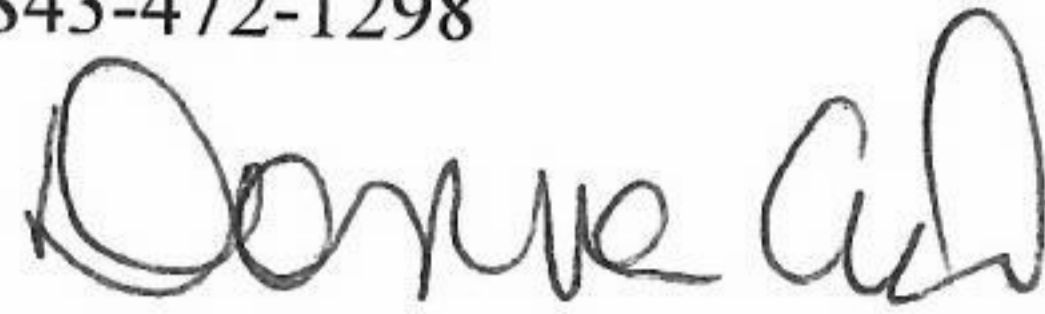


RECEIVED
Sep 23 2024
SC Court of Appeals

I certify that this designation contains no matter which is irrelevant to this appeal.

October 20, 2024

/s/ Donna S. Ard
Donna S. Ard
2460 Cicero Lane
Florence, SC 29501-0826
843-472-1298



BRIEF OF APPELLANT*
THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM FLORENCE COUNTY
Court of Common Pleas

Robert Bonds, Circuit Court Judge

Case No. 2024-CP-21-00406

Donna Ard

Appellant

v.

Willie S. Edwards and
McLeod Spine Center

Respondent



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STATEMENT OF ISSUES ON APPEAL

- Did the Judge err in allowing the Respondents Attorney Mr. Banner to speak first at the podium, which perchance giving the judge the opportunity to make a preconceived judgement?
- § 15-36-100, *et. seq.* (2005) of the *Code of Laws of South Carolina*, Complaint in actions for damages alleging professional negligence; contemporaneous affidavit of expert specifying negligent act or omission?
- § 15-36-100(B) of the *Code of Laws of the State of South Carolina (2005(B))* Except as provided in Section 15-79-125, in an action for damages alleging professional negligence against a professional licensed by or registered with the State of South Carolina and listed in subsection (G) or against any licensed health care facility alleged to be liable based upon the action or inaction of a health care professional licensed by the State of South Carolina and listed in subsection (G), the plaintiff must file as part of the complaint an affidavit of an expert witness which must specify at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the affidavit?
- § 15-36-100(F) of the *Code of Laws of the State of South Carolina (2005)* (F) If a plaintiff fails to file an affidavit as required by this section, and the RESPONDENTS raises the failure to file an affidavit by motion to dismiss filed contemporaneously with its initial responsive pleading, the complaint is not subject to renewal after the expiration of the applicable period of limitation unless a court determines that the plaintiff had the requisite affidavit within the time required pursuant to this section and the failure to

file the affidavit is the result of a mistake. The filing of a motion to dismiss pursuant to this section shall alter the period for filing an answer to the complaint in accordance with Rule 12(a), South Carolina Rules of Civil Procedure?

- 12(B)(4) of the *South Carolina Civil Rules of Procedure*; Insufficiency of Process?
- 12(B)(6) of the *South Carolina Civil Rules of Procedure*; failure to state facts sufficient to constitute a cause of action?

12(C) of the *South Carolina Civil Rules of Procedure*; Motion for Judgment on the Pleadings. After the pleadings are closed but within such time as not to delay the trial, any party may move for judgment on the pleadings. If, on a motion for judgment on the pleadings, matters outside the pleadings are presented to and not excluded by the Court, the motion shall be treated as one for summary judgment and disposed of as provided in Rule 56, and all parties shall be given reasonable opportunity to present all material made pertinent to such a motion by Rule 56.



STATEMENT OF THE CASE

On August 28, 2023, I, Donna Ard filed a NOI letter with In the Court of Common Pleas in Florence S.C. This action of medical negligence was filed assertively and with direct and descriptive words stating in the opening statement is "Failure to properly diagnose, treat and/or perform corrective spinal surgical measures in a timely manner, and being inadequately prepared for third surgery.

In this NOI, I also referenced to the two surgical procedures that had been performed on my lower lumbar spine of which Dr. Willie S. Edwards at McLeod Spine Center had performed on me prior, a second back surgery on October 28, 2019 and a third back surgery on October 14, 2020, all of the lower lumbar. The letter of intent was very explicit in direct and descriptive information of my person letters delivered to your office by my husband addressing the weakness and issue of my knee failing, as well as the surgical instrument that was visually seen and dictated on the radiologist results. This letter detailed explicit information dated back to before my second surgery on October 28, 2019.

On October 3, 2023 I received a cover letter from Aiken Bridges Attorney at Law, Mr. David Banner which reference Donna S. Ard vs. Willie S. Edwards and McLeod Spine Center with an incorrect CA No. 2020-NI-21-00024 AB File No. 37131. This case number belongs to a deceased individual of whom the RESPONDENTS attorney Mr. Banner, was also involved with just prior to my submission of NOI; however the Aiken Bridges AB File No. 37131 which was documented on the cover letter with the deceased case number on October 3, 2023 is in question of who does it belong to, does he have cases entangled due to facts that this case number has been documented on numerous pieces of legal document's to me and more importantly Mr. Banner referred to me as the decedent?

On December 19, 2023, The Respondents attorney Mr. Banner and I Donna Ard as well as my husband Alvin Ard participated in mediation hosted in Columbia, S.C. which resulted in an impasse.

On February 16, 2024, I the Plaintiff filed a Summons and Complaint with the Circuit court in Florence S.C. I did not file a Expert Affidavit because my intentions was never medical malpractice.

On March 20, 2024 I, the Plaintiff received the Respondents answer and a Request for Motion to Dismiss (Jury Trial Requested).

On April 5, 2024 I, filed a 55 Pages of doctors' bills from further damage, pain and suffering I have from two falls with a broken hip, medical records and imaging offered both at

the mediation and was refused and at the hearing and was refused, as evidence in Response to the Motion to Dismiss.

On April 12, 2024 I, the Plaintiff filed a Plaintiff's Amended Response Memorandum in Opposition to RESPONDENTS' Motion to Dismiss

On May 28, 2024 I, the Plaintiff received a notice of a hearing scheduled for June 18, 2024, courtroom 3A 9:30 a.m.

Less than twenty four hours of court our court hearing, the Respondents attorney Mr. Banner submitted electronically to the court system a Respondents Memorandum in support of its Motion to Dismiss Plaintiffs complaint" reserving any and all defenses, objections, jurisdictional arguments or available statutory or common law defenses without any citing references.

On June 18, 2024, the Respondent's attorney Mr. Banner opened the hearing by stating I had filed a classic medical malpractice case and did not have the Expert Affidavit. The Judge heard from me, ask me if I understood and I did.

STANDARD OF REVIEW

Did the Judge err in allowing the RESPONDENTSs' Attorney Mr. Banner to speak first at the podium, which possibly giving the judge the opportunity to make a preconceived judgement?

Re: *S.C. Code of Laws 15-36-100*

S.C.R.P. 701 In the letter of intent are clear direct described negligence which if the case in a medical negligence case as filed then, the witness is not testifying as an expert, the witness' testimony in the form of opinions or inferences is limited to those opinions or inferences which do not require special knowledge, skill, experience, or training. *State v. Ostrowski*, 435 S.C. 364, 867 S.E.2d 269 (S.C. Ct. App. 2021). S.C.R.E.401 which defines relevant evidence as evidence that has a tendency to make a fact more or less likely to be true than it would be without the evidence. *State v. Alezander*, 303 S.C,401 S.E.2d 146 (1991) The statutory definition of medical malpractice found in section 15-79-110(6) does not impact medical providers' ordinary obligation to reasonably care for patients with respect to nonmedical, administrative, ministerial, or routine care. Thus, medical providers are still subject to claims sounding in ordinary negligence.

Re: *S.C. Code of Laws 15-36-100(B)*

The application of the common knowledge exception in proving negligence in a case involving medical malpractice depends on the particular facts of the case. When expert testimony is not required, the plaintiff must offer evidence that rises above mere speculation or conjecture." *Hickman v. Sexton Clinic*, 295 S.C. 164, 168 (Ct. App. 1988).

Re: *S.C. Code of Laws 15-36-100(F)*

The application of the common knowledge exception in proving negligence in a case involving medical malpractice depends on the particular facts of the case. *Sharpe v. South Carolina Department of Mental Health*, 292 S.C. 11, 354 S.E.2d 778 (Ct.App. 1987)

Re: *12(b)(4) S.C. the South Carolina Rules of Civil Procedure 12(b)(4)*

A motion that merely deals specifically with the content of the summons." Charles Alan Wright, Arthur R. Miller, and Edward H. Cooper, *Federal Practice and Procedure* § 1353 (3d ed. 1998) [hereinafter "Wright & Miller"]. In other words, the objection is to the content of the summons and not the service. See, e.g., *Hammond v. Honda Motor Co., Ltd.*, 128 F.R.D. 638, 639 (D.S.C. 1989)

(denying motion to quash under Rule 12(b)(4) that was based on grounds that the summons did not comply with the requirements of the Hague Convention); *State Bd. Of Medical Examiners of South Carolina v. Fenwick Hall, Inc.*, 300 S.C. 274, 276, 387 S.E.2d 458, 459 (1990)

Re: *12(b)(6) of the S.C. the South Carolina Rules of Civil Procedure*

As in this Plaintiff's case, 55 pages of legal documented medical records AND IMAGES have been provided to the court on April 5, 2024 and based solely on the factual allegations set forth in the complaint, and the court must consider all well-pled allegations as true." *Disabato v. S.C. Ass'n of Sch. Adm'rs*, 404 S.C. 433, 441, 746 S.E.2d 329, 333 (2013); see also *Turner v. Daniels*, 404 S.C. 430, 431 n. 1, 746 S.E.2d 40, 41 n. 1 (2013) (noting under the standard of review applicable to Rule 12(b)(6) motions, we construe all of the facts in the appellant's well-pled complaint in the light most favorable to the appellant and presume those facts to be true). "If the facts alleged and inferences reasonably deducible therefrom, viewed in the light most favorable to the plaintiff, would entitle the plaintiff to relief on any theory, dismissal under Rule 12(b)(6) is improper." *Carnival Corp. v. Historic Ansonborough Neighborhood Ass'n*, 407 S.C. 67, 74-75, 753 S.E.2d 846, 850 (2014)

Re: *S.C.12(c)* for fact pleading. It may also be treated as a motion for summary judgment in proper circumstances?



FACTS

In my letter of intent, it was very explicit, direct and detailed in the failures and further injures I have received. The Letter of Intent also is very clear with a detailed history from the beginning of the NOI, until after the summons and complaint was filed and defendants responded. I filed with the court system 55 pages of medical records with imaging of a surgical instrument in my back as well as a dictated Xray report and also hospital records and bills from a fall with a broken hip incurring an additional estimated \$150,000.00 debt.

The Appellant has supplied ample records and is willing to amend if needed or do discovery if needed.

There has only been one encounter with the defendant's attorney and this was during the mediation of which the only words spoken out of his mouth was "I'm sorry, I don't know anything about medical" and this was during medication of which the mediator was very unprofessional, by constantly laughing in my face as if this was a joke.



ARGUMENTS

- I. Because Respondents have failed to file any supporting evidence, or material to dispute allegations and cannot provide any supporting evidence to the seventeen defenses I pray that the Appellate Court will take into account the issues in the defense, the err in by the Respondents Attorney and reverse and Remand the entire decision of the hearing with Judge Robert Bonds on June 18, 2024.
- II. The is a medical negligence case of which S.C Rule 702, the Appellant is not testifying as an expert, the Appellant testimony in the form of opinions or inferences is limited to those opinions or inferences which, do not require special knowledge, skill, experience, or training. *State v. Ostrowski*, 435 S.C. 364, 867 S.E.2d 269 (S.C. Ct. App. 2021).

S.C. Code of Laws 15-36-100(B)

The application of the common knowledge exception in proving negligence in a case involving medical malpractice depends on the particular facts of the case. When expert testimony is not required, the plaintiff must offer evidence that rises above mere speculation or conjecture” *Hickman v. Sexton Clinic*, 295 S.C. 164, 168 (Ct. App. 1988).

Re: *S.C. Code of Laws 15-36-100(F)*

The application of the common knowledge exception in proving negligence in a case involving medical malpractice depends on the particular facts of the case. *Sharpe v. South Carolina Department of Mental Health*, 292 S.C. 11, 354 S.E.2d 778 (Ct.App. 1987

12(b)(4) S.C. the South Carolina Rules of Civil Procedure 12(b)(4)

A motion that merely deals specifically with the content of the summons.” 5B Charles Alan Wright, Arthur R. Miller, and Edward H. Cooper, *Federal Practice and Procedure* § 1353 (3d ed. 1998) [hereinafter “Wright & Miller”]. In other words, the objection is to the content of the summons and not the service. See, e.g., *Hammond v. Honda Motor Co., Ltd.*, 128 F.R.D. 638, 639 (D.S.C. 1989) (denying motion to quash under Rule 12(b)(4) that was based on grounds that the summons did not comply with the requirements of the Hague Convention); *State Bd. Of Medical. Examiners of South Carolina v. Fenwick Hall, Inc.*, 300 S.C. 274, 276, 387 S.E.2d 458, 459 (1990)

12(b)(6)of the S.C. the South Carolina Rules of Civil Procedure

As in this Plaintiff’s case, 55 pages of legal documented medical records have been provided to the court on April 5, 2024 and based solely on the factual allegations set forth in the complaint, and the court must consider all well-pled allegations as true.” *Disabato v. S.C. Ass'n of Sch. Adm'rs*, 404 S.C. 433, 441,

746 S.E.2d 329, 333 (2013); see also *Turner v. Daniels*, 404 S.C. 430, 431 n. 1, 746 S.E.2d 40, 41 n. 1 (2013) (noting under the standard of review applicable to Rule 12(b)(6) motions, we construe all of the facts in the appellant's well-pled complaint in the light most favorable to the appellant and presume those facts to be true). "If the facts alleged and inferences reasonably deducible therefrom, viewed in the light most favorable to the plaintiff, would entitle the plaintiff to relief on any theory, dismissal under Rule 12(b)(6) is improper." *Carnival Corp. v. Historic Ansonborough Neighborhood Ass'n*, 407 S.C. 67, 74-75, 753 S.E.2d 846, 850 (2014)

Re: S.C.12(C) of the S.C. the South Carolina Rules of Civil

The Defendants does not have any proof to dispute the negligence. All information available from the defendants would support every negligent statement in the suit.



CONCLUSION

For the reasons stated, this Court should reverse and remand the judgment of the lower court decision for a new jury trial as requested.

09/18/2024

Respectfully submitted,



Donna Ard
2460 Cicero Lane
Florence, South Carolina, 29501
(843) 472-1298
Pro Se Appellant



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C E R T I F I C A T E

I, Pamela E. Green, Official Court Reporter for the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of the proceedings had and evidence introduced in the trial of the captioned case, relative to appeal, in the Court of Common Pleas Nonjury for Florence County, South Carolina, on the 18th day of June, 2024.

I do further certify that I am neither of kin, counsel nor interest to any party hereto.

August 18th, 2024



PAMELA E. GREEN, Court Reporter

P

appellate case # 2024-CP-21-00406

From: DONNA ARD (donnaard001@aol.com)

To: ctappfilings@sccourts.org

Cc: jdb@aikenbridges.com

Date: Wednesday, September 18, 2024 at 09:49 PM EDT

Good Evening

Mr. Banner

Attached are fifteen (15) pages on an appellant brief will I am submitting via email electronically as well as putting a hard copy in the mail within the time restraints.

Thank You

Donna Ard

Donna Ard
Electronic Email Signature



appellate donna final and emailed 9.18.2024.pdf
134.9kB

Transcript of case 2024-CP-21-00406

From: DONNA ARD (donnaard001@aol.com)

To: jdb@aikenbridges.com; ctappfilings@sccourts.org

Bcc: donnaard001@aol.com

Date: Thursday, September 19, 2024 at 11:45 AM EDT

Mr Banner

I apologize, if Any problems with this one please let me know.

Thank you

<https://acrobat.adobe.com/id/urn:aaid:sc:US:2a758457-fb5b-43d4-9c8f-8ef9589b4748>

Donna Ard



Re: Donna Ard v. William Edwards, et al transcript request

From: Green, Pamela E. (pgreen@sccourts.org)

To: donnaard001@aol.com

Date: Monday, August 19, 2024 at 12:20 PM EDT

Ms. Ard,

Enclosed please find the transcript you requested along with the invoice. I will be returning to you \$21.25. Thank you.

Pamela E. Green
Circuit Court Reporter
At-Large

From: Green, Pamela E.
Sent: Tuesday, July 23, 2024 8:43 AM
To: donnaard001@aol.com <donnaard001@aol.com>
Cc: Transcripts <transcripts@sccourts.org>
Subject: Donna Ard v. William Edwards, et al transcript request


Enclosed please find the estimate for the transcript you have requested.

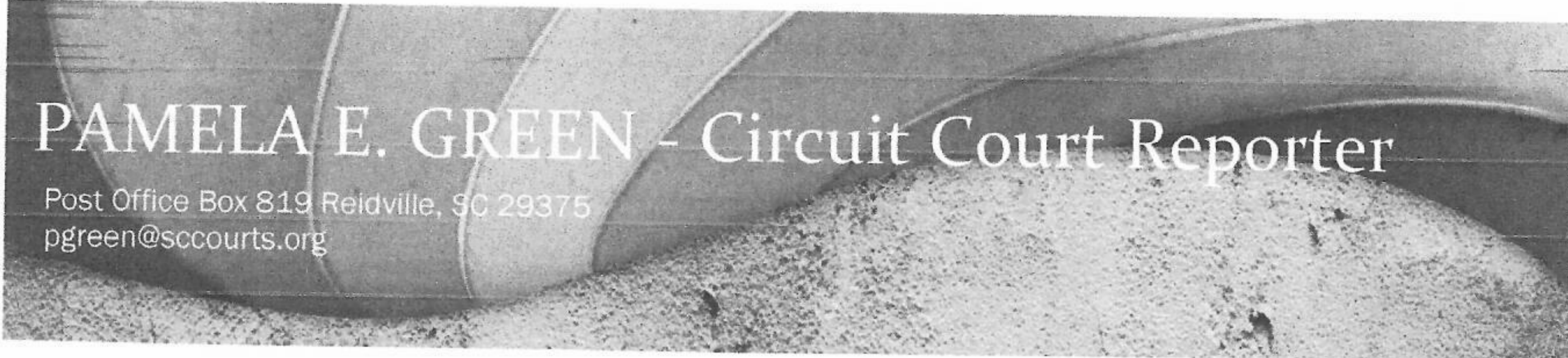
Thank you.

Pamela E. Green
Circuit Court Reporter
At-Large

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 Donna Ard v. Willie Edwards McLeod Spine.pdf  
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19-Aug-24

For  
Transcript

Donna Ard  
2460 Cicero Lane  
Florence, SC 29501-0826

| Details                                         | Amount         |
|-------------------------------------------------|----------------|
| Donna Ard v. Willie Edwards/McLeod Spine Center |                |
| 2024-CP-21-406                                  |                |
| 15 Pages at \$4.25 per page                     | \$63.75        |
| <b>Subtotal</b>                                 | <b>\$63.75</b> |
| Other Costs                                     |                |
| <b>Total Cost</b>                               | <b>\$63.75</b> |

Payment is due upon receipt of transcript

STATE OF SOUTH CAROLINA

COUNTY OF Florence

Donna Ard

Plaintiff(s)

vs.

Willie S. Edwards/Mcleod Spine Center

Defendant(s)

Submitted By: Donna Ard  
Address: 2460 Cicero Lane, Florence SC 29501-0826

IN THE COURT OF COMMON PLEAS

CIVIL ACTION COVERSHEET

      -CP-      -      

SC Bar #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Other: \_\_\_\_\_  
E-mail: \_\_\_\_\_

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing cases that are NOT E-Filed. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint. This form is NOT required to be filed in E-Filed Cases.

**DOCKETING INFORMATION (Check all that apply)**

*\*If Action is Judgment/Settlement do not complete*

- JURY TRIAL demanded in complaint.       NON-JURY TRIAL demanded in complaint.
- This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is exempt from ADR. (Certificate Attached)

**NATURE OF ACTION (Check One Box Below)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Contracts</b></p> <input type="checkbox"/> Constructions (100)<br><input type="checkbox"/> Debt Collection (110)<br><input type="checkbox"/> General (130)<br><input type="checkbox"/> Breach of Contract (140)<br><input type="checkbox"/> Fraud/Bad Faith (150)<br><input type="checkbox"/> Failure to Deliver/Warranty (160)<br><input type="checkbox"/> Employment Discrim (170)<br><input type="checkbox"/> Employment (180)<br><input type="checkbox"/> Other (199) _____ <p><b>Inmate Petitions</b></p> <input type="checkbox"/> PCR (500)<br><input type="checkbox"/> Mandamus (520)<br><input type="checkbox"/> Habeas Corpus (530)<br><input type="checkbox"/> Other (599) _____ <p><b>Special/Complex /Other</b></p> <input type="checkbox"/> Environmental (600)<br><input type="checkbox"/> Automobile Arb. (610)<br><input type="checkbox"/> Medical (620)<br><input type="checkbox"/> Other (699) _____<br><input type="checkbox"/> Sexual Predator (510)<br><input type="checkbox"/> Permanent Restraining Order (680)<br><input type="checkbox"/> Interpleader (690) | <p><b>Torts - Professional Malpractice</b></p> <input type="checkbox"/> Dental Malpractice (200)<br><input type="checkbox"/> Legal Malpractice (210)<br><input type="checkbox"/> Medical Malpractice (220)<br>Previous Notice of Intent Case #<br>20 <u>23</u> -NI- <u>21</u> - <u>00021</u><br><input type="checkbox"/> Notice/ File Med Mal (230)<br>Noneconomic<br><input checked="" type="checkbox"/> Other (299) <u>And economic damages</u><br>Pain & suffering<br>Mental & emotional anguish<br>Mental & emotional distress <p><b>Administrative Law/Relief</b></p> <input type="checkbox"/> Reinstate Drv. License (800)<br><input type="checkbox"/> Judicial Review (810)<br><input type="checkbox"/> Relief (820)<br><input type="checkbox"/> Permanent Injunction (830)<br><input type="checkbox"/> Forfeiture-Petition (840)<br><input type="checkbox"/> Forfeiture—Consent Order (850)<br><input type="checkbox"/> Other (899) _____ | <p><b>Torts - Personal Injury</b></p> <input type="checkbox"/> Conversion (310)<br><input type="checkbox"/> Motor Vehicle Accident (320)<br><input type="checkbox"/> Premises Liability (330)<br><input type="checkbox"/> Products Liability (340)<br><input type="checkbox"/> Personal Injury (350)<br><input type="checkbox"/> Wrongful Death (360)<br><input type="checkbox"/> Assault/Battery (370)<br><input type="checkbox"/> Slander/Libel (380)<br><input type="checkbox"/> Other (399) _____ <p><b>Judgments/Settlements</b></p> <input type="checkbox"/> Death Settlement (700)<br><input type="checkbox"/> Foreign Judgment (710)<br><input type="checkbox"/> Magistrate's Judgment (720)<br><input type="checkbox"/> Minor Settlement (730)<br><input type="checkbox"/> Transcript Judgment (740)<br><input type="checkbox"/> Lis Pendens (750)<br><input type="checkbox"/> Transfer of Structured Settlement Payment Rights Application (760)<br><input type="checkbox"/> Confession of Judgment (770)<br><input type="checkbox"/> Petition for Workers Compensation Settlement Approval (780)<br><input type="checkbox"/> Incapacitated Adult Settlement (790)<br><input type="checkbox"/> Other (799) _____ | <p><b>Real Property</b></p> <input type="checkbox"/> Claim & Delivery (400)<br><input type="checkbox"/> Condemnation (410)<br><input type="checkbox"/> Foreclosure (420)<br><input type="checkbox"/> Mechanic's Lien (430)<br><input type="checkbox"/> Partition (440)<br><input type="checkbox"/> Possession (450)<br><input type="checkbox"/> Building Code Violation (460)<br><input type="checkbox"/> Other (499) _____ <p><b>Appeals</b></p> <input type="checkbox"/> Arbitration (900)<br><input type="checkbox"/> Magistrate-Civil (910)<br><input type="checkbox"/> Magistrate-Criminal (920)<br><input type="checkbox"/> Municipal (930)<br><input type="checkbox"/> Probate Court (940)<br><input type="checkbox"/> SCDOT (950)<br><input type="checkbox"/> Worker's Comp (960)<br><input type="checkbox"/> Zoning Board (970)<br><input type="checkbox"/> Public Service Comm. (990)<br><input type="checkbox"/> Employment Security Comm (991)<br><input type="checkbox"/> Other (999) _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Submitting Party Signature:

Donna Ard

Date:

9-5-2023

*Edwards*

CERTIFIED: A TRUE COPY  
*Donna Paula O'Hara*  
CLERK OF COURT C.P. & G.S.  
FLORENCE COUNTY, S.C.

STATE OF SOUTH CAROLINA

COUNTY OF Florence

Donna Ard

Plaintiff(s)

vs.

Willie S. Edwards/McLeod Spine Center

Defendant(s)

2024-CP-21-00406

CIVIL CASE NUMBER

IN THE MAGISTRATE'S COURT

*Common Pleas*

**PLAINTIFFS' RESPONSE TO  
DEFENDANT'S**

**MOTION TO DISMISS PLAINTIFF'S  
COMPLAINT AND BRIEF IN SUPPORT**

To the Court and to the Defendant(s):

**PLAINTIFF'S MEMORANDUM IN OPPOSITION TO DEFENDANTS MOTION TO  
DISMISS**

I, The Complainant Donna Ard respond to the defendant's motion to dismiss, responds as follows:  
In opposition of dismissal I ask that I am able to exercise the Fourteenth Amendment of my  
constitutional rights to due process

**FOR THE FIRST COMPLAINT**

1. In paragraph one of the complaint it clearly states facts sufficient to support valid cause of action against the defendants for a surgical procedure performed by Willie S. Edwards at McLeod Hospital on October 14, 2020. With an MRI done on September 4, 2020, and in an office visit on September 10, 2020, you revealed to my husband and I that I had developed a disc bulge and the treatment was a minor surgical procedure, nothing like having a fusion.

During this office visit I presented a second letter of concern about the right leg weakness and knee giving out, as well as a Physical Residual Functional Capacity form from the social security administration for completion as I was unable to work at which time you stated to my husband and I "in regards to the letter you give me, I can assure you that the issue with the right leg will be corrected and after this surgery I can assure you, you will not be able to

SCCA/707 (Amended 05/2008)

2024 APR -5 PM 3:54  
DONNA PAULA O'HARA  
CLERK OF COURT  
FLORENCE COUNTY, SC

**FILED**

work”, at which time you agreed to complete the residual function capacity form because after this I would be unable to work.

2. Due to the issue of me continuously having pain in the right side of my back, buttock, thigh and foot with my knee giving away, which was not surgically corrected in my prior surgery on October 28, 2019 done by Willie S. Edwards, Unfortunately I entrusted you with my spinal health and allowed you, Willie S. Edwards to perform a third surgery to correct a nerve condition which was still affecting me from my prior surgery on October 28, 2019 where my L3-L4 nerve roots were involved.
3. When I allowed you to do my third surgery on October 14, 2020, where you assured me that my issues with my right leg would be corrected, I had no idea that I would ever be in worse condition than before my third surgery and have to seek medical care outside of the state of South Carolina.
4. There is no reasonable explanations or excuses for a medical doctor to approach a patient's hospital room an hour out of surgery and tell the patient that “it's not a matter of if, it's just a matter of when, you will need another surgery” when you just cut my back wide open leaving foreign bodies inside my body cavity , and as a result of retained foreign bodies left in the body cavity, it resulted in an office visit due to a surgical granuloma which was infected and caused pain, tenderness and swelling. Upon this unexpected office visit, the nurse referred to this foreign body as “cat guts”.
5. Diagnostic radiology (fluoroscopy) performed on October 14, 2020 at 11:28 am indicated surgical instrument seen projecting along the posterior elements inferior suspects L2 level which according to documentation surgery began at 9:49am and was complete at 11:37am.
6. Medical records of office visits at McLeod Spine Center documents numerous counts of visits beginning in July of 2019 thru September 10,2020 with complaints of severe back pain, which radiated down into my right leg, thigh, knee and down to foot with right leg weakness and right knee giving out causing me to fall. My husband delivered a letter to you I wrote with concerns, expressing my concern about the weakness in right leg, with my knee giving away causing me to fall dated October 8, 2019.
7. Medical records indicate on perioperative record procedure involved blunt or penetrating injury.
8. MRI scan performed on September 25, 2019 during a hospitalization from a seizure revealed L3- and L4 right sided disc extrusion migrating inferiorly and superiorly and was affecting the L3 and L4 nerve roots at the canal.
9. Without any type of conservative treatment ever offered during any office visit, on October 1, 2019 it was dictated that conservative efforts would be unsuccessful given the compressive pathology and surgery was scheduled.
10. In opposition of the defendant's motion to dismiss, I ask the court to grant me a jury trial to display and explain to the jury that the defendant did not have my best interest in mind, when performing my third surgical procedure. In fact the surgical procedure in which Willie S. Edwards performed caused further damage and harm to my spinal health than before the third surgery, which medical records will reveal. As a result of his negligence I have suffered two major falls which has resulted in excessive monetary expenses and further injury to my body.
11. Further in opposition of the defendants request for dismissal, medical records enclosed and dictated by an expert radiologist who also has to accomplish a doctorates degree and further educated beyond a doctorate degree has dictated two MRI's that will display significant negative changes in my spinal health after my third surgery on October 14, 2020. During my third surgery Willie S. Edwards

performed a surgical procedure that was the result of my parts of my backbone in my spine shifting backwards on one another causing further weakness to the body. During my visit for a MRI on December 21, 2020 the report was dictated with a long list of spinal problems that was not there during the MRI done on September 04, 2020 just before surgery.

12. Expert impartial radiologist dictations will represent negative impacts for my spinal health.
13. Medical records of MRI's which are attached from September 04, 2020 (before Surgery on October 14, 2020) and December 21, 2020 (after surgery) will clearly indicate and further prove that the surgical operation on October 14, 2020 was not done with good intentions and further proves that the surgical procedure done on October 14, 2020 was performed with negligence and caused further damage.
14. In further opposition of the defendants request for dismissal, I trusted my spinal health to someone who I thought had my best interest in mind but after my third surgery I felt like I had been beaten, my whole body hurt and this was discussed with him afterwards to which his response was well it wasn't an easy surgery.
15. In opposition to the request for dismissal from the defendants, Due to pure negligence on behalf of the defendant Willie S. Edwards and the reckless acts performed on October 14, 2020, I the complainant have suffered from two major falls of which both falls resulted in two emergency room visits. On April 26, 2023, I fell and had to be taken to the emergency room due to my right knee giving out and causing me to fall, therefore causing me to incur further personal debt. Also On January 26, 2024 I fell again and had to be taken to the emergency room due to my right knee giving out and causing me to fall, therefore causing me to incur further personal debt again. When falling this time it resulted in a two week hospital stay due to my left hip breaking, fracturing the radius in my left arm and over two months of therapy, and approximately \$150,000.00 in medical expenses, all due to the defendant's reckless decisions on October 14, 2020.
16. After reviewing medical records I discovered that there was minimal staffing during this surgery on October 14, 2020 to include one untitled individual, 2 scrub personnel, an anesthesiologist of record, a radiology technician and one certified registered nursing assistant and Willie S. Edwards. Under regulations of the law there should have been a registered nurse (RN) who should be in control of all circulation, also there is no documented radiologist as also required by law.

I pray that defendants be held liable for the actions, with costs, and such further relief that may be applicable.

Thank you

Donna Ard

Alvin Ard  
He: [Signature]  
Exp. 4/27/28

McLeod Regional Medical Center

Patient Name: ARD, DONNA SINGLETARY  
 MRN: 000458910 Admit: 9/4/2020  
 FIN: 1000994173 Disch: 9/4/2020  
 DOB/Age/Sex: 7/18/1966 57 years Female Admitting: Edwards,MD,Willie S

Magnetic Resonance Imaging

| Accession       | Exam Date/Time     | Exam                          | Ordering Physician  | Patient Age at Exam |
|-----------------|--------------------|-------------------------------|---------------------|---------------------|
| 10-MR-20-016065 | 9/4/2020 09:26 EDT | MRI Spine Lumbar w/o Contrast | Edwards,MD,Willie S | 54 years            |

Reason for Exam

(MRI Spine Lumbar w/o Contrast) Lumbar spondylolisthesis - M43.16; Lumbar spondylolisthesis - M43.16

Report

PROCEDURE: MRI Spine Lumbar w/o Contrast

INDICATION: Lumbar spondylolisthesis - M43.16

TECHNIQUE: Multisequence multiplanar MRI of the lumbar spine was performed.

COMPARISON: MRI of the lumbar spine 9/27/2019

FINDINGS:

Vertebral body height is maintained. Marrow signal intensity is fairly homogeneous without suspicious lesion on STIR imaging. The posterior fusion hardware seen at L3-L5. Visualized paraspinal and retroperitoneal soft tissues are unremarkable. Conus extends to T12-L1 without intrinsic signal abnormality.

At T12-L1 and L1-2 there is no significant bulge or central canal foraminal stenosis.

At L2-3 there is a prominent central extrusion, new from prior which along with some facet arthropathy causes moderately severe narrowing of the central canal and bundling of the nerve roots. There is mild encroachment upon the neural foramina.

At L3-4 there has been interval fusion and apparent partial discectomy. Extruded disc material seen on the prior study is no longer identified and there is no significant encroachment upon the central canal or neural foramina. Minor endplate spurring seen as well as minimal bulge. The compression posteriorly from laminectomy.

At L4-5 there is decompression posteriorly from prior laminectomy and fusion. Minimal broadbase protrusion but causing no significant central canal or foraminal stenosis.

At L5-S1 there is no significant bulge or central canal foraminal stenosis.

IMPRESSION:

Interval development of focal disc extrusion centrally at the L2-3 level causing moderately severe narrowing of the central canal and bundling of the nerve roots.

Interval postsurgical changes at L3-4.

**McLeod Regional Medical Center**

Patient Name: ARD, DONNA SINGLETARY

MRN: 000458910

FIN: 1000994173

DOB/Age/Sex: 7/18/1966 57 years Female

Admit: 9/4/2020

Disch: 9/4/2020

Admitting: Edwards,MD,Willie S

**Magnetic Resonance Imaging**

**Report**

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Leighton, MD, Joshua

Dictated DT/TM: 09/04/2020 10:24 am

Signed by: Leighton, MD, Joshua

Signed (Electronic Signature): 09/04/2020 10:47 am



McLeod Regional Medical Center  
555 E Cheves Street  
Florence, SC 29506-2617

Patient: **ARD, DONNA SINGLETARY**  
MRN: 000458910 Admit: 12/21/2020  
FIN: 1001241767 Disch: 12/21/2020  
DOB/Age/Sex: 7/18/1966 57 years Female Admitting: Edwards,MD,Willie S  
Location: MRMC\_PAV\_RADMRI

**Magnetic Resonance Imaging**

| Accession       | Exam Date/Time       | Exam                          | Ordering Physician  | Patient Age at Exam |
|-----------------|----------------------|-------------------------------|---------------------|---------------------|
| 10-MR-20-023745 | 12/21/2020 06:56 EST | MRI Spine Lumbar w/o Contrast | Edwards,MD,Willie S | 54 years            |

**Reason for Exam**

(MRI Spine Lumbar w/o Contrast) lumbar spondylolisthesis - M43.16;lumbar spondylolisthesis - M43.16

**Report**

EXAM:  
MRI LUMBAR SPINE WITHOUT CONTRAST

**CLINICAL DATA:**

Lumbar spondylolisthesis - M43.16. Low back pain. Right leg pain.

**COMPARISON:**

MRI lumbar spine, 09/04/2020. Lumbar spine radiographs, 10/27/2020.

**TECHNIQUE:**

Multiplanar multi-sequence MR imaging of the lumbar spine was performed without the administration of intravenous contrast.

**FINDINGS:**

Lower thoracic cord demonstrates normal signal and caliber. Conus medullaris terminates at the level of L1. Cauda equina nerve roots are unremarkable.

Five non-rib-bearing lumbar type vertebrae. Mild retrolisthesis of L2 upon L3 (up to approximately 0.3 cm); slightly worsened. Mild dextroconvex curvature of the lower thoracic and lumbar spine centered through the thoracolumbar junction. Vertebral body heights normal. No signs of marrow edema or lumbar compression deformity.

Posterior fusion hardware remains in place at L3-L5 with transpedicular screws and rods. Decompressive laminectomies performed at L3-L4 and L4-L5. Some degree of posterior decompression performed at L2-L3 over the interim. Heterogeneous postsurgical changes present along the laminectomy bed without discrete fluid collection. Suspect prior discectomy procedure as well. Heterogeneous fluid/fluid stranding seen at the dorsal paraspinal soft tissues without discrete collection.

Mild degenerative changes present at the sacroiliac joints.  
Abdominal aorta non aneurysmal.

McLeod Regional Medical Center

Patient Name: ARD, DONNA SINGLETARY  
MRN: 000458910 Admit: 12/21/2020  
FIN: 1001241767 Disch: 12/21/2020  
DOB/Age/Sex: 7/18/1966 57 years Female Admitting: Edwards,MD,Willie S

**Magnetic Resonance Imaging**

**Report**

--T12-L1: Unremarkable.

--L1-L2: Minimal disc bulge. Mild facet arthropathy. No significant spinal canal or neural foraminal narrowing.

--L2-L3: Prior posterior decompression. No fusion hardware however. Retrolisthesis. Moderate to large broad-based disc bulge. Suspect interval discectomy centrally. Previously seen large central disc extrusion appear substantially diminished. Component of residual disc extrusion present centered just left of midline; this measures up to approximately 0.5 x 1.2 x 1.4 cm (AP x TRV x CC). Mild residual spinal canal narrowing present (previously severe). Endplate and facet joint spurring results in moderate right neural foraminal narrowing; worsened from prior. Disc extrusion along with facet joint spurring results in moderate to severe left neural foraminal narrowing; also worsened.

--L3-L4: Prior posterior fusion and decompression. No appreciable residual spinal canal or neural foraminal narrowing.

--L4-L5: Prior posterior fusion and decompression. Mild-to-moderate broad-based disc bulge. Mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing.

--L5-S1: Minimal disc bulge. Mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing.

**IMPRESSION:**

1. Interval surgery L2-L3 level with apparent discectomy as well as some degree of posterior decompression. Previously seen severe spinal stenosis much improved with mild residual.
2. Retrolisthesis present at L2-L3; slightly worsened. Worsened bilateral neural foraminal narrowing also present at L2-L3 (left side worse than right).
3. Prior posterior fusion and decompression at L3-L5. No residual spinal canal or neural foraminal narrowing at these levels.

**SIGNATURE:**

Electronically Signed  
By: Brad Moore M.D.  
On: 12/21/2020 08:43

Donna Ard  
2460 Cicero lane  
Florence. SC 29501  
Phone 843-669-5147

October 8, 2019

Hello Dr. Edwards,

I was in for an office visit a few days ago and you viewed the MRI of my back that was done at the hospital and said I needed surgery to correct a ruptured disk. I discussed with you about my right leg giving out on me and causing me to fall and also my knee is numb and a lot of pain down the leg. I wanted to check and make sure that this surgery scheduled on 10-28-19 will correct all of my problems I'm having as it relates to my right leg giving out and the numbness and pain in the right leg.

Please give me a call at your convenience.

Thank You

Donna Ard

Donna Ard  
2460 Cicero lane  
Florence. SC 29501  
Phone 843-669-5147

September 7, 2020

Hello Dr. Edwards,

I would like to discuss the problem that I am still having complications from since before my last surgery. I discussed with you about my right leg weakness and right knee giving out on me and causing me to fall and also a lot of pain down the leg. I wanted to check and make sure that the surgery scheduled on 10-14-2020 will correct all of my problems I'm having as it relates to my right leg and knee giving out and the numbness and pain in the right leg.

Please give me a call at your convenience.

Thank You

Donna Ard



Guarantor ID **1542634**  
 Guarantor Name Donna Ard  
 Statement Date 03/31/2024

**Pay Your Bill Online!**








Guest Pay  
Scan QR code for quick access

| Account Summary                       |                    |
|---------------------------------------|--------------------|
| Patient Payments Since Last Statement | \$ 255.25          |
| <hr/>                                 |                    |
| Previous Balance                      | \$ 3,221.49        |
| + New Charges*                        | \$ 2,839.57        |
| - Insurance Payments/Adjustments      | \$ 1,926.99        |
| - Patient Payments/Adjustments        | \$ 255.25          |
| <b>New Balance</b>                    | <b>\$ 4,006.37</b> |
| <hr/>                                 |                    |
| Payment Plan Amount Due               | \$ 0.00            |
| Non-Payment Plan Amount Due           | \$ 4,006.37        |
| <b>Minimum Amount Due</b>             | <b>\$ 4,006.37</b> |

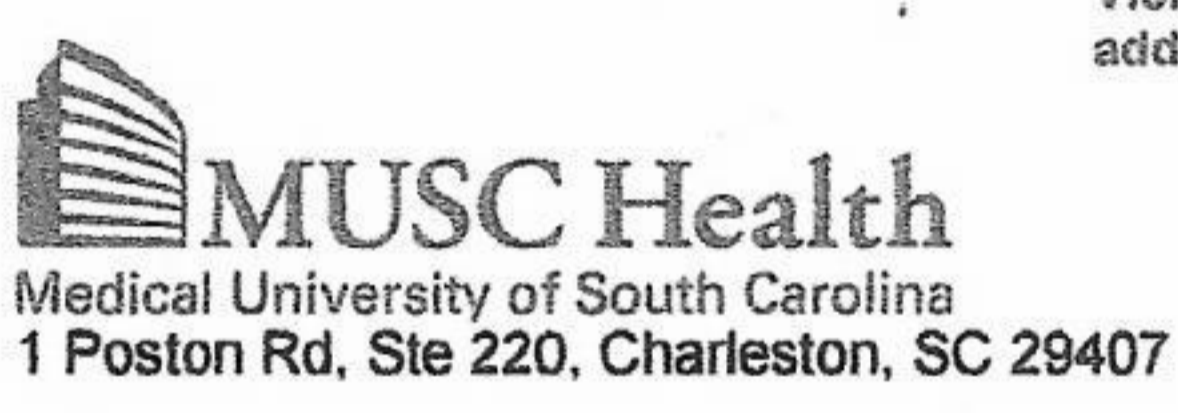
\*Contracted Amount

**Important Information**



Your account is now past due. Payment in full is required upon receipt of your statement to avoid placement with our collection unit. If you are unable to pay in full or have questions concerning this balance, you must contact our office at 843-792-2311 or 1-800-598-0624. If payment in full has already been made, please accept our thanks.

-  **MUSC MyChart**  
Access [mychart.muschealth.com](http://mychart.muschealth.com) for important account information, to make a payment, view your statement, access your payment history, set up a payment plan, create an estimate, update insurance and address information or submit billing questions to our customer service team 24 hours a day.
-  **Pay Online or by Phone 24 Hours a day**  
Visit [mychart.muschealth.com](http://mychart.muschealth.com) to make a payment online. You do not need a MyChart account to make a payment! You may also call 844-869-0152 to pay via our automated payment service. Please have your statement or guarantor number ready.
- Billing Help**  
Send billing questions to our customer service team by logging in to [mychart.muschealth.com](http://mychart.muschealth.com). You may also contact our customer service team by phone 843-792-2311 or 1-800-598-0624 Monday-Friday 8:00am to 4:30pm.  
**Don't understand your bill? Visit [muschealth.org/billing-help](http://muschealth.org/billing-help).**
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Say goodbye to stamps and envelopes and sign up today for a convenient and environmentally-friendly way to handle your bill. Sign up today to go paperless on [mychart.muschealth.com](http://mychart.muschealth.com)
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If you are unable to pay your bill in full, please contact us for assistance. MUSC offers multiple options to manage your account balance. Visit [mychart.muschealth.com](http://mychart.muschealth.com) to set up a payment plan or apply for financial assistance. You can learn more about the requirements of our financial assistance policy online at [muschealth.org/financial-assistance](http://muschealth.org/financial-assistance).
-  Please see reverse side for account detail.

Please detach the bottom portion and return with your payment. Make checks payable to **MUSC HEALTH**. Please do not send in correspondence with your payment.



Visit MUSC MyChart to update address and insurance information.

|                                                                                                                                                                                                                                                                                                                        |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Due Date                                                                                                                                                                                                                                                                                                               | 04/28/24                                      |
| Guarantor ID                                                                                                                                                                                                                                                                                                           | 1542634                                       |
| <b>Minimum Amount Due</b>                                                                                                                                                                                                                                                                                              | <b>\$ 4,006.37</b>                            |
| Amount I Am Paying                                                                                                                                                                                                                                                                                                     | \$ <input style="width: 100px;" type="text"/> |
| If paying by credit card <input type="checkbox"/> VISA <input type="checkbox"/>  <input type="checkbox"/> DISCOVER <input type="checkbox"/>  |                                               |
| Card Number                                                                                                                                                                                                                                                                                                            | <input style="width: 100%;" type="text"/>     |
| Cardholder Name                                                                                                                                                                                                                                                                                                        | <input style="width: 100%;" type="text"/>     |
| Exp Date                                                                                                                                                                                                                                                                                                               | <input style="width: 100%;" type="text"/>     |
| Signature                                                                                                                                                                                                                                                                                                              | <input style="width: 100%;" type="text"/>     |

Statement Invoice ID 147303148

Donna Ard  
2460 Cicero Ln  
Florence, SC 29501-0826

MUSC HEALTH  
PO BOX 23317  
NEW YORK, NY 10087-3317

23317 0000000001542634 00000147303148 000400637 4



Guarantor ID **1542634**  
 Guarantor Name Donna Ard  
 Statement Date 03/31/2024

Statement of Services

|                                                                                                     | Date of Visit        | Description of Services                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charges*                                                                                                                | Insurance Pmt/Adj | Patient Pmt/Adj | Amount Due        |
|-----------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|-------------------|
|                                                                                                     | 02/04/24             | Co-Payment - Thank You                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                   | -3.40           |                   |
|                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total \$ 144.56</b>                                                                                                  | <b>-115.65</b>    | <b>-3.40</b>    | <b>\$25.51</b>    |
| <b>Hospital Services</b>                                                                            | 01/26/24-01/31/24    | <b>Services Received</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$ 29,671.00</b>                                                                                                     |                   |                 |                   |
| Patient: Donna Ard<br>Visit #: 104773720<br>MUSC Health Florence                                    |                      | Administration, Processing, and Storage for Blood and Blood Products<br>Anesthesia<br>CT Scan<br>Ekg/Ecg<br>Emergency Room<br>Laboratory<br>Medical/Surgical Supplies and Devices<br>Occupational Therapy<br>Operating Room Services<br>Pharmacy<br>Physical Therapy<br>Radiology - Diagnostic<br>Recovery Room<br>Room and Board - Private                                                                                                                          |                                                                                                                         |                   |                 |                   |
|                                                                                                     | 02/13/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -27,160.08        |                 |                   |
|                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total \$ 29,671.00</b>                                                                                               | <b>-27,160.08</b> | <b>0.00</b>     | <b>\$2,510.92</b> |
| <b>Physician Services</b>                                                                           | 01/31/24             | 99285 Pr Emergency Dept Visit, Level V<br>99232 Pr Subsequent Hospital Care, Level II<br>99232 Pr Subsequent Hospital Care, Level II<br>99254 99254 Pr Initl Inpatient Consult Level IV<br>27236 Femoral Fx, Open Tx<br>99232 Pr Subsequent Hospital Care, Level II<br>99233 Pr Subsequent Hospital Care, Level III<br>99239 Pr Hospital Discharge Day, >30 Min                                                                                                      | \$ 199.84<br>\$ 71.09<br>\$ 71.09<br>\$ 177.26<br>\$ 1,845.27<br>\$ 71.09<br>\$ 100.61<br>\$ 101.70                     |                   |                 |                   |
| Patient: Donna Ard<br>Visit #: 104773835<br>Hanaa Benchekroun Belabbes, MD<br>MUSC Health Florence  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                   |                 |                   |
|                                                                                                     | 02/06/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -1,376.64         |                 |                   |
|                                                                                                     | 02/13/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -161.85           |                 |                   |
|                                                                                                     | 03/05/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -199.84           |                 |                   |
|                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total \$ 2,637.95</b>                                                                                                | <b>-1,738.33</b>  | <b>0.00</b>     | <b>\$899.62</b>   |
| <b>Physician Services</b>                                                                           | 02/06/24             | 93010 Electrocardiogram Report<br>99223 Pr Initial Hospital Care, Level III<br>99232 Pr Subsequent Hospital Care, Level II<br>99254 99254 Pr Initl Inpatient Consult Level IV<br>99232 Pr Subsequent Hospital Care, Level II<br>99232 Pr Subsequent Hospital Care, Level II<br>99232 Pr Subsequent Hospital Care, Level II<br>99232 Pr Subsequent Hospital Care, Level II<br>99232 Pr Subsequent Hospital Care, Level II<br>99239 Pr Hospital Discharge Day, >30 Min | \$ 17.01<br>\$ 190.28<br>\$ 71.09<br>\$ 177.26<br>\$ 71.09<br>\$ 71.09<br>\$ 71.09<br>\$ 71.09<br>\$ 71.09<br>\$ 101.70 |                   |                 |                   |
| Patient: Donna Ard<br>Visit #: 104793419<br>Geoffrey Stuart Coates-Wynn, MD<br>MUSC Health Florence |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                   |                 |                   |
|                                                                                                     | 02/06/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -152.22           |                 |                   |
|                                                                                                     | 02/13/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -265.58           |                 |                   |
|                                                                                                     | 02/21/24             | Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | -390.53           |                 |                   |
|                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total \$ 912.79</b>                                                                                                  | <b>-808.33</b>    | <b>0.00</b>     | <b>\$104.46</b>   |
| <b>Physician Services</b>                                                                           | 02/21/24<br>02/27/24 | 73502 Radex Hip Unilateral With Pelvis 2-3 Views<br>Insurance Payment - BCBS State/MUSC Health Plans                                                                                                                                                                                                                                                                                                                                                                 | \$ 130.00                                                                                                               |                   |                 |                   |
| Patient: Donna Ard<br>Visit #: 104867626<br>Gregory R Palutis, MD<br>MUSC Health Florence           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | -115.00           |                 |                   |
|                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total \$ 130.00</b>                                                                                                  | <b>-115.00</b>    | <b>0.00</b>     | <b>\$15.00</b>    |

FEll Broke  
Hip  
2 weeks  
Hospital

Name: Donna Ard | DOB: 7/18/1966 | MRN: 006206723 | PCP: HUDNALL PASCHAL, MD | Legal Name: Donna Ard

# Your Admission - 01/26/24

## Admission Summary

### AFTER VISIT SUMMARY



#### Donna Ard

📅 Closed intertrochanteric fracture of hip, left, initial encounter 📅 1/27/2024 - 1/31/2024 ♀ FLORENCE GENERAL INTERNAL MEDICINE 📞 843-674-5400

57 y.o.,

### Instructions

### Your Next Steps

#### 🏠 Destination

#### MUSC FLORENCE REHABILITATION CENTER

Inpatient Rehabilitation  
805 Plamplico Highway  
-  
FLORENCE SC 29505  
843-674-2665

#### 📖 Read

- Read these attachments
  - Partial Hip Replacement Care After (English)

#### 📍 Go

APR 11 NEW PATIENT 9:00 AM  
 Arrive by 8:45 AM  
 ROGER POLSKY  
 MUSC Health Florence Gastroenterology  
 843-674-1530  
 805 Pamplico Hwy, Ste A-220, Medical Mall A,  
 Florence SC, 29505-6056

**fluorouracil (Efudex) 5 % cream** APPLY TO AFFECTED AREAS 4 HRS PRIOR TO BLUE LIGHT THERAPY. WASH OFF AFTER TREATMENT.

**imiquimod (Aldara) 5 % cream** APPLY TO AFFECTED AREA 5 TIMES WEEKLY FOR 6 WEEKS

**Linzess 145 mcg capsule** Take 1 capsule by mouth daily. Take at least 30 minutes before the first meal of the day on an empty stomach  
Qty: 90 capsule, Refills: 3

*Associated Diagnoses:* Irritable bowel syndrome with constipation

**phentermine (ADIPEX-P) 37.5 mg tablet** Take 1 tablet by mouth each morning before breakfast.  
Qty: 30 tablet, Refills: 1

*Associated Diagnoses:* Dietary counseling and surveillance

**STOP taking these medications**

**iron ag,fum-C-FA-mv**      *Comments:*  
**cmb11-calc (Ferrex) 151-** *Reason for Stopping:*  
**200-1-0.8 mg tablet**

**CHIEF COMPLAINT:** Left hip pain

**HISTORY OF PRESENT ILLNESS:** Donna Ard is a 57 y.o. female who is postoperative day #3 status post left hip hemiarthroplasty for fracture. She reports that she is doing well. Her pain is well-managed. She has been up with physical therapy. She has no complaints of chest pain or shortness of breath.

Patient was seen and examined. Initially she refused prep for colonoscopy then she refused EGD. I discussed with Dr. Osman. Since patient hemoglobin is stable, 7.5 after initial transfusion, we could follow the H&H. She is awaiting transfer to rehab post Hemi arthroplasty. No acute issue overnight

1/31/24: Was offered a bed at the acute rehab. All paperwork completed for her transfer. She will continue her rehabilitation before being discharged

home.

**Subjective:**

**Interval History:**

57-year-old female with a history of anemia, COPD, depression, headache, hypertension, seizures, thyroid disease, chronic hip and lower back pain who presented to the ED status post a fall prior to arrival. She was walking when her leg gave out and she fell. The patient states she felt immediate pain to her left hip and was unable to bear weight, so she presented to the ED for evaluation. She denies LOC, new neck, or back discomfort. The patient states she had a slight headache earlier but denies any head discomfort at this time. No history of blood thinners or other complaints currently.

The patient was found with a hemoglobin of 6.1. 2 units of packed red blood cells ordered for transfusion. Potassium slightly low. WBCs slightly elevated. Left hip x-ray consistent with mid cervical left femoral neck fracture. Dilaudid was given in the ED for pain. The ED provider requested the Hospitalist for admission for further management of this patient's care.

**Discharge Diagnoses with discussion**

**Principal Problem:**

Closed fracture of left hip

**Active Problems:**

Hypothyroidism

Hypokalemia

Microcytic anemia

**Mid cervical left femoral neck fracture**

Orthopedic surgery following status post left hip hemiarthroplasty 1/28/2024

**Left elbow fracture**

Left radial neck fracture shoulder on forearm x-ray

Orthopedic surgery following recommend sling

**Left wrist pain**

X-ray of the wrist does not show any fracture

Continue ice packs

**Mild hypokalemia**  
Repleted and resolved

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**Chronic anemia**

Hemoglobin on admission was 6  
She received 2 PRBCs repeat hemoglobin was 9.8 yesterday. Hemoglobin slightly down today to 7.9.  
Occult blood in the stool is pending  
She had EGD colonoscopy 7 years ago which was negative  
Monitor hemoglobin  
Monitor for any obvious bleed  
Patient did not have bowel movement yet  
Iron is slightly low  
Folate B12 within normal limits  
Monitor hemoglobin  
Transfuse to keep hemoglobin above 7  
Consider GI consult  
Protonix 40 IV twice daily

**Hypertension**

BP on the low side  
Hold off BP meds today  
IV fluid hydration  
Monitor BP closely  
Patient is asymptomatic

**Hypothyroidism**

Levothyroxine

**Hyperlipidemia**

Continue rosuvastatin



**Discharge Labs:**

**Recent Labs**

| Lab | 01/28/24 | 01/29/24 | 01/29/24 | 01/30/24 |
|-----|----------|----------|----------|----------|
|     | 0626     | 0603     | 1512     | 0629     |
| WBC | 8.45     | 6.03     | --       | 6.35     |
| HGB | 9.8*     | 7.9*     | 7.9*     | 7.5*     |
| PLT | 279      | 234      | --       | 230      |

**Lab Results**

| Component | Value  | Date/Time           |
|-----------|--------|---------------------|
| MCV       | 82.2   | 01/30/2024 06:29 AM |
| MCV       | 76 (L) | 12/27/2023 12:00 PM |

**Lab Results**

| Component   | Value   | Date/Time           |
|-------------|---------|---------------------|
| FERRITIN    | 9.6     | 01/27/2024 06:13 AM |
| IRON        | 24 (L)  | 01/29/2024 06:03 AM |
| IRON        | 28      | 12/27/2023 12:00 PM |
| TIBC        | 370     | 01/29/2024 06:03 AM |
| TIBC        | 474 (H) | 12/27/2023 12:00 PM |
| LABIRON     | 6 (LL)  | 12/27/2023 12:00 PM |
| TRANSFERRIN | 264.0   | 01/29/2024 06:03 AM |
| VITAMINB12  | 589     | 01/27/2024 06:13 AM |
| FOLATE      | 10.5    | 01/27/2024 06:13 AM |

No results found for: "COVID19PCR", "PROCALCITBLD", "DDIMER", "CRPLOWSENSIT"

**Studies/Procedures Performed:**

CT Hip Left Wo Contrast

**Final Result**

**IMPRESSION:**

Oblique femoral neck fracture left hip with 17 mm proximal migration of the distal fragment

**SIGNATURE:**

Electronically Signed

By: Noel Phipps M.D.

On: 01/28/2024 08:28



XR Wrist Left PA And Lateral

**Final Result**

**IMPRESSION:**

Nonlocalized soft tissue swelling surrounds the left wrist without radiographically evident displaced fracture

**SIGNATURE:**

Electronically Signed

By: Noel Phipps M.D.

On: 01/27/2024 12:55

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XR Radius Ulna Left AP And Lateral

**Final Result**

**IMPRESSION:**

Radial neck fracture

**SIGNATURE:**

Electronically Signed

By: Noel Phipps M.D.

On: 01/27/2024 12:53

XR HIP LEFT AP AND LATERAL

**Final Result**

**IMPRESSION:**

1. Mid cervical left femoral neck fracture.

**SIGNATURE:**

Electronically Signed

By: Steven Glassman M.D.

On: 01/26/2024 23:54

WSID: SCFLSGLFL01



**Physical Exam:**

BP 104/68 | Pulse 82 | Temp 36.4 °C (97.6 °F) | Resp 18 | Ht 152.4 cm (5') |  
Wt 56.7 kg (125 lb) | LMP (LMP Unknown) | SpO2 99% | BMI 24.41 kg/m<sup>2</sup>

**General:** Awake, alert, in NAD

**HEENT:** atraumatic, Pupils reactive to light; OP pink, moist, no exudates

**Respiratory:** CTA bilaterally, = BS

**Cardiovascular:** RRR, no M/G/R

**Abdomen:** Soft, benign; non-tender, non-distended, no HSM, no masses

**Discharge Condition:** Stable

# Appointment Details

## ED Provider Notes

Kenneth Scott Burns Jr. at 4/26/2023 12:44 PM

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### ED Provider Note

#### History

##### Chief Complaint

Patient presents with

- Fall

*States she fell down 6-7 steps on 4-23-23, reports falling on her left leg, complaining of the back of her left upper leg hurting, denies hitting her head or any loss of consciousness*

Donna Ard is a 56 y.o. female with a PMHx of anemia, COPD, HA, HTN, seizure, and thyroid disease presenting to ED c/o left leg pain secondary to fall onset 3 days ago. Pt reports that she suddenly fell going down the stairs (fallign down 6-7 steps). She endorses to feel heaviness in the back of her left leg. Pt describes that her pain originates in the left side of her lower back and travels down the back of her left leg, stopping around the popliteal area. She also states that she is experiencing pain in her inner left thigh (groin area), noting it to have a burning sensation. Pt reports that her pain is exacerbated when sitting down and applying pressure on to the area. Severity 10/10. Pt states that she has tried treating her pain with both a heating pad and ice pack, finding little to no relief from them. Hx of osteoporosis.

The history is provided by the patient. No language interpreter was used.

##### Fall

The fall occurred while walking (going down steps). There was no blood loss. Pain location: Left leg The pain is at a severity of 10/10. The pain is severe. She was ambulatory at the scene. There was no entrapment after the fall. There was no drug use involved in the accident. There was no alcohol use involved in the accident. Pertinent negatives include no fever, no numbness, no abdominal pain, no nausea, no vomiting, no

headaches, no loss of consciousness and no tingling. The symptoms are aggravated by sitting and pressure on the injury. She has tried nothing for the symptoms. The treatment provided mild relief.

#### Past Medical History:

| Diagnosis                                      | Date |
|------------------------------------------------|------|
| • Anemia                                       |      |
| • COPD (chronic obstructive pulmonary disease) |      |
| • Depressed                                    |      |
| • Headache                                     |      |
| • Hypertension                                 |      |
| • Seizure                                      |      |
| • Thyroid disease                              |      |

#### Past Surgical History:

| Procedure                                                                                                                                  | Laterality | Date       |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| • BACK SURGERY                                                                                                                             |            |            |
| • CESAREAN SECTION                                                                                                                         |            |            |
| • EYE SURGERY                                                                                                                              |            |            |
| • NECK SURGERY                                                                                                                             |            |            |
| • PR COLONOSCOPY W/BIOPSY<br>SINGLE/MULTIPLE                                                                                               | N/A        | 12/10/2020 |
| <i>Procedure: COLONOSCOPY; Surgeon: Manver Razick, MD; Location: FM ENDOSCOPY; Service: Gastroenterology</i>                               |            |            |
| • PR DILATE ESOPHAGUS                                                                                                                      | N/A        | 12/10/2020 |
| <i>Procedure: ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH BXS; Surgeon: Manver Razick, MD; Location: FM ENDOSCOPY; Service: Gastroenterology</i> |            |            |
| • TONSILLECTOMY                                                                                                                            |            |            |

#### Family History

| Problem          | Relation | Age of Onset |
|------------------|----------|--------------|
| • Heart disease  | Mother   |              |
| • Kidney disease | Mother   |              |
| • Stroke         | Father   |              |

#### Social History

##### Tobacco Use

- Smoking status: Former
- Smokeless: Never

Comments: **Tenderness in the distribution of the sciatic nerve posteriorly. Tenderness medially in the muscle of the adductor longus**

Skin:

General: Skin is warm and dry.

Findings: No rash.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:

Behavior: Behavior normal.

**ED Documentation - Procedures and MDM**

Procedures

**MDM**

Number of Diagnoses or Management Options

Muscle strain: new and requires workup

Sciatica of left side: new and requires workup

Diagnosis management comments: Donna Ard is a 56 y.o. female with a PMHx of anemia, COPD, HA, HTN, seizure, and thyroid disease presenting to ED c/o left leg pain secondary to fall onset 3 days ago. Pt's complaint is acute. No significant social hx. No additional historian present.

Medication to include: Decadron 10 mg IV, Toradol 30 mg IV, and Percocet 5-325 mg tablet po

Labs not include: None

Imaging to include: XR Pelvis 2 Views

Physical exam findings: Tenderness in the distribution of the sciatic nerve posteriorly. Tenderness medially in the muscle of the adductor longus

Amount and/or Complexity of Data Reviewed

Tests in the radiology section of CPT®: reviewed and ordered

Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality.

Presenting problems: moderate

Diagnostic procedures: low

Management options: low

**Clinical & Imaging Tests: Ordered & Reviewed**

**Labs**

**XR PELVIS 2 VIEWS**

**Imaging - FINAL READ ONLY**

**ED FINAL READ - IMAGES**

| Procedure         | Component   | Value | Units | Date/Time                |
|-------------------|-------------|-------|-------|--------------------------|
| XR Pelvis 2 Views | [329935159] |       |       | Collected: 04/26/23 1353 |
| Order Status:     | Completed   |       |       | Updated: 04/26/23 1355   |

**Narrative:**

**EXAM:**  
PELVIS - 1-2 VIEWS

**CLINICAL DATA:**  
Fall

**COMPARISON:**  
None.

**FINDINGS:**

Frontal view of the pelvis with neutral and externally rotated views at the hips shows no fracture or malalignment. Soft tissues are within normal limits. L4-S1 inner pedicular fusion with posterior laminectomy decompression is seen for this patient with chronically advanced L3-4 disc disease.

**Impression:**

**IMPRESSION:**  
No acute abnormality

**SIGNATURE:**

Electronically Signed  
By: Noel Phipps M.D.  
On: 04/26/2023 13:53

**Imaging - WET & FINAL READ**  
**Imaging Results**

XR Pelvis 2 Views (Final result)

Result time 04/26/23 13:53:58

Final result by Noel Lange Phipps, MD (04/26/23 13:53:58)

**Impression:**

IMPRESSION:  
No acute abnormality

SIGNATURE:

Electronically Signed  
By: Noel Phipps M.D.  
On: 04/26/2023 13:53

**Narrative:**

EXAM:  
PELVIS - 1-2 VIEWS

CLINICAL DATA:  
Fall

COMPARISON:  
None.

FINDINGS:  
Frontal view of the pelvis with neutral and externally rotated views at the hips shows no fracture or malalignment. Soft tissues are within normal limits. L4-S1 inner pedicular fusion with posterior laminectomy decompression is seen for this patient with chronically advanced L3-4 disc disease.

**ED Medications: Ordered, Reviewed & Administered**

**ED Medications**

Medications

ketorolac (Toradol) 30mg/mL injection 30 mg (30 mg Intramuscular Given 4/26/23 1352)

dexAMETHasone (Decadron) 10mg/mL injection 10 mg (10 mg Intramuscular Given 4/26/23 1349)

oxyCODONE-acetaminophen (Percocet) 5-325 mg

Name: Donna Ard | DOB: 7/18/1966 | MRN: D3325948 | PCP: Hundall Paschal | Legal

Name: Donna Ard

# Billing for Donna Ard

Physician and Hospital Services for Guarantor #6727985

## Visit Accounts

Currently viewing: Active accounts ▾

## On Payment Plan

|                                                                  |                                                        |                     |                 |
|------------------------------------------------------------------|--------------------------------------------------------|---------------------|-----------------|
| <b>Procedure Visit at Duke Spine and Pain Management Raleigh</b> |                                                        |                     |                 |
| <b>Oct 18 2023</b>                                               | Physician Services                                     | Billed              | \$3,517.00      |
|                                                                  | Provider: GABRIEL COTTS SMITH                          | Insurance Covered   | -\$3,068.82     |
|                                                                  | Patient: Donna Ard                                     | You Paid            | \$0.00          |
|                                                                  | Primary Payer: Blue Cross OOS<br>Account #122329105858 | <b>Your Balance</b> | <b>\$448.18</b> |

|                                                                  |                                                        |                     |                |
|------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------|
| <b>Procedure Visit at Duke Spine and Pain Management Raleigh</b> |                                                        |                     |                |
| <b>Sep 11 2023</b>                                               | Physician Services                                     | Billed              | \$3,652.00     |
|                                                                  | Provider: GABRIEL COTTS SMITH                          | Insurance Covered   | -\$3,178.33    |
|                                                                  | Patient: Donna Ard                                     | You Paid            | -\$413.10      |
|                                                                  | Primary Payer: Blue Cross OOS<br>Account #122325407797 | <b>Your Balance</b> | <b>\$60.57</b> |

|                                                                         |                                                        |                     |                |
|-------------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------|
| <b>New Patient Visit at Duke Neurosurgery Spine and Pain of Raleigh</b> |                                                        |                     |                |
| <b>Jul 11 2023</b>                                                      | Physician Services                                     | Billed              | \$390.00       |
|                                                                         | Provider: OREN N GOTTFRIED                             | Insurance Covered   | -\$305.49      |
|                                                                         | Patient: Donna Ard                                     | You Paid            | -\$69.51       |
|                                                                         | Primary Payer: Blue Cross OOS<br>Account #122326507457 | <b>Your Balance</b> | <b>\$15.00</b> |

|                            |                                                                              |                          |                  |
|----------------------------|------------------------------------------------------------------------------|--------------------------|------------------|
| <b>Jul<br/>11<br/>2023</b> | <b>XR L SPINE 4 PLUS VIEWS Visit at<br/>Neurosciences of Raleigh Imaging</b> | <b>Billed</b>            | <b>\$219.00</b>  |
|                            | <b>Physician Services</b>                                                    | <b>Insurance Covered</b> | <b>-\$193.48</b> |
|                            | <b>Provider: Andrea S Senter</b>                                             | <b>You Paid</b>          | <b>\$0.00</b>    |
|                            | <b>Patient: Donna Ard</b>                                                    | <b>Your Balance</b>      | <b>\$25.52</b>   |
|                            | <b>Primary Payer: Blue Cross OOS</b><br><b>Account #122319800775</b>         |                          |                  |

Your total balance of visit accounts on a payment plan: **\$549.27**

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Name: Donna Ard | DOB: 7/18/1966 | MRN: D3325948 | PCP: Hundall Paschal | Legal  
Name: Donna Ard

## Appointment Details

### Notes

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## Progress Notes

OREN N GOTTFRIED at 7/11/2023 11:00 AM

Donna Ard was seen in consultation today, she is a 56 y.o. complaining of back pain.

#### **HISTORY OF PRESENT ILLNESS:**

Patient presents with lower back pain. She has had 3 prior surgeries on the back. The first surgery was a fusion. She was having radicular leg pain prior to the surgery and this did get better afterwards. Patient states that at some point after the first surgery she "blew out" two discs in her back and required a second surgery. After this surgery the patient reports she was left with weakness in the right foot and continued severe back pain. She ultimately had a third surgery around the end of 2020, but she did not improve after this when either. Patient reports she now has severe pain in the back. She continues to have issues with right foot strength. She has had some pain/paresthesias in the right thigh, but in general denies any radiating leg pains currently. She denies any incontinence. Patient saw another surgeon at her surgeon's practice for a second opinion, but did not have a good visit. She also saw another neurosurgeon in Charlotte for another opinion, but this visit did not go well and she was told that she will was not a candidate for physical therapy. She presents today for another opinion regarding treatment options.

#### **Answers submitted by the patient for this visit:**

Spine HPI Questionnaire (Submitted on 7/10/2023)

##### **Chief Complaint: HPI - Spine**

How did your symptoms begin?: gradually without injury

How long ago did your symptoms begin?: 13 Years

What is the cause of your spine pain?: bending foward

What is the location of your primary area of pain?: central lower back

What other locations do you have pain?: right lower back, left lower back,

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|          |                      |                      |                      |                      |
|----------|----------------------|----------------------|----------------------|----------------------|
|          | 7/10/2023<br>1:14 PM | 7/10/2023<br>1:13 PM | 7/10/2023<br>1:11 PM | 7/10/2023<br>1:08 PM |
| (Mental) |                      |                      |                      |                      |

**ASSESSMENT/PLAN:** **DR. GOTTFRIED:** The patient has had 3 prior surgeries on the lumbar spine including the last one in 2020. Ultimately she has a 3-5 fusion with 2 3 stenosis. 2 of the surgeries were for fusion. I would like to get a CT scan to further assess her arthrodesis. I would like to get x-rays to look for any dynamic instability. Patient will get a 2 3 epidural steroid for diagnostic and treatment purposes. Patient will do a video visit after the injection and after the CAT scan is transferred. Patient suffers from severe back pain. Flexion maneuvers are worse than extension. Bracing seems to help. She has right-sided numbness and weakness in her foot. She has not had recent injections. Patient has not had complications of surgery but did feel she did not improve from the last 2. All patient is hoping avoid surgery if there is any chance it could reduce some of her pain she would be interested. She has contemplated spinal cord stimulation as well.

This visit was billed based on moderate medical decision making - one or more chronic illnesses with exacerbation/progression.

Advised to call the office at 919-684-7840 if any questions or concerns arise.

This note was partially dictated using voice recognition software, so please excuse any errors that were not corrected.

**Attestation Statement:**

I personally performed the service. (TP)

OREN N GOTTFRIED, MD

**Patient Instructions**

BRIAN A BURNE at 7/11/2023 11:00 AM

X-ray today

CT external. Please send images to Duke via power share

Head: Normocephalic, atraumatic.

Eyes: EOM grossly intact. Sclera anicteric.

ENT: No nasal discharge. Oral mucosa appears well hydrated.

Neck: Supple. Full range of motion.

Respiratory: Patient is breathing without any difficulty.

Abdomen: Nondistended.

Extremities: No edema palpated.

Skin: Skin color is normal. On exposed skin, there are no abnormal skin lesions.

**NEUROLOGICAL:** Straight leg raise is negative on the right, negative on the left. Strength in the left lower extremity is Gastrocnemius 5/5, EHL 5/5, TA 5/5, Quadriceps 5/5, Iliopsoas 5/5, foot inversion and eversion are both 5/5. Strength in the right lower extremity is Gastrocnemius 5/5, EHL 4+/5, TA 4+/5, foot inversion 4/5, eversion 5/5, Quadriceps 5/5, Iliopsoas 5/5. Sensation is intact to light touch. Reflexes are 1+ at the patella and achilles bilaterally. Gait is intact and antalgic.

**IMAGING DATA:****DR. GOTTFRIED:****MRI 5/20/23:**

The lumbar spine is well visualized. There are 5 non-rib-bearing lumbar vertebral bodies. Normal lumbar lordosis. Disc dessication is greatest at L2-L3, L3-L4, and L4-L5. There is no abnormal bone marrow signal. The visualized spinal cord is normal in appearance with the conus medullaris terminating at T12-L1. Unremarkable MR appearance L3-L5 posterior lumbar fusion hardware without evidence for any obvious complication. Limited evaluation of the abdomen is unremarkable. **LEVEL SPECIFIC:** L1-L2: Subtle posterior disc bulge with associated mild bilateral facet arthropathy. These findings produce mild bilateral neural foraminal narrowing. There is minimal effacement of the anterior thecal sac, but without evidence for frank spinal canal stenosis. L2-L3: Progressive severe degenerative disc disease at L2-L3 with circumferential disc bulging and small posterior disc osteophyte complex. There is moderate bilateral facet arthropathy/hypertrophy, left greater than right. These findings contribute to severe bilateral neural foraminal narrowing, left slightly greater than right. There is moderate spinal canal stenosis in both the AP and transverse dimensions. L3-L4: Grossly unremarkable except for chronic loss of disc space height. L4-L5: Broad-based posterior disc bulge with associated mild bilateral facet arthropathy.

We have ordered an injection with Dr. Smith. His office will call you to get scheduled.

You can contact Dr. Smith's office at (919) 862-5756.

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The top portion of this page was cut off when prior filing - did not realize until just today. 9-20-24

