Hattaway	578-5716
PT.	AGE	TEMP	REC'D BY: MC / MD C
MESSAGE	Anetha doctor has Rx Something she's not comfortable with (Topamax). Has Heartburn + Insomnia also & seeing rest Should she take it? Call her before tomorrow am	DISPOSITION	
ALLERGY		HANDLED BY	
DRUG STORE	has appt the other day		

CCAA02401(5/98)

DATE	TIME	CALLER	PH.#
6-8-05	3:10	Martha Hattaway	578-5716
PT.	AGE 5-14	TEMP 97	REC'D BY: MC / MD C
MESSAGE	Rx Darvocet N100 - 1 PO BID # 60 PC x 3 - mom: Okay to? (good 30)	DISPOSITION	PD
ALLERGY		HANDLED BY	
DRUG STORE	Finley Springfield		

CCAA02401(5/98)

Marty Hoftiezer

2/9/05

Patient Rx meds

150/80

Phenob 97.2 PHS

Tramadol 50 PO q 6 hrs tid #90

Soma 350

Soma 350 tid #90

Imitrex 1 → 2 q onset HA

q 2 hr (max 5/d)

Ambien 10 ½ q HS

Marty Hoftiezer 2/9/05

S: Marty is in for routine check for osteoarthritis, iron deficiency anemia, seizure disorder, and migraine headaches. She was in an automobile accident, see previous notes per Dr. Coley. Is taking some medication. Tramadol seems to do fairly well. Occasional Darvocet. Needs some refills on medications.

O: HEENT is negative. TM's clear and throat is clear and neck is supple without thyromegaly, lymphadenopathy, or JVD. Lungs clear to P & A. Heart RSR without murmur or gallop. Abdomen is slightly obese, no mass or organomegaly present. Patient has active bowel sounds. Extremities negative as to lesions or edema.

A: Seizure disorder.
Hiatus hernia.
Iron deficiency anemia, O.A.
Migraine headaches.

P: 1. --Refilled her Phenobarbital 97.2 h.s., Tramadol 50 mgs. 1 b.i.d. – t.i.d., #90 with refills, Soma 350 t.i.d., Midrin 1-2 onset headaches and then 1 q.h. with maximum of 5 in 24 hours for headaches, and Ambien 10 mgs. ½ h.s. p.r.n. sleep.
2. Return fasting for some labs. including CBC, CMP, and lipids.
3. I sporadically see her, and I have not seen her in quite some time, she has gone to the other side of the building.
4. Recheck otherwise p.r.n. or in 2 months.

TWW:hw

Marty Hoftiezer

Date: 6/30/04 Reason for visit: F/up / recheck on Rx

Wt 153 Ht

T P 68 R BP 130/80

[illegible] Cont taking Soma Lipitor Rx Lipitor Rx Feb.
3-5 x week Some time for Ultram 1 tab daily
Soft collar Stomach Rx for Ambien
Gheorghiu - Soma 1/2 - 1/2 - all
1/2 AM pills and
1/2 before lunch
1 q h.s.
with Darvocet to fill

✓ CBC
✓ Lipids - 272.
✓ BMP

Marty Hoftiezer 4 6/30/04

S: Marty is in for followup of neck. She says Dr. McCorkle and he put her in traction for 3-5 times per week, and that does not seem to be helping very much. she saw Dr. Gheorghiu. He has her on Soma ½ in the a.m. and half before lunch, and ½ at h.s. She is to see him today. She is undergoing good sleep hygiene. OTC sleep aids have not helped and she has chronic insomnia and needs to take her Ambien. we will send off the fax on that. She is due for her cholesterol, CBC, BMP. Besides her neck problem, she hs no major complaints. Just really tolerant to pain meds., that is why she is taking Darvocet and Ultram together for her neck pain.

O: HEENT is normal. Really stiff neck muscles with 3-4+ spasm, all sorts of spasm down the trapezius and down the back there. Lungs clear and heart RSR. Extremities no edema.

A: Neck spasm, just continue traction as needed.

P:
1. Continue pain meds.
2. Continue Soma per Dr. Gheorghiu.
3. For pallor, check CBC.
4. For hyperlipidemia, check lipid profile.
5. For medication management, check BMP.
6. For the insomnia continue the Ambien.
7. Followup p.r.n. SAC:hw

FAXED
7-15-04 kp

DATE	TIME	CALLER	PH.#
1-19-05	4:19		578.9514

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hoffmeier	7.14.47		der	

MESSAGE: ~~Wt. Loss~~ RX
PROPOXY
Darvocet N100
1 po BID #60
2 rfs if on time
Pain meds Appt
Office visit req'd

DISPOSITION:

ALLERGY:

DRUG STORE: Hagler / Sofield

HANDLED BY:

CCAA0240(5/98)

DATE	TIME	CALLER	PH.#
2-7-05	10:00	#	

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hoffmeier	7/14/47		RS	

MESSAGE:
Vitron C Tabs #90
1 po bid
2 refills

DISPOSITION:

ALLERGY:

578.4301

DRUG STORE: Jones - Ash. Hwy

HANDLED BY:

CCAA0240(5/98)

DATE	TIME	CALLER	PH.#
10-21-04	PM	Martha Hottiegen	578-9514
PT.	AGE / TEMP	RECD BY:	MD
	7-14-47	JB	C
MESSAGE		DISPOSITION	
Bad migraines x 2 days		ASAP	
Rx something			
Zomig Not helping			
ALLERGY – NKA			
DRUG STORE Ingles – Asheville Hwy		HANDLED BY	

Migraine Shot at Doctor's VV PT HA MP

DCAA0240(5/98)

DATE	TIME	CALLER	PH.#
11-8-04	9:29	Ingles-Sprucld	
PT. Martha Hoffiegen	AGE 7-14-47 / TEMP	RECD BY: dee	MD C
MESSAGE		DISPOSITION	
PHENOBARB: TOL 97.2mg ÷ HS #30 RF x3			
		Pharm Needs Phenobarbital Liquid	
ALLERGY			
DRUG STORE		HANDLED BY	

CCAA0240(5/98)

DATE	TIME	CALLER	PH.#
11-29-04	3:34		578-9514
PT. Martha Hoffiegen	AGE 7-14-47 / TEMP	RECD BY: dee	MD C
MESSAGE		DISPOSITION	
Ingles RX			
MIDRIN – generic			
– this is the best			
medicine – ever			
for migraines			
ALLERGY			
DRUG STORE Ingles – Sprucld		HANDLED BY	

Migraine Shot at Doctor's VV PT HA MP

CCAA0240(5/98)

BlueCross BlueShield
of North Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

July 20, 2004

COLEY, SC
391 E HENRY ST
SPARTANBURG, SC 29302

Patient: MARTHA HOFTIEZER
ID #:
Service: Pharmacy
Provider: COLEY, SC

I am writing regarding your request dated June 17, 2004 for prior approval of a drug, which is included in the quantity limitation (QL) program. Your request for Ambien is for a quantity greater than the QL limit.

One of our Regional Medical Directors reviewed the following information:

Clinical information provided by COLEY, SC.
Utilization Management Quantity Limitation Criteria for Hypnotics (CNS Depressants).

Our Regional Medical Director reviewed clinical information supplied by the above provider and relevant Milliman Care Guidelines and/or Corporate Medical Policy.

Based on review of this information we are not able to approve your request. Please see the section titled "Reason for Denial" at the end of this letter for an explanation of this decision.

To obtain more information about the clinical guideline used, or receive a copy at no cost to you, you may contact the Medical Resource Management Department at 1-800-672-7897, extension 7078, or at the following address:

Medical Resource Management Department
Blue Cross and Blue Shield of North Carolina
P.O. Box 30004
Durham, NC 27702

A physician, who is associated with this member's care, may call one of our Medical Directors at 1-800-672-7897, extension 1019, and provide any further clinical information which he or she may feel is relevant to the outcome of this member's case.

7/29/04
O.K. will wait for
Dr. ok Ambien
Gb
only 1
sheet
out

The member always has the choice to pay for prescribed drugs above the QL limit.

You have the right to request an appeal of this decision. Blue Cross and Blue Shield of North Carolina has a 2-step appeal process.

- Step 1 - Level I Appeal - a formal process which requires a written request for appeal and includes a review by a committee. If you file a Level I Appeal, BCBSNC will complete it's review within 30 days.
- Step 2 - Level II Grievance - a formal process which requires a written request and includes review by an outside review panel. If you file a Level II Grievance, BCBSNC will complete the review within 45 days and provide notice of it's decision within 4 business days of the review panel meeting.

If you wish to pursue a Level I Appeal, please send a written request for an appeal and additional supporting medical information to the following address within 180 days of this letter:

Appeals Analyst - Level I Appeal
Quality Improvement Department
Blue Cross and Blue Shield of North Carolina
P.O. Box 30055
Durham, NC 27702

You may also fax the information to 919-765-4409.

The member or a representative may request an expedited appeal (to be completed 72 hours following receipt of request) if the time required for the non-expedited appeal process would jeopardize the life or health of the member or jeopardize the member's ability to regain maximum function.

You have the right to appoint another person to assist you with this appeal. We ask that you designate this individual in writing. You also have the right to submit written comments, documents, or other information with your appeal request.

Your right to external review by North Carolina's Commissioner of Insurance:

If you are covered under an underwritten plan or a Multiple Employer Welfare Arrangement (MEWA), you may request an external review by the North Carolina Commissioner of Insurance once you complete a Level II Grievance review with BCBSNC.

If you have a medical condition where the timeframe for completion of an expedited review by BCBSNC of an appeal decision would reasonably be expected to seriously jeopardize your or your dependent's life or health or jeopardize your or your dependent's ability to regain maximum function, then you may file a request for an expedited external review with the Commissioner of Insurance at the same time you or your dependent files a request for an expedited review of an appeal with BCBSNC. The Commissioner of Insurance will determine whether you or your dependent must complete BCBSNC's expedited review of the grievance before conducting the expedited external review.

We have enclosed a copy of a description of both the standard and expedited external review procedures.

Additional rights under the Employee Retirement Income Security Act of 1974 (ERISA):

If you are covered under an ERISA plan and depending on your health plan's renewal date, you have the following rights:

- You have the right to file a civil action under Section 502(a) of the Employment Retirement Income Security Act after completion of a Level I Appeal. The Level II Grievance review offered is voluntary for purposes of ERISA.
- You may request an expedited Level I Appeal if the timeframe for a non-expedited Level I Appeal could seriously jeopardize the life and health of the claimant or the ability of the claimant to regain maximum function, or in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that can not be adequately managed without the requested care or treatment.

- You may request and receive, at no cost to you, the following information by writing to the Medical Resource Management Department:
  - any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the medical policy number with your request); and
  - if our decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgement for the determination, applied to your medical circumstances.

If you are covered under an underwritten plan or a Multiple Employer Welfare Arrangement (MEWA), you may also receive assistance with grievances from the Managed Care Patient Assistance Program by contacting:

Managed Care Patient Assistance Program
PO Box 629
Raleigh, NC 27602
Tel: (919) 733-6272
Tel (toll free in NC): 1-866-867-6272
Email: MCPA@mail.jus.state.nc.us

Sincerely,

FRED HOLT, MD
Regional Medical Director
Medical Resource Management

Enclosure: Procedures for Standard and Expedited External Review

cc: MARTHA HOFTIEZER

REASON FOR DENIAL

MEDICALLY NECESSARY (or MEDICAL NECESSITY)-those covered services or supplies that are: Necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms, not solely for the convenience of the insured, the insured's family or the provider. For medically necessary services, BCBSNC may compare the cost-effectiveness of alternative services, settings or supplies when determining which of the services or supplies will be covered and in what setting medically necessary services are eligible for coverage.

Referenced Utilization management quantity limitation criteria for hypnotics

According to the manufacturer's product information, ambien is indicted for short term treatment of insomnia, and hypnotics should generally be limited to 7 to 10 days of use. Per the Plan's utilization management quantity limitation criteria for hypnotics, this prescription is subject to a quantity limitation of 15 tablets per 30 day period unless medical necessity for more is clearly shown. In order to show medical necessity the Plan needs medical records demonstrating (1) chronic insomnia, (2) failure of sleep hygiene, (3) avoidance of stimulants, and (4) evaluation & treatment of underlying medical and psychiatric conditions.

In this case, no such showing is made on the submitted record. Quantity limit over-ride is not approved. The member can receive 15 (5 or 10 mg) tablets per 30-day period.

DATE	TIME	CALLER	PH.#
8/2/04	11:12 A	Martha Hoffmeier	

PT.	AGE	TEMP	REC'D BY:	MD
	7-14-47			

MESSAGE	DISPOSITION
NEEDS Prior Auth for Ambien 10mg	pTCB
800-672-7897	
ALLERGY	
DRUG STORE Ingles - Ash-Spring Field	HANDLED BY

CCAA0240(6/98)

DATE	TIME	CALLER	PH.#
10-6-04	2:15	7-14-47	5789514

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hoffmeier			MB	w/C

MESSAGE	DISPOSITION
Presc	
1) Ultram (generic)	
2) Darvocet (generic) will you ↑ the mg. or Qty ↑ due to pain has had to take a little more than Rx.	→ NO I don't like combo with Darvocet & Ultram any way
ALLERGY	
DRUG STORE Ingles-Springfield	HANDLED BY

I do not want to go ↑ for

CCAA0240(6/98)

Darvocet-N 100
1 po q6h prn #120 3rf
Ultram 50 mg #180
1 po bid prn 3rf

BlueCross BlueShield
of North Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

Provider Notification

Date: 07/20/2004

To:

From: Keesha Hughes , Utilization Management Coordinator,

Patient: HOFTIEZER, MARTHA S
Subscriber Number:
Date of Birth: 07/14/1947
Line of Business: Blue Options

Reference number:

Dates of Service: 06/17/2004 - 06/17/2005

Your request for the service(s) listed below has been reviewed by the Regional Medical Director. We are unable to approve your request due to:

MEDICALLY NECESSARY (or MEDICAL NECESSITY)-those covered services or supplies that are: Necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms, not solely for the convenience of the insured, the insured's family or the provider. For medically necessary services, BCBSNC may compare the cost-effectiveness of alternative services, settings or supplies when determining which of the services or supplies will be covered and in what setting medically necessary services are eligible for coverage.

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In this case, no such showing is made on the submitted record. Quantity limit over-ride is not approved. The member can receive 15 (5 or 10 mg) tablets per 30-day period.

Service(s): Pharmacy

You may request a copy of the clinical review criteria by calling 1 800 672 7897 ext. 7078. You may request a consultation with a Regional Medical Director by calling 1 800 672 7897 ext. 1019.

The member or a representative may request an expedited appeal (to be completed 72 hours following receipt of request) if the time required for the non-expedited appeal process would jeopardize the life or health of the member or jeopardize the member's ability to regain maximum function.

7/21/04
pt will have to come in to discuss sleep issues to get meds or

PO Box 2291- Durham, NC 27702-2291
An Independent Licensee of the Blue Cross and Blue Shield Association



Blue Cross BlueShield of North Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association
1-800-672-7897

Provider Notification

You have the right to appoint another person to assist you with this appeal. We ask that you designate this individual in writing. You also have the right to submit written comments, documents, or other information with your appeal request.

The member's right to external review by North Carolina's Commissioner of Insurance:

If the member has a medical condition where the time frame for completion of an expedited review by BCBSNC of an appeal decision would reasonably be expected to seriously jeopardize the member's life or health or jeopardize the member's ability to regain maximum function, then the member may file a request for an expedited external review with the Commissioner of Insurance at the same time as the member files a request for an expedited review of an appeal with BCBSNC. The Commissioner of Insurance will determine whether the member must complete BCBSNC's expedited review of the grievance before conduction the expedited external review.

Additional rights under the Employee Retirement Income Security Act of 1974 (ERISA):

If the member is covered under and ERISA plan and depending on your health plan's renewal date, the member has the following rights:

- The right to file a civil action under Section 502(a) of the Employment Retirement Income Security Act after completion of a Level 1 Appeal. The Level 2 Grievance review offered is voluntary for purposes of ERISA.
- You may request an expedited Level 1 Appeal if the time frame for a non-expedited Level 1 Appeal could seriously jeopardize the life and health of the claimant or the ability of the claimant to regain maximum function, or in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that can not be adequately managed without the requested care or treatment.
- The right to request and receive, at no cost, the following information by writing to:

  Medical Resource Management Department
  Blue Cross and Blue Shield of North Carolina
  P.O. Box 30004
  Durham, NC 27702

  - any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the medical policy number with the request); and
  - if our decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgement for the determination, applied to the member's medical circumstances.

If you are covered under an underwritten plan or a Multiple Employer Welfare Arrangement (MEWA), you may also receive assistance with grievances from the Managed Care Patient Assistance Program by contacting:

Managed Care Patient Assistance Program
PO Box 629
Raleigh, NC 27602
Tel: (919)-733-6272
Tel (toll free in NC): 1-866-867-6272
Email: MCPA@mail.ps.state.nc.us

Utilization Management Coordinator 1-800-672-7897 ext 7078



BlueCross BlueShield
of North Carolina

P. O. Box 2291
Durham, North Carolina 27702-2291
(919) 489-7431
An Independent Licensee of the Blue Cross and Blue Shield Association

Date/Time: Tuesday, July 20, 2004 1:04:30 PM

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TO

Name: Sc Coley
Company/Department:
Fax # 864.585.3752
Telephone #

From

Name: Keesha Hughes
Department:
Fax # 800-571-7942
Telephone # 800-672-7897

Number of pages including cover page: 03

MESSAGE:

DATE	TIME	CALLER	PH.#
7-15-04	935 A	Martha Whitfield	

PT.	AGE	TEMP	REC'D BY:	MD
	74 42		LS	C

MESSAGE: Prior Authorization needed Ambien 10mg 800-672-7897

DISPOSITION: phone call pt

ALLERGY:

DRUG STORE: Eagle Zofran Feb

HANDLED BY:

CCAA0240(5/98)

15 tabs in 30 days
Dr more required needs prior auth.
Ambien 672-7897

Mr. Cotton,
The waist circumference
to qualify need for Combivir
Ca cut is without breath.
but needs unit for there.
What to send?
Lipid
6/2/04

PATIENT INFORMATION

NAME: HOFTIEZER,MARTIE S
SS#:
STREET ADDRESS:
MAILING ADDRESS:
CITY & STATE:
ZIP:
PHONE: 864-578-9514
DATE OF BIRTH: 07/14/1947 SEX: F
RACE: CAUCASIAN MARITAL STATUS: MARRIED
MRN# Chart#
Primary Care Phy

PATIENT EMPLOYER INFORMATION

EMPLOYER:
EMP. ADD:
EMP. ADD:
EMP CITY & STATE
EMP. PHONE:

EMERGENCY CONTACT

EMER. NAME:
EMER. PHONE:

GUARANTOR INFORMATION

GUARANTOR NAME:
SSN #:
PATIENT RELATIONSHIP: SELF
ADDRESS:
ADDRESS:
CITY,ST:
ZIP CODE:
TELEPHONE:
EMPLOYER:
ADDRESS:
ADDRESS:
CITY,ST:
ZIP:
TELEPHONE:

PRIMARY INSURANCE INFORMATION

PRIMARY FSC: 21
INS CO. NAME: BC/BS OF S.C.
INS CO. ADD: CLAIMS PROCESSING UNIT
INS CO. ADD: PO BOX 100300
INS CO. CITY & ST: COLUMBIA, SC
INS CO. ZIP CODE: 29202
INS CO. TEL # 803-788-8562
CERTIFICATE NUMBER:
GROUP NUMBER:
PT EMPLOYEMENT STATUS
RELATIONSHIP TO SUBSCRIBER SELF
SUBSCRIBER NAME:
SUB. ADDRESS:
SUB. ADDRESS:
SUB. CITY & STATE:
SUB. ZIP CODE:
SUB. TEL:
SUB. DATE OF BIRTH: 07/14/47
SUB. SEX: F
SUB. SSN#:
SUB. EMPLOYER:

SECONDARY POLICYHOLDER INSURANCE INFO

SECONDARY FSC
INS CO. NAME:
INS CO. ADD:
INS CO. ADD:
INS CO. CITY & ST:
INS CO. ZIP:
INS CO. TEL #:
CERTIFICATE NUMBER:
GROUP NUMBER:
PT EMPLOYEMENT STATUS:
RELATIONSHIP TO SUBSCRIBER:
SUBSCRIBER NAME:
SUB. ADDRESS:
SUB. ADDRESS:
SUB. CITY & ST:
SUB. ZIP CODE:
SUB. TEL:
SUB. DATE OF BIRTH:
SUB. SEX:
SUB. SSN#:
SUB. EMPLOYER:

Please review the above information and make any necessary changes, this will help us to maintain current information
If you have new insurance please give your cards to the receptionist to make copies.

Thank you

Date: _____ Patient Signature: _____

Lmmg 7/7/04
BMP 272-0
CBC 792-61
LP 995.2

BlueCross BlueShield of North Carolina

Hypnotic QL FAX REQUEST FORM

PROVIDER INFORMATION		PATIENT INFORMATION
Physician Name: Scott A. Coley M.D.		Patient Name: Martha Hofteizer
Contact Person: Karen		Patient's BCBSNC ID:
Phone: 864-573-9595	Fax: 864-585-3752	Patient's Date of Birth: 7-14-1947

Quantity limit is 15 tablets per 30 days. Coverage of a greater quantity may be considered if the following criterium is met. Please check if applicable.

✓ Chronic persistent insomnia (insomnia that occurs greater than 4 nights weekly for greater than 3 months in duration).

The following must be provided:
* Records demonstrating failure of sleep hygiene
* Records demonstrating avoidance of stimulants
* Medications currently used to treat underlying medical and/or psychiatric conditions

Medication Requested: ✓ Ambien ___ Sonata

Diagnosis: Insomnia

Current medications: _____

I certify, that to the best of my knowledge, the information above is accurate.

Prescriber's signature required: Scott A Coley MD

Fax completed form using the appropriate regional fax number.
Region 1 - Asheville/Charlotte 800-459-1410
Region 2 - Raleigh/Chapel Hill/Greenville 800-571-7942
Region 3 - Durham/Greensboro/Winston Salem/Wilmington 800-572-6587

FOR BCBSNC INTERNAL USE ONLY

___ Approved ___ Denied Reason for Denial _____

Medical Director's Signature _____ UM Rep _____ Date _____

6/30/04 KR

Fax Date : 06/17/2004

An Independent Licensee of the Blue Cross and Blue Shield Association

Marthe Hoftiezer

Date: 4-14-04 Reason for visit: FU MVA

Wt 152# Ht

T ____ P 80 R ____ BP 152/84 (R) KP

Refer to McCorkle
Refer to Dr. Gheorghiu

Dr. McCorkle 5-18-04 945 AM
Dr. Gheorghiu 4-15-04 230 PM

HOFTIEZER, MARTY 04/14/04 SCOTT A. COLEY, M.D.

S: Marty is just not getting any better as from her neck standpoint. Recall that we did an MRI and I did not think anything acute was going on, but she had a C6-C7 bone effusion and moderate spondylosis at C5-C6 with diffuse _____ bulge. She is still having difficulty moving that head. She has got a lot of spasm on both sides of the neck.

P:
1. I am going to refer her to Dr. McCorkle for that. She is going to take MRI with her.
2. As far as these chronic and persistent migraines, again she is having to take more and more Zomig. She may have a rebound situation going on because she does also take Darvocet and Ultram. We are going to refer her to Dr. Gheorghiu for an evaluation of that.
3. Also, please note that I gave her more samples of Zomig 2.5 and 5 mg.

SAC/ctf

cc: Dr. Gheorghiu
Dr. McCorkle

FAXED

NOTE: Please also send copy of note dated 3/31/04 and 3/10/04.

DATE 5-10-04	TIME 4:02	CALLER Wal-Mart B. Spgs	PH.#
PT. Marty Hoftiezer	AGE 7-14-47 TEMP	REC'D BY: der	MD
MESSAGE needs auth — Paid		DISPOSITION Ins = BC-BS	
AMBIEN 10mg			
not covered - call			
# on back of card			
ALLERGY			
DRUG STORE		HANDLED BY	

AA0240(5/00)

BOGDAN P. GHEORGHIU, M.D.
Spartanburg Neurological Services, P.A.

Follow-up visit

Date: 6/30/04
Patient name: Hofliezer, Martha
Medications updated: yes
Referring Doctor: Scott Coley, MD

Interim complaints:
Takes on average 2.5 Somas a day.
Helped a lot.
Tolerating well.

Review of Systems

Headache		Fever		Rash		Congestion		Cough	
Wheezing		SOB		Chest Pain		Palpitations		N/V	
Diarrhea		Dysuria		Delusions		Hallucinations		NoneOfAbove	x

Exam:

BP:	144/70
HR:	64
RR:	16
Weight:	153 lbs
Mental Status:	Normal
General Physical Exam:	Normal
CN II-XII:	Normal
Motor:	5/5 throughout
DTR's:	+
Toes:	Downgoing
Sensory:	Normal in all extremities
Coordination:	Normal
Gait:	Normal
Abnormal Signs:	Absent

Impression:
1) Fibromyalgia.

Plan:
1) Refill Soma 350mg TID.
2) Return 3 months.

Bogdan P. Gheorghiu, M.D.

DATE	TIME	CALLER	PH.#
6-2-04	2:50		578-9514

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hoffmeyer	7-19-47		den	

MESSAGE
medicine was stolen -
ULTRAM
PROPOXY - 15 ct
— early Rx

DISPOSITION
Ultram 50 mg tpo BID #15 NR
Darvocet N-100
tpo BID p-#15 NR

ALLERGY

DRUG STORE Wal. Mart - B. Spgs

HANDLED BY

CCAA0240(6/98)

DATE	TIME	CALLER	PH.#
6/9/04	1:10		578-9514

PT.	AGE	TEMP	REC'D BY:	MD
Martha Hoffmeyer	7/14/47		CJH	W

MESSAGE

DISPOSITION

Ambien 10mg tpo qhs #30 RF x 3
Darvocet N100 tBID prn #120 RF x 3
Ultram 50mg tBID prn #60 RF x 3
Phenobarbital 97.2mg 1 qhs #30 RF x 3

ALLERGY

DRUG STORE Mg. Spring

HANDLED BY

CCAA0240(6/98)

DATE	TIME	CALLER	PH.#
6-17-04	1:12	Marty Hoffmeyer	

PT.	AGE	TEMP	REC'D BY:	MD
	7-14-47		B	

MESSAGE
dx Insomnia
Poor Arthritis on
Ambien Needed
PDR - 800-922-1557

DISPOSITION Renata
limit - 15 pills q 30 day
1-800-672-7897

ALLERGY

DRUG STORE Eagles - Spring, Field

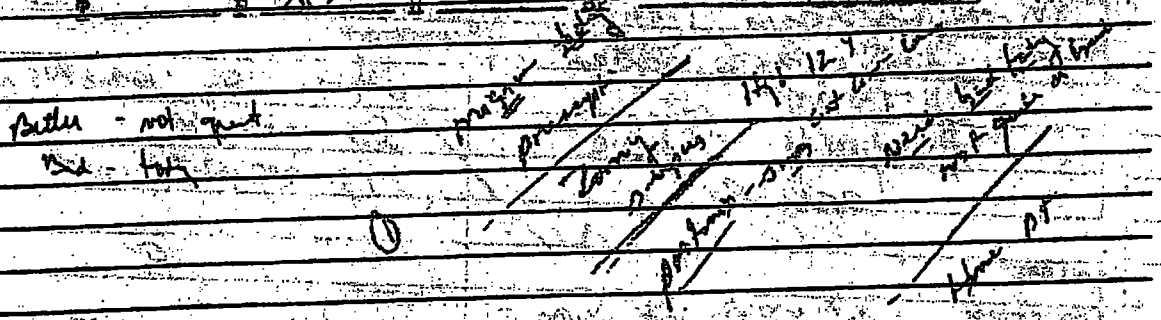
HANDLED BY

CCAA0240(6/98)

Marie Hoftiezer

Date: 3-31-04 Reason for visit: FU MVA

Wt 152# T= P= R= 20 BP 130/84 (R) Korina



Marty Hoftiezer 46 3/31/04

S: Marty is in for recheck on her MVA. She says she is getting better as far as her neck. Has a lot of spasm today and that is causing her to have a migraine. She wants some samples of Zomig. She has 2-3+ spasm both sides of the neck and really can't move her neck at all. Lungs clear and heart RSR.

A: Neck strain.

P:
1. Continue conservative therapy.
2. I don't think any injections are in order or certainly no surgery.
3. Recheck in a couple of weeks or p.r.n.
4. Continue home therapy for now.
5. Gave her some samples of Zomig.

FAXED

SAC:hw

Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534654 SC Reg. No 8431
D. MARK HICKLIN, M.D. DEA No AH8230864 SC Reg. No 11179
SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 15753

391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hoffieger DATE 3/10/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Darvocet-N-100		#60	2
	SIG 1 tab po BID prn			
2	Rx			
	SIG			
3	Rx			
	SIG			

M.D. Scott A Coley M.D.

Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534654 SC Reg. No 8431
D. MARK HICKLIN, M.D. DEA No AH8230864 SC Reg. No 11179
SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 15753

391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hoffieger DATE 3/10/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Ultram 50		#60	2
	SIG 1 tab po BID prn pain			
2	Rx Ambien 10		#30	2
	SIG 1 tab po q hs			
3	Rx Soma 350		#12	2
	SIG 1 tab po at onset of migraine - 2 hours			

M.D. Scott A Coley M.D.

Dispense as Written Substitution Permitted

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391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hattiger DATE 3/10/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☑ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Nitrofurantoin 100 mg SIG 1 tab po BID		#60	2
2	Rx SIG			
3	Rx SIG			

Scott A Coley M.D. M.D.

Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Drs. Westmoreland, Hicklin & Coley

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SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 16753

391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hattiger DATE 3/10/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Phenobarbital SIG 1 tab po qhs	97.2	#30	2
2	Rx SIG			
3	Rx SIG			

M.D. Scott A Coley M.D.

Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Martie Hoftiezer

Fu MVA

Date 3-10-04 Reason for visit:

Wt 151# Ht

T ____ P 76 R ____ BP 144/98 @

Dr Corso

2 months 5 lbs

Cough

New Rx's

Walmart

Ferro 325 g

Niferex BID

generic #60

5R

+ Darvocet

Ultram

Phen @ qhs

Coumt 6600

Plat 52 1990

Ambien 10

Zomig @

Martie Hoftiezer 3/10/04

S: IN for followup on MVA. She is just not getting any better with the PT. Neck is still real
particularly on the left. We got MRI of her neck which showed some bony spurs, arthritic chan
nothing that looked like a surgical lesion. We will monitor things for now. Hold off on the PT.
moist heat. She is seeing Dr. Korso this p.m. who will work up her anemia situation. She need
refills on her meds. She has history of seizure disorder. Takes Phenobarbital 97.2 mgs. h.s. He
last seizure was in 1990. Needs refill on her iron tabs, Ambien, and Zomig as well as her Ultrar
and Darvocet.

O: HEENT is normal, just 2-3+ spasm both sides of the neck sternocleidomastoid muscle,
worse on the left. Lungs clear and heart RSR.

A: Anemia.

P:
1. Niferex 150, 1 p.o. b.i.d., 60 tabs., 5 refills. No generics.
2. Phenobarbital 97.2 mgs. 1 p.o. q.h.s., 30 day supply, 5 refills.
3. Ambien 10 mgs. 1 p.o. q.h.s., 30 day supply, 5 refills.
4. Zomig 5 mgs. 1 at onset of headache, repeat in 2 hours, 12 tabs., 5 refills.
5. Ultram 50 mgs. 1 p.o. b.i.d., 60 tabs., 5 refills.
6. Darvocet 100, 1 p.o. b.i.d. p.r.n. 60 tabs, 5 refills.
7. We will just monitor her neck with moist heat.

Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534654 SC Reg. No 8431
D. MARK HICKLIN, M.D. DEA No AH9230684 SC Reg. No 11179
SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 16753

391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hoffnezer DATE 2/4/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Lorcet 5 SIG 1 tab po q 4 hrs prn		#15	None
2	Rx SIG			
3	Rx SIG			

_____ M.D. Scott A Coley M.D.
Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Drs. Westmoreland, Hicklin & Coley

THOMAS W. WESTMORELAND, M.D. DEA No AW7534654 SC Reg. No 8431
D. MARK HICKLIN, M.D. DEA No AH9230684 SC Reg. No 11179
SCOTT A. COLEY, M.D. DEA No BC3212141 SC Reg. No 16753

391 E. Henry Street • Phone (864) 573-9595 • Spartanburg, SC 29302

NAME Marie Hoffnezer DATE 2/4/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Darvocet N 100 SIG 1 tab po BID		#60	1
2	Rx Ultram 50 SIG 1 po BID		#60	1
3	Rx SIG			

_____ M.D. Scott A Coley M.D.
Dispense as Written Substitution Permitted

PLEASE NOTE: Prescriptions will be refilled only during office hours when your chart is available for review.

Martie Haftiezer

Date 2-25-04 Reason for visit: F/U MVA pain

Wt 150 Ht

T P 80 R 18 BP 170/96

HOFTIEZER, MARTIE 02/25/04 SCOTT A. COLEY, M.D.

S: Martie was in a motor vehicle accident back in January. Please see above note. She is still having neck pain and still having anterior chest wall pain. Physical therapy is not helping her neck at all. She comes in with a bad migraine today. She has tried the Zomig in the past. It has not helped her migraine. She has never had the Imitrex injection. Recall that she has Darvocet and Ultram. She has one more physical therapy session to go for her neck, but I do not think she really wants to go. She has some tingling down her arms, not bad. Evidently she has had neck surgery which I was unaware of. Dr. McCorkle did get a diskectomy of C7 she says.

O: On examination, HEENT is normal. Lungs are clear. Heart is regular. Very stiff on both sides of the neck, probably 2 to 3+ spasm. Tender along the anterior chest wall. Tender in the epigastric area as well.

A: 1. Neck pain.
2. Chest contusion.

P: 1. We are going to set her up for MRI of her neck and rule out any further disk problems.
2. We will try to get records sent over from the Spartanburg Regional Emergency Room for her x-rays and CAT scan and go from there.
3. For the migraine, I gave her Imitrex injection in the office, but it did not help her.
4. She is to follow up otherwise as needed.

SAC/ctf

Marty
Hoftiezer

Date: 2-4-04 Reason for visit: F4 Therapy

Wt: 151 Ht:

T: P: 78 R: 20 BP: 140/90

Chest wall contusion ~~pain~~ Chest is better
abd tenderness gone Neck worse + worse

Back pain

(EW) 0 3-4 wks / 5 days
0 1 2 mg Lunes
Neck / Trapezius
pain present
pain present
Cervical 2 yrs ago

HOFTIEZER, MARTY 02/04/04 SCOTT A. COLEY, M.D.

S: Marty is here for followup of her neck injury, chest contusion and low back strains status post motor vehicle accident on 1/4/04. Undergoing physical therapy with Finley and she is making some progress with her neck; not as rapidly as we would have hoped, but she needs a couple weeks of therapy. Her chest is getting better and her back is getting better, just a little bit or burning there from time to time.

O: On examination, she is stiff on both sides of the neck. Sternocleidomastoid muscles 2+ spasm bilaterally. She has obvious decreased range of motion. She just holds her head very still. She is tender to the anterior chest wall. Lungs are clear. Heart is regular. She is really not that tender across the lower back. She has negative straight leg raising test. Normal and equal reflexes in lower extremities.

A: Neck strain, chest contusion and low back strain.

P:
1. Lets continue with physical therapy for another few weeks.
2. Recheck in two weeks.
3. I did write a prescription for Darvocet-N 100 one tab p.o. b.i.d., 60 tabs with one refill and Ultram 50 mg one p.o. b.i.d., 60 tabs with one refill.
4. She wanted few Lortab 5 just to take as needed and I wrote for 15 of those and no refills.
5. Again, recheck in 3 weeks.
6. I did give her some samples of Zomig 5 mg because of some migraines she is having. We will continue to monitor the migraines as well.

SAC/ctf

Martie Hoftiezer 1/12/04

S: Martie ws in a motor vehicle accident about a week ago and I think the actual date was 1/4/04. Someone pulled out in front of her and she hit them and totaled her car. She ws the only person in her car. She was sitting close to the steering wheel and had her seat belt on. Her chest evidently hit the steering wheel because she had a contusion on her chest. Head snapped back, but did not hit the windshield. Evidently the knees did not hit the dash board as she is not complaining of pain in the knees. Hurting basically in her neck and lower back, and her chest wall. has some bruising on her abdomen as well. CAT scans and x-rays were done at the hospital. She did not bring those by and I do not have the results but evidently they were reported as negative. She is complaining of a migraine headache that started yesterday. She is on Ultram and Darvocet anyway for other health issues. She has significant osteoarthritis of her hips, knees, and spine.

O: HEENT is normal. She has stiff muscles across the back of the neck, 2-3+ spasm. Decreased range of motion of the neck. Tender and tense muscles in the lumbar spine and 2-3+ spasm there. Normal and equal reflexes in the lower extremities. Negative SLR test bilaterally. She has some bruising cross the lower abdomen. Some tenderness across the lower abdomen as well. Significant tenderness along the sternum to palpation.

A: Neck strain, low back strain.
Contusion of the chest wall.

P: We will set her up for physical therapy for her neck and back at Finley.
Give her some samples of Zomig 5 mgs. 1 tab. STAT and repeat in 2 hours p.r.n. for migraine.
Continue the Ultram and Darvocet as needed for the pain.
Followup in 2 weeks and after the PT.
We will give her a work excuse for this week.

SAC:hw

1420
Skylyn Drive
Spartanburg, SC 29307

FINLEY
Physical Therapy
and Sports Medicine

Office 864-542-0180
Fax 864-542-0185

For Martie S. Hoffner Date 1-12-04

Diagnosis Low Back pain / Neck strain 724.2 / 723.1

☑ Evaluate and treat

☐ Other (specify)

Social Services assessment ☐ Yes ☐ No

Rx

1/14/04
815

I HEREBY CERTIFY THAT THE SERVICES INDICATED ABOVE ARE MEDICALLY NECESSARY.

Scott A Finley m.d
PHYSICIAN'S SIGNATURE

456

DATE	TIME	CALLER		PH. #
10-10-03	9:40			518-9514

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoffman	7.14.41		der	W

MESSAGE

DISPOSITION

PHENOBARBITOL 97.2 mg #30 1 po HS 4 refills

ULTRAM 50 mg 1 PO Bid #60 4 refills

~~PROPOXY~~ Darvocet N100 #60 1 tab po q 4-6 hrs prn 4 refills

AMBIEN 10 mg #30 1 HS prn sleep 4 refills

ALLERGY ~~PENICILLIN~~ ~~SULFA~~ ~~ERYTHROMYCIN~~ ~~CODEINE~~ ~~PERCOCET~~ ~~VICODIN~~ ~~DARVOCET~~ ~~DARVON~~ ~~TALWIN~~ ~~DEMEROL~~ ~~MORPHINE~~ ~~ASPIRIN~~ ~~IBUPROFEN~~ ~~NAPROSYN~~ ~~CELEBREX~~ ~~VIOXX~~ ~~ZYRTEC~~ ~~CLARITIN~~ ~~ALLEGRA~~ ~~ZITHROMAX~~ ~~AUGMENTIN~~ ~~CIPRO~~ ~~ZOCOR~~ ~~LIPITOR~~ ~~PRAVACHOL~~ ~~ZESTRIL~~ ~~PRINIVIL~~ ~~ACCUPRIL~~ ~~ACCUPRIL~~ ~~ACCUPR

DATE	TIME	CALLER	PH.#
7-8-03	11:30	pt.	292-2868 cell

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hoftiezer	7/14/47	—		W

MESSAGE: Bad cough - 10 days - lighter

DISPOSITION: Z-pak Tab
Tab dried up
Dimetane DX bag
2 tsp q 6 hrs prn
#4 oz no refills

ALLERGY:

DRUG STORE: Parkers - Boiling Springs

HANDLED BY:

8-6-03 Reason for visit: PND - Chest Congestion

Date:

Wt 161 at BP 140/90

Twist 40's

7 - Pred taper pack

Tab - for - 6/30

Tab - for - 6/30

10 Allegra

Avelox 400 1 po q

Atuss DM

1 tsp po q 6 - #4 oz no

HOFTIEZER, MARTIE 08/06/03 SCOTT A. COLEY, M.D.

S: Martie just has not gotten over the infection that was treated over the phone a month ago. Just a lot of congestion and purulent sputum with some drainage. Z-Pak just did not knock it out. She is out of the Dimetane DX. She is using DayQuil yesterday.

O: On examination, TMS are clear. Throat with slight drainage. Lungs; rhonchus cough. Heart is regular.

A: Bronchitis.

P:
1. Avelox 400 mg, I gave 3 days of samples, one p.o. q.d. and then I gave 7 days of prescription, one p.o. q.d.
2. Atuss DM one to two teaspoons p.o. every six hours p.r.n., 4 ounces with no refills.
3. Followup otherwise p.r.n.
4. I told if she gets sick again, we may need to work her up for allergies.

Martie Hoffiezer 4/28/093

S: Martie has been having pain in the epigastric region now for 4 days. There is some constant discomfort with intermittent severe cramps. She has had some nausea but no vomiting. No constipation, diarrhea, fever, or chills. she has had some very definite black stools. That started near the beginning. After first noticing the black stools she took some Pepto-Bismol and they have remained dark.

O: Martie is alert but looks a little pale. Certainly in no distress. She has no significant change in pulse and blood pressure with orthostatic change whatsoever. Examination of his neck, heart, lungs, and abdomen all negative except for pretty significant epigastric tenderness. No mass or organomegaly. Rectal exam is normal except that her stool is rather dark and is definitely hemocult positive.

A: Acute epigastric pain and apparent UGI bleeding. My best guess is that this is peptic ulcer disease vs erosions. She has been taking both Bextra and Lodine for some reason.

P: (1) Suggested that we try to get her seen by her surgeon this evening. She says there is just no way, she cannot do it until Wednesday. I think she does appear to be relatively stable but strongly advised her to go to the Emergency Room STAT should she develop any evidence of brisk bleeding or orthostatic dizziness, etc.
(2) Gave her samples of Nexium 40 mgs. to take 1 daily.
(3) We will arrange consultation with Dr. Woolen ASAP.

DMH:hw DMH

CC: Dr. Woolen

FAXED to Dr. Woolen 4/29/03 CRep RN

DATE	TIME	CALLER		PH.#
5-9-03	8:49			578-9514
PT.	AGE	TEMP.	REC'D BY:	BID
Mart Hoffiezer	11.4.47		der	W
MESSAGE			DISPOSITION	
PHENOBARB 97.2mg #30 4 refills			Huffs	
AMBIEN 10mg #30 4 refills			Huffs	
MAXALT MLT 10mg #9 0 refills			HA Huffs	
~~[illegible]~~ Tramadol 50mg			4 refills #100 Huffs	
ALLERGY ~~[illegible]~~ Darvocet NKA			#120 Take 1 qhs prn pain Huffs	
DRUG STORE Eckis - B. Sons			HANDLED BY	

② leave mess hm 578-9514

DATE	TIME	CALLER	PHS
3-12-03	9:45	9-14-47	① 864-292-2868

PT.	AGE	TEMP.	REC'D BY:	MD
Martha Hofferer			MS	C

MESSAGE has 1 day left on antibiotic + decongestant symp. are better but ears are still very stopped up what to do for this

DISPOSITION 1 my Dietician am pm # 20 1 ref

ALLERGY NKA

DRUG STORE Eck. B Springs

HANDLED BY

Date: 9/28/03 Arrived for visit: yt 40 yrs old Shaw Dr Christ x 4 days

Ht 5'9" Wt 179 lbs

P ___ R ___ BP (180/90) ? if 3rd visit ref dietician

Hx: Gen:

↑ Sat

Comment: ppt abd pain - int - mgs

Some N, +O.V.

Allergies

G, P, F, C

292-2868

BP - laying down	Standing
4 hr 186	170/90
pulse 60	80

460

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN : TYPE S | PRIMARY LAB BN | REPORT STATUS COMPLETE | Page #: 1

ADDITIONAL INFORMATION SS#:

CHART #

FASTING: Y

PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR./MOS.)
HOFTIEZER,MARTIE S	F	57 / 11

PT. ADD.: SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
6/15/2005	11:03	6/15/2005	6/16/2005	13:38

CLINICAL INFORMATION

PHYSICIAN ID. COLEY S

PATIENT ID.

ACCOUNT: Taylor,Hicklin,Westmoreland, C

391 East Henry Street
Spartanburg SC 29303-0000

ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	6.3	x10E3/uL	4.0 - 10.5	BN
Red Blood Cell (RBC) Count	4.41	x10E6/uL	3.80 - 5.10	BN
Hemoglobin	14.5	g/dL	11.5 - 15.0	BN
Hematocrit	42.3	%	34.0 - 44.0	BN
MCV	96	fL	80 - 98	BN
MCH	32.9	pg	27.0 - 34.0	BN
MCHC	34.3	g/dL	32.0 - 36.0	BN
RDW	12.9	%	11.7 - 15.0	BN
Platelets	240	x10E3/uL	140 - 415	BN
Neutrophils	73	%	40 - 74	BN
Lymphs	19	%	14 - 46	BN
Monocytes	6	%	4 - 13	BN
Eos	2	%	0 - 7	BN
Basos	0	%	0 - 3	BN
Neutrophils (Absolute)	4.6	x10E3/uL	1.8 - 7.8	BN
Lymphs (Absolute)	1.2	x10E3/uL	0.7 - 4.5	BN
Monocytes(Absolute)	0.4	x10E3/uL	0.1 - 1.0	BN
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.4	BN
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	BN
Comp. Metabolic Panel (14)				
Glucose, Serum	77	mg/dL	65 - 99	BN
BUN	12	mg/dL	5 - 26	BN
Creatinine, Serum	0.7	mg/dL	0.5 - 1.5	BN
BUN/Creatinine Ratio	17		8 - 27	
Sodium, Serum	142	mmol/L	135 - 148	BN
> Potassium, Serum	3.4L	mmol/L	3.5 - 5.5	BN
Chloride, Serum	107	mmol/L	96 - 109	BN
Carbon Dioxide, Total	20	mmol/L	20 - 32	BN
Calcium, Serum	9.7	mg/dL	8.5 - 10.6	BN
Protein, Total, Serum	7.5	g/dL	6.0 - 8.5	BN
Albumin, Serum	4.6	g/dL	3.5 - 5.5	BN
Globulin, Total	2.9	g/dL	1.5 - 4.5	
A/G Ratio	1.6		1.1 - 2.5	
Bilirubin, Total	0.3	mg/dL	0.1 - 1.2	BN
Alkaline Phosphatase, Serum	110	IU/L	25 - 150	BN
AST (SGOT)	20	IU/L	0 - 40	BN
ALT (SGPT)	23	IU/L	0 - 40	BN

EFFECTIVE JUNE 27, 2005, the reference intervals will be changing to: Male 0 - 55 IU/L

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #: 2
	S	BN	COMPLETE	

ADDITIONAL INFORMATION SS#:

CHART #: FASTING: Y
PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR./MOS.)
HOFTIEZER,MARTIE S	F	57 / 11

PT. ADD.:
SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
6/15/2005	11:03	6/15/2005	6/16/2005	13:38

CLINICAL INFORMATION

PHYSICIAN ID.: COLEY S
PATIENT ID.:

ACCOUNT: Taylor,Hicklin,Westmoreland, C
391 East Henry Street
Spartanburg SC 29303-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
			Female 0 - 40 IU/L	
TSH	1.124	uIU/mL	0.350 - 5.500	BN
Vitamin B12	222	pg/mL	211 - 911	BN
> Request Problem	Comment:			BN

TEST: 007260 Valproic Acid (Depakote),S
This sample was rejected for analysis due to specimen submission in a gel barrier tube. The use of serum separator tubes is not recommended due to slow absorption of the drug by the gel, and this decrease in drug level due to absorption may be clinically significant. Please submit specimens for TDM studies in red-stopper tubes.

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
DIRECTOR: Frank Hancock MD

4

462

Pat Name: HOFTIEZER,MARTIE S | Pat ID: | Spec #: | Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Date: 6-16-05

TEST RESULTS

Dear Patient: Marie Hafner 7-14-47

The doctor has reviewed your Lab Work, and/ or x-rays and indicated his findings below:

___ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

___ Elevated cholesterol ___ Total ___ LDL
___ Low HDL
___ Elevated triglycerides ___ Total
___ Elevated Blood Sugar
___ Abnormal kidney functions
___ Abnormal liver functions
___ Abnormal PSA
___ Abnormal CBC
___ Thyroid
___ Protime
___ Other
___ Pap Smear
___ Pathology Report
___ X-ray Report

EXPLANATION OF FINDINGS

Mild lipid elevation, blood sugar, kidney & liver function & cbc normal.

Potassium mildly low at 3.4 (3.5-5.1). Thyroid function + PSA levels are normal.

Continue current + stop the Tylenol.

___ Repeat Lab Work indicated ___ When? ___
___ Routine repeat of Labs ___ 6 months ___ 1 year
___ Office appointment necessary
___ Medication necessary – See enclosed prescription
___ Diet changes necessary – See enclosed information
___ Repeat Pap Smear ___ 3 months ___ 6 months ___ 1 year
___ Followup X-ray ___
___ Appointment with a specialist. Please call the office to discuss scheduling ___

Eat a banana every day.

Next lab potassium - 2 months

If you have any questions, please call the office.

Sincerely,

Drs. Westmoreland, Hicklin, Coley

By:

ccmv666(3/03)

Laboratory Corporation of America

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#:

CHART NO

FASTING: Y

PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR./MOS.)
HOFTIEZER,MARTIE S	F	56 / 11

FT. ADD.: SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/07/2004	8:45	7/07/2004	7/08/2004	7:52	1434

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
COLEY, S	

ACCOUNT: TAYLOR,HICKLIN,WESTMORELAND, COLEY
391 East Henry Street
Spartanburg SC 29303-0000
ACCOUNT NUMBER:

	TEST	RESULT		LIMITS	LAB
	CBC With Differential/Platelet				
	White Blood Cell (WBC) Count	7.0	x10E3/uL	4.0 - 10.5	BN
	Red Blood Cell (RBC) Count	4.57	x10E6/uL	3.80 - 5.10	BN
	Hemoglobin	14.8	g/dL	11.5 - 15.0	BN
>	Hematocrit	44.3H	%	34.0 - 44.0	BN
	MCV	97	fL	80 - 98	BN
	MCH	32.5	pg	27.0 - 34.0	BN
	MCHC	33.5	g/dL	32.0 - 36.0	BN
>	RDW	15.5H	%	11.7 - 15.0	BN
	Platelets	253	x10E3/uL	140 - 415	BN
	Polys	67	%	40 - 74	BN
	Lymphs	19	%	14 - 46	BN
	Monocytes	10	%	4 - 13	BN
	Eos	4	%	0 - 7	BN
	Basos	0	%	0 - 3	BN
	Polys (Absolute)	4.7	x10E3/uL	1.8 - 7.8	BN
	Lymphs (Absolute)	1.3	x10E3/uL	0.7 - 4.5	BN
	Monocytes(Absolute)	0.7	x10E3/uL	0.1 - 1.0	BN
	Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	BN
	Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	BN
	Basic Metabolic Panel (8)				
	Glucose, Serum	82	mg/dL	65 - 99	BN
	BUN	14	mg/dL	5 - 26	BN
	Creatinine, Serum	0.8	mg/dL	0.5 - 1.5	BN
	BUN/Creatinine Ratio	18		8 - 27	
	Sodium, Serum	141	mmol/L	135 - 148	BN
	Potassium, Serum	4.8	mmol/L	3.5 - 5.5	BN
	Chloride, Serum	103	mmol/L	96 - 109	BN
	Carbon Dioxide, Total	25	mmol/L	20 - 32	BN
	Calcium, Serum	9.9	mg/dL	8.5 - 10.6	BN
	Lipid Panel With LDL/HDL Ratio				
>	Cholesterol, Total	251 H	mg/dL	100 - 199	BN
>	Triglycerides	172 H	mg/dL	0 - 149	BN
>	HDL Cholesterol	72 H	mg/dL	40 - 59	BN
	Comment				BN
	HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.				
	VLDL Cholesterol Cal	34	mg/dL	5 - 40	
>	LDL Cholesterol Calc	145 H	mg/dL	0 - 99	
	Comment				BN

esults are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

Date: 7/12/04

TEST RESULTS

Dear Patient: [illegible]

The doctor has reviewed your Lab Work, and/ or x-rays and indicated his findings below:

___ All within normal limits.

THE FOLLOWING ABNORMALITIES WERE FOUND:

___ Elevated cholesterol ___ Total ___ LDL
___ Low HDL
___ Elevated triglycerides _____ Total
___ Elevated Blood Sugar
___ Abnormal kidney functions
___ Abnormal liver functions
___ Abnormal PSA
___ Abnormal CBC
___ Thyroid
___ Protime
___ Other
___ Pap Smear
___ Pathology Report
___ X-ray Report

EXPLANATION OF FINDINGS

Mostly normal [illegible]

Total cholesterol: 251 (< 200)

HDL - good cholesterol - 72 - excellent

Triglycerides labs are up at 172 / 132

LDL - bad cholesterol - up at 145 (< 130)

___ Repeat Lab Work indicated _____ When? _____
___ Routine repeat of Labs _____ 6 months _____ 1 year
___ Office appointment necessary
___ Medication necessary – See enclosed prescription
___ Diet changes necessary – See enclosed information
___ Repeat Pap Smear ___ 3 months ___ 6 months ___ 1 year
___ Followup X-ray _____
___ Appointment with a specialist. Please call the office to discuss scheduling _____

If you have any questions, please call the office.

Sincerely,

Drs. Westmoreland, Hicklin, Coley

By:

ccmv666(3/03)

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #: 2
189-497-1029-0	S	BN	COMPLETE	

ADDITIONAL INFORMATION SS#:

CHART NO FASTING: Y
PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR./MOS.)
HOFTIEZER,MARTIE S	F	56 / 11

PT. ADD.:
SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
7/07/2004	8:45	7/07/2004	7/08/2004	7:52

CLINICAL INFORMATION
CD:

PHYSICIAN ID.	PATIENT ID.
COLEY, S	

ACCOUNT: TAYLOR,HICKLIN,WESTMORELAND,
COLEY
391 East Henry Street
Spartanburg SC 29303-0000
ACCOUNT NUMBER:

TEST	RESULT	LIMITS	LAB

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190

LDL/HDL Ratio 2.0 ratio units 0.0 - 3.2

LDL/HDL	Men	Women
1/2 Avg.Risk	1.0	1.5
Avg.Risk	3.6	3.2
2X Avg.Risk	6.3	5.0
3X Avg.Risk	8.0	6.1

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303 9072/864 560 6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPEBAK, MIMS, CALDWELL \T\ BURKS

HORTISKER MARTIN S
56 YRS FEMALE
Dr: PHYSICIANS ED
Location: ED

MR#:
DOB:
Fin No.
Office Id:
EMERGENCY VISIT
CERVICALGIA
CUMULATIVE

Admitted: 04JAN04
Page: 1
Printed: 05JAN04 0108

CHEMISTRY

HEPATIC PROFILES

Procedure:	TOT PROT	ALBUMIN	GLOBULIN	A/G RATIO	AST	ALK PHOS	BILI TOTAL
Ref Range:	(6.1-8.0)	(3.5-4.9)	(2.0-3.7)	(.9-2.4)	(12-39)	(36-108)	(.3-1.5)
Units:	GM/DL	G/DL	GM/DL		IU/L	IU/L	MG/DL
04JAN04 2120	3.4 L	4.0	-.6 L	-6.7 L	46 H	76	4.6 H

BASIC METABOLIC PROFILE

Procedure:	NA+	K+	CHLORINE	CO2	GLUCOSE	BUN	CREAT	ANION GAP	BUN/CREAT	OSM
Ref Range:	(139-146)	(3.5-4.9)	(100-111)	(23.0-32.6)	(77-117)	(6-20)	(.6-1.2)	(6-13)	(8-29)	(27 M
Units:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL	MMOL/L		
04JAN04 2120	134	12.4 !F	104	20.6 L	80	15	.7	22 H	21	2

K+..... RESULTS REPEATED AND VERIFIED CALLED TO FLOOR AT
01/05/04 00:05 , SPECIMEN GROSSLY HEMOLYZED , GIVEN TO ALLISON.

SINGLE CHEMISTRIES

Procedure:	ALK	CALCIUM
Ref Range:	(8-39)	(8.9-10.3)
Units:	IU/L	MG/DL
04JAN04 2120	17	9.0

Symbols:
L = Low, H = High, ! = Critical, F = Footnote

PRINTED BY: JC26878
DATE 3/8/2004

DRS WESTMORELAND HICKLIN COLEY

391 E HENRY ST
SPARTANBURG SC 29304

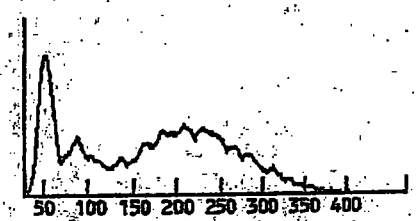
ID: 000
OVWB

04-28-03
17:08

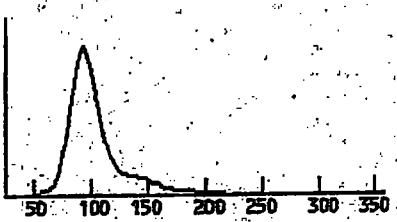
Martie Hoffiezer

				Patient Limits 1	
WBC	9.7		x10^3/uL	3.6	11.0
LY	29.9		%	18.0	46.0
MO	1.9	3L	%	3.0	13.0
GR	68.2	3	%	45.0	75.0
LY#	2.9		x10^3/uL	0.9	5.3
MO#	0.2	3	x10^3/uL	0.1	1.1
GR#	6.6	3	x10^3/uL	1.3	7.4
RBC	3.78	L	x10^6/uL	3.80	6.20
Hgb	11.4	L	g/dL	11.5	18.0
Hct	35.0		%	35.0	54.0
MCV	92.5		fL	80.0	100.0
MCH	30.1		pg	27.0	34.0
MCHC	32.6		g/dL	31.0	36.0
RDW	14.7	H	%	11.5	14.5
Plt	245.		x10^3/uL	140.	450.
MPV	7.1	L	fL	7.8	10.4
Pct	.174	L	%	0.190	0.360
PDW	16.7			15.5	17.1

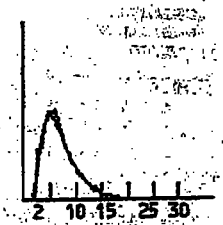
FAXED to
4/29/03 Dr. Wooten
CR.



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

#

NAME: HOFTIEZER,MARTHA S
ORDERING PHYSICIAN: COLEY,SCOTT A
LOC: DIS
Pt. Type:OPT

UNIT #:
CI#:
DOB: 07/14/47
AN#:

Exam.
04009 MRI CERVICAL SPINE W/O CONTRASTDate: 03/03/04 1446
72141 Ord Diag: 723.1-CERVICALGIA

MRI CERVICAL SPINE Date: 03 March 04.

Comparison: None.

History: Neck and upper back pain. History prior C7 surgery in 1987.

Technique: Sagittal T1 and T2-weighted images, axial T1 and gradient-echo images.

Findings:
C3-4: Mild spondylosis with marginal osteophytes. No disk herniation or cord compression.
C4-5: Spondylosis with marginal osteophytes and anular bulge which contacts the anterior aspect of the cervical spinal cord towards the left.
C6-7: Appears solidly fused. Mildly convex posterior border, probably from prior spondylosis. Cervical spinal cord signal intensity within normal limits. Spinal alignment anatomic. Visualized posterior fossa structures are unremarkable. Bone marrow signal intensity within normal limits.

IMPRESSION:
1) Solid-appearing C6-7 bony fusion.
2) Moderate spondylosis C5-6 with diffuse anular bulge/osteophyte complex which just abuts the anterior spinal cord on the left.
3) Mild C3-4 spondylosis.

Read By: DAVID STOPPENHAGEN, M.D.
Released By: DAVID STOPPENHAGEN, M.D.

n

FINAL

Shad Rigsbee 3/8/2004 10:20 Time 3/8 Registered

SAG

SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

Spartanburg Radiological Associates, P.A.
Teleradiology Report

Fax Numbers: CT: 560-7299 US: 560-7354 | ED/SRMC: 560-7230 RAD/BJW: 560-9269 | SHRC: 560-3299 ED/BJW: 560-9249

Date 1-4-04

Account Number:

Ordering Physician: Mehta

Medical Record Number:

Patient Name: Hoffmeyer, Martie

EXAM TYPE

CT		US		OTHER
☑ Abdomen	☐ Cranial	☐ Abdomen	☐ Renal	
☐ Cervical	☑ Pelvis	☐ Gallbladder	☐ Scrotal	
☐ Chest	☐ Other	☐ Pelvis	☐ Other	

INDICATION FOR EXAM

Previous Film(s) on File: ☐ Yes ☑ No N/A

Technologist Name/Signature: Robin McMurtry, RT(R)(M)

******Above information to be completed by Technologist******

RADIOLOGIST – FIRST READING

IMPRESSION: ☐ Normal ☐ Abnormal ☐ Compared with:

INTERPRETING RADIOLOGIST			
☐ Bashaddy, Brian H., MD	☐ Graham, C. Blease, III, MD	☐ Kellman, David A., MD	☐ Parnes, Neil H., MD
☐ Freedman, Arthur M., MD	☐ Hartill, John A., Jr., MD	☐ Kavanagh, Joseph A., MD	☐ Ryan, P. Peter, Jr., MD
☐ Gordin, Stephen J., MD	☐ Jovne, William T., III, MD	☐ Monnin, Mark D., MD	☐ Stoppenhagen, David R., MD
		☐ Newman, Jeffrey M., MD	☐ Warren, Lawrence N., Jr., MD

Radiologist Signature:

RADIOLOGIST / SECOND READING – O/C Notes

☐ Agree ☐ Disagree Name: Signature:

Comments:

PRINTED BY: JC2 Patient Label

DATE 3/8/2004

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: HOFTIEZER,MARTIE S UNIT #:
ORDERING PHYSICIAN: MEHTA,PRASUN H CI#:
LOC: DIS DOB: 07/14/47 AN#:
Pt. Type:ER

Exam
10246 ER SPINE DORSAL (2 VIEWS) Date: 01/01/04 2108
72070 Ord Diag: V71.4-OBSERV-ACCIDENT NEC

AP and lateral thoracic spine 1/4/04:

Indication: 56 year old female with post traumatic pain.

Findings: There is a mild long thoracic dextroscoliosis present. There is mild accentuation of dorsal kyphosis. Moderate osteopenia is present. Age unremarkable degenerative changes are in evidence. No significant post traumatic sequelae appear present.

Impression: No significant post traumatic changes.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

AK

FINAL

PRINTED BY: JC26378
DATE 3/8/2004

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: HOFTIEZER,MARTIE S UNIT #:
ORDERING PHYSICIAN: MEHTA,PRASUN H CI#:
LOC: DIS DOB: 07/14/47 AN#:
Pt. Type:ER

Exam
10234 ER SPINE CERVICAL (MIN 4 VIEWS) Date: 01/04/04 2108
72050 Ord Diag: V71.4-OBSERV-ACCIDENT NEC

Five view cervical spine 1/4/04:

Indication: 56 year old female involved in MVA with pain.

Findings: Mild to moderate hypertrophic degenerative changes involve mid to lower (C4-5) levels with end-plate level hypertrophic spurring and mild to moderate loss of disk space height. Mild uncovertebral encroachments at this level narrow the neural foramina bilaterally. No significant post-traumatic sequelae change in evidence.

Impression:

1. No significant post traumatic change.

2. Unremarkable spondylosis changes for age.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

DAK

FINAL

PRINTED BY: JC26378
DATE 3/8/2004

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: HOFTIEZER,MARTIE S
ORDERING PHYSICIAN: MEHTA,PRASUN H
LOC: DIS
Pt. Type: ER

UNIT #:
CI#:
AN#:
DOB: 07/14/47

Exam
10186 ER PELVIS (1 OR 2 VIEWS)
72170

Date: 01/04/04 2108
Ord Diag: V71.4-OBSERV-ACCIDENT NEC

AP pelvis 1/4/04:

Indication: 56 year-old female with fall trauma.

Findings: The pelvic ring is intact and proximal femora unremarkable without evidence for fracture-dislocation or other abnormality.

Impression:

Unremarkable.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

AK

FINAL

PRINTED BY: JC26378
DATE 3/8/2004

medco

Patient Name HOFTIEZER, MARTHA S
Date of Birth 07/14/1947
Control Number
(Please refer to this patient-specific Control Number when corresponding with Medco.)

Requested Actions

- ✓ Review the enclosed therapeutic considerations.
- ✓ Consider the information provided in the claims history
- ✓ Make any warranted changes in therapy.

Considerations for Your Review

1. **Therapy Duplication with PROPOXYPHENE NAPSYLATE W/APAP and TRAMADOL HCL**

   This patient's record suggests that prescriptions for PROPOXYPHENE NAPSYLATE W/APAP and TRAMADOL HCL are active. We are bringing this to your attention in case you are unaware of the situation. The combined use of these agents does not typically provide additional therapeutic benefit over either one when used alone. Unless the concomitant use of both agents is clinically necessary or needed for optimal dose titration, please consider discontinuing one of them with the pharmacy of record. The pharmacy's phone number is provided for your convenience.

   Reference:
   Opiate Agonists and Opiate Partial Agonists. In: *American Hospital Formulary Service* 2004; 28:08.08 and 28:08.12.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only.

Patient File Copy - Do Not Reproduce

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Patient Name HOFTIEZER, MARTHA S
Date of Birth 07/14/1947
Control Number
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Rx Profile

Consideration	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber	Pharmacy Name Phone Number
	12 13 05	APAP-ISOMETHEPTENE-DICHLPHEN	65-325-100	100	30	WESTMORELAND	INGLES PHARMACY #37 864-578-6243
1	12 09 05	TRAMADOL HCL	50MG	90	30	WESTMORELAND	INGLES PHARMACY #37 864-578-6243
	12 09 05	PHENOBARBITAL	97.2MG	30	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
1	11 07 05	TRAMADOL HCL	50MG	90	30	WESTMORELAND	INGLES PHARMACY #37 864-578-6243
	11 06 05	PHENOBARBITAL	97.2MG	30	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
	10 10 05	CARISOPRODOL	350MG	90	30	WESTMORELAND	INGLES PHARMACY #37 864-578-6243
	09 28 05	PHENOBARBITAL	97.2MG	30	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
	09 07 05	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
	08 09 05	CARISOPRODOL	350MG	100	33	PHYSICIAN #2	INGLES PHARMACY #37 864-578-6243

(Over, pleas

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Rx Profile (continued)

Date of Consideration Service	Drug Description	Strength	Qty	Days Supply	Prescriber	Pharmacy Name Phone Number
08 09 05	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
07 08 05	CARISOPRODOL	350MG	90	30	WESTMORELAND	INGLES PHARMACY #37 864-578-6243
07 08 05	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243

This information is available because your patient is a member of the ARVIN MERITOR Drug Benefit Program. This prescription record may not represent your patient's complete history. You (and other physicians) were identified as the "prescriber of record" for prescriptions filled under this patient's pharmacy benefit. If you were incorrectly identified as the "prescriber of record," please contact the dispensing pharmacy at the phone number listed above to check their records.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only. Thank you for your assistance and participation. If you have any questions, please call 1 800 988-2237 any time between 8:00 a.m. and 8:00 p.m. eastern time, Monday through Friday.

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medco

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Date of Birth 07/14/1947
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	08 09 05	CARISOPRODOL	350MG	100	33	PHYSICIAN #2	INGLES PHARMACY #37 864-578-6243

(Over, plea

medco

Patient Name HOFTIEZER, MARTHA S
Date of Birth 07/14/1947
Control Number
(Please refer to this patient-specific Control Number when corresponding with Medco.)

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Rx Profile (continued)

Consideration	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber	Pharmacy Name Phone Number
	08 09 05	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
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	07 08 05	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243

This information is available because your patient is a member of the DUKE ENERGY Drug Benefit Program. This prescription record may not represent your patient's complete history. You (and other physicians) were identified as the "prescriber of record" for prescriptions filled under this patient's pharmacy benefit. If you were incorrectly identified as the "prescriber of record," please contact the dispensing pharmacy at the phone number listed above to check their records.

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ST PAUL TRAVELERS

P.O. Box 473501
Charlotte, NC 28247-3508

Sherry Blackwell
Claim Specialist
PL & CL Claim Department
1-800-759-6194, ext. 3235
Direct: (704) 540-3235
Fax: 1-877-389-4687
sblackwe@travelers.com

Mail Bill

July 19, 2005

Drs. Westmoreland, Hicklin & Coley
391 E. Henry Street
Spartanburg, SC 29302

Insured:
Claimant: Martha Hoftiezer
Claim #:
Date of Loss: 01/04/2004 (any and all information regarding treatment in regard to Date of Loss)

To Whom It May Concern:

Martha Hoftiezer, a patient of yours has recently advised our office that he/she is or has been under your care for injuries sustained in an automobile accident on the above date.

In order that we might be able to properly review and evaluate the bodily injury claim presented by your patient, it is requested that you provide us with an **itemized statement of charges** as well as **medical records** regarding your treatment of this patient in regard to the above date of loss.

Enclosed, you will find a Medical Consent Form signed by your patient giving us permission to request this information for our file. Please send this information as soon as possible in the enclosed self-addressed, stamped envelope. If there is a charge for this request, please advise so we can remit according to Section 11.3 G.S. 90-411.

Should you have any questions, please feel free to give me a call. I can be reached Monday through Friday at 1-800-759-6194 ext. 3235 between 8:00am and 5:00 pm.

Sincerely,

Sherry Blackwell

Sherry Blackwell
Claim Specialist

SDS 7/26/05

bills mailed 7/26/05

CONSENT FOR OBTAINING MEDICAL INFORMATION (Please Read Carefully)

Insurer/Service Provider Name: ST. PAUL TRAVELERS

Claim File Number:

Insured:

Date of Loss: 01/04/2004

Patients Name: MARTHA HOFTIEZER

Address:

Social Security Number:

Date of Birth:

I authorize the use or disclosure of the above-named patient's protected health information as described below.

Organization authorized to release the information:

Release information to: ST. PAUL TRAVELERS, PO Box 473501, Charlotte NC 28247.

Purpose of request: Personal injury claim 01/04/2004 to present.

Record to be released: Complete Health Record pertaining to accident of above date.

I understand that information in my health record may include information relating to HIV/AIDS Confidential Information and may include psychosocial, mental health or alcohol and drug use information and I do not authorize the release of this information.

I understand this authorization may be revoked by me at any time. This must be in writing to the Director of Medical Records. This would not apply to information that has already been released prior to my written revocation. Unless otherwise revoked, this authorization will expire on the following date, event or condition: Settlement or other conclusion of the above-referenced claim and/or litigation.

I understand that information disclosed under this authorization may be subject to redisclosure by the recipient of such information and the information may no longer be protected under the terms of this authorization or by federal privacy laws.

I hereby authorize acceptance of a photostatic copy of this instead of an original.
I understand I may refuse to sign this authorization.

Signature of Patient or Legal Representative

Date 7.01.05

Printed name of patient/Legal Representative: MARTHA SHOFTIEZER

If signed by Legal Representative, Describe Relationship to Patient and Authority to Act:

ST PAUL TRAVELERS

P.O. Box 473501
Charlotte, NC 28247-3508

Sherry Blackwell
Claim Specialist
PL & CL Claim Department
1-800-759-6194, ext. 3235
Direct: (704) 540-3235
Fax: 1-877-389-4687
sblackwe@travelers.com

July 19, 2005

Drs. Westmoreland, Hicklin & Coley
391 E. Henry Street
Spartanburg, SC 29302

Insured:
Claimant: Martha Hoffiezer
Claim #:
Date of Loss: 01/04/2004 (any and all information regarding treatment in regard to Date of Loss)

To Whom It May Concern:

Martha Hoffiezer, a patient of yours has recently advised our office that he/she is or has been under your care for injuries sustained in an automobile accident on the above date.

In order that we might be able to properly review and evaluate the bodily injury claim presented by your patient, it is requested that you provide us with an itemized statement of charges as well as medical records regarding your treatment of this patient in regard to the above date of loss.

Enclosed, you will find a Medical Consent Form signed by your patient giving us permission to request this information for our file. Please send this information as soon as possible in the enclosed self-addressed, stamped envelope. If there is a charge for this request, please advise so we can remit according to Section 11.3 G.S. 90-411.

Should you have any questions, please feel free to give me a call. I can be reached Monday through Friday at 1-800-759-6194 ext. 3235 between 8:00am and 5:00 pm.

Sincerely,

Sherry Blackwell

Sherry Blackwell
Claim Specialist

Dx: 7/26/05

CONSENT FOR OBTAINING MEDICAL INFORMATION (Please Read Carefully)

Insurer/Service Provider Name: ST. PAUL TRAVELERS

Claim File Number:

Insured:

Date of Loss: 01/04/2004

Address:

Patients Name: MARTHA HOFTIEZER

Social Security Number:

Date of Birth:

I authorize the use or disclosure of the above-named patient's protected health information as described below.

Organization authorized to release the information:

Release information to: ST. PAUL TRAVELERS, PO Box 473501, Charlotte NC 28247.

Purpose of request: Personal injury claim 01/04/2004 to present.

Record to be released: Complete Health Record pertaining to accident of above date.

I understand that information in my health record may include information relating to HIV/AIDS Confidential Information and may include psychosocial, mental health or alcohol and drug use information and I do not authorize the release of this information.

I understand this authorization may be revoked by me at any time. This must be in writing to the Director of Medical Records. This would not apply to information that has already been released prior to my written revocation. Unless otherwise revoked, this authorization will expire on the following date, event or condition: Settlement or other conclusion of the above-referenced claim and/or litigation.

I understand that information disclosed under this authorization may be subject to redisclosure by the recipient of such information and the information may no longer be protected under the terms of this authorization or by federal privacy laws.

I hereby authorize acceptance of a photostatic copy of this instead of an original.
I understand I may refuse to sign this authorization.

Signature of Patient or Legal Representative

7:01:05
Date

Printed name of patient/Legal Representative: MARTHA S HOFTIEZER

If signed by Legal Representative, Describe Relationship to Patient and Authority to Act:

Travelers

P.O. Box 473501
Charlotte, NC 28247-3508

Ann S. Watkins
Claim Representative
Commerical Lines Claims
1-800-759-6194, ext. 3159
Direct: (704) 540-3159
Fax: 1-877-389-4687
awatkins@travelers.com

August 27, 2004

Dr. Scott Coley
391 E. Henry St
Spartanburg, SC 29302

Your Patient: Martha Hoftiezer
Date of Birth: 07/14/1947
Date of service: 1 year prior to 01/04/2004,
And all records after 01/04/2004

Our Insd:
Claim#:
Date of Loss: **01/04/2004**

To Whom It May Concern:

Your patient, referenced above, has recently advised our office that he is or has been under your care for injuries allegedly sustained as a result of an auto accident that occurred on the above date.

In order that we might be able to properly review and evaluate the bodily injury claim presented by your patient, it is requested that you provide us with copies of your ***itemized statement of charges*** as well as ***narrative medical records*** regarding your treatment of this patient. I will also need her ***prior history for one year prior to the date of accident.***

Enclosed, you will find a Medical Consent Form signed by your patient giving us permission to request this information for our file. Please send this information as soon as possible in the enclosed self-addressed envelope. If there is a charge for this request, please advice so we can remit according to Section 11.3 G.S. 90-411.

Should you have any questions, please feel free to give me a call. I can be reached Monday through Friday at 1-800-759-6194 ext 3159 between 7:00am and 4:00pm.

Sincerely,

Ann S. Watkins

PALMETTO
COPY SERVICE
9-1-04 KS

CONSENT FOR OBTAINING MEDICAL INFORMATION (Please Read Carefully)

Insurer/Service Provider Name: Travelers Property & Casualty

Claim File Number:

Insured:

Date of Accident: 01/04/2004

Address:

Patients Name: Martha Hoftiezer

Social Security Number:

Date of Birth: 07-14-1947

Name(s) and/or Classes of Medical Provider(s) Authorized to Release Medical Information:
(Please list the name of all treating doctors their addresses, and phone numbers)

Please see attached form to fill out provider information

Type of Information or Specific Medical Records and Dates of Treatment to be Released:
(all related)

Complete Medical Records

Restrictions:

PURPOSE- This authorization or copy thereof will allow the person(s) listed above to furnish the insurer/service provider named above and its legal representatives specific medical information for treatment and diagnosis related to injuries, sickness or disease sustained by the patient and arising out of or related to this accident or medical condition.
This information will be used only to establish the merit of claims for benefits or damages presented to us.
This information will not be released to other persons without your permission except to protect you, ourselves or in compliance with any applicable law governmental regulation or court order.
For your protection the information is not directly available to you. With your consent, it may be provided to your physician or legal representative.
This authorization can be revoked at any time. It is not valid for more than one year.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE AND USE OF THIS MEDICAL AUTHORIZATION.

Signature of Patient (or person authorized to sign on the patient's behalf)	Date
Martha S Hoftiezer	1/26/04

medco

Patient Name HOFTIEZER, MARTHA S

Date of Birth 7/14/1947

Control Number

Requested Action

- ✓ Review the potential therapeutic concerns
- ✓ Consider the information provided in the claims history
- ✓ Make any warranted changes in therapy

RX Profile

Therapy Concern	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber Last Name	Pharmacy Name/Phone Number
1	06 09 04	TRAMADOL HCL 50MG TABLET	50MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
	06 09 04	PHENOBARBITAL 97.2MG TABLET	97.2MG	30	30	COLEY	INGLES PHARMACY #37 864-578-6243
1	06 02 04	PROPOXY-N/APAP 100-650 TAB	100-650MG	15	7	COLEY	WAL*MART PHCY #10-28 864-814-6262
1	05 08 04	TRAMADOL HCL 50MG TABLET	50MG	60	30	COLEY	WAL*MART PHCY #10-28 864-814-6262
	05 08 04	PHENOBARBITAL 97.2MG TABLET	97.2MG	30	30	COLEY	WAL*MART PHCY #10-28 864-814-6262
	02 04 04	PROPOXY-N/APAP 100-650 TAB	100-650MG	60	30	COLEY	ECKERD #8039 864-599-9335
	02 04 04	AMBIEN 10MG TABLET	10MG	30	30	PHYSICIAN #2	ECKERD #8039 864-599-9335

(over please)

Patient File Copy - Do Not Reproduce

Patient Name HOFTIEZER, MARTHA S

Date of Birth 7/14/1947

Control Number

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Rx Profile Cont.

Therapy Concern	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber Last Name	Pharmacy Name/Phone Number
	01 08 04	PROPOXY-N/APAP 100-650 TAB	100-650MG	60	15	PHYSICIAN #2	ECKERD #8039 864-599-9335
	01 05 04	HYDROCODONE/APAP 5/500 TAB	5-500MG	15	3	PHYSICIAN #3	ECKERD #8039 864-599-9335

This information is available because your patient is a member of the BCBSNC Drug Benefit Program. This prescription record may not represent your patient's complete history. You (and other physicians) were identified as the "prescriber of record" for prescriptions filled under this patient's pharmacy benefit. If you were incorrectly identified as the "prescriber of record," please contact the dispensing pharmacy at phone number listed above to check their records.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only.

Thank you for your assistance and participation. If you have any questions, please call 1 800 988 2237, any time between 8:00A.M. and 8:00P.M. eastern time, Monday through Friday.

Patient File Copy - Do Not Reproduce

medco

Patient Name HOFTIEZER, MARTHA S

Date of Birth 7/14/1947

Control Number

Recommended Actions

- ✓ Review the potential therapeutic concerns
- ✓ Consider the information provided in the claims history
- ✓ Make any warranted changes in therapy

Potential Therapeutic Concerns

1. Therapy Duplication with TRAMADOL HCL 50MG TABLET and PROPOXY-N/APAP 100-650 TAB

This patient's record suggests that prescriptions for TRAMADOL HCL 50MG TABLET and PROPOXY-N/APAP 100-650 TAB are active. We are bringing this to your attention in case you are unaware of the situation. The combined use of these agents does not typically provide additional therapeutic benefit over either one when used alone. Unless the concomitant use of both agents is clinically necessary or needed for optimal dose titration, please consider discontinuing one of them with the pharmacy of record. The pharmacy's phone number is provided for your convenience.

Reference:
Opiate Agonists and Opiate Partial Agonists. In: *American Hospital Formulary Service* 2004; 28:08.08 and 28:08.12.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only.

Patient File Copy - Do Not Reproduce

NERVE CONDUCTION AND ELECTROMYOGRAPHY TEST REPORT

PATIENT: Martha Hoffiezer

DATE: April 26, 2004

REFERRED BY: Scott A. Coley, MD
FAX NUMBER: 585-3752

MUSCLE	FIB	FASCIC	MUP
R. biceps	nl	nl	nl
R. triceps	nl	nl	nl
R. deltoid	nl	nl	nl

RESULTS:
Nerve conduction studies of both upper extremities were normal. Needle EMG of the right upper extremity was normal.

CLINICAL IMPRESSION:
Study finds no electrophysiological evidence of a cervical radiculopathy or other neuropathy.

Bogdan P. Gheorghiu, MD
dsw

Martha Hofficzer

ID #

Spartanburg Neurological Services, P.A.

362 North Pine Street
Spartanburg, SC 29302
(864) 542-2510

Name: Martha Hofficzer
Address:

Patient ID:
Date of Birth: 07/14/1947
Gender: Female
Date of Exam: 26 Apr 04 15:28

Chart
Referring Physician: Scott A. Colcy, MD
Examining Physician: Bogdan P. Gheorghiu, MD

Patient History:

Bilateral arms

Denise S. Watts, R.EDT

Motor Nerve Conduction:

Median R						
Wrist	2.9 ms	9.4 mV	Elbow-Wrist	4.3 ms	230 mm	53 m/s
Elbow	7.2 ms	8.8 mV	Wrist-Elbow	4.3 ms	mm	m/s
Ulnar R						
Wrist	2.3 ms	8.8 mV	Wrist-Elbow	4.8 ms	280 mm	58 m/s
Elbow	7.1 ms	8.8 mV		ms	mm	m/s
Median R						
Wrist	3.2 ms	11.1 mV	Elbow-Wrist	4.3 ms	220 mm	51 m/s
Elbow	7.5 ms	10.7 mV	Wrist-Elbow	4.3 ms	mm	m/s
Ulnar L						
Wrist	2.5 ms	12.3 mV	Wrist-Elbow	4.8 ms	260 mm	54 m/s
Elbow	7.5 ms	11.8 mV		ms	mm	m/s

Martha Hoffmeyer

ID #

F-Wave Studies

[illegible]	[illegible]	[illegible]
Median R		28.3
Ulnar R		25.8
Median L		26.0
Ulnar L		26.1

Sensory Nerve Conduction:

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Median R						
Mid palm	2.0 ms	148 µV	Wrist-Mid palm	1.5 ms	80 mm	53 m/s
Ulnar R						
Mid palm	1.7 ms	23 µV	Wrist-Mid palm	1.4 ms	80 mm	57 m/s
Median L						
Mid palm	2.1 ms	189 µV	Wrist-Mid palm	1.6 ms	80 mm	50 m/s
Ulnar L						
Mid palm	2.0 ms	31 µV	Wrist-Mid palm	1.4 ms	80 mm	57 m/s

Martha S. Hoftiezer
03-10-04
SCHEDULED VISIT
D.O.B.: 07-14-47

ASSESSMENT/PLAN: Given her ongoing hematochezia, it probably would be reasonable to have her seen again by Dr. Woollen for follow up colonoscopy.

PLAN:

1. Refer further management at this point to Dr. Coley. However I would happy to see her at any time.
2. Consider re-referral to Dr. Woollen for follow up GI evaluation due to ongoing hematochezia.

Steven W. Corso, M. D.
SWC/kjm
cc: Dr. Scott Coley

Martha S. Hoftiezer #
03-10-04
SCHEDULED VISIT
D.O.B.: 07-14-47

DIAGNOSIS:
1. Iron-deficiency anemia: diagnosed January 2001 with a hemoglobin of 5.4, serum ferritin of 5.2 with oral iron with good response; further work up October 2001 with a hemoglobin of 5.4 after discontinuing iron therapy, status post three units of PRBC's and three doses of InFed (2250 mg)
2. Peptic ulcer disease: noted January 2002, status post EGD (normal colonoscopy except for diverticulosis)
3. History of seizure disorder

CURRENT MEDICATIONS:
1. Protonix
2. Phenobarbital
3. Ultram
4. Darvocet N-100
5. Ambien
6. Iron tablets (recently stopped)

SUBJECTIVE: This is a 56-year-old white female seen today for follow up-evaluation. She states that she has been doing okay since her last visit. She has had some ups and downs. She quit taking her iron tablets a while ago because they upset her stomach. She has had some chronic abdominal symptoms and recently seen Dr. Coley today and he has changed some of her medications around. She has mentioned some persistent hematochezia. She had a colonoscopy two years ago with Dr. Woollen that showed some diverticulosis, but is otherwise unremarkable.

OBJECTIVE: Weight 150 pounds, blood pressure 156/81, pulse 78. This is a pleasant, alert and oriented ambulatory white female in no acute distress.

LABORATORY: White count 6.9, hemoglobin 12.9, hematocrit 38.4, platelets 280,000. Serum ferritin today is pending. Serum ferritin (09-17-03) was 7.

ASSESSMENT/PLAN: Chronic iron-deficiency anemia: patient today with the best hemoglobin she has had in the last several years. I am anticipating her ferritin being normal given her elevated MCV today. I have told her that we would not arrange for further follow up at this point. If her ferritin comes back normal today, she could consider stopping or decreasing her iron pill to one daily.

Kenneth H. Finley, PT, MTC
Physical Therapist

FINLEY
Physical Therapy
and Sports Medicine

Patient name: Martha Hoftrezer Date of Birth: 7-14-47
Physician: Coley Diagnosis: LBP, MLT strain

Summary of Progress:
Mrs. Hoftrezer has had five physical therapy sessions c me. Pt reports ↓ sternal pain. Pts current (C)is neck stiffness/soreness greater on the left. Pt is also reporting migraines/ headaches. Pt has met short-term goals. Pt still unable to do ADL regular work duties 2° ↑ pain in neck + stamina. Pt may benefit from ~ 2 more weeks of PT preparing her to return to previous levels of activity. Please advise below. Thanks!

SPARTANBURG
Regional Healthcare System

☐SRMC ☐SHRC ☐BJW

FAXED 3-8-04 (2)

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: MARTHA S. HOFFNER Date of Birth: 7-14-47

Patient Address: [illegible] SS#: [illegible]

Phone: 578-9514 (fax 560-6073)

The undersigned hereby authorizes SRMC - Emergency Dept to release information contained in my medical records to: Dr. Corey

(address) 391 E. Henry St
Spart 29302

Covering records for the period from Jan 4-5, 2004 (DATE) to _____ (DATE)

Specific information to be disclosed: (CT scan + XRays)

Purpose of Release: to have on file

This authorization places no restrictions on any information to be released, including any treatment for alcohol, drug abuse, HIV testing, or psychiatric. If any restrictions are to be placed on information released, please state: _____

a. The patient is voluntarily signing this authorization.
b. The patient reserves the right to refuse to sign this authorization.
c. The patient is entitled to review or receive a copy of the information for which the authorization is being sought.
d. The patient will receive a copy of the signed authorization.
e. The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
f. Information may be subject to re-disclosure by the recipient and no longer protected.

Martha S. Hoffner 2.25.04
Signature of Patient — Date

_____ _____
Signature of Parent/Guardian — Date

_____ _____
Signature of Personal Representative — Date

_____
Description of Right to Act for the Individual

_____ _____
Witness — Date

_____
Identification

Expiration of this authorization is one (1) year from date of signature, unless otherwise specified.

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES DISCLOSURE.

Patient Label

Martha S. Hoftiezer #
06-18-03
SCHEDULED VISIT
D.O.B.: 07-14-47

DIAGNOSIS:
1. Iron-deficiency anemia: diagnosed January 2001 with a hemoglobin of 5.4, serum ferritin of 5, treated with oral iron with good response; further work up October 2001 with a hemoglobin of 5.4 after discontinuing iron therapy, status post three units of PRBC's and three doses of InFed (2250 mg)
2. History of seizure disorder

CURRENT MEDICATIONS:
1. Nexium 40 mg q.d.
2. Phenobarbital
3. Ultram p.r.n.
4. Darvocet N-100 p.r.n.

SUBJECTIVE: This is a 55-year-old white female seen today for follow up evaluation. She states that she had some increasing abdominal symptoms last month and was sent to Dr. Woollen. He stopped her Bextra and put her on Nexium. She states that she has done better since that time with less abdominal cramping. In fact, she is due to see Dr. Woollen in follow up today. She without has no had any real problems with shortness of breath or fatigue. She has had no obvious bleeding.

OBJECTIVE: Weight 150 pounds, blood pressure 125/73. This is a pleasant, alert and oriented ambulatory white female in no acute distress.

LABORATORY: White count 7.2, hemoglobin 12, hematocrit 35.1, platelets 294, MCV 86.7.

ASSESSMENT/PLAN: Chronic iron-deficiency anemia: patient six months out from her last dose of iron and continues to do well with a normal CBC and normal hemoglobin. If today's ferritin is normal, I would recommend doing nothing at this point. If her ferritin is still low, I will talk with her about reinstituting oral iron.

PLAN:
1. Follow up in six months with BCP.

Steven W. Corso, M. D.
SWC/kjm
cc: Dr. Claude Woollen
Dr. Tom Westmoreland

CAROLINA SURGICAL SPECIALISTS, LLC
GENERAL, VASCULAR, LAPAROSCOPIC AND ONCOLOGIC SURGERY
387 SERPENTINE DRIVE • SPARTANBURG, SOUTH CAROLINA 29303
TELEPHONE 864-585-6491
FAX 864-585-1368

DAVID C. HULL, M.D.
JAMES F. GREEN, M.D.
AUBURN WOODS, III, M.D.

ROBERT A. COCHRAN, JR., M.D.
CLAUDE D. WOOLLEN, M.D.
AJAI SRINIVASAN, M.D.

May 2, 2003

Dr. Mark Hicklin
391 East Henry Street
Spartanburg, South Carolina 29302

RE: Martha Hoftiezer

Dear Mark:

I had the pleasure of seeing Martha Hoftiezer in the office. As you know she had mid epigastric pain and has been heme positive and she has a history of having gastric ulcerations before and is on non-steroidal anti-inflamatories. I discussed with her that on physical exam again it is essentially unremarkable. I again discussed with her about her heme positivity due to the fact that since I have done a colonoscopy in a little over a year ago we will not repeat that unless she comes back being persistently heme positive. I am going to get her to continue her proton pump inhibitor for approximately six weeks and then see her back just short of that and recheck her stool. If she is positive then I will go ahead and do an EGD. However, if she is negative we will chalk this up and let her avoid an EGD. I will give you further updates when I see her back. I appreciate your letting me aid in the care of this nice lady's health.

Sincerely,

Claude D. Woollen, M.D.
CDW:ks

Martha S. Hoftiezer #
12-18-02
SCHEDULED VISIT
D.O.B.: 07-14-47

DIAGNOSIS #1: Iron-deficiency anemia: diagnosed January 2001 with hemoglobin of 5.4, serum ferritin of 5, treated with oral iron with good response; further work up October 2001 with hemoglobin of 5.4 after discontinuing iron therapy, status post three units of PRBC's and two doses of InFed

DIAGNOSIS #2: History of seizure disorder

CURRENT MEDICATIONS:
Bextra 10 mg q.d.
Lodine p.r.n.
Ultram and Darvocet p.r.n.
Sulcofate q.d.
Phenobarbital 97.2 mg q.d.

SUBJECTIVE: This is a 55-year-old white female seen today for follow up evaluation. She has not been seen in our office for almost one year. She states that she has been doing well since her last visit, however she did have some laboratory work done in October which showed low ferritin and low hemoglobin. The ferritin at that time was 4.6. She denies seeing any blood in her stools. She continues to be very active with no fevers or chills or no other problems.

OBJECTIVE: Weight 155, temperature 98.8°, pulse 84/min, blood pressure 160/91. This is a pleasant, alert and oriented ambulatory white female in no acute distress.

LABORATORY: White count 5.9, hemoglobin 9.7, hematocrit 30.7, platelets 334,000.

Ferritin (10-31-02) 4.6.

ASSESSMENT/PLAN: Iron-deficiency anemia: the patient has again become iron deficient. She was tried on oral iron in the past and found to be a poor absorber of iron orally. We will plan on giving her IV InFed today and following up with her about every six months to arrange for InFed infusion if needed at that time.

PLAN #1: InFed 15 cc (750 mg) IV.

12/30/02

Martha S. Hoftiezer #
12-18-02
SCHEDULED VISIT
D.O.B.: 07-14-47

PLAN #2: Follow up appointment in approximately six months with BCP and ferritin.

Steven W. Corso, M. D.
AS DICTATED BY LISA D. WYNERT, PA-C
SWC/LDW/kjm
cc: Dr. Tom Westmoreland
Dr. Claude Woollen

Palmetto Hematology Oncology, P.C.
380 Serpentine Drive, Suite 200, Spartanburg, South Carolina 29303 • (864) 560-7050 • Fax (864) 560-7057

10/9/01

NEW PATIENT CONSULTATION
MARTHA HOFTIEZER #
DATE OF BIRTH: 07/14/47
OCTOBER 9, 2001

DIAGNOSIS #1: This is a 54 year old white female with a history of iron deficiency anemia and is referred now by Dr. Westmoreland for further evaluation. She states she has had problems with anemia over the last year. She presented in January with increasing dyspnea and was found to have a hemoglobin of 5.4 and a ferritin of 5. She was placed on oral iron and gradually improved with subsequent hemoglobin of 10 in March. She has remained on oral iron, however, her hemoglobin had declined in May to 8.7. She states she was very compliant with her oral iron supplementation through out the Summer taking two to four tablets per day of Niferex. On September 10th, however, her hemoglobin had declined to 7.1. She states she has not had any evidence of bleeding, although her stools are typically dark because of the iron tablets. She denies any pica symptoms. She has been post menopausal for a number of years. She is referred now to us for further evaluation and assistance with her anemia.

PAST MEDICAL HISTORY: History of seizure disorder that apparently occurred post operatively after her cervical disc surgery.

ALLERGIES: No known drug allergies

PAST SURGICAL HISTORY: She had C-spine surgery and rotator cuff operation a number of years ago. History of an appendectomy and tonsillectomy.

FAMILY HISTORY: She has a sister who has anemia and her Mom is alive with a history of breast cancer.

SOCIAL HISTORY: She is married and has four children. She works for the Fresh Market in Greenville. She does not smoke or consume alcohol. She attends St. Paul Catholic Church.

CURRENT MEDICATIONS: Phenobarbital, PremPro 1 qd, Celebrex 200 mgs qd, Lodine p.r.n., Darvocet p.r.n. Niferex 1 tid

SYSTEMS: She has been post menopausal since the age of 47. Has been on PremPro since then.

James D. Bearden, III, M.D., F.A.C.P. Board Certified: Internal Medicine Medical Oncology
Eric C. Nelson, M.D. Board Certified: Internal Medicine Medical Oncology
James E. Bradof, M.D. Board Certified: Internal Medicine Medical Oncology
Asim R. Pati, M.D. Board Certified: Internal Medicine Hematology
Steven W. Corso, M.D. Board Certified: Internal Medicine Medical Oncology

REVIEW OF SYSTEMS: She denies problems with hemoptysis, hematemesis, hematochezia, epistaxis. She has not had any history of transfusions in the past. No complaints of headaches, visual changes, paresthesias or focal weakness. No night sweats, fevers, changes in appetite or weight loss. No pruritus, rashes, musculoskeletal pains or bleeding. No problems with shortness of breath, chest pain, cough or palpitations. No problems with nausea or vomiting or changes in the bowels. No difficulty urinating. No problems with depression or anxiety.

OBJECTIVE: Weight is 155 pounds, height is 63", temperature of 96.9, pulse of 93, blood pressure of 159/63. This is a pleasant, alert, oriented & ambulatory healthy appearing white female with pale complexion in no acute distress.

HEENT: Normocephalic, atraumatic, no alopecia. PERRLA. Extraocular movement is intact. Sclerae, non-icteric. No lid lag. Oropharynx clear without ulceration or erythema. Lips and tongue without inflammation.

LUNGS: Breath sounds equal bilaterally without rales or wheezing with normal respiratory effort.

CARDIOVASCULAR: Regular rate and rhythm without murmurs, gallops or rubs. No lower extremity edema or varicosities.

LYMPH: No palpable supraclavicular, cervical or axillary adenopathy. Abdomen soft, non-tender, no masses or hepatosplenomegaly.

SKIN: No petechiae, subcutaneous nodules or rashes.

LABORATORY DATA: Dated January 12th, 2001, white count of 8.3, hemoglobin of 5.4, hematocrit of 18.2 MCV of 62.1, platelet count of 468,000. Iron was 73, ferritin of 5, B12 of 285, folic acid 320. March 12th, hemoglobin of 10, hematocrit of 32, platelet count of 328,000. May 18th, hemoglobin of 8.7, hematocrit of 28.7, MCV of 74.7, platelet count of 426,000. September 10th, hemoglobin of 7.1, hematocrit of 25.9, MCV of 72.1, platelet count of 446,000, white count of 16.8.

ASSESSMENT/PLAN: Chronic iron deficiency anemia: this is a post menopausal female with persistent microcytic anemia, most likely secondary to persistent iron deficiency. Initial workup and treatment intervention was extremely successful.

ASSESSMENT/PLAN: However, in the last four months, she has continued to have a declining hemoglobin. This may be in part due to decreased absorption however, I suspect she may have had ongoing losses, probably in her GI tract that have been under appreciated. We discussed the need for possible IV iron replacement as well as GI workup. She seems a bit reluctant to have much done at this time as she is planning on her daughters wedding in three weeks. I have encouraged her to seek GI evaluation to exclude a possible malignant etiology as well as determine if her ongoing iron losses can be reduced.

PLAN #1: CBC, reticulocyte count, serum iron TIBC, serum ferritin to document persistent iron deficiency.

PLAN #2: Plan on use of InFeD IV.

PLAN #3: Follow up to be arranged within the next four weeks to see if she has responded appropriately.

PLAN #4: Referral to Dr. Woolen for GI workup and evaluation.

Steven W. Corso

STEVEN W. CORSO, M.D.
SWC/kst
CC: Dr. Westmoreland
Dr. Claude Woolen

12-20-00

Dear Dr Widmeyer - Joyce

Not having had a wellness
since before Thanksgiving I
have not been able to get me
a line on my Jobin Illness
I got through to your office

I'd like to make an appt
for a physical.

My normal time, I'm sure you
let me get off early 2-3 PM on a
Mon, Tues or Wed. Or to come
in Early on a Thursday. If you can
find something please let me
leave a message on my home
phone 578-9574 or for me at
my job - the Fresh Market 864 242 9[illegible]
Phone 864 292 2868

Is the reason for 11-14 hr days

OK

Merrie Ann Hess

Thank you.

THE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE CENTER

Donald H. McClure, M.D.
Jan H. Posma, M.D.
Mark D. Visk, M.D.
John E. Keith, Jr., M.D.
Stephen M. Kana, M.D.
Peter J. Buchanan, Bus. Mgr.

303 E. Wood Street
Spartanburg, SC 29303
Phone (864)573-7241
Fax (864)560-4568

June 26, 2000

Dr. Thomas Westmoreland
391 East Henry Street
Spartanburg, SC 29304

RE: Martie Hoftiezer

Dear Tom,

Enclosed please find a copy of my office notes on Martie Hoftiezer for your records.

Thank you for allowing me to participate in this patient's care.

Sincerely,

Stephen M. Kana, M.D.

SMK:mjm
Enclosure

THE ORTHOPAEDIC SURGERY
AND SPORTS MEDICINE CENTER

Donald H. McClure, M.D.
Jan H. Postma, M.D.
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6-26-00

HOFTIEZER, MARTIE
DOB: 7-14-47

CHIEF COMPLAINT: Right knee pain.

HX OF PRESENT ILLNESS: Patient is a 52 year old, white female, referred by Dr. Tom Westmoreland for an injury to the right knee. Basically she was at her daughter's store trying to put up a display. She stepped backwards and lost her footing and fell twisting the right knee in a valgus type position. She does not remember any pop but had a lot of swelling in the knee. The injury occurred in early March. Initially she was fairly uncomfortable and had difficulty going up and down stairs, difficulty squatting and pain kneeling. With the continued anti-inflammatories and icing she states in the last couple of weeks the knee has actually felt very good. She was sent for an MRI scan by Dr. Westmoreland and it showed basically nondisplaced fractures of the posterior lip of the lateral tibial plateau and a Baker's cyst. There was some question of a partial tear of the ACL. There is no meniscal pathology noted.

PAST MEDICAL HISTORY: Positive for seizure disorder. She states that after disc surgery in 1987 she had a seizure and then had a second one in 1990 and has been on a low doses of Phenobarbital since that time.

PAST SURGICAL HISTORY: Rotator cuff repair 1997 and partial disc repair in 1987.

CURRENT MEDICATIONS: Phenobarbital, Prempro and Lodine.

ALLERGIES: None.

SOCIAL HISTORY: She is married. She does not smoke. She drinks socially. She works at the Fresh Market.

FAMILY HISTORY: Negative.

REVIEW OF SYSTEMS: No recent infections. She has had no seizures since 1990.

PHYSICAL EXAMINATION: Examination of the knee shows no obvious deformity today. She has no effusion. Patella grind test is negative. She has no evidence of patella tendinitis. Range of motion is 0 to 125 degrees without any discomfort. McMurray's maneuver is pain free at this point. She has no joint line

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6-26-00 CONTINUED.....

tenderness. Lachman bothers her a little bit but she has got a nice endpoint. Anterior and posterior drawer are negative. Varus, valgus stress tests cause a little bit of discomfort in valgus but other than that ligaments are intact. She has normal sensation and normal pulses.

X-RAYS: X-rays do not show any arthritic changes.

IMPRESSION: Healing lateral tibial plateau fracture and ligament strain.

PLAN: I think she has been treated very appropriately and seems to be finally recovering from this. I would encourage her to go back to activities as tolerated. I think bike riding and walking would be fine for strengthening and we will check her back on a prn basis if she has any problems.
(SMK:mjm)

cc: Dr. Thomas Westmoreland

SPARTANBURG Regional Healthcare System

MEDICAL HISTORY FORM

Name MARTHA S. HOFFNER Date 8/6/03 Date of Birth 7/14/47
Mertie

Present Illness

What medical problems do you have currently? (Why are you here?) Please list all conditions for which you are being treated.

severe prolonged chest cold

2 grand seizures - phenobarb minimum dose

PAST HISTORY

Please list childhood diseases you have had: measles, mumps, chicken pox
rheumatic fever

Please list all surgical procedures and other hospitalizations: tonsils appendicitis
D&C removal of tumor thirties, 2 D&C's, upper partial disc repair (hysterectomy)
rotator cuff repair (1980's)

Have you had any of the following? (Check all that apply.)

- ☐ Visual Loss or Change
- ☐ Hearing Loss
- ☑ Seizures
- ☐ Stroke
- ☐ Heart Attack
- ☐ Lung Disease/Asthma
- ☑ Rheumatic Fever
- ☐ Pneumonia
- ☑ Back Injury/Back Pain
- ☑ Stomach Ulcers
- ☐ Gastrointestinal Bleeding
- ☑ Difficulty Swallowing (H. Hernia)
- ☑ Hiatal Hernia
- ☐ Heartburn
- ☐ Pancreatitis
- ☐ Kidney Stones
- ☐ Bladder/Kidney Infections
- ☐ Genital Tract Infection
- ☐ Veneral Disease
- ☐ Nephritis/Other Kidney Disease
- ☐ Colitis
- ☐ Prostate Disorder
- ☐ Blood Clots
- ☐ Constipation
- ☐ Varicose Veins
- ☐ Foot Ulcers
- ☐ Broken Bones
- ☐ Cancer
- ☐ Diabetes
- ☐ HIV
- ☑ Anemia
- ☐ Hypertension
- ☐ Jaundice
- ☐ Hepatitis
- ☐ Weight Changes
- ☐ Other Problems

List:

Name_____ Date_____ Date of Birth_____

CURRENT MEDICATIONS

Please list your medications: phenobarbitol ultram, prednisone NEXIUM, ambien (was Benicar/HCT?)

ALLERGIES

Are you allergic to any of the following? (Check all that apply.)

☑ No Known Allergy ☐ Penicillin ☐ Sulfa ☐ Codeine
☐ Other (Specify)_____

FAMILY HISTORY

Has a family member been treated for any of the following? (Check all that apply.)
Please indicate which relative.

☐ Tuberculosis _____
☐ Stroke _____
☐ Migraine _____
☐ Mental Illness _____
☐ Epilepsy _____
☑ Diabetes spouse
☑ Cancer mother
☐ Allergies _____
☐ Arthritis _____
☐ Gout _____ stones
☑ Kidney Disease mother, daughter
☐ Glaucoma _____
☐ Osteoporosis _____
☐ Hypertension _____
☑ Heart Attack mother

SOCIAL HISTORY

Is there any religious or cultural practices that will be affected by this office visit? ☐ Yes ☑ No

If YES, Describe:_____

How many live in your household? Adults 3 Children_____ ☐ Lives Alone

Marital Status: ☐ Single ☒ Married ☐ Separated ☐ Divorced

Education: ☐ Elementary ☐ High School ☑ College/Business

Current Occupation: gift specialist

Other Occupations: artist

Have you traveled outside the United States? If so, Where? Canada - 1995 East West

Name _____ Date _____ Date of Birth _____

HABITS

Please indicate current/past use of any of the following: (Please list amounts.)

- ☑ Alcohol v. minimal
- ☐ Tobacco _____
- ☐ Caffeine coke cola
- ☐ Illicit Drugs _____

REVIEW OF CURRENT SYMPTOMS

Do you have any of the following? (Check all that apply.)

- ☑ Headache
- ☐ Blurred Vision
- ☐ Ringing in Ears
- ☐ Nosebleeds
- ☐ Dizzy/Weak Spells
- ☐ Passing Out
- ☑ Hot Flashes
- ☐ Chest Pains
- ☑ Back Pain
- ☐ Trouble Breathing
- ☑ Cough Producing Phlegm/Blood
- ☐ Nausea/Vomiting
- ☑ Stomach Pain
- ☐ Passing Blood in Urine/Stool
- ☐ Anxiety
- ☐ Pain in Arms/Legs
- ☐ Marriage/Relationship Problems
- ☑ Difficulty Sleeping
- ☐ Depression
- ☐ Diarrhea
- ☐ Constipation
- ☐ Weight Changes
- ☐ Poor Appetite

IMMUNIZATION HISTORY

Please give approximate date of last injections:

- ☐ Pneumonia _____
- ☐ Hepatitis _____
- ☐ Measles _____
- ☐ Mumps (1956)
- ☐ Rubella _____
- ☐ Diptheria _____
- ☐ Pertussis (1956)
- ☐ Polio _____
- ☐ Tetanus 1990's
- ☐ Flu _____

DOCTOR

Which Doctor(s) has been treating you? Dr Westmoreland, Dr Woolen (ulcers)
Dr. Cruz (anemia)

Name_____ Date_____ Date of Birth_____

FOR WOMEN ONLY

What was the date of your last menstrual period? 1995

When was your last Pap Smear? 1999?

Have you ever had an abnormal Pap Smear? If YES, When?_____

When was your last Mammogram?_____

Number of Pregnancies_____ Number of Miscarriages_____

FUNCTIONAL ABILITIES

By the activity listed, please indicate if you can perform on your own or if you need assistance or if you require total care (Check all that applies.)

Meal Preparation	☑ On My Own	☐ Need Assistance	☐ Total Care
Bathing/Hygiene	☑ On My Own	☐ Need Assistance	☐ Total Care
Taking Medication	☑ On My Own	☐ Need Assistance	☐ Total Care
Injections	N/A On My Own	☐ Need Assistance	☐ Total Care
Walking/Standing	☑ On My Own	☐ Need Assistance	☐ Total Care
Feeding Assistance	☑ On My Own	☐ Need Assistance	☐ Total Care
Transportation	☑ On My Own	☐ Need Assistance	☐ Total Care

DRS. TAYLOR, WESTMORELAND, HICKLIN, & COLEY
P.O. BOX 3258
SPARTANBURG, S.C. 29304

Responsible party (if any) _____

Address _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	SEX	S, M, D, W	YEARS ____ HIGH SCHOOL ____ COLLEGE
Hollingsworth	Marie					

ADDRESS _____ OCCUPATION _____ TELEPHONE HOME: _____ BUSINESS: _____

PAST MEDICAL HISTORY

SURGERY/HOSPITALIZATIONS	DATE

LIST ANY MEDICATIONS PRESENTLY TAKING:
1)
2)
3)
4)

HAVE YOU EVER HAD:	DATE	DURATION	MEDICATION
RHEUMATIC FEVER			
TUBERCULOSIS			
HYPERTENSION			
DIABETES			
BLOOD TRANSFUSIONS			
EPILEPSY			
HEPATITIS			
HEART ATTACK			
HERNIA			
BACK INJURY			

ALLERGIES:	NO	CHECK BLOCK OR LIST KNOWN ALLERGIES
HAYFEVER		
MEDICINES		
ASTHMA		
ECZEMA		

HABITS: CIGARETTES _____ PKG./DAY _____ YEARS | ALCOHOL: SOCIAL _____ WEEKEND _____ DAILY _____ | COFFEE/TEA: _____ CUPS/GLASSES PER

FAMILY MEDICAL HISTORY	DIABETES	CANCER	EPILEPSY	HIGH B.P.	HEART TROUBLE	ASTHMA ALLERGY	GLAUCOMA	BLD. DISEASE	TB
GRANDPARENTS									
PARENTS									
BROTHERS & SISTERS									
CHILDREN									

DATE	HT.	WT.	BP	PULSE	TEMP.
10-29-98		160 1/4	132/86		

DATE	HT.	WT.	BP	PULSE	TEM

LAB. WORK
HCT. _____ % URINALYSIS: SUG. _____ ALB. _____
BLD. SUGAR _____ SP. GRAVITY Clear MICRO _____

HCT. _____ % URINALYSIS: SUG. _____ ALB. _____
BLD. SUGAR _____ S.P. GRAVITY _____ MICRO _____

SMA 12	NORMAL	( )	( )	
C X R	NORMAL	( )	( )	
EKG	NORMAL	( )	( )	
TINE TEST	NORMAL	( )	( )	
FAR VISION UNCORR / CORR	(SNELLEN)	R 20/20 / 20/20 L 20/20 / 20/20	☐ GLASSES ☐ CONTACTS	R 20/20 / 20/20 L 20/20 / 20/20 ☐ GLASSES ☐ CONTACT
NEAR VISION UNCORR / CORR	(JAEGER)	R 14/14 / 14/14 L 14/14 / 14/14	☐ GLASSES ☐ CONTACTS	R 14/14 / 14/14 L 14/14 / 14/14 ☐ GLASSES ☐ CONTACT
COLOR VISION	NORMAL	( )		( )
HEARING	NORMAL	(✓)		( )
APPEARANCE	NORMAL	(✓)		( )
SKIN	NORMAL	(✓)		( )
EYES	NORMAL	(✓)		( )
OCULAR FUNDI	NORMAL	(✓)		( )
NOSE	NORMAL	(✓)		( )
EARS	NORMAL	(✓)		( )
MOUTH	NORMAL	(✓)		( )
TEETH	NORMAL	(✓)		( )

PHARYNX	NORMAL	(✓)	( )
NECK	NORMAL	(✓)	( )
CHEST	NORMAL	(✓)	( )
BREASTS	NORMAL	(✓)	( )
HEART	NORMAL	(✓)	( )
PERIPHERAL VASCULAR	NORMAL	(✓)	( )
LYMPH NODES	NORMAL	(✓)	( )
LUNGS	NORMAL	(✓)	( )
ABDOMEN	NORMAL	(✓)	( )
INGUINAL AREA	NORMAL	(✓)	( )
GENITO-URINARY	NORMAL	(X) Lge. Vag – Lge. Cystocele, cervix ↓	( )
PELVIC	NORMAL	(✓) Small ut. ↓ nodularity, adn. – tenderness	( )
RECTAL	NORMAL	(✓) Hem ⊖	( )
MUSC. SKELETAL	NORMAL	(✓)	( )
NEUROLOGICAL	NORMAL	(✓)	( )
SCARS	NORMAL	(✓) Rt. midline	( )
PSYCHOLOGIC	NORMAL	(✓)	( )

EXAMINING PHYSICIAN [signature] M.D.

DATE 10/23/96 SUMMARY AND RECOMMENDATIONS

DATE SUMMARY AND RECOMMENDATIONS

Prempro 0.625/2.5 mg qd
Fosamax 100 mg po HS
Tylenol #2 1-2 q 4-6 H prn pain
Darvocet N 100 q 4-6 H prn pain
Ultram 50 #60 1 q 6 H prn pain

CBC
CMP
LP
T4
TSH
} drawn at pt. request.

Rev 4 gyn. exam.
Scripts for renewal written.

DRS. TAYLOR, HILL & WESTMORELAND

P. O. BOX 3258

SPARTANBURG, S. C. 29304

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	SEX	S M D W	YEARS	
HOFTIETER	MARTHA (MARIE)	S	7-14-47	F		4 / 2	HIGH SCHOOL / COLLEGE

ADDRESS | OCCUPATION: Artist | TELEPHONE HOME: 578-5514 BUSINESS: 583-7601

PAST MEDICAL HISTORY

SURGERY/HOSPITALIZATIONS	DATE
tonsillectomy	52
appendectomy	54

LIST ANY MEDICATIONS PRESENTLY TAKING:

1)
2)
3)
4)

HAVE YOU EVER HAD:	DATE	DURATION	MEDICATION
RHEUMATIC FEVER			
TUBERCULOSIS			
HYPERTENSION			
DIABETES			
BLOOD TRANSFUSIONS			
EPILEPSY			
HEPATITIS			
HEART ATTACK			
HERNIA			
BACK INJURY			

G6 P4 - 2 Miscarriages (D+C x 2)

ALLERGIES:	NO	CHECK BLOCK OR LIST KNOWN ALLERGIES
HAYFEVER		
MEDICINES		
ASTHMA		
ECZEMA		

HABITS: CIGARETTES ____ PKG./DAY ____ YEARS | ALCOHOL: SOCIAL ____ WEEKEND ____ DAILY ____ | COFFEE/TEA: ____ CUPS/GLASSES PER D

FAMILY MEDICAL HISTORY	DIABETES	CANCER	EPILEPSY	HIGH B.P.	HEART TROUBLE	ASTHMA ALLERGY	GLAUCOMA	BLD. DISEASE	TB
GRANDPARENTS	✓								
PARENTS	✓	✓							
BROTHERS & SISTERS					?				
CHILDREN									

DATE	HT.	WT.	BP	PULSE	TEMP.	DATE	HT.	WT.	BP	PULSE	TEM
3-31-92		136	114/70			2-9-94		141	112/76	84	

LAB WORK: HCT. 45 % URINALYSIS: SUG. 0 ALB. 0 SP. GRAVITY 1.015 BLD. SUGAR ____ MICRO Short - epithel

HCT. ____ % URINALYSIS: SUG. ____ ALB. ____ SP. GRAVITY ____ BLD. SUGAR ____ MICRO ____

SMA 12	NORMAL	( )	( )
C X R	NORMAL	( )	( )
EKG	NORMAL	( )	( )
TINE TEST	NORMAL	( )	( )
FAR VISION UNCORR / CORR (SNELLEN)		R 20/20 / 20/20 L 20/20 / 20/20 ☐ GLASSES ☐ CONTACTS	R 20/20 / 20/20 L 20/20 / 20/20 ☐ GLASSES ☐ CONTACTS
NEAR VISION UNCORR / CORR (JAEGER)		R 14/14 / 14/14 L 14/14 / 14/14 ☐ GLASSES ☐ CONTACTS	R 14/14 / 14/14 L 14/14 / 14/14 ☐ GLASSES ☐ CONTACTS
COLOR VISION	NORMAL	( )	( )
HEARING	NORMAL	( )	( )
APPEARANCE	NORMAL	( )	( )
SKIN	NORMAL	( )	( )
EYES	NORMAL	( )	( )
OCULAR FUNDI	NORMAL	( )	( )
NOSE	NORMAL	( )	( )
EARS	NORMAL	( )	( )
MOUTH	NORMAL	( )	( )

PHARYNX	NORMAL	(✓)	(✓)
NECK	NORMAL	(✓)	(✓)
CHEST	NORMAL	(✓)	(✓)
BREASTS	NORMAL	(✓)	(✓)
HEART	NORMAL	(✓)	(✓)
PERIPHERAL VASCULAR	NORMAL	(✓)	(✓)
LYMPH NODES	NORMAL	(✓)	(✓)
LUNGS	NORMAL	(✓)	(✓)
ABDOMEN	NORMAL	(✓)	(✓)
INGUINAL AREA	NORMAL	(✓)	(✓)
GENITO-URINARY	NORMAL	(✓)	(✓)
PELVIC	NORMAL	(✓) small ut.	(✓) Same
RECTAL	NORMAL	(✓) Hem (−)	(✓) Hem (+) - See note
MUSC. SKELETAL	NORMAL	(✓)	(✓)
NEUROLOGICAL	NORMAL	(✓)	(✓)
SCARS	NORMAL	(✓)	(✓)
PSYCHOLOGIC	NORMAL	(✓)	(✓)

EXAMINING PHYSICIAN: A. Weinbaum M.D.

DATE: 3/31/93 SUMMARY AND RECOMMENDATIONS

Started ON 1/50 X 3 mos. IP
Menorrhagia, Rec 3-4 mos.

(Ale)

EXAMINING PHYSICIAN: A. Weinbaum M.

DATE: 2/9/94 SUMMARY AND RECOMMENDATIONS

ON 777 – 28 day renewal.
Rec 6-12 mos. pm
Hemocult x 3 card

(Ale)

STMORELAND, HICKLIN AN[illegible]LEY
.O. BOX 2168
DIV. OF SPARTANBURG REGIONAL
SPARTANBURG, SC 29304-2168

MAKE CHECKS PAYABLE: PHYSICIANS BILLING SERVICE
☐ VISA ☐ MASTERCARD DISCOVER
CARD NUMBER: _____ EXP DATE: _____
SIGNATURE: _____
PAYMENTS WILL BE POSTED TO OLDEST INVOICES FIRST UNLESS YOU INDICATE OTHERWISE HERE: _____

STATEMENT DATE	ACCT #	AMOUNT DUE	AMOUNT ENCLOSED
07/20/04		$206.00	$ 100

BILLING INQUIRIES: CALL 864-560-4304 OR 1-877-596-2455

MARTIE S HOFTIEZER 1913 1 AV 0 278

AUG 16 2004

PHYSICIANS BILLING SERVICE
P.O. BOX 2168
DIV. OF SPARTANBURG REGIONAL
SPARTANBURG, SC 29304-2168

PLEASE REVIEW YOUR INSURANCE INFORMATION ON THE REVERSE SIDE. IF CHANGES ARE NECESSARY, PLEASE CALL US A[illegible] ABOVE.

Tammy -

Please link to case
separately
as available

Thank you!

Paula

Travelers

Ann S. Watkins
Claim Representative
Travelers Property Casualty
PO Box 473501
Charlotte, NC 28247
704-540-3159

One Tower Square
Hartford, CT 06183

March 6, 2004

Martha Hoftiezer

Insured:
Our File No.:
Date of Accident: January 4, 2004

Dear Mrs. Hoftiezer:

I am in receipt of the additional information that you faxed to me. Unfortunately, I can not pay your medical expenses as they are incurred. Once you have been released from medical care, I will obtain all of your medical records and itemized bills.

Your medical records will be reviewed for relativity. At that time, I will make an offer of settlement.

Sincerely,

Ann S. Watkins

Ann S. Watkins
Claim Representative

Please file this with my account information - I am seeing 3 doctors at this time
8/16/04

Travelers

Ann S. Watkins
Claim Representative
Travelers Property Casualty
PO Box 473501
Charlotte, NC 28247
704-540-3158

One Tower Square
Hartford, CT 06183

March 6, 2004

Martha Hoffiezer

Insured:
Our File No.:
Date of Accident: January 4, 2004

Dear Mrs. Hoffiezer:

I am in receipt of the additional information that you faxed to me. Unfortunately, I can not pay your medical expenses as they are incurred. Once you have been released from medical care, I will obtain all of your medical records and itemized bills.

Your medical records will be reviewed for relativity. At that time, I will make an offer of settlement.

Sincerely,

Ann S. Watkins
Claim Representative

medco

Patient Name HOFTIEZER, MARTHA S
Date of Birth 07/14/1947
Control Number
(Please refer to this patient-specific Control Number when corresponding with Medco.)

Requested Actions:

- ✓ Review the enclosed therapeutic considerations.
- ✓ Consider the information provided in the claims history.
- ✓ Make any warranted changes in therapy.

Considerations for Your Review

1. **Therapy Duplication with PROPOXYPHENE NAPSYLATE W/APAP and TRAMADOL HCL**

This patient's record suggests that prescriptions for PROPOXYPHENE NAPSYLATE W/APAP and TRAMADOL HCL are active. We are bringing this to your attention in case you are unaware of the situation. The combined use of these agents does not typically provide additional therapeutic benefit over either one when used alone. Unless the concomitant use of both agents is clinically necessary or needed for optimal dose titration, please consider discontinuing one of them with the pharmacy of record. The pharmacy's phone number is provided for your convenience.

Reference:
Opiate Agonists and Opiate Partial Agonists. In: *American Hospital Formulary Service* 2004; 28:08.08 and 28:08.12.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only.

medco

Patient Name HOFTIEZER, MARTHA S
Date of Birth 07/14/1947
Control Number
(Please refer to this patient-specific Control Number when corresponding with Medco.)

Requested Actions:

- ✓ Review the enclosed therapeutic considerations.
- ✓ Consider the information provided in the claims history.
- ✓ Make any warranted changes in therapy.

Rx Profile

Consideration	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber	Pharmacy Name Phone Number
1	12 06 04	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
1	12 03 04	TRAMADOL HCL	50MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
	11 27 04	CARISOPRODOL	350MG	100	33	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
1	11 06 04	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
	11 06 04	EPIDRIN	65-325-100	30	6	COLEY	INGLES PHARMACY #37 864-578-6243
	10 21 04	EPIDRIN	65-325-100	30	6	COLEY	INGLES PHARMACY #37 864-578-6243
1	10 06 04	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
	09 23 04	CARISOPRODOL	350MG	90	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
	09 11 04	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243

(Over, plea

medco

Patient Name **HOFTIEZER, MARTHA S**
Date of Birth 07/14/1947
Control Number
(Please refer to this patient-specific Control Number when corresponding with Medco.)

Requested Actions

- ✓ Review the enclosed therapeutic considerations.
- ✓ Consider the information provided in the claims histor
- ✓ Make any warranted changes in therapy.

Rx Profile (continued)

Consideration	Date of Service	Drug Description	Strength	Qty	Days Supply	Prescriber	Pharmacy Name / Phone Number
	08 20 04	CARISOPRODOL	350MG	90	30	PHYSICIAN #1	INGLES PHARMACY #37 864-578-6243
	08 11 04	PROPOXYPHENE NAPSYLATE W/APAP	100-650MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243
	08 02 04	AMBIEN	10MG	15	15	COLEY	INGLES PHARMACY #37 864-578-6243
	07 10 04	PHENOBARBITAL	97.2MG	30	30	COLEY	INGLES PHARMACY #37 864-578-6243
	07 10 04	TRAMADOL HCL	50MG	60	30	COLEY	INGLES PHARMACY #37 864-578-6243

This information is available because your patient is a member of the BCBSNC Drug Benefit Program. This prescription record may not represent your patient's complete history. You (and other physicians) were identified as the "prescriber of record" for prescriptions filled under this patient's pharmacy benefit. If you were incorrectly identified as the "prescriber of record," please contact the dispensing pharmacy at the phone number listed above to check their records.

Medco understands that the information may not be applicable to every patient's therapy and therefore presents it as informational only. Thank you for your assistance and participation. If you have any questions, please call 1 800 988 2237 any time between 8:00 a.m. and 8:00 p.m. eastern time, Monday through Friday.

Spartanburg Regional Physician Network

Dear Patient,

You have been scheduled for a complete annual physical. As you may be aware, the healthcare industry is continually changing. Many of these changes directly affect how we deliver care to you. A complete physical is done to gather data to use in the prevention and treatment of medical problems. During these visits, we are simply gathering data. Once all the data is compiled, your provider can make recommendations to improve your quality of life. If a medical problem does exist, you may be required to return to the office for additional visits to manage that particular problem.

Some insurance companies have determined that annual physicals must be billed separately from the treatment of any active problems encountered at the same time. We are required by this determination to bill your annual examination as a physical and not by any active diagnoses you may have. For example, the fact that you have a history of hypertension or diabetes does not alter the fact that the reason for the visit is for an annual physical. If there are active problems that require immediate treatment, medication and/or a new test to be performed, the doctor may bill your insurance carrier for an office visit on the same day as your annual physical.

As your primary care provider, we firmly believe annual physicals are worthwhile as they help us to monitor your general health and well being and to recommend plans that help prevent problems down the road, whether or not your insurance company covers these services. These services are not covered by Medicare or Medicaid and some other managed care plans.

We recommend that you contact your insurance carrier to verify what your particular plan may or may not cover. Listed below are the items that are normally billed during an annual exam with their appropriate codes. Additional tests may be ordered by your provider on a case by case basis. This will help you when talking to your insurance carrier and also help you to know what expense you may be responsible for.

The charge for the office visit when you come in for the annual Physical will depend on your age, and the following codes will be used to bill for the exam:

Physical Exam – 99382 through 99387 (NEW Patients - charge will range from $95.00 and $170.00)
99392 through 99397 (ESTABLISHED patients - charge will range from $81.00 and $160.00)

PLEASE NOTE: The physical exam for Medicare patients is $160.00

The above charge does not include lab charges. The lab charges will depend on which outside Lab does the testing, and for Medicare patients, the lab will bill these services directly to Medicare. but if any of these services are not covered by Medicare, the patient will receive a bill for the services by the Lab company.

Chest x-ray (if smoker or pulmonary symptoms) 71020 -
EKG – 93000
Basic Metabolic Panel – 80048
Lipid Panel – 80061
Hepatic Function Panel 80076
Sed Rate – 85651
CBC– 85025

PSA (for males only) G0103
Hemoccult (>40 yr.) – G0107
Pap Smear – Q0091
Pelvic/Breast – G0101
Urinalysis – 81000
Venipuncture – G0001/36415

Please feel free to contact us if you have questions about this notice as we strive to comply with the guidelines that have been dictated to us. If, for any reason, you are unable to keep your appointment, please notify us at least 24 hours in advance so that we may open this large block of time for other patients.

Waiver

I have been notified by my provider that he/she believes that Medicare/Medicaid/my insurance carrier may deny payment for the services identified above because they may not be considered medically necessary. I understand that I may be responsible for these charges and accept responsibility for payment of said charges.

Date: 1-12-01 **Patient Signature:** [signature] **SS#** _____

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
)
COUNTY OF ORANGEBURG) Docket No.: 06-CP-38-1215
)
JAMES EDWARD SHAVER,)
)
Plaintiff,) Order
)
vs.)
)
DR. MICHAEL A. HILL, AND)
ORANGEBURG SURGICAL)
ASSOCIATES, P.A.,)
)
Defendants.)

FILED FOR RECORD
LISA W. MIZELL
CLERK OF COURT
ORANGEBURG, SC
2007 OCT 22 PM 3:16

STATE OF SOUTH CAROLINA)
)
COUNTY OF ORANGEBURG) Docket No.: 07-CP-38-553
)
JAMES EDWARD SHAVER,)
)
Plaintiff,) Order
)
vs.)
)
THE REGIONAL MEDICAL CENTER)
OF ORANGEBURG AND CALHOUN)
COUNTIES,)
)
Defendant.)

EXHIBIT 5

This matter comes before the court upon motion of The Regional Medical Center of Orangeburg and Calhoun Counties ("the hospital") and Dr. Michael A. Hill ("Dr. Hill") seeking summary judgment for an alleged failure by Plaintiff James Edward Shaver ("Mr. Shaver") to comply with the two year statute of limitations applicable to governmental entities under the

ATTEST: TRUE COPY
CLERK OF COURT
ORANGEBURG COUNTY, SOUTH CAROLINA

South Carolina Tort Claims Act. S.C. Code Ann. Section 15-78-10 to 220 (2005 & Supp.2006).

A hearing was held on October 4, 2007 with counsel for all parties present. For the reasons given below the motion for summary judgment must be denied.

Scope of Review

Summary judgment is only appropriate when there is no genuine issue of material fact, and the moving party is entitled to judgment as a matter of law. *Cafe Assocs. Ltd. v. Gerngross*, 305 S.C. 6, 406 S.E.2d 162 (1991) The evidence and inferences drawn therefrom should be viewed in the light most favorable to the nonmoving party. *Id.* Summary judgment is not appropriate where further inquiry into the facts of the case is desirable to clarify the application of the law. *Baugus v. Wessinger*, 303 S.C. 412, 401 S.E.2d 169 (1991). Even when there is no dispute as to the evidentiary facts, but only as to the conclusions or inferences to be drawn from them, summary judgment should be denied. *Koester v. Carolina Rental Center*, 313 S.C. 490, 443 S.E.2d 392 (1994).

Facts

Viewing the evidence in the light most favorable to Mr. Shaver, reveals the following. In 1989 several general surgeons came together to create a professional association called Orangeburg Surgical Associates, P.A., ("OSA") whose purpose was to provide surgical services to patients in the Orangeburg area. The practice was located at 1175 Cook Road, Suite 320, in Orangeburg, in the Medical Arts Building across from the hospital. In 2000, Dr. Hill came to South Carolina and was hired by OSA as a general surgeon.

In July 2002 the hospital purchased the assets of the OSA surgical practice. The hospital bought the name "Orangeburg Surgical Associates, P.A.", its phone number, fax number, post

office box, email addresses, the medical records, contracts, equipment and furniture. Dr. Hill and the other surgeons of OSA became employees of the hospital. The hospital ran a legal notice in the local newspaper on three occasions regarding the sale of medical records and indicating that Dr. Hill would be hereinafter employed by the hospital. See S.C. Code Ann. 44-115-130.

Following the sale, the hospital continued the surgery practice under the name Orangeburg Surgical Associates. The practice continued at the same location with the same phone number. There was evidence presented that the hospital never removed old signs and stationary which bore the name Orangeburg Surgical Associates, P.A. There was further evidence presented from filings of the South Carolina Secretary of State's office, that the former surgery practice continued in business under the name of Orangeburg Surgical Associates, P.A. Evidence was presented that the hospital never disclosed the sale on its web site, in documents available in the public domain, or at suite 320, the office for the surgical practice. The South Carolina Medical Board web site displayed information provided by Dr. Hill pre-sale which identified him with "Orangeburg Surgical Associates".

In June 2004 Mr. Shaver was referred by his family practitioner to Dr. Hill. On June 16, 2004, Dr. Hill performed thyroid surgery on Mr. Shaver. Evidence was presented that during the surgery Dr. Hill injured both the left and right recurrent laryngeal nerves, resulting in permanent bilateral vocal cord paralysis and compromise of Mr. Shaver's airway.

Evidence was presented that Dr. Hill never informed Mr. Shaver about his status as an employee of the hospital. Dr. Hill testified that there was no medical reason for Mr. Shaver to inquire about his employment status. Dr. Hill testified that neither he nor anyone in the practice did anything to educate the public, and specifically the patients, that the practice had been sold.

p3

Suit was filed against Dr. Hill and Orangeburg Surgical Associates, P.A. on October 13, 2006, well within the three year statute of limitations period following the June 16, 2004 surgery. The hospital answered stating that the proper defendant was the hospital and not Dr. Michael A. Hill. Accompanying the answer was the hospital's motion for summary judgment based upon a failure to comply with the two year statute of limitations found in the Tort Claims Act. Mr. Shaver argues that Dr. Hill and the hospital should be estopped from asserting the two year statute of limitations due to reliance on false representations about his employment status.

Legal Analysis

At the time of the hearing there was agreement that Dr. Hill was indeed an employee of TRMC and thus subject to the South Carolina Tort Claims Act. There was also agreement that Mr. Shaver did not file his lawsuit against Dr. Hill within the two year statute of limitations. If his claim is to survive, Mr. Shaver must demonstrate that he is entitled to estop Dr. Hill and TRMC from asserting the two year statute of limitations.

The elements of equitable estoppel as to the party estopped are: (1) conduct by the party estopped which amounts to a false representation or concealment of material facts; (2) the intention that such conduct shall be acted upon by the other party; and (3) knowledge, actual or constructive, of the true facts. Essential elements of estoppel as related to the party claiming the estoppel are: (1) lack of knowledge and of means of knowledge of truth as to facts in question; (2) reliance upon conduct of the party estopped; and (3) prejudicial change in position. *Zabinski v. Bright Acres Assocs.*, 346 S.C. 580, 589, 553 S.E.2d 110, 114 (2001). Application of equitable estoppel does not require an intentional misrepresentation. It is sufficient if the plaintiff reasonably relied upon the words or conduct of the defendant in allowing the limitations

period to expire. *Dillon County Sch. Dist. No. Two v. Lewis Sheet Metal Works, Inc.*, 286 S.C. 207, 218-19, 332 S.E.2d 555, 561 (Ct.App.1985) (overruled on other grounds by *Atlas Food Sys. v. Crane Nat'l Vendors*, 319 S.C. 556, 462 S.E.2d 858 (1995)).

Silence may give rise to estoppel where a person owing another a duty to speak refrains from doing so and thereby leads the other to believe in the existence of an erroneous state of facts. *Southern Development Land and Golf Company LTD. v. South Carolina Public Service Authority*, 311 S.C. 29, 426 S.E.2d 728 (1993), *Ridgill v. Clarendon County*, 192 S.C. 321, 6 S.E.2d 766 (1939). Silence, when it is intended, or when it has the effect of misleading a party, may operate as equitable estoppel. *Welch v. Edisto Realty Co.*, 170 S.C. 31, 169 S.E. 667 (1933).

In South Carolina, a defendant may be estopped from claiming the statute of limitations as a defense if some conduct or representation by the defendant induced the plaintiff to delay in filing suit. *Hedgepath v. American Telephone and Telegraph Company*, 348 S.C. 340, 559 S.E.2d 327 (Ct. App. 2002).

A governmental body is not immune from the application of the doctrine of estoppel where its officers or agents act within the proper scope of their authority. *Abbeville Arms v. City of Abbeville*, 273 S.C. 491, 257 S.E.2d 716 (1979); *Townes Associates, Ltd. v. City of Greenville*, 266 S.C. 81, 221 S.E.2d 773 (1976). This rule has been applied to the actions of county officials. *Byars v. Cherokee County*, 237 S.C. 548, 118 S.E.2d 324 (1961).

In the present case, neither Dr. Hill nor TRMC has suggested that they, or their officers or agents, failed to act within the proper scope of their authority. There appears to be statutory authority for the hospital to engage in the purchase of the surgical practice. See S.C. Code Ann.

4-9-30(2) and (3) (the County is authorized to purchase real and personal property and supplies, and to make and execute contracts). Therefore, I find that the hospital is subject to an estoppel argument, and specifically that the hospital may be estopped from reliance on Section 15-78-100, the statute of limitations provision of the Tort Claims Act.

Viewing the evidence in the light most favorable to Mr. Shaver, I find that there is evidence of a false representation based upon conduct and silence. A major element of the purchase of the surgical practice by the hospital was the desire to continue to use the name Orangeburg Surgical Associates. This was a deliberate business decision by the hospital as a means to capture the good will the surgery practice had developed over the years. The hospital was certainly entitled to carry on the surgery practice under whatever name it wanted. However, given that the original surgery practice was still in business as a professional association, with virtually the same name and at the same address, the hospital's conduct created a false representation. The hospital called its newly acquired surgery practice Orangeburg Surgical Associates, at suite 320, 1175 Cook Road, Orangeburg, S.C. After the sale, the South Carolina Secretary of State's office contained filings of the original surgery practice known by the name Orangeburg Surgical Associates, P.A., and listed at the same address. By designating itself a "P.A." the original surgery group held itself out as a corporation owned by licensed surgeons. See South Carolina Professional Corporation Supplement, S.C. Code Ann. Section 33-19-200(a)(1) (A professional corporation may issue shares...only to individuals who are authorized by law in this or another state to render a professional service described in the corporation's articles of incorporation). By statute, the hospital could not have been the owner of Orangeburg

Surgical Associates, P.A. The net effect of the hospital using the similar name and identical address was to suggest that Dr. Hill was in private practice. This was a false representation.

There is evidence in the record that the confusion was compounded by the defendant's silence. Other than placing a legal notice in the newspaper in 2002, the hospital failed to announce in a meaningful way that it had purchased the surgical practice. The hospital placed no signs in suite 320 informing patients that the practice was owned by the hospital. In fact, the original signs pre-dating the sale, describing the practice as a "P.A." remained in place. The hospital never updated its web page to advertise the existence of the sale. Dr. Hill admitted that he never informed Mr. Shaver of the change in his employment status. Dr. Hill continued to use stationary listing his practice as Orangeburg Surgical Associates, P.A. Dr. Hill never updated the information he supplied pre-sale to the South Carolina Medical Board web site that simply listed him as connected to Orangeburg Surgical Associates at suite 320, 1175 Cook Road. Dr. Hill's former surgery practice continued to identify itself at the Secretary of State's office as in the business of performing surgical services when in fact it existed simply to collect past due bills. To anyone looking in 2004 and thereafter, it appeared that there was only one entity, and that was a private group of doctors called Orangeburg Surgical Associates, P.A. Certainly, a patient-physician relationship is a fiduciary one, obligating the physician with a duty of truthful disclosure. The hospital considered disclosure of the physician's employment status as material.[1] I find that Dr. Hill and the hospital had a duty to disclose. There is evidence that the hospital was silent in the face of this duty.

The hospital intended its conduct to be relied upon by the public. The intent was to benefit from use of the similar name to capture good will. Certainly, the hospital knew the true

[1] The hospital claimed it informed all patients that it owned the surgery practice and that the policy to inform patients was very important to patient care. Mr. Shaver denied being informed.

facts, that there were two entities, one public, one private, since it had orchestrated the sale. There is evidence in the record that the Plaintiff did not know the true facts, nor through the course of due diligence, could he have discovered the true facts. Mr. Shaver's affidavit states that he was unaware that Dr. Hill worked for the hospital and thought the doctor was employed by a private group called Orangeburg Surgical Associates. Given the old signs remaining in the practice office, this belief was reasonable. Review of the surgery practice stationary, as well as the web pages of the Secretary of State, hospital and the medical board would only reinforce this inaccurate perception. The hospital suggests that Mr. Shaver simply had to inquire of Dr. Hill to discover the true facts. Patients rarely if ever ask their doctors for whom they work. Moreover, there is evidence in the record that Mr. Shaver was never put on notice in any meaningful way that perhaps he was wrong about Dr. Hill's employment status and thus should inquire.

There is evidence in the record that counsel for Mr. Shaver inquired and received information regarding Dr. Hill's employment status within two years of the surgery. Mr. Shaver's medical records from Dr. Hill were requested and received during this time. The chart contained a reference to the surgical practice being a "P.A.". There is evidence that counsel relied, at minimum, on the information in Mr. Shaver's medical records, including the "P.A." stationary, as well as the information he received from the Secretary of State and Medical Board web pages. Reliance on these sources was reasonable in determining that Dr. Hill was in private practice. Counsel relied to his detriment by filing the lawsuit to comply with the three year statute of limitations found in South Carolina Code Ann. 15-3-345 instead of the two year statute of limitations found in the Tort Claims Act at South Carolina Code Ann. 15-78-110.

There is evidence in the record to support Plaintiff's contention that the hospital and Dr. Hill should be estopped from asserting the two year statute of limitations found in the Tort Claims Act. THEREFORE IT IS ORDERED that defendant's motion for summary judgment, based upon expiration of a two year statute of limitations be denied.

AND IT IS SO ORDERED.

JAMES C. WILLIAMS, JR.
CHIEF ADMINISTRATIVE JUDGE
FIRST JUDICIAL CIRCUIT

This 18 day of October, 2007
Orangeburg, South Carolina

South Carolina Board of Medical Examiners
Website Verification

120 Heywood Ave.
Suite 200
SPARTANBURG, SC 29302-2639

Name: DAVID MARK HICKLIN Profession: MD Office Phone: (864) 573-9595

Basis: MB 78 School: BG Graduation: 01/01/1977

License No: 11179 Date Issued: 10/06/1982 Expiration: 09/30/2009

Specialty: EP

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):
SPARTANBURG REGIONAL MEDICAL CENTER

Credential Status: Active
No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

License History:
Temporary License Number: 0T0790

Verification disclaimer

2-24-11
EXHIBIT NO. 60
Hicklin
G. Smith

EXHIBIT
3

South Carolina
Secretary of State
Mark Hammond

SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC.

Note: This online database was last updated on 2/21/2011 6:01:29 PM.
See our Disclaimer.

DOMESTIC / FOREIGN:	Domestic
STATUS:	Good Standing
STATE OF INCORPORATION / ORGANIZATION:	SOUTH CAROLINA Non Profit

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:	JUDY P HAMER
ADDRESS:	101 E WOOD ST
CITY:	SPARTANBURG
STATE:	SC
ZIP:	29303
SECOND ADDRESS:	

FILE DATE:	05/01/1995
EFFECTIVE DATE:	05/01/1995
DISSOLVED DATE:	//

EXHIBIT 4

PLAINTIFF'S EXHIBIT 2 Haskell

Corporation History Records

CODE	FILE DATE	COMMENT	Document
Eleemosynary Amendment	01/08/2008	AMENDMENT	
Eleemosynary Amendment	08/06/2007	AMD.	
Agent	10/25/2004	CHANGED REGISTERED AGENT FROM: JOSEPH M ODDIS	
Eleemosynary Amendment	01/16/2002	NONPROFIT AMENDMENT	Image
Eleemosynary Amendment	05/28/1998	CH FR/SPARTANBURG COUNTY HEALTH SERVICES DISTRICT, INC.	Image
Incorporation	05/01/1995	REGIONAL HEALTH SERVICE DISTRICT-PUBLIC CORP	Image

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

Physical Address: Edgar Brown Building - 1205 Pendleton Street Suite 525 Columbia, SC 29201
Mailing Address: SC Secretary of State's Office 1205 Pendleton Street Suite 525 Columbia, SC 29201

DRS. TAYLOR, HILL & WESTMORELAND
P. O. BOX 3258
SPARTANBURG, S. C. 29304

LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	SEX	S (M) D W	YEARS	HIGH SCHOOL
HOFFIELD	MARTHA (MARTIE)	S.	7-10-37	F		4 / 1	COLLEGE

ADDRESS [illegible]
OCCUPATION Artist
TELEPHONE HOME: 578-5514 BUSINESS: 585-7604

PAST MEDICAL HISTORY

SURGERY/HOSPITALIZATIONS	DATE
Mastectomy (R)	52
Appendectomy (R)	'54

LIST ANY MEDICATIONS PRESENTLY TAKING:
1)
2)
3)
4)

HAVE YOU EVER HAD:	DATE	DURATION	MEDICATION
RHEUMATIC FEVER			
TUBERCULOSIS			
HYPERTENSION			
DIABETES			
BLOOD TRANSFUSIONS			
EPILEPSY			
HEPATITIS			
HEART ATTACK			
HERNIA			
BACK INJURY			

Glop-2 Meticemycin (Neo +)

ALLERGIES:	NO	CHECK BLOCK OR LIST KNOWN ALLERGIES
HAYFEVER		
MEDICINES		
ASTHMA		
ECZEMA		

HABITS: CIGARETTES ____ PKG/DAY ____ YEARS ALCOHOL: SOCIAL ✓ WEEKEND ____ DAILY ____ COFFEE/TEA: ____ CUPS/GLASSES PER DAY

FAMILY MEDICAL HISTORY	DIABETES	CANCER	EPILEPSY	HIGH B.P.	HEART TROUBLE	ASTHMA/ ALLERGY	GLAUCOMA	KID. DISEASE	TB				
GRANDPARENTS	✓												
PARENTS	✓	✓											
BROTHERS & SISTERS					✓								
CHILDREN													

DATE	HT.	WT.	BP	PULSE	TEMP.		DATE	HT.	WT.	BP	PULSE	TEMP.
5-31-93		136	114/70				2-9-54		141	120/70	84	

LAB. WORK	HCT. 45 %	URINALYSIS: SUG. 0 ALB. 0	HCT. ____ %	URINALYSIS: SUG. ____ ALB. ____
	BLD. SUGAR ____	SP. GRAVITY 1.015	BLD. SUGAR ____	SP. GRAVITY ____
		MICRO Slight - epithel		MICRO ____

SMA 12	NORMAL ( )	( )	
C X R	NORMAL ( )	( )	
EKG	NORMAL ( )	( )	
TINE TEST	NORMAL ( )	( )	
FAR VISION UNCORR.	(SNELLEN) R 20/ L 20/	☐ GLASSES ☐ CONTACTS	R 20/ L 20/ ☒ GLASSES ☐ CONTACTS
FAR VISION CORR.	R 20/ L 20/		
NEAR VISION UNCORR.	(JAEGER) R 14/ L 14/	☐ GLASSES ☐ CONTACTS	R 14/ L 14/ ☐ GLASSES ☐ CONTACTS
NEAR VISION CORR.	R 14/ L 14/		
COLOR VISION	NORMAL ( )	( )	
HEARING	NORMAL ( )	( )	
APPEARANCE	NORMAL ( )	( )	
SKIN	NORMAL ( )	( )	
EYES	NORMAL ( )	( )	
OCULAR FUNDI	NORMAL ( )	( )	
NOSE	NORMAL ( )	( )	
EARS	NORMAL ( )	( )	
MOUTH	NORMAL ( )	( )	
TEETH	NORMAL ( )	( )	

EXHIBIT 6 Hicklin

Hicklin 33

DRS. TAYLOR, [illegible]STMORELAND, HICKLIN, & COLEY
P.O. BOX 5258
SPARTANBURG, S.C. 29304

Responsible party (if any) _____

Address _____

LAST NAME Hughes | FIRST NAME Matt | MIDDLE INITIAL | BIRTH DATE | SEX | S, M, D, W | YEARS _____ HIGH SCHOOL _____ COLLEGE

ADDRESS | OCCUPATION | TELEPHONE HOME: | BUSINESS:

PAST MEDICAL HISTORY

SURGERY/HOSPITALIZATIONS	DATE

LIST ANY MEDICATIONS PRESENTLY TAKING:
1)
2)
3)
4)

HAVE YOU EVER HAD:	DATE	DURATION	MEDICATION
RHEUMATIC FEVER			
TUBERCULOSIS			
HYPERTENSION			
DIABETES			
BLOOD TRANSFUSIONS			
EPILEPSY			
HEPATITIS			
HEART ATTACK			
HERNIA			
BACK INJURY			

ALLERGIES:	NO	CHECK BLOCK OR LIST KNOWN ALLERGIES
HAYFEVER		
MEDICINES		
ASTHMA		
ECZEMA		

HABITS: CIGARETTES _____ PKG./DAY _____ YEARS | ALCOHOL: SOCIAL _____ WEEKEND _____ DAILY | COFFEE/TEA: _____ CUPS/GLASSES PER DAY

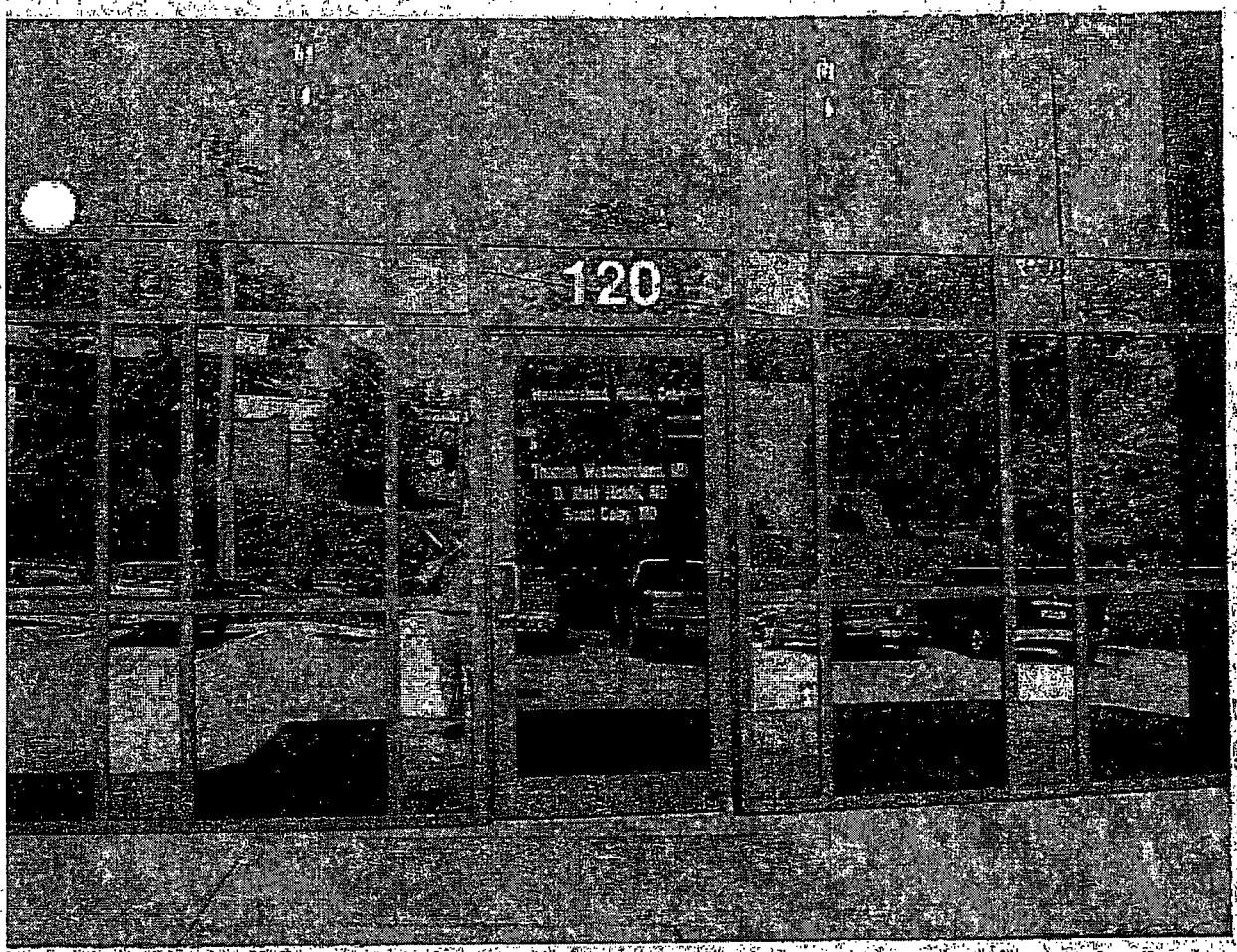
FAMILY MEDICAL HISTORY	DIABETES	CANCER	EPILEPSY	HIGH B.P.	HEART TROUBLE	ASTHMA/ ALLERGY	GLAUCOMA	KID. DISEASE	TB				
GRANDPARENTS													
PARENTS													
BROTHERS & SISTERS													
CHILDREN													

DATE	HT.	WT.	BP	PULSE	TEMP.		DATE	HT.	WT.	BP	PULSE	TEMP.
10-23-98		Wal-Mart	126/66									

LAB. WORK	HCT _____ %	URINALYSIS: SUG. _____ ALB. _____	HCT _____ %	URINALYSIS: SUG. _____ ALB. _____
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		MICRO		MICRO _____

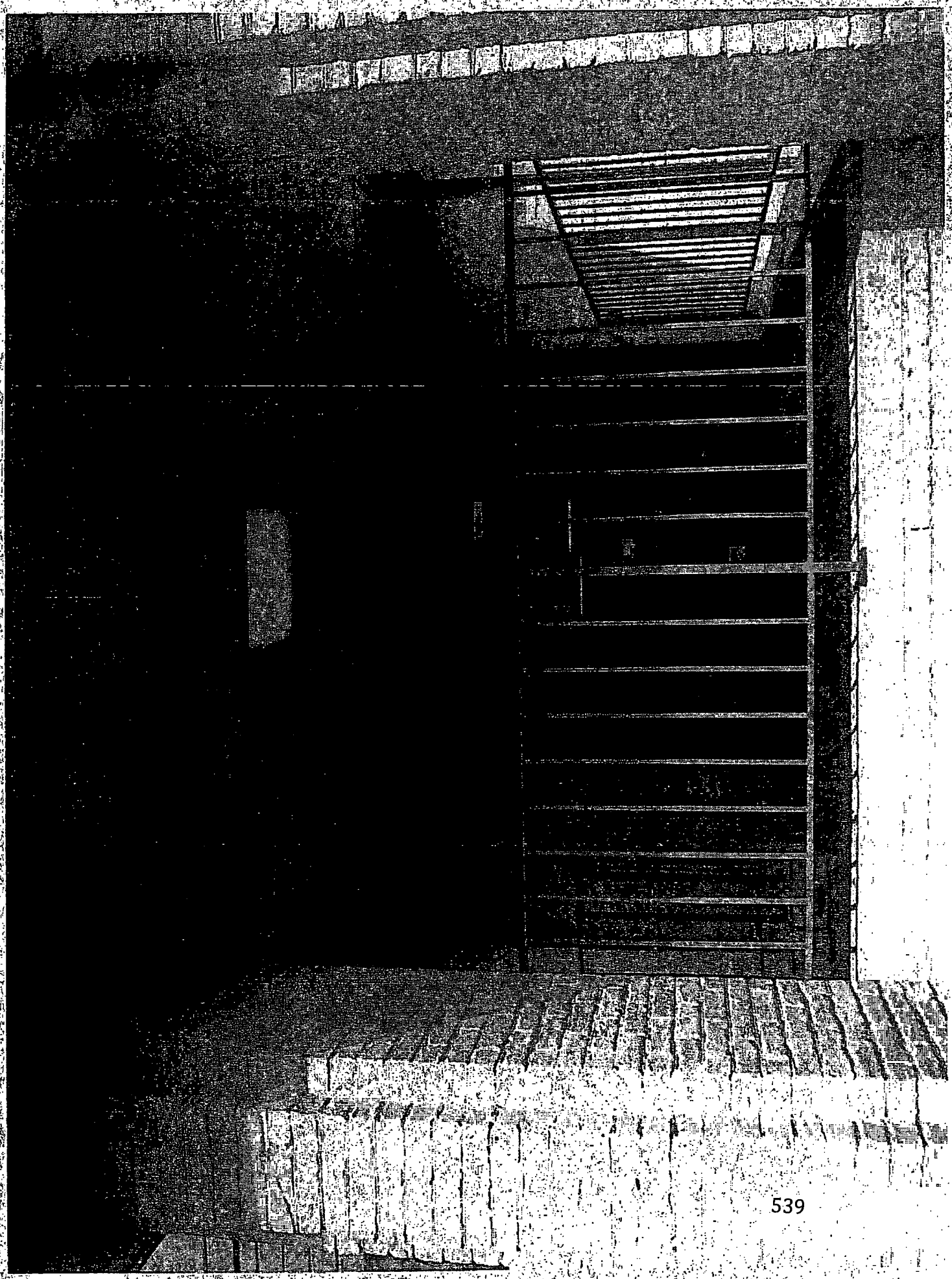
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C X R	NORMAL	( )					( )					
EKG	NORMAL	( )					( )					
TINE TEST	NORMAL	( )					( )					
FAR VISION	UNCORR	(SNELLEN)	R 20/	L 20/	☐ GLASSES		R 20/	L 20/	☐ GLASSES			
	CORR		R 20/	L 20/	☐ CONTACTS		R 20/	L 20/	☐ CONTACTS			
NEAR VISION	UNCORR	(JAEGER)	R 14/	L 14/	☐ GLASSES		R 14/	L 14/	☐ GLASSES			
	CORR		R 14/	L 14/	☐ CONTACTS		R 14/	L 14/	☐ CONTACTS			
COLOR VISION	NORMAL	( )					( )					
HEARING	NORMAL	( )					( )					
APPEARANCE	NORMAL	( )					( )					
SKIN	NORMAL	( )					( )					
EYES	NORMAL	( )					( )					
OCULAR FUNDI	NORMAL	( )					( )					
NOSE	NORMAL	( )					( )					
EARS	NORMAL	( )					( )					
MOUTH	NORMAL	( )					( )					
TEETH	NORMAL	( )					( )					

535



2-24-11
EXHIBIT NO. 2
Hucklin
G. Smith

538



DRS WESTMORELAND HICKLIN & COLEY

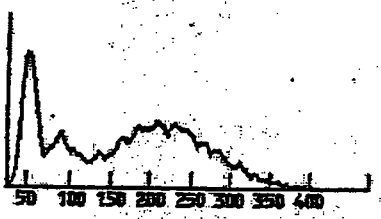
391 E HENRY ST
SPARTANBURG SC 29304

ID: 000 04-28-03
OVWB 17:08

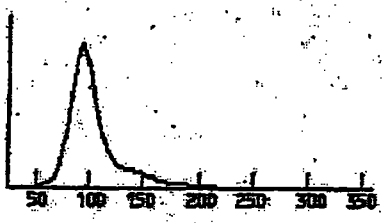
Martie Hoffiezer

				Patient Limits 1	
WBC	9.7		x10^3/uL	3.6	11.0
LY	29.9		%	18.0	46.0
MO	1.9	3L	%	3.0	13.0
GR	68.2	3	%	45.0	75.0
LY#	2.9		x10^3/uL	0.9	5.3
MO#	0.2	3	x10^3/uL	0.1	1.1
GR#	6.6	3	x10^3/uL	1.3	7.4
RBC	3.78	L	x10^6/uL	3.80	6.20
Hgb	11.4	L	g/dL	11.5	18.0
Hct	35.0		%	35.0	54.0
MCV	92.5		fL	80.0	100.0
MCH	30.1		pg	27.0	34.0
MCHC	32.6		g/dL	31.0	36.0
RDW	14.7	H	%	11.5	14.5
Plt	245.		x10^3/uL	140.	450.
MPV	7.1	L	fL	7.8	10.4
Pct	.174	L	%	0.190	0.360
PDW	16.7			15.5	17.1

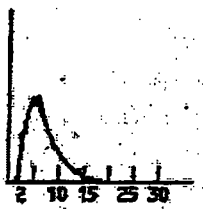
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7/29/03 Dr. Woolen
CR.



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
	S	BN	COMPLETE	1

ADDITIONAL INFORMATION: SS#:

CHART NO: FASTING: Y
PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR/MOS)
HOFFTIEZER,MARTIE S	F	56 / 11

PT. ADD.:
SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
7/07/2004	8:45	7/07/2004	7/08/2004	7:52

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
COLBY S	

ACCOUNT: TAYLOR,HICKLIN,WESTMORELAND, COLEY
391 East Henry Street
Spartanburg SC 29303-0008
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	7.0	x10E3/uL	4.0 - 10.5	BN
Red Blood Cell (RBC) Count	4.57	x10E6/uL	3.60 - 5.10	BN
Hemoglobin	14.8	g/dL	11.5 - 15.0	BN
Hematocrit	44.3H	%	34.0 - 44.0	BN
MCV	97	fL	80 - 98	BN
MCH	32.5	pg	27.0 - 34.0	BN
MCHC	33.5	g/dL	32.0 - 36.0	BN
RDW	15.5H	%	11.7 - 15.0	BN
Platelets	253	x10E3/uL	140 - 415	BN
Polys	67	%	40 - 74	BN
Lymphs	19	%	14 - 46	BN
Monocytes	10	%	4 - 13	BN
Eos	4	%	0 - 7	BN
Basos	0	%	0 - 3	BN
Polys (Absolute)	4.7	x10E3/uL	1.8 - 7.8	BN
Lymphs (Absolute)	1.3	x10E3/uL	0.7 - 4.5	BN
Monocytes(Absolute)	0.7	x10E3/uL	0.1 - 1.0	BN
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	BN
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	BN
Basic Metabolic Panel (8)				
Glucose, Serum	82	mg/dL	65 - 99	BN
BUN	14	mg/dL	5 - 26	BN
Creatinine, Serum	0.8	mg/dL	0.5 - 1.5	BN
BUN/Creatinine Ratio	18		8 - 27	
Sodium, Serum	141	mmol/L	135 - 148	BN
Potassium, Serum	4.8	mmol/L	3.5 - 5.5	BN
Chloride, Serum	103	mmol/L	96 - 109	BN
Carbon Dioxide, Total	25	mmol/L	20 - 32	BN
Calcium, Serum	9.9	mg/dL	8.5 - 10.6	BN
Lipid Panel With LDL/HDL Ratio				
Cholesterol, Total	251 H	mg/dL	100 - 199	BN
Triglycerides	172 H	mg/dL	0 - 149	BN
HDL Cholesterol	72 H	mg/dL	40 - 59	BN
Comment				BN
HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.				
VLDL Cholesterol Cal	34	mg/dL	5 - 40	
LDL Cholesterol Calc	145 H	mg/dL	0 - 99	
Comment				BN

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	HN	COMPLETE	Page #: 2

ADDITIONAL INFORMATION SSR:

CHART NO FASTING: Y
PHONE: 864-578-8514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR/MOS)
HOFTIEZER,MARTIE S	F	56 / 11

FT. ADD.:
SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/07/2004	8:45	7/07/2004	7/08/2004	7:52	1494

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
COLEY S	

ACCOUNT: TAYLOR,HICKLIN,WESTMORELAND, COLEY
391 East Henry Street
Spartanburg SC 29303-0000
ACCOUNT NUMBER:

TEST	RESULT	LIMITS	LAB

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190

LDL/HDL Ratio 2.0 ratio units 0.0 - 3.2

LDL/HDL	Men	Women
1/2 Avg.Risk	1.0	1.5
Avg.Risk	3.6	3.2
2X Avg.Risk	6.3	5.0
3X Avg.Risk	8.0	6.1

LAB: 08 LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

542

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Last Page of Report

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	Page #
	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#:

CHART # FASTING: Y
PHONE: 864-578-4514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR/MOS)
HOFTIEZER,MARTIE S	F	57 / 11

PT. ADD.:
SC 29316-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
6/15/2005	1403	6/15/2005	6/16/2005	1348	5608

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
COLEY S	

ACCOUNT: Taylor,Hicklin,Westmoreland,C
391 East Henry Street
Spartanburg SC 29303-0009
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
CBC With Differential/Platelet				
White Blood Cell (WBC) Count	6.3	x10E3/uL	4.0 - 10.5	BN
Red Blood Cell (RBC) Count	4.41	x10E6/uL	3.80 - 5.10	BN
Hemoglobin	14.5	g/dL	11.5 - 15.0	BN
Hematocrit	42.3	%	34.0 - 44.0	BN
MCV	96	fL	80 - 98	BN
MCH	32.9	pg	27.0 - 34.0	BN
MCHC	34.3	g/dL	32.0 - 36.0	BN
RDW	12.9	%	11.7 - 15.0	BN
Platelets	240	x10E3/uL	140 - 415	BN
Neutrophils	73	%	40 - 74	BN
Lymphs	19	%	14 - 46	BN
Monocytes	6	%	4 - 13	BN
Eos	2	%	0 - 7	BN
Basos	0	%	0 - 3	BN
Neutrophils (Absolute)	4.6	x10E3/uL	1.8 - 7.8	BN
Lymphs (Absolute)	1.2	x10E3/uL	0.7 - 4.5	BN
Monocytes(Absolute)	0.4	x10E3/uL	0.1 - 1.0	BN
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.4	BN
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	BN
Comp. Metabolic Panel (14)				
Glucose, Serum	77	mg/dL	65 - 99	BN
BUN	12	mg/dL	5 - 26	BN
Creatinine, Serum	0.7	mg/dL	0.5 - 1.5	BN
BUN/Creatinine Ratio	17		8 - 27	
Sodium, Serum	142	mmol/L	135 - 148	BN
Potassium, Serum	3.4L	mmol/L	3.5 - 5.5	BN
Chloride, Serum	107	mmol/L	96 - 109	BN
Carbon Dioxide, Total	20	mmol/L	20 - 32	BN
Calcium, Serum	9.7	mg/dL	8.5 - 10.6	BN
Protein, Total, Serum	7.5	g/dL	6.0 - 8.5	BN
Albumin, Serum	4.6	g/dL	3.5 - 5.5	BN
Globulin, Total	2.9	g/dL	1.5 - 4.5	
A/G Ratio	1.6		1.1 - 2.5	
Bilirubin, Total	0.3	mg/dL	0.1 - 1.2	BN
Alkaline Phosphatase, Serum	110	IU/L	25 - 150	BN
AST (SGOT)	20	IU/L	0 - 40	BN
ALT (SGPT)	23	IU/L	0 - 40	BN

EFFECTIVE JUNE 27, 2005, the reference intervals
will be changing to: Male 0 - 55 IU/L

Pat Name: HOFTIEZER,MARTIE S	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #: 2
166-497-1342-0	S	BN	COMPLETE	

ADDITIONAL INFORMATION SS#:

CHART #

FASTING: Y

PHONE: 864-578-9514 DOB: 7/14/1947

PATIENT NAME	SEX	AGE(YR/MOS)
HOFTIEZER,MARTIE S	F	57 / 11

PT. ADD.: SC

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
6/15/2005	11:03	6/15/2005	6/16/2005	13:38

CLINICAL INFORMATION

PHYSICIAN ID.	PATIENT ID.
COLEY S	

ACCOUNT: Taylor,Hicklin,Westmoreland,C

391 East Henry Street
Spartanburg SC 29303-0000

ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
			Female 0 - 40 IU/L	
TSH	1.124	uIU/mL	0.350 - 5.500	BN
Vitamin B12	222	pg/mL	211 - 911	BN
> Request Problem	Comment:			BN

TEST: 007260 Valproic Acid (Depakote),S

This sample was rejected for analysis due to specimen submission in a gel barrier tube. The use of serum separator tubes is not recommended due to slow absorption of the drug by the gel, and this decrease in drug level due to absorption may be clinically significant. Please submit specimens for TDM studies in red-stopper tubes.

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

4

544

Pat Name: HOFTIEZER,MARTIE S | Pat ID: | Spec #: | Seq #:

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Last Page of Report

BlueCross BlueShield of North Carolina
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EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Subscriber's Name: MARTHA S HOFTIEZER

Date: August 15, 2006

If you have any questions, please call Customer Service at 1-877-268-3334, Monday - Friday, 8:00 a.m. - 8:00 p.m.

545

Patient's Name: MARTHA (member)

BLUE OPTIONS

Service		Amount of Bill	Amount You Do Not Owe	Amount Paid By BCBSNC	Your Balance	Explanation of Your Balance
WESTMORELAND HIGH M Claim ID 07-61-xxxx	OFFICE VISIT	60.00	0.76	39.24	20.00	20.00 Copayment
	CLAIM TOTALS	60.00	0.76	39.24	20.00	

Please save this form for your tax records.

Your balance may not reflect any prior payments made by you or another insurance company.

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2-24-11
EXHIBIT NO. 4
Hicklin
G. Smith

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Phone: (864) 573-9595
Fax: (864) 585-3752

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About David Hicklin, MD

David Hicklin practices as a Family Doctor at Taylor Westmoreland Hicklin in Spartanburg, SC.

Family Doctor — Taylor Westmoreland Hicklin

Bowman Gray Sch Of Med Of Wake Forest Univ, Winston-Salem Nc 27157 — David Hicklin

Wake Forest U Baptist Med Ctr, Family Medicine; Atlanta Med Ctr, Flexible Or Transitional Year

Taylor Westmoreland Hicklin is a Family Doctor located in Spartanburg, SC. A family doctor is a general practitioner who treats most family members from children to adults.

David Hicklin, MD in Spartanburg, SC may treat physical symptoms, prescribe medications, diagnose conditions and much more.

Please call David Hicklin, MD at (864) 573-9595 to schedule an appointment in Spartanburg, SC or to get more information.

Reviews

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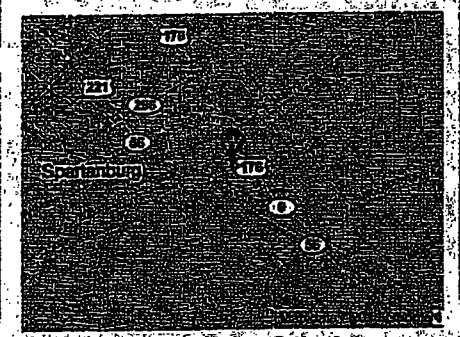
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391 E Henry St
Spartanburg, SC 29302

Phone: (864) 573-6595
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About David Hicklin, MD

David Hicklin practices as a Family Doctor at Taylor Westmoreland Hicklin in Spartanburg, SC.

Family Doctor — Taylor Westmoreland Hicklin

Bowman Gray Sch Of Med Of Wake Forest Univ, Winston-Salem Nc 27157 — David Hicklin

Wake Forest U Baptist Med Ctr, Family Medicine; Atlanta Med Ctr, Flexible Or Transitional Year

Taylor Westmoreland Hicklin is a Family Doctor located in Spartanburg, SC. A family doctor is a general practitioner who treats most family members from children to adults.

David Hicklin, MD in Spartanburg, SC may treat physical symptoms, prescribe medications, diagnose conditions and much more.

Please call David Hicklin, MD at (864) 573-6595 to schedule an appointment in Spartanburg, SC or to get more information.

Reviews

Rate this Family Doctor

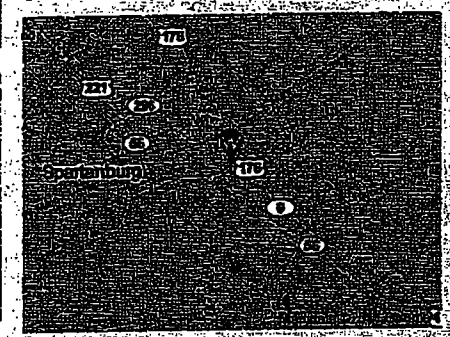
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Spartanburg, SC



EXHIBIT 8



Dr. David Mark Hicklin, MD, Spartanburg, SC

Dr. David Mark Hicklin, MD, practices Family Practice in Spartanburg, SC with Taylor Westmoreland Hicklin. Dr. Hicklin received his medical degree from Bowman Gray Sch Of Med Of Wake Forest Univ, Winston-Salem Nc 27157.

Doctor's Full Name: David Mark Hicklin, MD

Practice Name: Taylor Westmoreland Hicklin

Address: 391 E Henry St

Spartanburg, SC 29302



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Phone Number:	864-573-9595
Specialty:	Family Practice (Family Medicine)
Gender:	Male
Medical School Attended:	Bowman Gray Sch Of Med Of Wake Forest Univ, Winston-Salem Nc 27157
Completed Residency At:	Wake Forest U Baptist Med Ctr, Family Medicine Atlanta Med Ctr, Flexible Or Transitional Year
Overall MD Rating:	No Rating Data
Overall Exam Rating:	No Rating Data
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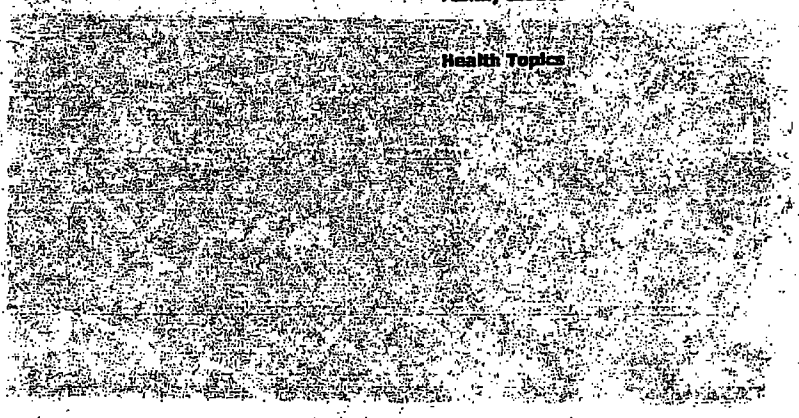
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Did you mean: **David Hicklin**, Family Practice, Spartanburg, SC;

Dr. **David Mark Hicklin** specializes in **Family Practice** in **Spartanburg, SC**

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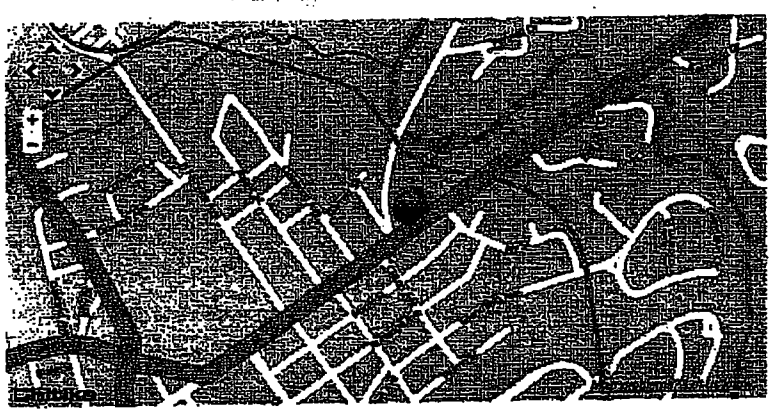
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Dr. D Mark Hicklin, M D

Name: D Mark Hicklin
Gender: Male
Specialty: Family Doctor
Location: 120 Haywood Ave
Suite 200
Spartanburg, SC 29302
Phone: 864-573-9586
Fax: 864-585-3752

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Dr. Richard Hanna, MD
Family Doctor
750 S Church St
Spartanburg, SC 29306
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Dr. John R Wieder, MD
Family Doctor
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Dr. Mark D Hicklin MD Business Information

Location Type	Single Location
Annual Sales (Estimated)	$500,000 to $1 million
Employees (Estimated)	1 to 4
SIC Code	801101, Physicians & Surgeons
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Products, Services and Brands	Family Practice

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Dr. Jerome Adkins
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Serene Aoun
Family Practice Physician
105 Powell Mill Rd
Westgate Family Physicians
Spartanburg, SC 29301

Dr. Amy Asher
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Otis Bainbridge
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Howard Bass
Family Practice Physician
1690 Skylyn Dr
Carolina Family Physicians
Spartanburg, SC 29307

Dr. Sebastian Blanco
Family Practice Physician
101 E Wood St
Spartanburg Regional Medical Center
Spartanburg, SC 29303

Dr. Calvin Bond
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Patricia Brandfield
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Andrew Bowling
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Ginger Boyle
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Richard Byrd
Family Practice Physician
101 E Wood St
Spartanburg Regional Medical Center
Spartanburg, SC 29303

Dr. James Carter
Family Practice Physician
1700 Skylyn Dr
Upstate Emergency Physicians
Spartanburg, SC 29307

Dr. Adam Childers
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Eric Cole
Family Practice Physician
130 Dillon Dr
Family Medical Center
Spartanburg, SC 29307

Dr. Scott Coley
Family Practice Physician
120 Haywood Ave
Westmoreland Hollis Coley MDs
Spartanburg, SC 29302

Dr. Jennifer Collier
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Andrew Dehle
Family Practice Physician
101 E Wood St
Spartanburg Regional Medical Center
Spartanburg, SC 29303

Dr. Angela Davis
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Joshua DeVore
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Roger DePre
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Manuel Dorne-Primerano
Family Practice Physician
2300 Discovery Way
Boiling Springs Family Medicine
Spartanburg, SC 29303

Dr. Matthew Dorner
Family Practice Physician
853 N Church St
Spartanburg, SC 29303

Dr. Mark Dudley
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Ira Eady
Family Practice Physician
1241 Boiling Springs Rd
Wellness Family Medicine
Spartanburg, SC 29303

Dr. Melissa Fillastre
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Carla Gantry
Family Practice Physician
120 Haywood Ave
Westmoreland Hollis Coley MDs
Spartanburg, SC 29302

Dr. Charles Glaze
Family Practice Physician
2305 Reidville Rd
Glaze & Norton Family Medicine
Spartanburg, SC 29301

Dr. Mark Goderich
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. John Hayes
Family Practice Physician
853 N Church St
Spartanburg, SC 29303

Dr. Richard Hayes
Family Practice Physician
789 S Church St
Regenerate Community Health Center
Spartanburg, SC 29306

Dr. Kevina Hines
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. James Hodnett
Family Practice Physician
1690 Skylyn Dr
Carolina Family Physicians
Spartanburg, SC 29307

Dr. Robert Holleran
Family Practice Physician
101 E Wood St
Spartanburg Regional Medical Center
Spartanburg, SC 29303

Dr. Steven Hose
Family Practice Physician
105 Powell Mill Rd
Westgate Family Physicians
Spartanburg, SC 29301

Dr. David Hollis
Family Practice Physician
120 Haywood Ave
Westmoreland Hollis Coley MDs
Spartanburg, SC 29302

Dr. Robert Howden
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Kristen Ingrdi
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Robert Jackson
Family Practice Physician
105 Powell Mill Rd
Westgate Family Physicians
Spartanburg, SC 29301

Dr. Ronald Jarzembowski
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Michelle Jennett-Stinson
Family Practice Physician
1950 Skylyn Dr
Steadman-Hawkins Clinic Of SC
Spartanburg, SC 29307

Dr. Jennifer Jolliff
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
Spartanburg, SC 29303

Dr. Terry Johnson
Family Practice Physician
105 Powell Mill Rd
Westgate Family Physicians
Spartanburg, SC 29301

Dr. Edward Kalamba
Family Practice Physician
6311 Warren H Abernathy Hwy
Spartanburg Regional West Side
Spartanburg, SC 29301

Dr. Elias Kalamba
Family Practice Physician
6311 Warren H Abernathy Hwy
Spartanburg Regional West Side
Spartanburg, SC 29301

Dr. Mark Kelsler
Family Practice Physician
1250 John B White Sr Blvd
Family Physicians Spartanburg
Spartanburg, SC 29306

Dr. Wesley Kinsella
Family Practice Physician
6311 Warren H Abernathy Hwy
Spartanburg Regional West Side
Spartanburg, SC 29301

Dr. Kristen Knepper
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
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Dr. Justina Lloyd
Family Practice Physician
853 N Church St
Center For Family Medicine & Facility Group
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Dr. Michael Lurie
Family Practice Physician
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Dr. David Hicklin MD

Family Practice Physician - Spartanburg, South Carolina

Medical Jobs in South Carolina

Physician Addresses

120 Heywood Ave
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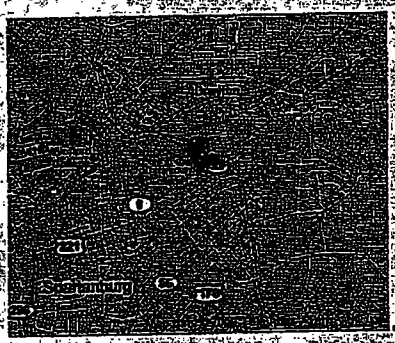
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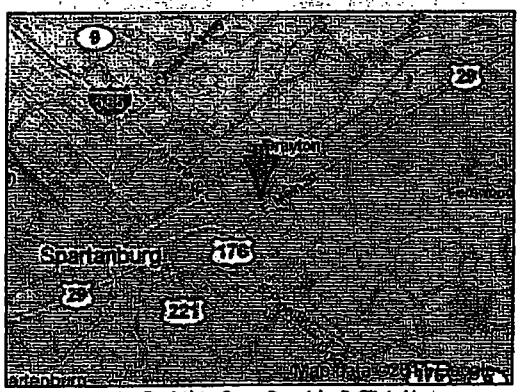
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Specialties

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Graduate School:
No education information for Dr. D Mark. Hicklin is on record.

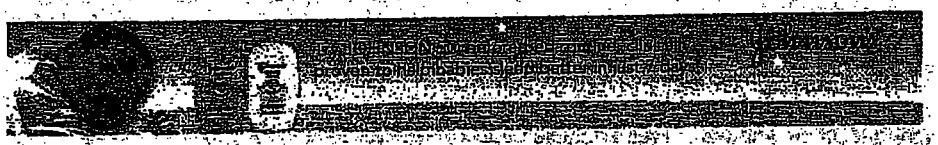
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Likely to Recommend	Knowledge and Skill
What does this mean?	What does this mean?
3.0	2.5
Convenience	Outcomes (optional)
What does this mean?	What does this mean?
3.0	3.0
Communication and Listening	
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Specialty & Procedure Details

General Practice
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Dentist Directory by Specialty

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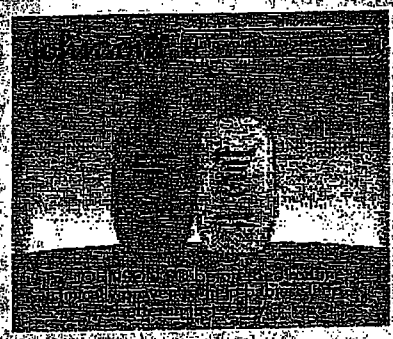
disorders, and sexually transmitted diseases (STDs). Patients also visit family doctors for routine medical checkups. Show More

Checkups, immunizations, or other preventive care

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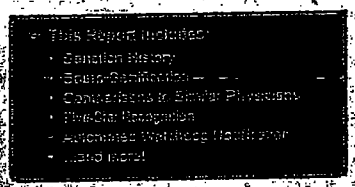
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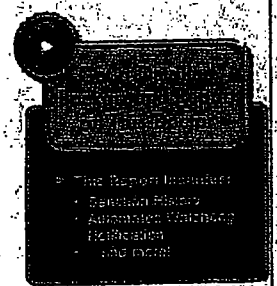
Dr. D Hicklin, MD



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Physician Profile on Dr. Hicklin

View Contact Information	120 Haywood Avenue Suite 200 Spartanburg, SC 29302
Specialties	Family Practice
Gender	Male
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Education	Education information, including: Medical School attended, years since graduation, and Residency, are all available in the Detailed Report.
Years Since Graduation	32
Five-Star Recognition	HealthGrades Recognized and Five-Star designations are available in the Detailed Report.
Group Practice	Westmoreland Hicklin Coley MDs View Other Doctors in this Practice
State License Information	Licensed in South Carolina
What is Family Practice?	Family practice is the branch of medicine concerning the total health care of the person and the family. A family practice physician can have a varied and extensive medical background, including internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and geriatrics. A family physician has the skills and knowledge to provide care and health maintenance education for all ages. This physician is trained to diagnose and treat each member of the family, no matter what the problem.



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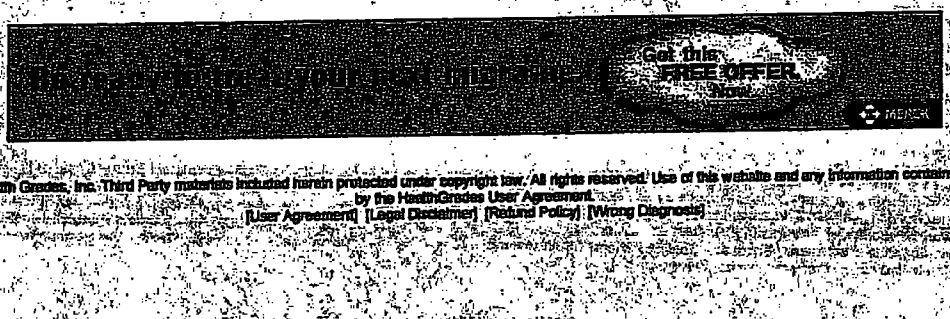
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Physician Name	Specialty	Practice Address
Martha P Hester, MD Rate Dr. Hester View Dr. Hester's profile	Family Practioner	Southeast Family Practice 5800 Garners Ferry Rd Columbia, SC
Marvin Hevener, MD Rate Dr. Hevener View Dr. Hevener's profile	Family Practioner	Foothills Family Medicine 5470 N Main St Cowpens, SC
Gregory Hibbets, MD Rate Dr. Hibbets View Dr. Hibbets' profile	Family Practioner	Greenville Hospital System 701 Grove Rd Greenville, SC
David M Hicklin, MD Rate Dr. Hicklin View Dr. Hicklin's profile	Family Practioner	Taylor,Westmoreland Hicklin 391 E Henry St Spartanburg, SC
James A Hicks, MD Rate Dr. Hicks View Dr. Hicks' profile	Family Practioner	3314 Platt Springs Rd West Columbia, SC
Kimberly P Hicks, MD Rate Dr. Hicks View Dr. Hicks' profile	Family Practioner	3209 Colonial Dr Columbia, SC
Edmund S Higgins, MD Rate Dr. Higgins View Dr. Higgins' profile	Family Practioner, Psychiatrist	Behavioral Associates 1 Poston Rd Charleston, SC
Matthew S Higgins, MD Rate Dr. Higgins View Dr. Higgins' profile	Family Practioner	Anmed Hlth. Family Med Resd. 2000 E Greenville St Anderson, SC
Patrice L High, DO Rate Dr. High View Dr. High's profile	Family Practioner	Woodhill Family Medicine 813 Leesburg Rd Columbia, SC Rice Creek Family Medicine 300 Rice Meadow Way Columbia, SC
Joseph B Hill, MD Rate Dr. Hill View Dr. Hill's profile	Family Practioner	Family Physicians Of Greenwood 1506 Spring St Greenwood, SC
[illegible] another specialty	[illegible]	[illegible]

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Physician Name	Specialty	Practice Address
Martha P Hester, MD Rate Dr. Hester View Dr. Hester's profile	Family Practitioner	Southeast Family Practice 5900 Garners Ferry Rd Columbia, SC
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Dr. D Mark Hicklin, Contact Information

Dr. D Mark Hicklin, Contact Information

Address: 120 Heywood Ave
Suite 200
Spartanburg, SC 29302

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Dr. Jeffrey Baxter
Esthetic, family dentist based in Charleston, SC.

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Dr. Scott A Coley, M D
Family Doctor
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Dr. Patricia Meredith, MD
Family Doctor--Geriatric Medicine
120 Heywood Ave, Suite 200
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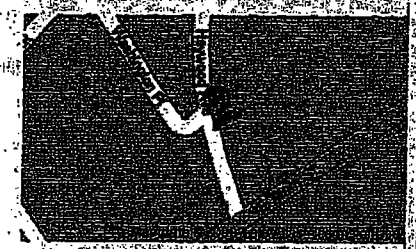
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Group Practice

Westmoreland Hicklin Coley MDs
120 Heywood Avenue Suite 200
Spartanburg, SC 29302
Primary Group Specialty: Family Practice
All Specialties At This Group Practice:
Family Practice , Geriatric Medicine
Group's Average Patient Volume Per Day: 55
Group Performs Procedures on Site? yes
Free Standing Surgery Center? no



- Sanction History
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Physicians At This Group Practice

Name	Specialty	Years since Graduation	Patient Feedback	
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- Laser hair loss treatment
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- Laser tattoo removal treatment
- Laser treatment for hair removal
- Laser treatments to quit smoking

Chemotherapy

- Types of chemotherapy
- Chemotherapy drug
- Adjuvant chemotherapy
- Chemotherapy side effects

Family Practice Specialists in Spartanburg, SC

Thomas Wade Westmoreland, MD
ABMS Certification: Family Practice
Group Practice: Taylor Westmoreland Hicklin
Address: 391 E Henry St
County: Spartanburg
Phone:864-573-9595
Fax: 864-585-3752

Timothy Jon Rop, MD
ABMS Certification: Family Practice
County: Spartanburg

Tod Rainsford Reel, MD
ABMS Certification: Family Practice
Group Practice: Eastside Family Physicians
Address: 120 Heywood Ave Ste 200
County: Spartanburg
Phone:864-560-3800
Fax: 864-560-3850

Veronica Lynn Orick, MD
Address: 853 N Church St Ste 510
County: Spartanburg
Phone:864-560-1558

Warren Clay Lovett, MD
Address: 101 E Wood St
County: Spartanburg
Phone:864-560-7001
Fax: 864-560-1565

William H Burkhalter III, MD
Address: 853 N Church St Ste 510
County: Spartanburg

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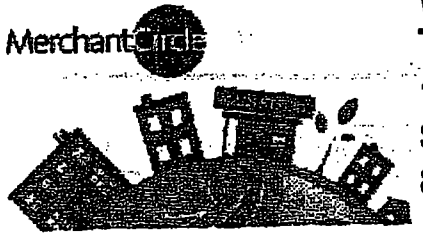
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Westmoreland Hicklin and Coley

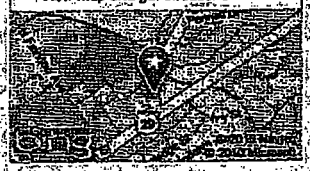
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Westmoreland Hicklin Coley MDs

Address:
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29302

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Practice

Office Information

Westmoreland Hicklin Coley MDs
120 Haywood Avenue Suite 200
Spartanburg, SC
29302

Specialties:
Family Practice, Geriatric Medicine

Average Patient Volume Per Day:
55

Surgery Performed on Site?
Yes

Free Standing Surgery Center?
No

Doctors Affiliated with This Group Practice

Physician Name	Primary Specialty	
Dr. Scott Coley	Family Practice	View Profile for Dr. Coley
Dr. D Hicklin	Family Practice	View Profile for Dr. Hicklin
Dr. Patricia Mcrobbie	Geriatric Medicine	View Profile for Dr. Mcrobbie
Dr. Thomas Westmoreland	Family Practice	View Profile for Dr. Westmoreland

Get a Comprehensive Analysis on this Group Practice, including:

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- Awards and Recognitions
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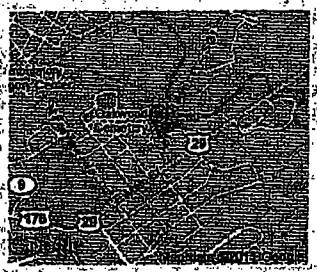
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★★★★☆ Thomas W. Westmoreland, MD

- Family Practice Doctors
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Thomas W. Westmoreland, MD is board certified in Family Practice.

D M. Hicklin, MD

- Family Practice Doctors
- Male

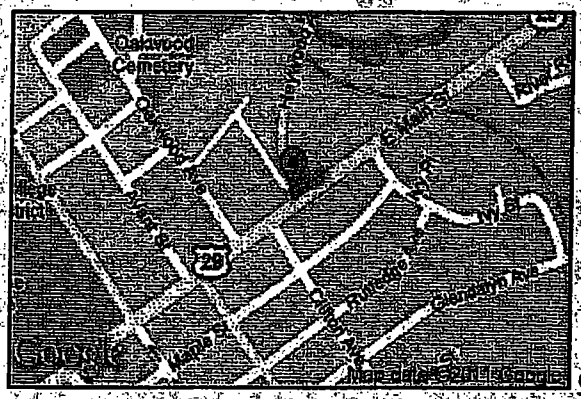
- Board Certified
- Clean Record

D M. Hicklin, MD is board certified in Family Practice.

★★★☆☆ Scott A. Coley, MD

- Family Practice Doctors
- 19 Years
- Male
- Board Certified
- Clean Record

Scott A. Coley, MD is board certified in Family Practice and has 19 years of experience.



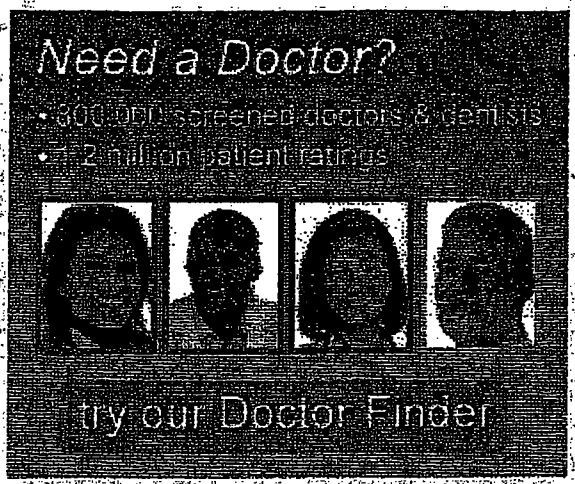
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Case No.: 2009-CP-42-5373

James Hoftiezer, as Personal Representative for the Estate of Martha Hoftiezer. .....Appellant,

v.

D. Mark Hicklin, M.D., Drs. Taylor, Hicklin, Westmoreland and Coley, P.A., and Spartanburg Regional Health Services District, Inc., d/b/a Spartanburg Regional Healthcare System . .....Respondents.

CERTIFICATION OF COUNSEL

Pursuant to Rule 210(g), SCACR, the undersigned, an attorney in this matter for the Appellant, certifies that this Record on Appeal includes all matters proposed to be included by the parties and not any other material.

By: _____

Ruskin C. Foster
Brad D. Hewett
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.....Appellant,

v.

D. Mark Hicklin, M.D., Drs. Taylor, Hicklin, Westmoreland and Coley, P.A., and Spartanburg Regional Health Services District, Inc., d/b/a Spartanburg Regional Healthcare System .
.....Respondents.

PROOF OF SERVICE

I, the undersigned Paralegal with Mike Kelly Law Group, LLC, counsel for James Hoftiezer, as Personal Representative for the Estate of Martha Hoftiezer, Appellant certify that I have served the Record on Appeal by depositing a copy of it in the United States mail, postage prepaid, on October 23, 2012 addressed to Perry D. Boulier, Esquire, Post Office Box 1897, Spartanburg, South Carolina 29304.

Lori Torbett

Lori Torbett, Paralegal