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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM MARION COUNTY
The Honorable R. Ferrell Cothran, Jr.
The Honorable H. Steven DeBerry, IV

Appellate Case No. 2025-000434
Case No. 2022-CP-33-0362

Demetrice Utley, Individually and as Personal Representative of the Estate of Taylor Danielle Price, ... Respondent,

v.

McLeod Physician Associates II and Charles A. Trant, M.D.,..... Appellants.

RECORD ON APPEAL - VOLUME IV
(pp. 1187-1518)

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Certificate of Counsel

Certificate of Compliance

So, we are confident that once you consider everything, consider the evidence, that your verdict will be for, for Dr. Trant and his employer.

Thank you for all the attention you have given this case.

MR. MCLEAN: Your Honor, may we approach?

THE COURT: Yes, sir.

(REPORTER'S NOTE: Bench conference is held off the record in the presence but outside the hearing of the jury.)

MR. POWELL: May it please the Court?

THE COURT: Yes, sir.

REBUTTAL CLOSING BY MR. POWELL:

MR. POWELL: May it please the Court?

THE COURT: Yes, sir.

MR. POWELL: Ladies and gentlemen, you all know the evidence you have heard. You all know the testimony you've had presented to you. I don't need to rehash any of that to you. You all know who you can trust and who you can't. You know who has credibility and who does not, and how much weight you should give the testimony of the experts. Mr. Aiken has just been talking to you about one side said this, one said the other. You've heard the evidence, you've heard the testimony, you know what weight to give them.

The argument about Dr. Bahan somehow not being here, and that the plaintiffs didn't bring him that we were hiding something. Dr. Bahan doesn't work for us. Dr. Bahan to the

extent he was accessible to the plaintiffs, he was just as accessible to the defendants to bring in here if they felt that anything in Dr. Bahan's medical records said something that was somehow inaccurate.

As Mr. Richardson talked about, Dr. Trant held the keys to tests. He was the gatekeeper. Taylor Price died because Dr. Trant would not open the gate. He was the only way that she could receive testing. And again, I don't need to rehash all the evidence that you've heard, but when you go back in there, and you will be tasked with a job, and you will be given a verdict form.

Mr. Richardson talked about occurrences. That is very significant. There are two separate and distinct occurrences. Number one in this case, Dr. Trant's choice not to order any testing that Taylor needed. And number two, clearing Taylor for sports. You'll have the evidence back there; if you need to look at it, you can look at the form he signed, but you've heard from everyone.

And as to those occurrences, the failing to order any tests, the clearing Taylor for sports. You heard Mr. Aiken make a distinction between negligence and gross negligence. And Judge Cothran is going to charge you on the law that you are to apply in this case when you go back in there. But Dr. Trant's choice not to order any tests, don't take my word for it, you heard it from his own mouth on the stand, he did not

accidentally forget to order a test. He made a choice not to order a test, and he gave reasons for why he made that choice, and that's part of the evidence that you have to determine what weight and credibility to give, but that was a choice. Dr. Trant said he made that choice knowingly. Dr. Trant has testified he made that choice consciously. And Dr. Trant has testified that he made that choice intentionally. We're not alleging that he intentionally harmed Taylor; we're not saying that. But the choice he made, it was an intentional choice. And making a choice like that knowingly, intentionally, and consciously --- those are the words that Dr. Trant gave on the witness stand for the reasons he made those choices. And you will hear the law. That, ladies and gentlemen, is gross negligence.

Mr. Richardson talked some about what was taken from Ms. Utley, the harms and the losses. Again, you're gonna be charged on the law about what you can and are to consider when it comes to wrongful death damages. And that's -- damages in the law means money. That'll be possibly the hardest question you have to answer, and it is the last one that you might have to answer.

I stood here on Monday, and I told you what we thought the evidence would show. You are the only ones that can decide what the evidence has shown. You are the ones that decide this case. And I stood here on Monday, and I said if

you find that the evidence shows that the plaintiff has met their case, the plaintiff is asking you to award full justice. And I stood here on Monday, and I told you what we would be asking for.

You heard from Ms. Utley on the stand about her losses. There is not a word in the dictionary that can adequately describe what Ms. Utley has experienced or what she is. If children lose their parents, we've got a word for that, they're orphans. If a husband or a wife loses their spouse, the dictionary has got a word for that, too, they're a widow or widower. Ms. Utley said in her own words the closest thing to describe what she is and will always be is broken.

Parents like Ms. Utley, they make plans for their kids like Taylor. Ms. Utley quickly learned that the plan she made for Taylor when she was a baby, as you heard from her on the stand, has changed. That baby Taylor that she held and cared for and nurtured, whatever plans she may've made has changed. Ms. Utley saw Taylor begin to grow up, develop her own hopes and dreams. All that mattered to Ms. Utley is Taylor healthy, is Taylor happy, is Taylor a good person who treats people with kindness and dignity. And that is what was taken from Ms. Utley because of the conscious, intentional, and knowing decision that Dr. Trant made when he chose not to order any tests that could've diagnosed Taylor with ARVC.

And ladies and gentlemen, that's why we're here asking

you, as Mr. Richardson said, to complete your job. And it's a hard job; I don't envy you.

If you choose to award the full justice that the plaintiffs have asked you to award, that requires you to answer everything yes. And again, the hardest thing that you'll have to do is put a number, if you see fit to, on that last line for what full justice is for Ms. Utley and Taylor Price.

There's no such thing as a big verdict, a small verdict, only just verdicts and unjust verdicts. Your verdict needs to be one you can feel proud of, and tell people about you were part of the civil justice system and your verdict was just.

Awarding Taylor and Ms. Utley full justice, the twelve of you that have been chosen to speak on behalf of Marion County, you've got the power to affect change, to leave no doubt that the citizens of Marion County will not be treated as second-class citizens when it comes to healthcare. And I told you a number when I stood here during opening statement that the plaintiffs would say a minimum of is full justice. But when you go back in there, you ladies and gentlemen, are the only ones that can decide that. We can offer suggestions. We can offer methods, tables. You don't need a method or a table to determine this case. You just need to trust yourself that you have administered justice.

And as I stood here on Monday morning and told you, I

will suggest the same thing. Full justice, my suggestion, plaintiff's suggestion, and Ms. Utley, is a minimum of $30,000,000 and a yes to everything you're asked. But again, I can't make that decision. I can only offer a suggestion. You've got to make that hard decision.

Thank you, ladies and gentlemen.

CHARGE TO JURY:

THE COURT: Okay, ladies and gentlemen. I'm gonna charge you on the law and it's gonna take about 15 minutes. Are y'all okay? Anybody need a break?

(REPORTER'S NOTE: No response.)

THE COURT: Okay. Now, I'll remind you that during this trial you and I have certain duties to perform. As the Trial Judge, it is my responsibility to preside over this trial, and I have a duty to rule on the admissibility of the evidence that you are to hear in this trial. And you can only consider that evidence that's come into the record in this case through the testimony of the witnesses, as well as the exhibits and the stipulations made by the attorneys. Your oath and your responsibility is to decide this case based on evidence. I have the additional responsibility to charge you on the law that you will apply in this case. And under your oath and responsibility, you are to accept the law just as I have given you. If you have an idea of what you think the law is or what the law ought to be, you are to disregard your idea and apply

the law exactly as I give it to you to the evidence in this case to reach a verdict in this case. And the same law that makes me kind of the exclusive judge of the law, you are the exclusive judge is of facts in this case. I cannot have an opinion about the facts in this case. So, if I have said anything or I've done anything in this trial that you think I have an opinion about the facts, you are to disregard that because you and only then determine what the facts are in this case.

Now, the burden of proof in this case is by a preponderance of the evidence. A preponderance of the evidence simply means the greater weight of the evidence. It is evidence which as a whole shows facts sought to be proven is more likely true than not. You can -- I can illustrate this to you by imagining a set of scales. When the case begins, the scales are even. And after all of the evidence has been if the scales remain even, evenly balanced, or even tip slightly in the favor of the, the plaintiff has failed to meet their burden of proof, and that you should return a verdict in favor of the defendants. If on other hand, the scales tip even slightly in favor of the plaintiff, the plaintiff would've met the burden of proof, and you should return a verdict for the plaintiff.

The preponderance of the evidence is not determined by the number of witnesses. Instead, it must be determined by

the greater weight of all the evidence. Now, there are two types of evidence that generally was entered during the trial. Direct evidence and circumstantial evidence. Direct evidence is the testimony of a person who claims to have actual knowledge of the facts, such as an eyewitness. It is evidence which immediately establishes the main fact to be proved. Circumstantial evidence is proof of a chain of facts and circumstances indicating the existence of a fact. It is evidence which immediately establishes collateral fact from which the main fact may be inferred. Circumstantial evidence is based on inference and not personal knowledge or observation. It is proof that does not actually establish the fact in question, but that asserts and describes something else which you may reasonably infer the truth of the facts, but at least reasonably infer an increase in the probability that the fact is true.

Circumstantial evidence to be sufficient to warrant the finding of fact, the circumstances must lead to that fate with reasonable certainty. The facts and circumstances should be considered in light of ordinary experience and common sense. The existence of facts cannot be based on speculation, surmise or conjecture. The law makes absolutely no distinction between the weight or value to be given to either direct or circumstantial evidence, nor is there a greater degree of certain required of circumstantial evidence than that of

direct evidence.

And necessarily, you must determine the credibility of the witnesses who have testified in this case. Credibility simply means believability. It becomes your duty as jurors to evaluate the evidence and determine which evidence convinces you it is true. In determining the believability of witnesses who have testified in this case you may believe one witness over several witnesses, or several witnesses over one witness. You may believe part of a witness' testimony and reject the remaining part of the testimony of that same witness. You may believe the testimony of a witness in its entirety, or reject the testimony of a witness in its entirety. You may consider whether the witness has an interest in the result of the trial or whether the witness is prejudice toward either the plaintiff or the defendant, the opportunity for the witness to have seen the matters and things about which the witness may testify, and the way the witness acted on the stand.

Now, the rules of evidence -- ordinarily, we do not permit a witness to testify to opinions or conclusions. An exception to this rule exists for witnesses who we call expert witnesses. A witness who by education and experience has become an expert in some art, science, or profession may give an opinion as to the subject the witness claims to be an expert. It may also give the reasons for that opinion. You should consider an expert's opinion given by a witness like

any other evidence. You give it the weight you think it deserves. If you decide that the expert's opinion is not based on sufficient education and experience, or if you decide the reasons given his support of the opinion are not sound or that the opinion is outweighed by other evidence, you may disregard the opinion in its entirety. An expert witness's testimony is to be given no greater weight than that of any other witness simply because the witness is an expert. And you do not have to ask that an expert's opinion even though it is uncontradicted.

In a medical malpractice case, if the opinions of experts are relied on to establish proximate cause, the expert must state with reasonable certainty that it is in his or her professional opinion the plaintiff's injuries most probably resulted by the negligence of the defendants. It is not necessary that the expert use the words most probably. It is enough for the expert to state that it is the expert's professional opinion that the defendant's negligence was most likely one among the possible causes of the plaintiff's injury.

Now, the plaintiff claims that the defendant committed medical malpractice, which is a form of carelessness or negligence. More specifically, medical malpractice is a form of negligence that consists of not applying the degree of skill and care which is ordinarily employed by those in the

medical profession under similar circumstances and in the like surrounding circumstances.

In order to recover for medical malpractice, the plaintiff must prove by a preponderance of the greater weight of the evidence four things: One, the standard of care; two, the breach of the standard of care; three, a proximate cause that that breach of the standard of care proximately caused the injuries to the plaintiff.

And damages, negligence on the part of the physician is not presumed but must be affirmatively proved. The burden of proof is on the plaintiff to prove each element of her claim by a preponderance of the greater weight of the evidence. In other words, to prevail in a medical malpractice action, the plaintiff must prove the generally recognized and accepted practices and procedures which would be used by an average, competent practitioner in the defendant's field of medicine under the same or similar circumstances. The plaintiff must also prove by a preponderance of the evidence that the defendant departed from those general recognized and accepted practices and procedure in the manner alleged by the plaintiff, and that as a result thereof, the plaintiffs suffered injunction or death.

In this case, it is uncontested that Dr. Charles Trant was employed by the defendants, McLeod Physician Associates II when he was evaluated -- when he evaluated and treated the

plaintiff in this case. Under South Carolina law, the defendant, McLeod Physician Associates II is liable for the negligent act or omission of Dr. Charles Trant, which are within the scope of his employment as a physician, and which proximately caused injury to another person.

It is uncontested that a physician/patient relationship existed between Taylor Price and Dr. Charles Trant and McLeod Physicians Associates II. During the existence of the physician/patient relationship, a physician is under a duty to give the patient all the necessary care as long as the patient requires attention. A lack of diligence in attending to the patient at the assumption of the care renders the physician liable for negligence or malpractice. A patient who is treated by a physical is entitled to a thorough and careful examination as permitted by the circumstance with such diligence and methods for discovering the nature of the ailment as are usually approved and practiced by physicians of ordinary or average training, judgement, and skill in that field of practice. Negligent failure to attend and treat a patient at the time when the need of the treatment is known to the physician amounts to negligent treatment and medical malpractice.

To recover for the lack of diligence of a physician in attending the patient, the patient must show that such a lack of diligence was a proximate cause of the injury for which the

distress was sought.

A patient who is treated by a doctor is entitled to a careful examination. The examination should be made with the diligence and methods of diagnosis that are usually approved and practiced by doctors of ordinary learning, judgment, and skill, acting under the same or similar circumstances. In order to prove that the defendants were negligent, the plaintiff must prove: One, that the patient's physical condition required a careful doctor to investigate further before continuing a course of treatment or care. Two, that the defendant did not make this investigation. And three, is a direct and proximate result of the defendant's failure to investigate, the patient received improper treatment or care for which the patient later suffered injury or death. Next, the plaintiff must prove the defendants' negligence departed from the standard of care in treating the plaintiff.

Negligence is the failure to do what an ordinary, careful and prudent doctor in the field of medicine would have done under the same or similar circumstances, or the doing of something that an ordinary careful and prudent doctor would not have done under the same and similar circumstances. A doctor is not an insurer of a cure, a perfect result, or even a positive result. Therefore, the mere fact that a treatment does not benefit the patient or that he even harms the patient does not in and of itself mean that the defendants were

negligent. A bad result, injury, or failure to cure is not by itself enough to show that the defendants were negligent, and negligence may not be inferred by a poor result. In fact, a doctor is not responsible for the lack of success of a particular treatment, unless that lack of success resulted from his failure to exercise ordinary skill and care in the treatment of the patient. On the other hand, a doctor is not relieved from liability simply because the result is as good as it usually obtained in similar circumstances. Similarly, a doctor's mistake or error in making a decision does not alone constitute negligence. Where according to standard medical practices, the diagnosis and course of treatment involved are matters to be subjective to the judgment of the doctor, the doctor must be allowed to exercise that judgment and cannot be held liable if in exercising that judgment he has made a mistake as to the course of treatment to be given. If however a doctor fails to gather information reasonably available, which a reasonable doctor would have gathered before making a decision, the doctor has failed to comply with the recognized standard of medical care, which will be exercised by a similar doctor under similar circumstances. There must be a failure to do what -- to do that which an ordinary and careful and prudent doctor in the defendant's field of medicine would do under the same or similar circumstances shown by the evidence to have existed at the time of the event in question where it

was the doing of that which an ordinary, careful, prudent doctor in the defendant's field of medicine would not have done under the same or similar circumstances shown to have existed at the time of the events in question. However, if the doctor does not use the care required, it is no defense to a charge of negligence that the doctor did the best that he could.

In considering whether the defendants made a reasonable decision, you must consider the decision in relation to the facts as they existed at the time, and not in the light of what hindsight may reveal.

Finally, the plaintiff must prove by a preponderance of the greater weight of the evidence that the defendants' negligence proximately caused the plaintiff's damages. If the plaintiff failed to demonstrate proximate cause, he has failed or she has failed to prove this cause of action. Proximate cause is something that would produce a natural chain of events, which in the end brings about the injury and is the direct cause of the injury. To prove that the defendant's negligence proximately caused the plaintiff's injury, the plaintiff must first prove causation in fact. This is proven by showing the injuries would not have occurred, but for the defendant's negligence.

The plaintiff must also prove legal cause. Legal cause is proven by showing that the injury was foreseeable. This

means that the injury occurred as a natural and probable consequence of the defendant's negligence. The plaintiff must prove that some injury from the defendant's negligence was foreseeable, but it does not have to prove that the particular injury that occurred was foreseeable. However, the defendant cannot be held responsible for something which could not be expected to happen. Proximate cause does not mean the only cause there may be more than one probable cause. The defendant's acts can be a proximate cause to the plaintiff's injury if it was at least one of the direct concurring causes of the injury. The plaintiff does not have to prove that the defendant's negligence was the sole proximate cause of the injury. The plaintiff must prove only that the defendant's negligence was a proximate cause among any number of causes. However, the plaintiff may not rely on the theory that mere fact of the injury warrants recovery.

Now, gross -- I'll give you the definition of gross negligence. Gross negligence is the intentional and conscious failure to do something perceived as incumbent upon one to do, or the doing of a thing intentionally that one ought not to do. Negligence is the failure to exercise due care, while gross negligence is the failure to exercise even the slightest care. Gross negligence, excuse me, is a relative term. It means the absence of care which is necessary under the circumstances. Gross negligence connotes the failure to

exercise a slight degree of care. Gross negligence involves an intentional, conscious failure to do something which one ought not to do, or the doing of something one ought to do or something one ought not to do. A defendant is guilty of gross negligence if he is so indifferent to the consequences in his conduct he is not -- he is not to give slight care as to what he is doing.

Occurrence means an unfolding sequence of events which proximately flows from a single act of negligence. The plaintiff has alleged multiple occurrences of negligence in this case. Where there are multiple occurrences of negligence, a plaintiff may recover damages for each occurrence of negligence. The plaintiff has the burden of proving that each act of negligence was separate and independent in order for you to find that more than one occurrence occurred.

Actual damages. If you decide that the plaintiff is entitled to a verdict, your next step would be to decide how much money the defendant should be required to pay. Actual damages are to compensate the plaintiff for the plaintiff's injuries or loss, and to put the plaintiff as near as possible in the same position plaintiff was in before the incident occurred. In other words, actual damages would be actual loss and expenses incurred, medical expenses which the plaintiff has suffered caused by the defendant's negligence. There are

also such damage that will -- that will simply make good or replace the loss caused by the wrong or injury. Actual damages are damages in the satisfaction of or in the compensation for the loss or injury sustained.

Now, to assist in your evaluation on the issue of damages, if you deem it appropriate, the South Carolina Legislature has provided a life expectancy chart that you may consider along with all of other evidence in this case including health, constitution, habits, environment, and other factors relating to a person's lifestyle to determine the life expectancy of that individual. With regards to the decedent, Taylor Price, this chart lists her life expectancy as a female, closest to 16 years of age, her life expectancy of remaining years would be 65, excuse me, .15 years. In regard with the decedent's mother, Demetrice Utley, the chart provides that she's a female closest to 49 years of age, the remaining expectancy of her life was 33.6 years. The life expectancy table is only an estimate of the probable average remaining length of the life of all persons in the state at a given age.

Now, in this action -- this is a wrongful death action. The plaintiff, as personal representative of the deceased's estate, claims that the deceased wrongfully died as a result of negligent acts or omissions of the defendants. Whenever the death of a person is proximately caused by the wrongful

acts or neglect of another, and the act of neglect is one which would have entitled the deceased to recover damages if the deceased had not died, the personal representative of the estate of the deceased may bring an action for wrongful death. The personal representative has a right to recover compensation -- compensatory damages -- I'm sorry -- for wrongful death. It is not necessary to show money value of the deceased's life, since direct proof of the value of a human life is not possible. What is reasonable compensation is left to your sound discretion and judgment. The damages in an actual wrongful death include pecuniary loss, that is the loss of the defendant's -- I mean, of the deceased's ability to earn money in which the plaintiff might logically and reasonably have been expected to share, such as money from the care and protection of the deceased's spouse and children, and for the education and training of the deceased's children. Where the relationship of a husband and wife, or parent and child exists, pecuniary loss may be presumed. Mental shock and suffering, wounded feelings, grief and sorry, loss of companionship, loss of use and comfort of the deceased's society, including the loss of the deceased's experience, knowledge, and judgment in managing the affairs of the deceased and her beneficiaries. It is not necessary to show the exact amount of damage suffered by the beneficiaries -- the beneficiaries suffered a pecuniary loss. In addition, the

person whose benefit the action is brought does not have to be dependent on the deceased for support.

Nothing that I have said or done in the course of this trial is intended, as I told you earlier, to express or suggest a view of the case or opinion of facts, or the weight of the evidence or the credibility of the witnesses. So, if I've said anything or done anything, you are to disregard that, because you've got to decide this and you alone.

Now, Madame Forelady, and ladies and gentlemen of the jury, I'm required to charge you on this, the law in this case. You've been sworn in and chosen as a fair and impartial jury. And it's your job to weigh the evidence in this case and reach a verdict in this case based on that evidence.

Now, I have prepared -- I had my law clerk prepare a verdict form for you, Madame Forelady. And it's basically the caption of the case and the possible verdicts you could reach. And the form says, we find that the defendants were negligent. That's the number one question. If you find that the plaintiff has proven by a preponderance of the evidence that the defendants were negligent, you check yes. If you find the plaintiff has failed to prove that by a preponderance of the evidence, you check no. If you check no, you stop right there, and you proceed -- you go and sign it and date it. If you check yes, you go to the next question.

And the next question, do you find the negligence of the

defendants was the proximate cause of the damages to the plaintiff. And if you check yes, you go to the next question. If you check no, you stop right there.

The third question is, having been instructed by me on the definition of occurrence, do you find -- is there more than one occurrence? If you find that the plaintiffs have proven to you by preponderance of the evidence that there has been more than one occurrence, you check yes. If you find that based on the evidence in this case that there is only one occurrence or any occurrences, you check no.

And then on Number 4, I have defined to you the definition of gross negligence. Having been instructed -- it states on the form, having been instructed by the judge on the definition of gross negligence, do you find Dr. Trant was grossly negligent? You check yes or no based on your findings. If you think that they have proven to you beyond a preponderance of the evidence that he was grossly negligent based on the definition that I have given you, you check yes. If you find that it was not grossly negligent, then you check no.

Then on Number 5 is you fill out an amount of damages that you think the evidence supports in this case. You will fill that blank in if you find that amount. You sign your name to it, you date it, and you knock on the door, and we'll bring you out and receive your verdict.

If you have a question -- hang on just a minute. If you've got a question, if you'll write it on a piece of paper and hand it to the bailiff, I'll bring you out and try to answer that question. I can't answer that question -- if it's a question of fact, I can't reopen this case and give you any more evidence. If you've got question of law on what I've charged you, I can bring you back out and explain the law to you, but I can't answer a fact question. Okay? I can only answer a legal question.

Your verdict must be unanimous. All 12 of you must agree on this verdict before you can sign it and fill it out. If one of you need to leave the room and go to restroom or anything, you've got stop talking about the case. You can only talk about the case when all 12 of you are present.

Now, like I say, when you reach your verdict, knock on the door and we'll get you out and receive the verdict.

Now, I got to talk to the lawyers just a second to be sure that I've covered everything. Sometimes, I may've forgotten something to charge you. And if I did, I'll bring you back out and charge you again. If I've covered everything, I will send this verdict form in to you along with all the evidence in this case. When you get this form and you get the evidence, that will be your indication to begin your deliberations. Okay?

So, I'm gonna ask you to go the jury room, and I'll

either get you back out in a second or send it in. Okay?

UNIDENTIFIED JUROR: The form that you said if we don't find him guilty of gross negligence -- you said ---

THE COURT: You have to make -- if you check ---

UNIDENTIFIED JUROR: You say, no or yes.

THE COURT: If you find that they've proven that he was grossly negligent, you check yes. If you find they haven't proved that you check no.

UNIDENTIFIED JUROR: All right. And still continue going on.

THE COURT: Yeah. You just keep going. You continue to go -- it's written on here if you have any questions.

I need you two to stay with me.

(REPORTER'S NOTE: Jury exits courtroom @ 3:44 p.m. The following takes place outside the presence of the jury.)

BY THE COURT:

THE COURT: Any exceptions, deletions from either party?

MR. POWELL: No, Your Honor.

THE COURT: Defense?

MR. MCLEAN: No, Your Honor. I believe you charged consistently with your rulings and subject to my objections. Thank you.

THE COURT: If y'all will get the evidence together and check with the court reporter, I want y'all all to agree to whatever is into evidence because there was a lot come in in

notebooks, so ---

MR. POWELL: Yes, sir.

THE COURT: If it doesn't get back there or it's wrong, it's not her fault.

MR. POWELL: Yes, sir.

THE COURT: Okay. And y'all have been sitting here all week, and I appreciate that you have paid close attention. And I hate it that you don't get to participate in the deliberations, but I only needed you if somebody got sick. If I'd lost somebody, we'd have had to try the whole case over again. So, you're free to go. You can stay if you want to. I've told you you couldn't talk about this case, you can talk about it to anybody you want to, except the press before I get a verdict. But other than that, you are welcome to -- you know, in rare circumstances, on a highly publicized case, and if I don't get a jury that makes a decision that night, I don't want anybody -- one of my other jurors to get on WIS and tell them what you think, but you can talk with anybody you want to. I appreciate y'all's service. I know it's been a long week and y'all have paid close attention. And I'm sure y'all have an opinion about this case. But -- and I hate that you don't get to decide it, but that's just the way the rules fall. I just needed you in case I lost somebody.

Thank you.

(REPORTER'S NOTE: Parties consent to exhibits to be submitted

to jury. Deliberations commence at 3:30 p.m.)

RECESS - 3:30 P.M.

*******OFF THE RECORD*******

ON THE RECORD - 4:19 P.M.

(REPORTER'S NOTE: Court received question from Jury.)

COURT'S EXHIBIT NUMBER ONE

MARKED FOR IDENTIFICATION

THE COURT: The question is how to define gross negligence and negligence.

MR. AIKEN: Okay.

THE COURT: And so, I was gonna read them the charge again, gross negligence which incorporates negligence in this charge. I followed the charge y'all gave me and gave them the second charge on negligence. It's all defined in Judge Anderson's gross negligence charge.

MR. POWELL: We're fine with that, Your Honor, because it's ---

THE COURT: I got to give them what I have them.

MR. POWELL: We would agree with that because it says negligence is X and gross negligence is Y.

MR. MCLEAN: Negligence is failure to give due care, while gross negligence is failure to exercise slight care. I think that's fair.

THE COURT: Okay. All right.

Any reason I can't bring them out now?

MR. POWELL: No, Your Honor.

(REPORTER'S NOTE: Jury enters courtroom @ 4:21 p.m.)

THE COURT: Okay. Madame Forelady, I've got a question that says how to define gross negligence and negligence. Is that what y'all want me to recharge you on?

JUROR 75: Yes, sir.

THE COURT: Okay. And I will give you the exact same charge I gave you, which encompasses both of them.

Gross negligence is the intentional and conscious failure to do something which it is incumbent upon one to do, or the doing of a thing intentionally that one ought not to do. Negligence is the failure to exercise due care, while gross negligence is the failure to exercise even the slightest care. Gross negligence is a relative term meaning the absence of care which is necessary under the circumstances. Gross negligence connotes the failure to exercise a slight degree of care. Gross negligence involves an intentional, conscious failure to do something which one ought to do, or to do -- or the doing of something one ought not to do. A defendant is guilty of gross negligence if he is so indifferent to the consequences of his conduct as to not -- not to give slight care as to what he is doing.

Okay. All right. If that helps y'all, you'll go back and continue deliberation, please.

(REPORTER'S NOTE: Jury exits courtroom @ 4:23 p.m.)

RECESS - 4:24 P.M.

*******OFF THE RECORD*******

ON THE RECORD - 4:41 P.M.

(REPORTER'S NOTE: Jury enters courtroom @ 4:42 P.M.)

VERDICT OF THE JURY:

THE COURT: Okay. Madam Forelady, I understand y'all have reached a verdict. Is that correct?

JUROR 75: Yes, sir.

THE COURT: Is it unanimous or was it unanimous?

JUROR 75: Yes, sir.

THE COURT: All 12 of you agreed?

JUROR 75: Yes, sir.

THE COURT: Okay. Madame Clerk, you may publish the verdict.

THE CLERK: In the Court of Common Pleas, Twelfth Judicial Circuit, Case Number 22-CP-33-00362, Demetrice Utley, individually and as the personal representative of the Estate of Taylor Danielle Price versus McLeod Physician Associates II and Charles A. Trant, M.D.

We the jury find unanimously as follows: Do you find that the defendants were negligent? Yes.

Do you find that the negligence of the defendants proximately caused damages to the plaintiff? Yes.

Having been instructed by the Judge on the definition of an occurrence, do you find there was more than one occurrence?

Yes.

Having been instructed by the Judge on the definition of gross negligence, do you find Dr. Trant was grossly negligent? Yes.

Having been instructed by the Judge on the damages recoverable for wrongful death, please state the amount of damages you award. 30,000,000.

Signed by the foreperson, Sharon Emanuel.

If this is your true verdict, please signify that by the raising of your hands.

(REPORTER'S NOTE: Jury indicates unanimously.)

THE CLERK: Thank you.

BY THE COURT:

THE COURT: Anything from the plaintiff or the defense before I release this jury?

MR. POWELL: Nothing from the plaintiff, Your Honor.

MR. AIKEN: We will have a matter for the Court. It's fine for the jury to be released.

THE COURT: Okay. That's what I was asking.

MR. AIKEN: Yes, sir.

BY THE COURT:

THE COURT: Ladies and gentlemen, I want to thank you for your service this week. I know it's been a long week. I've been telling you you couldn't talk about this case, now you can talk about it to anybody you want to. You don't have to

if you want to. So, your service is done. You won't have to do this again for three years.

Thank you so much.

(REPORTER'S NOTE: Jury exits courtroom @ 4:44 p.m. The following takes place outside the presence of the jury.)

THE COURT: Okay. Yes, sir?

MR. MCLEAN: Your Honor, we would respectfully request 10 days for all post-trial motions. This is gonna be a lot to process including setoffs, reductions, if they apply, allocations, post-trial motions including JNOV, new trial absolute, new trial nisi, remittiturs. It's a lot to process. We've been at it hard all week. I spoke to the plaintiff's attorney, and he was not opposed to 10 days, but I believe that is in the Court's discretion.

THE COURT: Okay. Is that correct?

MR. POWELL: That's correct, Your Honor. We ask for 10 days.

THE COURT: I'll give you 10 days to figure this all out and make whatever motions you think is appropriate.

MR. POWELL: Your Honor, before we break, and I did not ask for their consent on this. Their 10 days to file theirs and could we have a very compressed, maybe, three to five days to file any responsive pleadings. Or we could file them at the same time if you'd like, we're just not sure which motions to ---

THE COURT: That's fine.

MR. POWELL: We know some of the motions that are coming, but ---

MR. AIKEN: No problem.

THE COURT: Okay.

MR. POWELL: Five days after they've filed theirs, Your Honor?

THE COURT: Sure. Sure.

MR. MCLEAN: Certainly.

MR. POWELL: That would be it for the plaintiff, Your Honor.

THE COURT: Thank you.

MR. POWELL: Thank you very much.

THE COURT: Court is adjourned.

MR. RICHARDSON: Thank you, Your Honor.

MR. AIKEN: Thank you, Your Honor.

THE COURT: Yes, sir.

ADJOURNED - 4:48 P.M.

C E R T I F I C A T E

I, the undersigned, Kay H. Richardson, 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 Common Pleas for Marion County, Marion County Courthouse, Marion, South Carolina, on November 4-8, 2024.

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

Kay H. Richardson
Official Court Reporter

April 13, 2025.

PLAINTIFF'S EXHIBIT 2
tabbies
E
1:21-cv-1151-BHH

MUSC Health
Medical University of South Carolina

T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
HIM ROI Enc Facesheet

Price, Taylor D
MRN: 006031090, DOB: [redacted] Sex: F
Acct #: MHF4250813
Adm: 1/24/2018, D/C: 1/24/2018

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Price, Taylor D	006031090	[redacted]	Female	[redacted] (DECEASED)

Address	Phone	Email
200 Gregg Avenue MARION SC 29571	843-260-0643 (M) 843-260-0643 (H) 843-665-2222 (W)	—

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	—	12/17/21	06/25/22

HAR	Admission Date	Discharge Date	Admitting Provider
MHF4250813	01/24/18	01/24/18	—

Marital Status	Religion	Language
Single	Baptist	English

Hospital Account

Not on file

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Steven McDonell Halus, MD			Confirmed Discharge

Admission Date/Time	Discharge Date	Hospital Service	Auth/Cert Status
01/24/18 07:33 PM	01/24/18	EMM-EMERGENCY MEDICINE	

Hospital Area	Unit	Room/Bed
MUSC-FLO HEALTH FLORENCE MEDICAL CENTER	HISTORIC FLORENCE EMERGENCY DEPT	

Allergies as of 1/24/2018

Never Reviewed

Not on File

Patient History

Patient History

Occupational as of 1/24/2018

None

Socioeconomic as of 1/24/2018

Patient History (continued)

Socioeconomic as of 1/24/2018 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Not Hispanic or Latino	Black or African American	—

CSN
1134257632

Admission Information

Arrival Date/Time:	Admit Date/Time:	01/24/2018 7:33 PM	IP Adm. Date/Time:	
Admission Type:	Point of Origin:		Admit Category:	
Means of Arrival:	Primary Service:	Emm-emergency Medicine	Secondary Service:	N/A
Transfer Source:	Service Area:	MUSC Service Area	Unit:	HISTORIC FLORENCE EMERGENCY DEPT
Admit Provider:	Attending Provider:	Steven M Halus, MD	Referring Provider:	

Admission Orders

No orders found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
01/24/2018 11:37 PM	None	None	None	HISTORIC FLORENCE EMERGENCY DEPT

Allergies as of 1/24/2018

Never Reviewed

Not on File

Immunizations

Name	Date
DTaP (pediatric < 7y)	12/30/05
DTaP (pediatric < 7y)	10/31/05
DTaP, 5 pertussis antigens (pediatric < 7y)	12/30/05
DTaP, 5 pertussis antigens (pediatric < 7y)	10/31/05
DTaP-Haemophilus influenzae type b conjugate vaccine	03/21/07
DTaP-Haemophilus influenzae type b conjugate vaccine	03/03/06
DTaP-poliovirus vaccine, inactivated	09/11/09
Tdap (adolescent/adult 10 y+)	09/01/17
hepatitis B vaccine, pediatric/adol (3 dose)	03/03/06
hepatitis B vaccine, pediatric/adol (3 dose)	12/30/05
hepatitis B vaccine, pediatric/adol (3 dose)	10/31/05
hepatitis B vaccine, pediatric/adol (3 dose)	08/30/05
historic Hib, unspecified formulation	12/30/05
historic Hib, unspecified formulation	10/31/05
human papillomavirus 9-valent vaccine	04/28/21
human papillomavirus 9-valent vaccine	09/01/17
measles, mumps and rubella virus MMR	09/11/09
measles, mumps, rubella, and varicella vaccine MMRV	08/31/06
pneumococcal conjugate, 7 valent	03/21/07
pneumococcal conjugate, 7 valent	03/03/06
pneumococcal conjugate, 7 valent	12/30/05
pneumococcal conjugate, 7 valent	10/31/05
poliovirus vaccine, inactivated	03/03/06
poliovirus vaccine, inactivated	12/30/05
poliovirus vaccine, inactivated	10/31/05
varicella virus vaccine	09/11/09

Patient History (continued)

Immunizations (continued)

Medical as of 1/24/2018

None

Implants

No active implants to display in this view.

Problem List as of 1/24/2018 — **Never Reviewed**

None

ED Records

ED Arrival Information

Patient not seen in ED

ED Disposition

None

ED Provider Notes - ED Notes

ED Provider Notes signed by Steven M Halus, MD at 1/24/2018 10:57 PM

Author: Steven M Halus, MD
Filed: 1/24/2018 9:34 PM
Editor: Steven M Halus, MD (Physician)

Service: —
Date of Service: 1/24/2018 9:34 PM

Author Type: Physician
Status: Signed

Patient: PRICE, TAYLOR D MRN: 392256 FIN: 4250813
Age: 12 years Sex: Female DOB: [redacted]
Associated Diagnoses: Hyperventilation syndrome
Author: HALUS, STEVE MCDONELL MD

Basic Information
Time seen: Initial Time Seen
Time Initially Seen: 01/24/2018 21:27 by HALUS, STEVE MCDONELL MD
.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint
1/24/2018 19:48 EST Chief Complaint at a basketball game and mom states she fell to the ground saying she couldn't breath and that her arm and face were tingling. .

History of Present Illness
The patient presents with difficulty breathing and Complaint asthma became short of breath then appeared to have some carpal pedal spasm. The course/duration of symptoms is improving. Degree at onset moderate.

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Steven M Halus, MD at 1/24/2018 10:57 PM (continued)

Degree at present none. The Exacerbating factors is exertion. The Relieving factors is rest. Risk factors consist of none. Prior episodes: none. Therapy today: Deep breathing and Gatorade. Associated symptoms: denies chest pain and denies fever.

Review of Systems
Constitutional symptoms: Weakness, No fever,
Skin symptoms: No jaundice,
ENMT symptoms: No sore throat, no nasal congestion.
Respiratory symptoms: Shortness of breath.
Cardiovascular symptoms: Chest pain.
Gastrointestinal symptoms: No abdominal pain,
Genitourinary symptoms: No dysuria,
Musculoskeletal symptoms: No back pain,
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status
Allergies:
Allergic Reactions (Selected)
No Known Allergies.

No qualifying data available.
. Social history nonsmoking past medical history negative for asthma

Past Medical/ Family/ Social History
Procedure history: Include procedure history
No active procedure history items have been selected or recorded..
Family history:
No family history items have been selected or recorded..
Social history:
Social & Psychosocial Habits

No Data Available
.

Physical Examination

Vital Signs
Vital Signs
1/24/2018 19:48 EST ED Temperature 98.3 DegF

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Steven M Halus, MD at 1/24/2018 10:57 PM (continued)

	Temperature Method	Oral
	Respiratory Rate	18 br/min
	ED Pulse Rate	98 bpm HI
	Systolic Blood Pressure	117 mmHg
	Diastolic Blood Pressure	62 mmHg
	Mean Arterial Pressure, Cuff	80 mmHg .

Measurements

1/24/2018 19:48 EST	Patient Weight	65.77 kg
	Patient Height	160.02 cm .

Basic Oxygen Information

1/24/2018 19:48 EST	SpO2	100 % .

General: Alert, no acute distress.
Skin: Warm, dry.
Head: Normocephalic.
Neck: Supple, trachea midline.
Eye: Normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds.
Back: Nontender, Normal range of motion.
Musculoskeletal: Normal ROM.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.
Lymphatics: No lymphadenopathy.
Psychiatric: Cooperative.

Medical Decision Making
Rationale: Medical decision making patient nontoxic. She has had a hyperventilation event patient will be observed and monitored here in the emergency Department patient asymptomatic on arrival.

Impression and Plan
Diagnosis
Hyperventilation syndrome (ICD10-CM F45.8, Discharge, Emergency medicine, Medical)
Plan
Disposition: Discharged: Time 01/24/2018 22:57:00, to home.

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Steven M Halus, MD at 1/24/2018 10:57 PM (continued)

SIGNING PROVIDER : STEVE MCDONELL HALUS MD
SIGNING DATE/TIME : 01/24/2018 10:57 PM

Electronically Signed by Steven M Halus, MD on 1/24/2018 10:57 PM

ED Notes - ED Notes

ED Notes filed by Florence Historical Provider at 1/24/2018 11:37 PM

Author: Florence Historical Provider | Service: — | Author Type: Physician
Filed: 1/24/2018 11:37 PM | Date of Service: 1/24/2018 11:37 PM | Status: Signed
Editor: Interface, Transcription Conversion (Flo)

ED Facility Charging Entered On: 01/24/2018 23:37 EST
Performed On: 01/24/2018 23:37 EST by Antaran, Kristofferian Rn

FCT DTA's
Select "Yes" if a consulting physician saw the patient in the ED and the ED staff performed additional work to assist the physician and/or manage the patient after the physician had seen and treated the patient. : Yes
FCT Discharge Disposition : Standard ED Encounter
Critical Care Patient : No
Antaran, Kristofferian Rn - 01/24/2018 23:37 EST

SIGNING PROVIDER : Kristofferian Antaran RN
SIGNING DATE/TIME : 01/24/2018 11:37 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 5:31 PM

ED Notes filed by Florence Historical Provider at 1/24/2018 11:37 PM

Author: Florence Historical Provider | Service: — | Author Type: Physician
Filed: 1/24/2018 11:37 PM | Date of Service: 1/24/2018 11:37 PM | Status: Signed
Editor: Interface, Transcription Conversion (Flo)

ED Facility Charging Entered On: 01/24/2018 23:37 EST
Performed On: 01/24/2018 23:37 EST by Antaran, Kristofferian Rn

FCT DTA's
FCT Discharge Disposition : Standard ED Encounter
Critical Care Patient : No
Antaran, Kristofferian Rn - 01/24/2018 23:37 EST

SIGNING PROVIDER : Kristofferian Antaran RN
SIGNING DATE/TIME : 01/24/2018 11:37 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 5:31 PM

ED Notes filed by Florence Historical Provider at 1/24/2018 11:37 PM

ED Notes - ED Notes (continued)

ED Notes filed by Florence Historical Provider at 1/24/2018 11:37 PM (continued)

Author: Florence Historical Provider | Service: — | Author Type: Physician
Filed: 1/24/2018 11:37 PM | Date of Service: 1/24/2018 11:37 PM | Status: Signed
Editor: Interface, Transcription Conversion (Flo)

ED Disposition Summary Entered On: 01/24/2018 23:37 EST
Performed On: 01/24/2018 23:37 EST by Antaran, Kristofferian Rn

ED Disposition Summary
Discharged in care of : Family
Disposition Method : Self Ambulated
ED Nurse Noted Disposition : Discharge
Antaran, Kristofferian Rn - 01/24/2018 23:37 EST

SIGNING PROVIDER : Kristofferian Antaran RN
SIGNING DATE/TIME : 01/24/2018 11:37 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 5:31 PM

ED Notes filed by Florence Historical Provider at 1/24/2018 10:11 PM

Author: Florence Historical Provider | Service: — | Author Type: Physician
Filed: 1/24/2018 10:11 PM | Date of Service: 1/24/2018 10:11 PM | Status: Signed
Editor: Interface, Transcription Conversion (Flo)

ED Facility Charging Entered On: 01/24/2018 22:11 EST
Performed On: 01/24/2018 22:11 EST by Antaran, Kristofferian Rn

FCT DTA's
Select "Yes" if a consulting physician saw the patient in the ED and the ED staff performed additional work to assist the physician and/or manage the patient after the physician had seen and treated the patient. : Yes
FCT Discharge Disposition : Standard ED Encounter
Critical Care Patient : No
Antaran, Kristofferian Rn - 01/24/2018 22:11 EST

SIGNING PROVIDER : Kristofferian Antaran RN
SIGNING DATE/TIME : 01/24/2018 10:11 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 5:31 PM

ED Notes filed by Florence Historical Provider at 1/24/2018 10:11 PM

ED Notes - ED Notes (continued)

ED Notes filed by Florence Historical Provider at 1/24/2018 10:11 PM (continued)

Author: Florence Historical Provider
Filed: 1/24/2018 10:11 PM
Editor: Interface, Transcription Conversion (Flo)
Service: —
Date of Service: 1/24/2018 10:11 PM
Author Type: Physician
Status: Signed

ED Disposition Summary Entered On: 01/24/2018 22:11 EST
Performed On: 01/24/2018 22:11 EST by Antaran, Kristofferian Rn

ED Disposition Summary
Discharged in care of : Family
Disposition Method : Self Ambulated
ED Nurse Noted Disposition : Discharge
Antaran, Kristofferian Rn - 01/24/2018 22:11 EST

SIGNING PROVIDER : Kristofferian Antaran RN
SIGNING DATE/TIME : 01/24/2018 10:11 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 3/31/2020 5:31 PM

Patient Care Timeline

No data selected in time range

Hospital Encounter Notes

Encounter Notes

No notes exist for this encounter.

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Imaging - Clinical Orders and Results

XR Chest 2 Views [187308559]

Electronically signed by: **Interface, Rad Conversion (Flo) on 01/24/18 2155** Status: **Completed**
Ordering user: Interface, Rad Conversion (Flo) 01/24/18 2155 Ordering provider: Steven M Halus, MD
Authorized by: Steven M Halus, MD
Frequency: Once 01/24/18 2156 - 1 occurrence

Discharge Orders

Price, Taylor D (MRN 006031090)

(none)

Other Orders and Results

No results found

Orders

	Status	Priority	Start	End
XR Chest 2 Views Order ID:187308559	Completed	Routine	01/24/18	-
XR Chest 2 Views Order ID:187308560	Final result	Routine	01/24/18	-

Clinical Lab Results

Lab, Radiology, ECG/EMG, Cardiac, and GI Orders and Results

XR Chest 2 Views [187308560]

Electronically signed by: **Interface, Rad Conversion (Flo) on 01/24/18 2155** Status: **Completed**
Ordering user: Interface, Rad Conversion (Flo) 01/24/18 2155 Ordering provider: Steven M Halus, MD

XR Chest 2 Views [187308560] Resulted: 01/24/18 2208, Result status: Final result
Resulted by: Timothy Allan MacFall, MD Accession number: FL3801802401735
Resulting lab: FMC CERNER CONVERSION
Narrative:
Carolinas Hospital System

Patient:PRICE, TAYLOR D MRN:392256

DOB: [redacted] Sex: Female

Location:SCC ED

Ordering Physician: HALUS, STEVE MCDONELL MD

Diagnostic Radiology

ACCESSION 380-18-024-01735
EXAM DATE/TIME 1/24/2018 22:00 EST

Reason For Exam
Chest pain;Chest pain

Report
INDICATION: Patient was had a basketball game and fell to the ground seen she could not breathe

COMPARISON: None available

FINDINGS: PA and lateral views of the chest show a normal cardiomediastinal silhouette. No acute pulmonary consolidation. No pneumothorax or pleural effusion.

IMPRESSION: No acute cardiopulmonary abnormality.

Approved by ` Timothy MacFall 1/24/2018 10:04 PM
***** Final *****

Signed by: MACFALL, TIMOTHY MD
Signed (Electronic Signature): 01/24/2018 10:08 pm EST

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
83 - FMCCC	FMC CERNER CONVERSION	Unknown	Unknown	Create - Present

Medications

Historical Medications Entered This Encounter

This print group is not available in inpatient encounters. Please contact a system administrator.

Flowsheets (all recorded)

No documentation.

Flowsheet Notes

No notes of this type exist for this encounter.

Documents (no E-sig) — Encounter Level:

Documents (no E-sig): None found at the encounter level.

Documents (no E-sig) — Order Level:

Documents (no E-sig): None found at the order level.

E-Sig — Encounter Level:

No documentation.

Medical Records - CONFIDENTIAL

FROM: SC - CHS Marion
2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035
Phone: 843-431-2650
Fax: 843-431-2647

TO:

Name: PRICE, TAYLOR

DOB: [redacted]

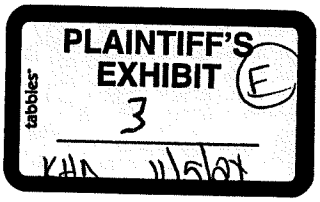
Date Range: to

This document contains the following records of the patient:

- **Facesheet**
- **Encounters and Procedures**
- **Order Groups**
- **Encounter Documents**
- **OB Episodes**
- **Clinical Documents**
- **Lab Results**
- **Imaging Results**
- **Medication List**
- **Vaccination History**
- **Flowsheets**
- **Medical Record Documents**
- **Letters**
- **Admin Documents**
- **Allergy List**
- **Cancer Cases**
- **Consult Orders**
- **Ambulatory Notes**
- **Hospitals**
- **Surgeries**
- **Medication Notifications**
- **Denied Medications**
- **DME Orders**
- **Growth Charts**
- **Imaging Orders**
- **Lab Orders**
- **Mental Health Consults**
- **Other Orders**
- **Patient Cases**
- **Phone Messages**
- **Physician Authorizations**
- **Prescription Documents**
- **Procedure Orders**
- **Surgical Orders**
- **Vaccination Records**

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:132707-A-3963]



Medical Records - CONFIDENTIAL

FROM: SC - CHS Marion
2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035
Phone: 843-431-2650
Fax: 843-431-2647

TO:

Name: PRICE, TAYLOR

DOB: [redacted]

Date Range: to

This document contains the following records of the patient:

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Facesheet

Demographics

Patient Name	PRICE, TAYLOR
Sex	F
DOB	[redacted]
Address	104-F SILVER TRACE COURT
City/State/Zip	MARION, SC 29571
Home Phone	(843) 260-0643
Mobile Phone	(843) 260-0643
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 51165448 Prescription: check now
Default Pharmacy	WALGREENS DRUG STORE 09761 (ERX) 301 W MCINTYRE ST MULLINS SC 295743419 Ph (843) 464-0118 Fax (843) 464-7375

Height / Weight / BMI / BP

Height	5 ft 4 in 09/28/2018
Weight	146 lbs 0 oz 09/28/2018
BMI	25.1 09/28/2018
Blood Pressure	104 / 60 09/28/2018

Problems

- Urinary tract infectious disease
- Urticaria
- Dysuria
- Nocturnal enuresis
- Injury of conjunctiva

Surgical History

None recorded.

Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccines

Vaccine Type	Date	Age	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis												
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm		X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/03	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do							12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do							12/30/99			
HPV												
HPV9	09/01/17	12yo	0.5	Intramuscular	Left		M034437	Merck and Co.,		12/02/16	09/01/17	Donna

			mL	Arm		Inc.			Sweat,LPN
Haemophilus Influenzae Type B									
DTaP-Hib	03/21/07	1y6mo					12/30/99		
DTaP-Hib	03/03/06	6m3do					12/30/99		
Hib	12/30/05	4m0do					12/30/99		
Hib	10/31/05	2m1do					12/30/99		
Hepatitis B									
Hep B, adolescent or pediatric	03/03/06	6m3do					12/30/99		
Hep B, adolescent or pediatric	12/30/05	4m0do					12/30/99		
Hep B, adolescent or pediatric	10/31/05	2m1do					12/30/99		
Hep B, adolescent or pediatric	08/30/05	0do					12/30/99		
Measles, Mumps, Rubella									
MMR	09/11/09	4y0mo			D483Y	Merck and Co., Inc.	12/30/99		
MMRV	08/31/06	1y0mo					12/30/99		
Pneumococcal									
pneumococcal conjugate PCV 7	03/21/07	1y6mo					12/30/99		
pneumococcal conjugate PCV 7	03/03/06	6m3do					12/30/99		
pneumococcal conjugate PCV 7	12/30/05	4m0do					12/30/99		
pneumococcal conjugate PCV 7	10/31/05	2m1do					12/30/99		
Polio									
DTaP-IPV	09/11/09	4y0mo			AC20B137AA	GlaxoSmithKline	12/30/99		
IPV	03/03/06	6m3do					12/30/99		
IPV	12/30/05	4m0do					12/30/99		
IPV	10/31/05	2m1do					12/30/99		
Varicella									
varicella	09/11/09	4y0mo			D857Y	Merck and Co., Inc.	12/30/99		
MMRV	08/31/06	1y0mo					12/30/99		

Allergies / Adverse Reactions
NKDA

Past Medical History
(none recorded)

Social History
None recorded.

Family History
None recorded.

GYN History
None recorded.

Patient History - Other
None recorded.

Past Pregnancies
None recorded.

Obstetric History
None recorded.

Screening
None recorded.

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 09/28/2018

Patient

Name PRICE, TAYLOR (13yo, F) ID# 132707 **Appt. Date/Time** 09/28/2018 04:00PM

DOB [redacted] **Service Dept.** PEED_PEE DEE PEDIATRICS RHC

Provider JULIANNA MAYNOR, NP

Insurance Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO)
Insurance # : 51165448
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

well child visit

Patient's Pharmacies

WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Vitals

Ht:	5 ft 4 in (162.56 cm; 77th %) 09/28/2018 03:48 pm	**Wt:**	146 lbs (66.22 kg; 94th %) 09/28/2018 03:49 pm	**BMI:**	25.1 (93rd %) 09/28/2018 03:49 pm
BP:	104/60 (31st % / 34th %) 09/28/2018 03:49 pm	**Pulse:**	107 bpm 09/28/2018 03:49 pm	**RR:**	20 09/28/2018 03:49 pm
O2Sat:	98% 09/28/2018 03:49 pm	**Pain Scale:**	0 09/28/2018 03:49 pm		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

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TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

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Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Age	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm	X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do						12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do						12/30/99			
HPV											
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm	4034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B											
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
Hib	12/30/05	4m0do						12/30/99			
Hib	10/31/05	2m1do						12/30/99			
Hepatitis B											
Hep B, adolescent or pediatric	03/03/06	6m3do						12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do						12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do						12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do						12/30/99			
Measles, Mumps, Rubella											
MMR	09/11/09	4y0mo				U483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			
Pneumococcal											
pneumococcal	03/21/07	1y6mo						12/30/99			

conjugate PCV 7												
pneumococcal conjugate PCV 7	03/03/06	6m3do							12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do							12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do							12/30/99			
Polio												
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline		12/30/99			
IPV	03/03/06	6m3do							12/30/99			
IPV	12/30/05	4m0do							12/30/99			
IPV	10/31/05	2m1do							12/30/99			
Varicella												
varicella	09/11/09	4y0mo				D357Y	Merck and Co., Inc.		12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			

Problems

Problems not reviewed (last reviewed 07/10/2018)
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Nocturnal enuresis
- Injury of conjunctiva

Family History

Family History not reviewed (last reviewed 03/04/2016)

Documents for Discussion

Discussed the following documents:
- VISUAL ACUITY - 09/28/18
  Results:
  - Right Eye (Uncorrected): 20/20
  - Left Eye (Uncorrected): 20/20
  - Referral Needed to Ophthalmology: No
  - Referral Needed to Optometry: No

Screening

None recorded.

ROS

Patient reports aware of pubertal changes, no vaginal discharge, and menarche; **cycles irregular, last cycle in August.** She reports 3 meals/day, well balanced diet, normal portions, fast food <1 time per week, <8oz. sugar containing beverages daily, appropriate dairy intake, diet includes fruits, and diet includes vegetables. She reports regular dental visits, brushes teeth 2 times/day, and flosses teeth. She reports has structured bedtime routine, sleeps through the night, and no trouble getting up. She reports normal bowel movement frequency and normal consistency. She reports safe practices around pool & water, understanding of sun protection, understands insect repellant, uses helmet for biking/scootering, maintains adequate hydration, and understands conflict resolution/violence prevention. She reports denies drug use, denies alcohol use, and denies tobacco use. She reports no behavior problems, normal transition, and normal attention span. She reports gets along with other children and responds to discipline (privilege restrictions). She reports gets regular exercise, no family crises/stressors, and participates in organized sports.

Physical Exam

Patient is a 13-year-old female.

General Appearance: General: well-developed, well-nourished, and no acute distress.

Eyes: External Eye: no discharge. Conjunctiva: non-injected and non-icteric. Pupils: round, equal size, and reactive to light. Red Reflex: present.

Ears, Nose, Throat: Ears: tympanic membranes pearly w/ good landmarks, pinnae well-formed, and no pits. Nose: patent and no crusts/sores. Tonsils: no erythema or exudate and not enlarged.

Lymph Nodes: Lymph Nodes: no cervical lymphadenopathy.

Neck: Thyroid: no asymmetry or palpable nodules and non-tender and not enlarged.

Cardiovascular: Apical impulse: not displaced. Rate and rhythm: regular. Heart Sounds: normal S1 and S2 and no murmur, gallops, or rub.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation.

Abdomen: Palpation: no guarding or tenderness and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: no palpable hernias.

Musculoskeletal: General Musculoskeletal: grossly normal movement of all extremities. Cervical Spine: full range of motion and no pain elicited by motion. Thoracolumbar spine: no scoliosis.

Skin: Color and Pigmentation: no cyanosis, rash, lesions, acne, or pustules.

Neurological System: Mental Status: normal affect and mood. Motor: normal strength and tone.

Assessment / Plan

Well child, no developmental or physical concerns, participating in organized sports, physical form completed

1. Well child
Z00.129: Encounter for routine child health examination without abnormal findings
- WELL CARE - TIPS FOR PARENTS OF TEENS: CARE INSTRUCTIONS
- VISUAL ACUITY

VISUAL ACUITY
- Results:
  - **Right Eye (Uncorrected): 20/20**
  - **Referral Needed to Optometry: No**
  - **Referral Needed to Ophthalmology: No**
  - **Left Eye (Uncorrected): 20/20**

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Julianna Maynor, NP, 09/28/2018.

Encounter performed and documented by Julianna Maynor, NP
Encounter reviewed & signed by Julianna Maynor, NP on 09/28/2018 at 4:04pm

Encounter Date: 07/10/2018

Patient

Name	PRICE, TAYLOR (12yo, F) ID# 132707	**Appt. Date/Time**	07/10/2018 04:00PM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	JULIANNA MAYNOR, NP		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 51165448 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint
urine problems

WETTING SELF AND NOT KNOWING IT

Patient's Pharmacies
WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Vitals
07/10/2018 04:03 pm

Ht:	5 ft 3 in (160.02 cm; 69th %)	**Wt:**	149 lbs (67.59 kg; 96th %)	**BMI:**	26.4 (95th %)
BP:	108/72 (54th % / 79th %)	**T:**	99.5 F° (37.5 C)	**Pulse:**	87 bpm
RR:	20	**O2Sat:**	99%	**Pain Scale:**	0

Allergies
Reviewed Allergies
NKDA

Medications
Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled

SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

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Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Age	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm	X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
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DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do						12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do						12/30/99			
HPV											
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm	M034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B											
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
Hib	12/30/05	4m0do						12/30/99			
Hib	10/31/05	2m1do						12/30/99			
Hepatitis B											
Hep B, adolescent or pediatric	03/03/06	6m3do						12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do						12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do						12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do						12/30/99			
Measles, Mumps, Rubella											
MMR	09/11/09	4y0mo				D483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			
Pneumococcal											
pneumococcal conjugate PCV 7	03/21/07	1y6mo						12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do						12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do						12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do						12/30/99			
Polio											
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99			
IPV	03/03/06	6m3do						12/30/99			
IPV	12/30/05	4m0do						12/30/99			
IPV	10/31/05	2m1do						12/30/99			
Varicella											
varicella	09/11/09	4y0mo				D857Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			

Problems

Reviewed Problems
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Nocturnal enuresis
- Injury of conjunctiva

Family History

Family History not reviewed (last reviewed 03/04/2016)

Documents for Discussion

Discussed the following documents:

- URINALYSIS, DIPSTICK - 07/10/18
  Results:
  - Leukocytes: Negative
  - Nitrite: negative
  - Urobilinogen: .2
  - Protein: Trace
  - pH: 6.0
  - Blood: Large
  - Specific Gravity: 1.030
  - Ketone: Negative
  - Bilirubin: Negative
  - Glucose: Negative
  - Appearance: Cloudy
  - Color: Red

Screening

None recorded.

HPI

Urinary Frequency - Pediatric
Reported by patient.

Quality: symptoms worse in the evening
Severity: moderate
Onset/Timing: recurring
Alleviating Factors: nothing gives relief
Associated Symptoms: no abdominal pain; no back pain; no chills; no constipation; no diarrhea; no dysuria; normal emptying of bladder; no gross hematuria; no hesitancy; no nausea; no vomiting; no foul urine odor; no straining; no fever; no feelings of urgency; **dribbling**; **nocturia**; **incontinence**
Notes:

Ongoing problems with bed wetting, now having problems with incontinence, no change in diet, has gained 8 pounds in 5 months, has started menstrual cycle

ROS

None recorded.

Physical Exam

Patient is a 12-year-old female.

General Appearance: General Appearance: active and alert. Level of Distress: no acute distress. Attentiveness: attentive.

Head: Head: no tenderness or swelling.

HEENT: Eyes: round, non-injected, equal size, reactive to light, and no exudates. Nose: no crusts/sores or nasal discharge and patent.

Neck: Neck: supple and no lymphadenopathy.

Cardiovascular System: Heart Sounds: normal S1 and S2; no murmur, gallops, or rub; and regular rate and rhythm.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation.

Abdomen: Auscultation: normal bowel sounds. Palpation: no tenderness or masses. Liver: no hepatomegaly. Spleen: no splenomegaly.

Skin: General: no cyanosis, good turgor, and generalized warmth. Moisture: dry. Lesions: no petechiae or rash.

Assessment / Plan

Nocturnal enuresis and incontinence, leukocytes negative, instructed to continue oxybutynin as directed, will refer to urology.

1. Nocturnal enuresis
N39.44: Nocturnal enuresis
- URINALYSIS, DIPSTICK
- UROLOGY REFERRAL - Schedule Within: provider's discretion

2. Urinary incontinence
R32: Unspecified urinary incontinence

URINALYSIS, DIPSTICK
- Results:

- **Leukocytes: Negative**
- **Nitrite: negative**
- **Urobilinogen: .2**
- **Protein: Trace**
- **pH: 6.0**
- **Color: Red**
- **Specific Gravity: 1.030**
- **Ketone: Negative**
- **Bilirubin: Negative**
- **Glucose: Negative**
- **Appearance: Cloudy**
- **Blood: Large**

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Julianna Maynor, NP, 07/10/2018.

Encounter performed and documented by Julianna Maynor, NP
Encounter reviewed & signed by Julianna Maynor, NP on 07/10/2018 at 4:32pm

Encounter Date: 02/01/2018

Patient

Name	PRICE, TAYLOR (12yo, F) ID# 132707	**Appt. Date/Time**	02/01/2018 09:45AM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	MARC BAHAN, MD		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 51165448 Prescription: check now		

Chief Complaint

stomach ache, vomiting

PASSING OUT, BLURRED VISION, THIRSTY, SWEATING

Patient's Pharmacies

WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Vitals

02/01/2018 10:08 am

Ht:	5 ft 2 in (157.48 cm; 68th %)	**Wt:**	141 lbs (63.96 kg; 95th %)	**BMI:**	25.8 (95th %)
BP:	118/68 (86th % / 67th %)	**T:**	98.8 F° (37.11 C)	**Pulse:**	83 bpm
RR:	18	**O2Sat:**	98%	**Pain Scale:**	0

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccines

Vaccines not reviewed (last reviewed 09/01/2017)

Vaccine Type	Date	Age	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm	X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do						12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do						12/30/99			
HPV											
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm	M034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B											
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
Hib	12/30/05	4m0do						12/30/99			
Hib	10/31/05	2m1do						12/30/99			
Hepatitis B											
Hep B, adolescent or pediatric	03/03/06	6m3do						12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do						12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do						12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do						12/30/99			
Measles, Mumps, Rubella											
MMR	09/11/09	4y0mo				D483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			
Pneumococcal											
pneumococcal conjugate PCV 7	03/21/07	1y6mo						12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do						12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do						12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do						12/30/99			
Polio											
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99			
IPV	03/03/06	6m3do						12/30/99			
IPV	12/30/05	4m0do						12/30/99			
IPV	10/31/05	2m1do						12/30/99			
Varicella											
varicella	09/11/09	4y0mo				D857Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Family History

Family History not reviewed (last reviewed 03/04/2016)

Screening

None recorded.

HPI

patient with symptoms of syncope x2 after basketball practice patient with poor feeding during the day for hydration mom concerned about diabetes or hypoglycemia, patient with improvement of symptoms when drinking juice after symptoms began.

ROS

None recorded.

Physical Exam

Patient is a 12-year-old female.

General Appearance: General Appearance: active and alert. Level of Distress: no acute distress. Attentiveness: attentive.

HEENT: Eyes: round, non-injected, equal size, reactive to light, and no exudates. Ears: tympanic membranes pearly w/ good landmarks, pinnae well-formed, and no pits. Nose: no crusts/sores or nasal discharge and patent. Tonsils: no erythema or exudate and not enlarged.

Cardiovascular System: Heart Sounds: normal S1, S2, and femoral pulse; no murmur, gallops, or rub; and regular rate and rhythm.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation.

Assessment / Plan

Syncopal episodes likely from dehydration plus or minus hypoglycemia with recommended prehydration before basketball and frequent small meals and protein bar before practice

1. Syncope
R55: Syncope and collapse
- URINALYSIS, DIPSTICK

URINALYSIS, DIPSTICK
- Results:
  - **Leukocytes: Negative**
  - **Nitrite: negative**
  - **Urobilinogen: .2**
  - **Protein: Trace**
  - **pH: 6.0**
  - **Color: Dark Yellow**
  - **Specific Gravity: 1.030**
  - **Ketone: Large (160)**
  - **Bilirubin: Negative**
  - **Glucose: Negative**
  - **Appearance: Clear**
  - **Blood: Non-Hemolyzed: Trace**

Return to Office

- Jullanna Maynor, NP for Nurse Visit at PEED_PEE DEE PEDIATRICS RHC on 03/01/2018 at 04:00 PM

Encounter Sign-Off

Encounter signed-off by Marc Bahan, MD, 02/01/2018.

Encounter performed and documented by Marc Bahan, MD
Encounter reviewed & signed by Marc Bahan, MD on 02/01/2018 at 11:28am

Encounter Date: 09/01/2017

Patient

Name	PRICE, TAYLOR (12yo, F) ID# 132707	**Appt. Date/Time**	09/01/2017 03:30PM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	MARC BAHAN, MD		
Insurance	Med Primary: SELECT HEALTH (MEDICAID REPLACEMENT - HMO) Insurance # : 51165448 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

well child visit

Patient's Pharmacies

WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Vitals

Ht:	5 ft 2 in (157.48 cm; 80th %) 09/01/2017 03:47	**Wt:**	147 lbs (66.68 kg; 97th %) 09/01/2017 03:47	**BMI:**	26.9 (97th %) 09/01/2017 03:47 pm

pm pm

BP: 114/70 (73rd % / 72nd %) 09/01/2017 03:48 pm

Pulse: 76 bpm 09/01/2017 03:48 pm

RR: 20 09/01/2017 03:48 pm

O2Sat: 98% 09/01/2017 03:48 pm

Pain Scale: 0 09/01/2017 03:48 pm

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Age	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm	X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do						12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do						12/30/99			
HPV											
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm	M034437	Merck and Co., Inc		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B											
DTaP-Hib	03/21/07	1y6mo						12/30/99			
DTaP-Hib	03/03/06	6m3do						12/30/99			
Hib	12/30/05	4m0do						12/30/99			
Hib	10/31/05	2m1do						12/30/99			
Hepatitis B											
Hep B, adolescent or pediatric	03/03/06	6m3do						12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do						12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do						12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do						12/30/99			
Measles, Mumps, Rubella											
MMR	09/11/09	4y0mo				D4837	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo						12/30/99			
Pneumococcal											
pneumococcal conjugate PCV 7	03/21/07	1y6mo						12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do						12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do						12/30/99			
pneumococcal	10/31/05	2m1do						12/30/99			

Conjugate PCV 7												
Polio												
DTaP-IPV	09/11/09	4y0mo				AC20B137AA	GlaxoSmithKline	12/30/99				
IPV	03/03/06	6m3do						12/30/99				
IPV	12/30/05	4m0do						12/30/99				
IPV	10/31/05	2m1do						12/30/99				
Varicella												
varicella	09/11/09	4y0mo				D857Y	Merck and Co., Inc.	12/30/99				
MMRV	08/31/06	1y0mo						12/30/99				

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Family History

Family History not reviewed (last reviewed 03/04/2016)

Documents for Discussion

Discussed the following documents:
- VISION SCREEN - 09/01/17

Result Note: wears glasses

Screening

None recorded.

HPI

12 year old here for a well-child check would no current problems

ROS

Patient reports 3 meals/day, well balanced diet, normal portions, fast food <1 time per week, <8oz. sugar containing beverages daily, appropriate dairy intake, diet includes fruits, and diet includes vegetables. She reports regular dental visits, brushes teeth 2 times/day, and flosses teeth. She reports has structured bedtime routine, sleeps through the night, and no trouble getting up. She reports normal bowel movement frequency and normal consistency. She reports safe practices around pool & water, understanding of sun protection, understands insect repellant, uses helmet for biking/scootering, maintains adequate hydration, and understands conflict resolution/violence prevention. She reports denies drug use, denies alcohol use, and denies tobacco use. She reports no behavior problems, normal transition, and normal attention span. She reports gets along with other children and responds to discipline (privilege restrictions). She reports gets regular exercise and no family crises/stressors.

Physical Exam

Patient is a 12-year-old female.

General Appearance: General: well-developed, well-nourished, and no acute distress.

Eyes: External Eye: no discharge. Conjunctiva: non-injected and non-icteric. Pupils: round, equal size, and reactive to light. Red Reflex: present. Extraocular Movements: normal cover/uncover test.

Ears, Nose, Throat: Ears: tympanic membranes pearly w/ good landmarks, pinnae well-formed, and no pits. Nose: patent and no crusts/sores. Tonsils: no erythema or exudate and not enlarged.

Lymph Nodes: Lymph Nodes: no cervical lymphadenopathy or inguinal lymphadenopathy.

Neck: Thyroid: no asymmetry or palpable nodules and non-tender and not enlarged.

Cardiovascular: Apical impulse: not displaced. Rate and rhythm: regular. Heart Sounds: normal S1, S2, and femoral pulse and no murmur, gallops, or rub.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation. Percussion: no dullness, hyperresonance, or tympany and normal.

Abdomen: Palpation: no guarding or tenderness and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: no palpable hernias.

Musculoskeletal: General Musculoskeletal: grossly normal movement of all extremities. Cervical Spine: full range of motion and no pain elicited by motion. Thoracolumbar spine: no scoliosis.

Skin: Color and Pigmentation: no cyanosis, rash, or lesions.

Neurological System: Mental Status: normal affect and mood. Motor: normal strength and tone.

Assessment / Plan

Normal 12-year-old well-developed child with no social or family issues. We discussed school, avoiding risk-taking behavior, diet, exercise.

1. Well child
Z00.121: Encounter for routine child health examination with abnormal findings
- BOOSTRIX TDAP 2,5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE - Tdap Site: Right Arm Qty: 0.5 mL Administered 09/01/2017 Perform Date: 09/01/2017
- GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION - HPV9 Site: Left Arm Qty: 0.5 mL Administered 09/01/2017 Perform Date: 09/01/2017
- VISION SCREEN

VISION SCREEN
- Result Note: wears glasses

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Marc Bahan, MD, 09/01/2017.

Encounter performed and documented by Marc Bahan, MD
Encounter reviewed & signed by Marc Bahan, MD on 09/01/2017 at 3:54pm

Encounter Date: 07/15/2016
Patient

Name	PRICE, TAYLOR (10yo, F) ID# 132707	**Appt. Date/Time**	07/15/2016 10:30AM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	JULIANNA MAYNOR, NP		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 3780498656 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

ulcer on tongue for 3 days

Patient's Pharmacies

WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 prescribed
Swab affected areas in mouth every 4 to 6 hours as needed for pain

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 05/25/16 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled

Take 15 mL twice a day by oral route for 10 days.

Family History

Family History not reviewed (last reviewed 03/04/2016)

Screening

None recorded.

Vitals

07/15/2016 10:36 am

Ht:	4 ft 10 in (147.32 cm; 72nd %)	**Wt:**	119 lbs (53.98 kg; 95th %)	**BMI:**	24.9 (96th %)
BP:	114/62 (85th % / 53rd %)	**T:**	98.5 F° (36.94 C)	**Pulse:**	77 bpm
RR:	20	**O2Sat:**	98%	**Pain Scale:**	8

HPI

Ulcer on tongue for 3 days. No fever, no cough, no congestion. Has not been brushing teeth

ROS

ROS as noted in the HPI

Well Child ROS

None recorded.

Physical Exam

Patient is a 10-year-old female.

General Appearance: General Appearance: active and alert. Level of Distress: no acute distress. Attentiveness: attentive.

Head: Head: no tenderness or swelling.

HEENT: Eyes: round, non-injected, equal size, reactive to light, and no exudates. Tonsils: **tongue with ulceration noted on right side.**

Cardiovascular System: Heart Sounds: normal S1 and S2; no murmur, gallops, or rub; and regular rate and rhythm.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation.

Skin: General: no cyanosis, good turgor, and generalized warmth. Moisture: dry. Lesions: no petechiae or rash.

Assessment / Plan

1. Ulcer on tongue
K14.0: Glossitis

- Lidocaine Viscous 2 % mucosal solution - Swab affected areas in mouth every 4 to 6 hours as needed for pain
  Qty: 60 mL Refills: 0 Pharmacy: WALGREENS DRUG STORE 09761

Discussion

Discussion Notes
Warm saline gargles, good oral hygiene, Use lidocaine on ulcerated area for pain as needed, swab with Maalox to assist healing

Return to Office

- to see Marc Bahan, MD for Well Visit 10 Min at PEED_PEE DEE PEDIATRICS RHC on or around 05/11/2017

Encounter Sign-Off

Encounter signed-off by Julianna Maynor, NP, 07/15/2016.

Encounter performed and documented by Julianna Maynor, NP
Encounter reviewed & signed by Julianna Maynor, NP on 07/15/2016 at 11:09am

Encounter Date: 05/25/2016

Patient

Name	PRICE, TAYLOR (10yo, F) ID# 132707	**Appt. Date/Time**	05/25/2016 02:15PM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	MARC BAHAN, MD		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO)		

PRICE, TAYLOR (id #132707, dob: [redacted])

Insurance # : 3780498656
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

urine problems
FOLLOW UP UTI

Patient's Pharmacies

WALGREENS DRUG STORE 09761 (ERX): 301 W MCINTYRE ST, MULLINS SC 29574, Ph (843) 464-0118, Fax (843) 464-7375
CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Cipro 500 mg tablet 05/25/16 prescribed
Take 1 tablet(s) twice a day by oral route for 7 days.

Ditropan XL 10 mg tablet,extended release 05/25/16 prescribed
Take 1 tablet(s) every day by oral route for 30 days.

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Family History

Family History not reviewed (last reviewed 03/04/2016)

Screening

None recorded.

Vitals

05/25/2016 02:37 pm

Ht:	4 ft 10.5 in (148.59 cm; 81st %)	**Wt:**	122 lbs (55.34 kg; 96th %)	**BMI:**	25.1 (97th %)
BP:	100/60 (36th % / 44th %)	**T:**	98.5 F° (36.94 C)	**Pulse:**	98 bpm
RR:	18	**O2Sat:**	98%	**Pain Scale:**	0

HPI

patient continues with nocturnal enuresis, urice still infected

ROS

None recorded.

Well Child ROS

None recorded.

Document Review

Discussed the following results:
- URINALYSIS, DIPSTICK - 05/25/16
  Results:
  - Leukocytes: Moderate

- Nitrite: negative
- Urobilinogen: .2
- Protein: Trace
- pH: 6.0
- Blood: Negative
- Specific Gravity: 1.015
- Ketone: Negative
- Bilirubin: Negative
- Glucose: Negative
- Appearance: Clear
- Color: Yellow

Physical Exam

Patient is a 10-year-old female.

conjunctiva no injected, flourescene exam negative

Results / Interpretations

URINALYSIS, DIPSTICK
- Results:
  - **Leukocytes: Moderate**
  - **Nitrite: negative**
  - **Urobilinogen: .2**
  - **Protein: Trace**
  - **pH: 6.0**
  - **Blood: Negative**
  - **Specific Gravity: 1.015**
  - **Ketone: Negative**
  - **Bilirubin: Negative**
  - **Glucose: Negative**
  - **Appearance: Clear**
  - **Color: Yellow**

Assessment / Plan

Patient with decreased bladder emptying and nocturnal anuresis along with the urinary tract infection we will treat with did trip and then taper

1. Nocturnal enuresis
N39.44: Nocturnal enuresis
- URINALYSIS, DIPSTICK
- Ditropan XL 10 mg tablet,extended release - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 2 Pharmacy: WALGREENS DRUG STORE 09761

2. Urinary tract infectious disease
N39.0: Urinary tract infection, site not specified
- Cipro 500 mg tablet - Take 1 tablet(s) twice a day by oral route for 7 days. Qty: 14 tablet(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09761

Return to Office

- to see Marc Bahan, MD for Well Visit 10 Min at PEED_PEE DEE PEDIATRICS RHC on or around 05/11/2017
- as needed

Encounter Sign-Off

Encounter signed-off by Marc Bahan, MD, 05/25/2016.

Encounter performed and documented by Marc Bahan, MD
Encounter reviewed & signed by Marc Bahan, MD on 05/25/2016 at 3:15pm

Encounter Date: 05/11/2016

Encounter Date: 05/11/2016

Patient

Name	PRICE, TAYLOR (10yo, F) ID# 132707	**Appt. Date/Time**	05/11/2016 03:15PM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	MARC BAHAN, MD		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 3780498656 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

urine problems, well child visit, sports physical
bedwetting

Patient's Pharmacies

CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843)

423-2178

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Macrobid 100 mg capsule 05/11/16 prescribed
Take 1 capsule(s) twice a day by oral route for 5 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Family History

Family History not reviewed (last reviewed 03/04/2016)

Screening

None recorded.

Vitals

05/11/2016 03:33 pm

Ht:	4 ft 10.5 in (148.59 cm; 82nd %)	**Wt:**	122 lbs (55.34 kg; 97th %)	**BMI:**	25.1 (97th %)
BP:	100/70 (36th % / 78th %)	**Pulse:**	78 bpm	**RR:**	20
O2Sat:	98%	**Pain Scale:**	0		

HPI

patient here for routine childhood physical without any significant complaints, bedwetting

ROS

ROS as noted in the HPI

Well Child ROS

Patient is a 10-year-old female.
Reported by patient.
Diet and Nutrition:
- Dietary: 3 meals/day, well balanced diet, normal portions, fast food <1 time per week, <8oz. sugar containing beverages daily, appropriate dairy intake, diet includes fruits, diet includes vegetables.

Dental:
- Dental: regular dental visits, brushes teeth 2 times/day.

Sleep:
- Sleep: has structured bedtime routine, sleeps through the night, no trouble getting up.

Elimination:
- Elimination: normal bowel movement frequency, normal consistency.

Genitourinary:
- Female Genitourinary: breast self exams.

Safety:
- Injury prevention: safe practices around pool & water, understanding of sun protection, understands insect repellant, uses helmet for biking/scootering, maintains adequate hydration, understands conflict resolution/violence prevention.
- Risk Taking: denies drug use, denies alcohol use, denies tobacco use.

School-Behavior:
- School: no behavior problems, normal transition, normal attention span.
- Behavior: gets along with other children, responds to discipline (privilege restrictions).
- Other: gets regular exercise, participates in organized sports, no family crises/stressors.

Document Review

Discussed the following results:
- URINALYSIS, DIPSTICK - 05/11/16

Results:
- Leukocytes: Moderate
- Nitrite: negative
- Urobilinogen: .2
- Protein: Negative
- pH: 6.0
- Blood: Negative
- Specific Gravity: 1.015
- Ketone: Negative
- Bilirubin: Negative
- Glucose: Negative
- Appearance: Clear
- Color: Yellow

Physical Exam

None recorded.

Results / Interpretations

URINALYSIS, DIPSTICK
- Results:
  - **Leukocytes: Moderate**
  - **Nitrite: negative**
  - **Urobilinogen: .2**
  - **Protein: Negative**
  - **pH: 6.0**
  - **Blood: Negative**
  - **Specific Gravity: 1.015**
  - **Ketone: Negative**
  - **Bilirubin: Negative**
  - **Glucose: Negative**
  - **Appearance: Clear**
  - **Color: Yellow**

Assessment / Plan

Normal well-adjusted child. We discussed dietary issues, behavior issues, school issues, safety including wearing his seatbelt in the car.
Patient with a urinary tract infection we discussed preventative measures and will treat with an antibiotic, f/u 2 week. pt wiping back to front
consider ditropan or ddavp

1. Well child
Z00.121: Encounter for routine child health examination with abnormal findings
- CHILD'S WELL VISIT, 9 TO 11 YEARS: CARE INSTRUCTIONS

2. Urinary tract infectious disease
N39.0: Urinary tract infection, site not specified
- URINALYSIS, DIPSTICK
- Macrobid 100 mg capsule - Take 1 capsule(s) twice a day by oral route for 5 days. Qty: 10 capsule(s) Refills: 0 Pharmacy: CVS/PHARMACY #4150

3. Nocturnal enuresis
N39.44: Nocturnal enuresis

Discussion

Discussion Notes
wearts glasses, hearing at school

Return to Office

- Marc Bahan, MD for Est Patient Office Visit at PEED_PEE DEE PEDIATRICS RHC on 05/25/2016 at 02:15 PM
- to see Marc Bahan, MD for Well Visit 10 Min at PEED_PEE DEE PEDIATRICS RHC on or around 05/11/2017

Encounter Sign-Off

Encounter signed-off by Marc Bahan, MD, 05/11/2016.

Encounter performed and documented by Marc Bahan, MD
Encounter reviewed & signed by Marc Bahan, MD on 05/11/2016 at 4:07pm

Encounter Date: 03/04/2016

Patient

Name	PRICE, TAYLOR (10yo, F) ID# 132707	**Appt. Date/Time**	03/04/2016 08:30AM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	MARC BAHAN, MD		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 3780498656		

Chief Complaint

eye problem

scratched eye this morning

Patient's Pharmacies

CVS/PHARMACY #4150 (ERX): 700 N MAIN STREET, MARION SC 29571, Ph (843) 423-1021, Fax (843) 423-2178

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Injury of conjunctiva

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Family History

Reviewed Family History

Vitals

03/04/2016 08:40 am

Ht:	4 ft 11 in (149.86 cm; 90th %)	**Wt:**	1119 lbs (507.57 kg; >99th %)	**BMI:**	226 (>99th %)
BP:	90/62 (8th % / 50th %)	**T:**	97.5 F° (36.39 C)	**Pulse:**	85 bpm
RR:	18	**O2Sat:**	99%	**Pain Scale:**	0

HPI

scratched eye this morning, no pain

ROS

ROS as noted in the HPI

Well Child ROS

None recorded.

Physical Exam

Patient is a 10-year-old female.

conjunctiva no injected, flourescene exam negative

Assessment / Plan

conjunctiva irritation

1. Injury of conjunctiva
S05.02XA: Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter

Return to Office
- as needed

Encounter Sign-Off
Encounter signed-off by Marc Bahan, MD, 03/04/2016.

Encounter performed and documented by Marc Bahan, MD
Encounter reviewed & signed by Marc Bahan, MD on 03/04/2016 at 9:14am

Encounter Date: 11/05/2015

PRICE, TAYLOR (id #132707, dob: [redacted]

Patient

Name	PRICE, TAYLOR (10, F) ID# 132707	**Appt. Date/Time**	11/05/2015 03:30PM
DOB	[redacted]	**Service Dept.**	PEED_PEE DEE PEDIATRICS RHC
Provider	JULIANNA MAYNOR, NP		
Insurance	Med Primary: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO) Insurance # : 3780498656 Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details		

Chief Complaint

urine problems

BED WETTING

Patient's Pharmacies

CVS/PHARMACY #4150 (ERX): 700 NORTH MAIN STREET, MARION SC 29571, Ph (843) 423-8856, Fax (843) 423-2178

Problems

Reviewed Problems
- Nocturnal enuresis
- Urinary tract infectious disease
- Urticaria
- Dysuria

Allergies

Reviewed Allergies
None recorded.

Medications

Reviewed Medications

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/05/15 prescribed
Take 15 mL twice a day by oral route for 10 days.

Vitals

11/05/2015 03:51 pm

Ht:	4 ft 10 in (147.32 cm; 89th %)	**Wt:**	115 lbs (52.16 kg; 97th %)	**BMI:**	24 (96th %)
BP:	110/70	**T:**	98.4 F° (36.89 C)	**Pulse:**	80 bpm
RR:	20	**O2Sat:**	99%	**Pain Scale:**	0

HPI

bedwetting, no fever, no dysuria. Will have dry periods for several weeks and then will begin wetting the bed again on a nightly basis

ROS

ROS as noted in the HPI

Well Child ROS

None recorded.

Document Review

Discussed the following results:
- URINALYSIS, DIPSTICK - 11/05/15
  Results:
  - Leukocytes: Moderate
  - Nitrite: negative
  - Urobilinogen: .2
  - Protein: Negative
  - pH: 7.0
  - Blood: Negative
  - Specific Gravity: 1.005
  - Ketone: Negative
  - Bilirubin: Negative
  - Glucose: Negative
  - Appearance: Clear
  - Color: Pale Yellow
- Consult Note - 06/11/14

Physical Exam

Patient is a 10-year-old female.

General Appearance: General Appearance: active and alert. Level of Distress: no acute distress. Attentiveness: attentive.

Head: Head: no tenderness or swelling.

HEENT: Eyes: round, non-injected, equal size, reactive to light, and no exudates. Nose: no crusts/sores or nasal discharge and patent. Tonsils: no erythema or exudate and not enlarged.

Neck: Neck: supple and no lymphadenopathy.

Cardiovascular System: Heart Sounds: normal S1 and S2; no murmur, gallops, or rub; and regular rate and rhythm.

Lungs: Auscultation: no wheezing, rales/crackles, rhonchi, tachypnea, or retractions and clear to auscultation.

Abdomen: Auscultation: normal bowel sounds. Palpation: no tenderness or masses.

Skin: General: no cyanosis, good turgor, and generalized warmth. Moisture: dry. Lesions: no petechiae or rash.

Results / Interpretations

URINALYSIS, DIPSTICK
- Results:
  - **Leukocytes: Moderate**
  - **Nitrite: negative**
  - **Urobilinogen: .2**
  - **Protein: Negative**
  - **pH: 7.0**
  - **Blood: Negative**
  - **Specific Gravity: 1.005**
  - **Ketone: Negative**
  - **Bilirubin: Negative**
  - **Glucose: Negative**
  - **Appearance: Clear**
  - **Color: Pale Yellow**

QM

Provider: jmaynor

Programs: MU Medicaid - Year 3 - 2014 (Stage 1), MU Medicaid - Year 4 - 2015 Stage 2, Meaningful Use Medicaid - Year 2 - 2013, PQRS 2014, PQRS 2015 (EHR and Registry), Pediatric Preventive Care Guidelines

Last updated 11/05/2015

Measure	Status
Hepatitis A Child	Needs Data
Hepatitis B Child	Needs Data
IPV Child	Needs Data
Influenza Immunization (Aug - Mar)	Needs Data
MMR Child	Needs Data
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Varicella Child	Needs Data
Weight Assessment - Nutrition Counseling	Needs Data
Weight Assessment - Physical Activity Counseling	Needs Data
Well-child visits	Needs Data
Weight assessment: BMI (3-17)	Satisfied
Meningococcal Child	Up to date (0/2)
HPV Child	Up to date (0/3)

Assessment / Plan

1. Urinary tract infectious disease
N39.0: Urinary tract infection, site not specified
- URINALYSIS, DIPSTICK
- sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension - Take 15 mL twice a day by oral route for 10 days. Qty: 300 mL Refills: 0 Pharmacy: WALGREENS DRUG STORE 09761
- URINARY TRACT INFECTION IN CHILDREN: CARE INSTRUCTIONS

2. Nocturnal enuresis
N39.44: Nocturnal enuresis
- BED-WETTING IN CHILDREN: CARE INSTRUCTIONS

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Julianna Maynor, NP, 11/05/2015.

Encounter performed and documented by Julianna Maynor, NP
Encounter reviewed & signed by Julianna Maynor, NP on 11/05/2015 at 4:11pm

Encounter Date: 09/14/2012
Encounter performed and documented by
Encounter reviewed & signed by ATHENA on 04/10/2013 at 3:31am

Encounter Date: 08/14/2012
Encounter performed and documented by
Encounter reviewed & signed by ATHENA on 04/10/2013 at 3:31am

Encounter Date: 08/14/2012
Encounter performed and documented by
Encounter reviewed & signed by ATHENA on 04/10/2013 at 3:31am

Order Groups

Order Group Summaries
Order Group on 01/21/2019 by PEED_BAHAN

Vitals

None recorded.

Problems

Problems not reviewed (last reviewed 07/10/2018)
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Nocturnal enuresis
- Injury of conjunctiva

Medications

Medications not reviewed (last reviewed 09/28/2018)

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Allergies

Allergies not reviewed (last reviewed 09/28/2018)
NKDA

Vaccines

Vaccines not reviewed (last reviewed 09/28/2018)

Vaccine Type	Date	Age	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm		X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do							12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do							12/30/99			
HPV												

HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm		M034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B												
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
Hib	12/30/05	4m0do							12/30/99			
Hib	10/31/05	2m1do							12/30/99			
Hepatitis B												
Hep B, adolescent or pediatric	03/03/06	6m3do							12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do							12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do							12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do							12/30/99			
Measles, Mumps, Rubella												
MMR	09/11/09	4y0mo					D483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			
Pneumococcal												
pneumococcal conjugate PCV 7	03/21/07	1y6mo							12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do							12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do							12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do							12/30/99			
Polio												
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
IPV	03/03/06	6m3do							12/30/99			
IPV	12/30/05	4m0do							12/30/99			
IPV	10/31/05	2m1do							12/30/99			
Varicella												
varicella	09/11/09	4y0mo					D857Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			

Assessment / Plan

1. Syncope
R55: Syncope and collapse
- PEDIATRIC CARDIOLOGY REFERRAL - Schedule Within: provider's discretion

Return to Office
None recorded.

Order Group on 01/14/2019 by PEED_BAHAN

Vitals
None recorded.

Problems
Reviewed Problems
- Urinary tract infectious disease
- Urticaria
- Dysuria
- Nocturnal enuresis
- Injury of conjunctiva

Medications
Reviewed Medications

ciprofloxacin 500 mg tablet 05/25/16 filled
Take 1 tablet(s) twice a day by oral route for 7 days.

Lidocaine Viscous 2 % mucosal solution 07/15/16 filled
SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P

nitrofurantoin monohydrate/macrocrystals 100 mg capsule 05/17/16 filled
TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Allergies

Allergies not reviewed (last reviewed 09/28/2018)
NKDA

Vaccines

Vaccines not reviewed (last reviewed 09/28/2018)

Vaccine Type	Date	Age	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis												
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm		X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do							12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do							12/30/99			
HPV												
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm		M034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B												
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
Hib	12/30/05	4m0do							12/30/99			
Hib	10/31/05	2m1do							12/30/99			
Hepatitis B												
Hep B, adolescent or pediatric	03/03/06	6m3do							12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do							12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do							12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do							12/30/99			
Measles, Mumps, Rubella												
MMR	09/11/09	4y0mo					D483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			
Pneumococcal												
pneumococcal conjugate PCV 7	03/21/07	1y6mo							12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do							12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do							12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do							12/30/99			
Polio												
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
IPV	03/03/06	6m3do							12/30/99			
IPV	12/30/05	4m0do							12/30/99			
IPV	10/31/05	2m1do							12/30/99			
Varicella												
varicella	09/11/09	4y0mo					D857Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			

Assessment / Plan

1. Fever
R50.9: Fever, unspecified

Return to Office

None recorded.

Clinical Documents

F A X S H E E T

Date:	Jan-24-2019 10:44:52
To:	Marc Bahan
Subject:	Consult Notes
Fax Number:	843-431-2982
To Company:	
From Name:	TRANT,CHARLES A
From Company:	Pediatric Subspecialities
From Facility:	Pediatric Subspecialities
Support Contact:	843-777-7300
Number of Pages(s):	4

This facsimile transmission contains confidential information intended for the parties identified above. If you have received this transmission in error, please immediately notify me by telephone and return the original message to me at the address listed above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.

McLeod
Physician Associates

PRICE, TAYLOR
13 Y old Female, DOB: [redacted]
104 SILVER TRACE CT, APT F, MARION, SC, US 29571-9405
Home: 843-260-0643

Consult Note from: CHARLES A TRANT, MD

Dear Dr. Bahan,

Thank you for referring your patient Taylor Price to our practice. Taylor was seen in the office on 01/24/2019. The enclosed note from that visit outlines our findings and recommendations. Thank you very much for allowing us to participate in the care of your patients.

Sincerely,

C Trant

CHARLES A TRANT, MD

Consultation Notes for TAYLOR PRICE on 01/24/2019

Reason for Appointment
1. NEAR SYNCOPAL EPISODES (EKG)

History of Present Illness
Pediatric Cardiology:
Thank you for referring your patient for evaluation of shortness of breath and near syncope. Lately, she has had no difficulty with basketball practice, including doing suicides, but at the last baseball game, she became short of breath and felt unsteady. She also felt hot, as if she was going to faint. Spell lasted for a few minutes and then she recovered. Otherwise she reported no other issues or concerns. Family history is negative for congenital heart disease.

Current Medications
None

Vital Signs
Wt 143, Ht 64, BMI 24.54, HR 77, BP 141/69 mm Hg, BP Leg 191/120, Repeat BP 130/64
ADULT CUFF.

Examination
Pediatric Cardiology:
General Affect: Bright, Arousal: Alert, Nourishment: Well nourished, Distress: NAD. Eyes Lids: Normal, Conjuctiva: Normal. Mouth, Teeth, Gums Carries: No, Pallor: No, Cyanosis: No. Neck JVD: No , Thyroidomegaly: No . Lungs Resp. Effort: Normal , Auscultation: Clear . Cardiovascular Precordium: quiet, with no lifts, heaves, or thrills, PMI normal. ...Auscultation Rhythm: regular, S1: normal, S2: normally split. ...Murmur Murmur Noted No. Pulses Radial: Normal, Femoral: Normal, Carotid: Normal, Perfusion Normal. Extremities/Skin Clubbing: No, Cyanosis: No, Edema: No, Skin: Normal. Abdomen Tenderness: No, Masses: No, Hepatosplenomegaly: No. Musculoskeletal Scoliosis: No, General strength and tone: Normal, Gait: Normal, Able to exercise: Normal.

Assessments
1. Hyperventilation syndrome - F45.8 (Primary)
2. Hyperventilation - R06.4
3. Vagal reaction - R55

Thank you for allowing me to consult on this patient.

Treatment
1. Hyperventilation syndrome
Notes: She is currently stable. Her symptoms are most consistent with a combination of hyperventilation and hyper vagotonia. Both of which are related to all the changes related to puberty. We spent several minutes discussing both including the usual treatments. I recommended changing her breathing pattern during the spells to avoid panting. We also discussed the use of a paper bag. I also recommended super hydration and added salt as needed. I invited him to call should the symptoms persist or not respond as expected.

Preventive Medicine
Recommendations: Pediatric Cardiology Pt SBE prohphylaxis: No, Synagis candidate: No.

Follow Up
prn

Images

C/Trant

Electronically signed by CHARLES TRANT, MD on 01/24/2019 at 11:43 AM EST

Sign off status: Pending

Pediatric Subspecialities
101 William H. Johnson St
STE 400
FLORENCE SC 295062771
Tel: 843-777-7300
Fax: 843-777-7311

Patient: PRICE, TAYLOR
DOB[redacted]

Provider: CHARLES A TRANT, MD
Date: 01/24/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PRICE, TAYLOR

PMS ID:	Sex:	DOB:	MRN:
3481144	Female	08/30/2005	3481144

August 14, 2018

Bahan Marc, MD
2445 US-76 Suite #5
Mullins, SC 29574
Fax: (843) 431-2982

Dear Bahan Marc,

Thank you so much for your kind referral.

I saw TAYLOR PRICE on August 7, 2018 for follow up on nocturnal enuresis.

This is a 12 yea- old female who is following up for nocturnal enuresis (Nocturnal enuresis). She was seen on July 24, 2018 and she was prescribed DDAVP 0.2 mg tablet (Take 1 pill before bedtime.), Order Ultrasound was performed, and the following items were planned:
Schedule Patient For: 2 weeks

Provider: Kallen Gonzalez

Priority: normal
The patient is now here for further evaluation and management.

Today the patient reports:
Timing: Intermittent. Signs and symptoms: nocturia. Duration: several months. Severity: improved.

The patient followed the treatment plan as directed.

Interval History: renal u/s is normal. Pt states her sx have imprved since starting the DDAVP.

My impression and plan was the following:

1.Nocturnal Enuresis
Prescription: DDAVP 0.2 mg tablet PO
Counseling for Voiding Dysfunction
Reviewed Ultrasound
Schedule Follow up: Priority - normal; Time frame unit - day(s); Schedule Patient For (Other Reason): - 3 months.

Again, many thanks for the referral.

Regards,

Kallen Gonzalez
(843) 423-0830 Work
(843) 423-0902 Fax

APUC Mullins (AU1)
2835 East Hwy 76
Ste 3
Mullins, SC 29574

Fax cover page

PRICE, TAYLOR

PMS ID:	Sex:	DOB:	MRN:
3481144	Female	08/30/2005	3481144

August 1, 2018

Bahan Marc, MD
2445 US-76 Suite #5
Mullins, SC 29574
Fax: (843) 431-2982

Dear Bahan Marc,

Thank you so much for your kind referral.

I saw TAYLOR PRICE on July 24, 2018 for nocturnal enuresis.

This is a 12 year old female who comes in for a chief complaint of Nocturnal Enuresis. She describes the voiding dysfunction as nocturnal enuresis. She wears 0 pads per day . Symptoms occur during the night. The patient reports no exacerbating factors. The symptoms have been present for years. Over time the symptoms have been staying the same. Pertinent negatives include NO hematuria and NO dysuria. Treatment with Detrol has NOT been effective in the past. The patient has not had urodynamic studies performed thus far.

Pt's mother states she has had this issue for many years on and off. Detrol has been tried for a full year w/ some slight improvement but no significant according to pt's mother

My Impression and plan was the following:

1.Nocturnal Enuresis
Prescription: DDAVP 0.2 mg tablet PO
Order Ultrasound:.
Schedule Follow up: Priority - normal; Schedule Patient For (Other Reason): - 2 weeks; Time frame unit - day(s).

Again, many thanks for the referral.

Regards,

Kailen Gonzalez

Kailen Gonzalez
(843) 423-0230 Work
(843) 423-0802 Fax

APUC Mullins (AU1)
2935 East Hwy 76
Ste 3
Mullins, SC 29574

Fax cover page

GRAND STRAND Pediatric DENTISTRY

Winona M. Newman, DMD

DENTAL CARE FOR INFANTS, CHILDREN, ADOLESCENTS AND SPECIAL NEED PATIENTS

June 11, 2014

Marc Bahan, MD
2845 East Highway 76
Suite 5
Mullins , SC 29574

RE: Taylor Price
DOB: [redacted]

Dear Dr. Bahan:

Our mutual patient Taylor was recently seen as a new patient at our office. The results of the clinical and radiographic examination are as follow:

__x__ Moderate caries
__x__ A Class __I__ malocclusion is present-child is congenitally missing the left lateral incisor

The recommended treatment indicated is:

__x__ Emphasizing interproximal flossing along with increased home care
__x__ Reducing sugar intake in the dietary regimen
__x__ Future referral for an orthodontic evaluation
__x__ Initiation of a preventive oral health care program
__x__ Continued monitoring of the developing occlusion

To guide in patient management, the following techniques were discussed:

__x__ Nitrous oxide

A preventive oral health care program has been initiated. An emphasis was placed on prevention, Mom was made aware of future orthodontic needs. Thank you for emphasizing early preventive oral health care. If you have any questions or recommendations, please do not hesitate to call 843-294-5437. Please file this report in your patient's file for future reference.

Yours for Better Dental Health,

Winona M Newman, DMD

GRAND STRAND PEDIATRIC DENTISTRY • 3112 DICK POND RD. • MYRTLE BEACH, SC 29588 • (843) 294-KIDS (5437) • FAX: (843) 294-5440

Lab Results

VISUAL ACUITY 09/28/2018 (#4690625)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Right Eye (Uncorrected)	20/20					

Left Eye (Uncorrected)	20/20
Referral Needed to Ophthalmology	No
Referral Needed to Optometry	No

URINALYSIS, DIPSTICK 07/10/2018 (#4531606, 07/10/2018 4:26pm)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Leukocytes	Negative					
Nitrite	negative					
Urobilinogen	.2					
Protein	Trace					
pH	6.0					
Blood	Large					
Specific Gravity	1.030					
Ketone	Negative					
Bilirubin	Negative					
Glucose	Negative					
Appearance	Cloudy					
Color	Red					

URINALYSIS, DIPSTICK 02/01/2018 (#4183468, 02/01/2018 10:12am)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Leukocytes	Negative					
Nitrite	negative					
Urobilinogen	.2					
Protein	Trace					
pH	6.0					
Blood	Non-Hemolyzed: Trace					
Specific Gravity	1.030					
Ketone	Large (160)					
Bilirubin	Negative					
Glucose	Negative					
Appearance	Clear					
Color	Dark Yellow					

VISION SCREEN 09/01/2017 (#3793983)

Result Note	wears glasses

URINALYSIS, DIPSTICK 05/25/2016 (#2669130)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Leukocytes	Moderate					
Nitrite	negative					
Urobilinogen	.2					
Protein	Trace					

pH	6.0
Blood	Negative
Specific Gravity	1.015
Ketone	Negative
Bilirubin	Negative
Glucose	Negative
Appearance	Clear
Color	Yellow

URINALYSIS, DIPSTICK 05/11/2016 (#2634763)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Leukocytes	Moderate					
Nitrite	negative					
Urobilinogen	.2					
Protein	Negative					
pH	6.0					
Blood	Negative					
Specific Gravity	1.015					
Ketone	Negative					
Bilirubin	Negative					
Glucose	Negative					
Appearance	Clear					
Color	Yellow					

URINALYSIS, DIPSTICK 11/05/2015 (#2181795)

Report	Result	Ref. Range	Units	⚠	Status	Lab
Leukocytes	Moderate					
Nitrite	negative					
Urobilinogen	.2					
Protein	Negative					
pH	7.0					
Blood	Negative					
Specific Gravity	1.005					
Ketone	Negative					
Bilirubin	Negative					
Glucose	Negative					
Appearance	Clear					
Color	Pale Yellow					

Medication List

ciprofloxacin 500 mg tablet Take 1 tablet(s) twice a day by oral route for 7 days.	05/25/16	filled
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P	07/15/16	filled
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	05/17/16	filled

PRICE, TAYLOR (id #132707, dob: [redacted]

TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.

oxybutynin chloride ER 10 mg tablet,extended release 24 hr 02/17/17 filled
Take 1 tablet(s) every day by oral route for 30 days.

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension 11/06/15 filled
Take 15 mL twice a day by oral route for 10 days.

Vaccination History

Vaccine Type	Date	Age	Amt.	Route	Site	NDC	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis												
Tdap	09/01/17	12yo	0.5 mL	Intramuscular	Right Arm		X994C	GlaxoSmithKline		02/24/15	09/01/17	Donna Sweat,LPN
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
DTaP, 5 pertussis antigens	12/30/05	4m0do							12/30/99			
DTaP, 5 pertussis antigens	10/31/05	2m1do							12/30/99			
HPV												
HPV9	09/01/17	12yo	0.5 mL	Intramuscular	Left Arm		M034437	Merck and Co., Inc.		12/02/16	09/01/17	Donna Sweat,LPN
Haemophilus Influenzae Type B												
DTaP-Hib	03/21/07	1y6mo							12/30/99			
DTaP-Hib	03/03/06	6m3do							12/30/99			
Hib	12/30/05	4m0do							12/30/99			
Hib	10/31/05	2m1do							12/30/99			
Hepatitis B												
Hep B, adolescent or pediatric	03/03/06	6m3do							12/30/99			
Hep B, adolescent or pediatric	12/30/05	4m0do							12/30/99			
Hep B, adolescent or pediatric	10/31/05	2m1do							12/30/99			
Hep B, adolescent or pediatric	08/30/05	0do							12/30/99			
Measles, Mumps, Rubella												
MMR	09/11/09	4y0mo					D483Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			
Pneumococcal												
pneumococcal conjugate PCV 7	03/21/07	1y6mo							12/30/99			
pneumococcal conjugate PCV 7	03/03/06	6m3do							12/30/99			
pneumococcal conjugate PCV 7	12/30/05	4m0do							12/30/99			
pneumococcal conjugate PCV 7	10/31/05	2m1do							12/30/99			
Polio												
DTaP-IPV	09/11/09	4y0mo					AC20B137AA	GlaxoSmithKline	12/30/99			
IPV	03/03/06	6m3do							12/30/99			
IPV	12/30/05	4m0do							12/30/99			
IPV	10/31/05	2m1do							12/30/99			
Varicella												
varicella	09/11/09	4y0mo					D857Y	Merck and Co., Inc.	12/30/99			
MMRV	08/31/06	1y0mo							12/30/99			

Letters

PEED PEE DEE PEDIATRICS RHC • 2845 East Hwy 76, Suite 5, MULLINS SC 29574-6035

PRICE, TAYLOR (id #132707, dob: [redacted]

CAROLINAS HOSPITAL SYSTEM
Marion Physician Services

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 01/23/2019

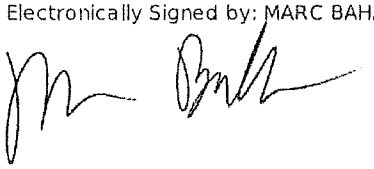
RE: Taylor Price, DOB: [redacted] PT ID #132707

Dear Charles Trant MD,

The following is a summary of the care this patient has received at our practice. If you have questions, please contact our office.

Sincerely,

Electronically Signed by: MARC BAHAN, MD



Referral Note for Taylor Price

Encounter Details

Marc Bahan: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. tel: (843) 431-2650

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Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Single
Previous Name:			

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-260-0643 (Primary Home) tel:+1-843-260-0643 (Mobile)

Care Team Members

Other

None Recorded

Reason for Referral

Reason for Visit

Syncope

Assessment

No assessment recorded.

Patient Targets

Encounter Date	Description
01/21/2019	

Goals:

Plan of Treatment

Reminders		Order Date	Submit Date	Provider
Appointments	None recorded.			
Lab	None recorded.			
Referral	pediatric cardiology referral	01/21/2019	01/21/2019	Charles Trant MD, 101 Johns St, McLeod Medical Park E Ste 4, Florence, SC, 29506, Ph (843) 777-7300
Procedures	None recorded.			
Surgeries	None recorded.			
Imaging	None recorded.			

Results

None recorded.

Problems

Name	Status	Last Modified Date	Onset Date	Resolution Date	Laterality	Problem Type
Urinary tract infectious disease	Active	11/05/2015				
Urticaria	Active	04/10/2013				
Dysuria	Active	04/10/2013				
Nocturnal enuresis	Active	04/10/2013				
Injury of conjunctiva	Active	03/04/2016				

Procedures
Surgical History

None recorded.

Imaging Results

None recorded.

Medical Equipment
None Reported.

Allergies
No Known Allergies

Medications

Name	Sig	Start Date	Stop Date	StatusNote
oxybutynin chloride ER 10 mg tablet,extended release 24 hr	Take 1 tablet every day by oral route for 30 days.			active
Lidocaine Viscous 2 % mucosal solution	SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P			active
ciprofloxacin 500 mg tablet	Take 1 tablet twice a day by oral route for 7 days.			active
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	Take 15 mL twice a day by oral route for 10 days.			active
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.			active

History of Present Illness
None recorded.

Physical Exam

Notes: None recorded.

Review of Systems
None recorded.

Vitals

None Recorded

Social History
None recorded.

Functional Status
None recorded.

Mental Status
None recorded.

Family History
Nothing Reported.

PRICE, TAYLOR (id #132707, dob: [redacted]

Medical History

No medical history recorded.

Gynecological History No gynecological history recorded.

Obstetrics History

GPAL: G 0 P 0 0 0 0

Immunizations

Vaccine Type	Date	Status
Gardasil 9 (PF) 0.5 mL intramuscular suspension	09/01/2017	completed
Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe	09/01/2017	completed
varicella virus vaccine	09/11/2009	completed
diphtheria, tetanus toxoids and acellular pertussis vaccine, and poliovirus vaccine, inactivated	09/11/2009	completed
measles, mumps and rubella virus vaccine	09/11/2009	completed
DTaP-Haemophilus influenzae type b conjugate vaccine	03/21/2007	completed
pneumococcal conjugate vaccine, 7 valent	03/21/2007	completed
measles, mumps, rubella, and varicella virus vaccine	08/31/2006	completed
pneumococcal conjugate vaccine, 7 valent	03/03/2006	completed
hepatitis B vaccine, pediatric or pediatric/adolescent dosage	03/03/2006	completed
DTaP-Haemophilus influenzae type b conjugate vaccine	03/03/2006	completed
poliovirus vaccine, inactivated	03/03/2006	completed
hepatitis B vaccine, pediatric or pediatric/adolescent dosage	12/30/2005	completed
haemophilus influenzae type b vaccine, conjugate unspecified formulation	12/30/2005	completed
pneumococcal conjugate vaccine, 7 valent	12/30/2005	completed
poliovirus vaccine, inactivated	12/30/2005	completed
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens	12/30/2005	completed
poliovirus vaccine, inactivated	10/31/2005	completed
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens	10/31/2005	completed
pneumococcal conjugate vaccine, 7 valent	10/31/2005	completed
hepatitis B vaccine, pediatric or pediatric/adolescent dosage	10/31/2005	completed
haemophilus influenzae type b vaccine, conjugate unspecified formulation	10/31/2005	completed
hepatitis B vaccine, pediatric or pediatric/adolescent dosage	[redacted]	completed

Past Encounters

09/28/2018
Well child
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

07/10/2018
Nocturnal enuresis
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

02/01/2018
Syncope
Marc Bahan, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

09/01/2017
Well child
Marc Bahan, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

07/15/2016
Ulcer on tongue
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

05/25/2016
Nocturnal enuresis
Marc Bahan, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

05/11/2016
Well child
Marc Bahan, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

03/04/2016
Injury of conjunctiva
Marc Bahan, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

11/05/2015
Urinary tract infectious disease
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

09/14/2012
URTICARIA, UNSPECIFIED
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

08/14/2012
DYSURIA
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

08/14/2012
DYSURIA
Julianna Maynor, SC - CHS Marion, PEED_PEE DEE PEDIATRICS RHC: 2845 East Hwy 76, Suite 5, MULLINS, SC 29574-6035, Ph. 843-431-2650

Goals Section

Goal	Description	Status	Start Date	Updated by	Updated on
None Recorded					

PRICE, TAYLOR (id #132707, dob: [redacted]

Health Concerns Section

Related Observation

None Recorded

Concern	Status	Updated by	Updated on
None Recorded			

PRICE, TAYLOR (id #132707, dob: [redacted]



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 09/28/2018

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

JULIANNA MAYNOR, NP

Patient Care Summary for Taylor Price

Most Recent Encounter

09/28/2018 Julianna Maynor: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

well child visit

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Well child

- well care - tips for parents of teens: care instructions
- visual acuity

Discussion Note: None recorded.

Plan of Care

Reminders		Provider
Appointments	None recorded.	
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
ciprofloxacin 500 mg tablet Take 1 tablet twice a day by oral route for 7 days.		
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P		
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
oxybutynin chloride ER 10 mg tablet,extended release 24 hr Take 1 tablet every day by oral route for 30 days.		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension Take 15 mL twice a day by oral route for 10 days.		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Respiration Rate	Pain Scale
5 ft 4 in (77th %)	146 lbs (94th %)	25.1 (93rd %) kg/m2	104/60 mm[Hg]	107 bpm	98%	20	0

Lab Results

Date	Name	Specimen	Result Interpretation	Description	Value Range	Status	Address
	Visual Acuity			Right Eye (Uncorrected)	20/20		Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Left Eye (Uncorrected)	20/20		Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Referral Needed to Ophthalmology	No		Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Referral Needed to Optometry	No		Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Nocturnal Enuresis	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Vaccine Type

DTaP, 5 pertussis antigens
10/31/2005
12/30/2005

DTaP-Hib
03/03/2006
03/21/2007

DTaP-IPV
09/11/2009

Hep B, adolescent or pediatric
[redacted]
10/31/2005
12/30/2005
03/03/2006

Hib, unspecified formulation
10/31/2005
12/30/2005

HPV9
09/01/2017 0.5 mL

IPV
10/31/2005
12/30/2005
03/03/2006

MMR
09/11/2009

MMRV
08/31/2006

pneumococcal conjugate PCV 7
10/31/2005
12/30/2005
03/03/2006
03/21/2007

Tdap
09/01/2017 0.5 mL

varicella
09/11/2009

Smoking Status

None recorded.

Past Encounters

09/28/2018
Well Child
Julianna Maynor, NP: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

PRICE, TAYLOR (id #132707, dob: 08/30/2005)

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 07/10/2018

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

JULIANNA MAYNOR, NP

Patient Care Summary for Taylor Price

Most Recent Encounter

07/10/2018 Julianna Maynor: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

urine problems
WETTING SELF AND NOT KNOWING IT

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Nocturnal enuresis

- urinalysis, dipstick
- urology referral

2. Urinary incontinence

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders			Provider
Appointments	None recorded.		
Lab	Urinalysis, Dipstick	07/10/2018	Pee Dee Pediatrics
Referral	Urology Referral	07/10/2018	
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
ciprofloxacin 500 mg tablet Take 1 tablet twice a day by oral route for 7 days.		
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P		
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
oxybutynin chloride ER 10 mg tablet,extended release 24 hr Take 1 tablet every day by oral route for 30 days.		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension Take 15 mL twice a day by oral route for 10 days.		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale
5 ft 3 in (69th %)	148 lbs 16 oz (96th %)	26.4 (95th %) kg/m2	108/72 mm[Hg]	87 bpm	99%	99.5 F°	20	0

Lab Results

Date	Name	Specimen	Result Interpretation	Description	Value	Range	Status	Address
07/10/2018	Urinalysis, Dipstick			Leukocytes	Negative			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Nitrite	negative			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Urobilinogen	.2			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Protein	Trace			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Ph	6.0			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Blood	Large			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Specific Gravity	1.030			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Ketone	Negative			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Bilirubin	Negative			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Glucose	Negative			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Appearance	Cloudy			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins
				Color	Red			Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Nocturnal Enuresis	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Vaccine Type

DTaP, 5 pertussis antigens
10/31/2005
12/30/2005

DTaP-Hib
03/03/2006
03/21/2007

DTaP-IPV
09/11/2009

Hep B, adolescent or pediatric
[redacted]
10/31/2005
12/30/2005
03/03/2006

Hib, unspecified formulation
10/31/2005
12/30/2005

HPV9
09/01/2017 0.5 mL

IPV
10/31/2005
12/30/2005
03/03/2006

MMR
09/11/2009

MMRV
08/31/2006

pneumococcal conjugate PCV 7
10/31/2005
12/30/2005
03/03/2006
03/21/2007

Tdap
09/01/2017 0.5 mL

varicella
09/11/2009

Smoking Status

None recorded.

Past Encounters

07/10/2018
Nocturnal Enuresis; Urinary Incontinence
Julianna Maynor, NP: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

PRICE, TAYLOR (id #132707, dob: [redacted]

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

PRICE, TAYLOR (id #132707, dob: [redacted])



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 02/01/2018

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

MARC BAHAN, MD

Patient Care Summary for Taylor Price

Most Recent Encounter

02/01/2018 Marc Bahan: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

stomach ache; vomiting
PASSING OUT, BLURRED VISION, THIRSTY, SWEATING

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Syncope

• urinalysis, dipstick

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders			Provider
Appointments	Nurse Visit	03/01/2018 4:00PM	Julianna Maynor, NP
Lab	Urinalysis, Dipstick	02/01/2018	Pee Dee Pediatrics
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
ciprofloxacin 500 mg tablet Take 1 tablet twice a day by oral route for 7 days.		
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P		
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
oxybutynin chloride ER 10 mg tablet,extended release 24 hr Take 1 tablet every day by oral route for 30 days.		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension Take 15 mL twice a day by oral route for 10 days.		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale
5 ft 2 in (68th %)	140 lbs 16 oz (95th %)	25.8 (95th %) kg/m2	118/68 mm[Hg]	83 bpm	98%	98.8 F°	18	0

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Vaccine Type

DTaP, 5 pertussis antigens
10/31/2005
12/30/2005

DTaP-Hib
03/03/2006
03/21/2007

DTaP-IPV
09/11/2009

Hep B, adolescent or pediatric
[redacted]
10/31/2005
12/30/2005
03/03/2006

Hib, unspecified formulation
10/31/2005
12/30/2005

HPV9
09/01/2017 0.5 mL

IPV
10/31/2005
12/30/2005
03/03/2006

MMR
09/11/2009

MMRV
08/31/2006

pneumococcal conjugate PCV 7
10/31/2005
12/30/2005
03/03/2006
03/21/2007

Tdap
09/01/2017 0.5 mL

varicella
09/11/2009

Smoking Status

None recorded.

Past Encounters

02/01/2018
Syncope
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

PRICE, TAYLOR (id #132707, dob: [redacted]

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

CAROLINAS HOSPITAL SYSTEM
Marion Physician Services

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 09/01/2017

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

MARC BAHAN, MD

Patient Care Summary for Taylor Price

Most Recent Encounter

09/01/2017 Marc Bahan: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

well child visit

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Well child

- Boostrix Tdap 2.5 Lf unit-8 mcg-5 Lf/0.5 mL intramuscular syringe
- Gardasil 9 (PF) 0.5 mL intramuscular suspension
- vision screen

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders		Provider
Appointments	None recorded.	
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
ciprofloxacin 500 mg tablet Take 1 tablet twice a day by oral route for 7 days.		
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P		
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
oxybutynin chloride ER 10 mg tablet,extended release 24 hr Take 1 tablet every day by oral route for 30 days.		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension Take 15 mL twice a day by oral route for 10 days.		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Respiration Rate	Pain Scale
5 ft 2 in (80th %)	147 lbs (97th %)	26.9 (97th %) kg/m2	114/70 mm[Hg]	76 bpm	98%	20	0

Lab Results

Date	Name	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
	Vision Screen				No observation recorded.				Pee Dee Pediatrics: 2845 E Hwy 76 Ste 5, Mullins

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

PRICE, TAYLOR (id #132707, dob: [redacted])

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Vaccine Type

DTaP, 5 pertussis antigens
10/31/2005
12/30/2005

DTaP-Hib
03/03/2006
03/21/2007

DTaP-IPV
09/11/2009

Hep B, adolescent or pediatric
[redacted]
10/31/2005
12/30/2005
03/03/2006

Hib, unspecified formulation
10/31/2005
12/30/2005

HPV9
09/01/2017 0.5 mL *(administered)*

IPV
10/31/2005
12/30/2005
03/03/2006

MMR
09/11/2009

MMRV
08/31/2006

pneumococcal conjugate PCV 7
10/31/2005
12/30/2005
03/03/2006
03/21/2007

Tdap
09/01/2017 0.5 mL *(administered)*

varicella
09/11/2009

Smoking Status

None recorded.

Past Encounters

09/01/2017
Well Child
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

PRICE, TAYLOR (id #132707, dob: [redacted]

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

PRICE, TAYLOR (id #132707, dob: [redacted])

CAROLINAS HOSPITAL SYSTEM
Marion Physician Services

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 07/15/2016

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

JULIANNA MAYNOR, NP

Patient Care Summary for Taylor Price

Most Recent Encounter

07/15/2016 Julianna Maynor: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

ulcer on tongue for 3 days

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.
1. Ulcer on tongue
• Lidocaine Viscous 2 % mucosal solution

Discussion Note
Warm saline gargles, good oral hygiene, Use lidocaine on ulcerated area for pain as needed, swab with Maalox to assist healing

Patient educational handouts: No information available.

Plan of Care

Reminders			Provider
Appointments	Well Visit 10 Min	on or around 05/11/2017	Marc Bahan, MD
Lab	None recorded.		
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
ciprofloxacin 500 mg tablet		
Lidocaine Viscous 2 % mucosal solution Swab affected areas in mouth every 4 to 6 hours as needed for pain	07/15/2016	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
oxybutynin chloride ER 10 mg tablet,extended release 24 hr		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure
4 ft 10 in (72nd %)	119 lbs (95th %)	24.9 (96th %)	114/62
Respiration Rate	**Pulse**	**O2 Saturation**	**Pain Scale**
20	77 bpm	98%	8
Temperature			
98.5 F°			

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Name	Reaction	Severity	Onset
NKDA			

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

07/15/2016
Ulcer on Tongue
Julianna Maynor, NP: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 05/25/2016

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

MARC BAHAN, MD

Patient Care Summary for Taylor Price

Most Recent Encounter

05/25/2016 Marc Bahan: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

urine problems; FOLLOW UP UTI

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Nocturnal enuresis
- urinalysis, dipstick
- Ditropan XL 10 mg tablet,extended release

2. Urinary tract infectious disease
- Cipro 500 mg tablet

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders			Provider
Appointments	Well Visit 10 Min	on or around 05/11/2017	Marc Bahan, MD
Lab	Urinalysis, Dipstick	05/25/2016	In-Office Order
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Cipro 500 mg tablet Take 1 tablet(s) twice a day by oral route for 7 days.	05/25/2016	
Ditropan XL 10 mg tablet,extended release Take 1 tablet(s) every day by oral route for 30 days.	05/25/2016	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure
4 ft 10.5 in (81st %)	122 lbs (96th %)	25.1 (97th %)	100/60
Respiration Rate	**Pulse**	**O2 Saturation**	**Pain Scale**
18	98 bpm	98%	0
Temperature			
98.5 F°			

Lab Results

Date	Name	Result	Description	Value	Range	Status
	Urinalysis, Dipstick		Leukocytes	Moderate		
			Nitrite	negative		
			Urobilinogen	.2		
			Protein	Trace		
			Ph	6.0		
			Blood	Negative		
			Specific Gravity	1.015		
			Ketone	Negative		
			Bilirubin	Negative		
			Glucose	Negative		
			Appearance	Clear		
			Color	Yellow		

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Name	Reaction	Severity	Onset
NKDA			

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/25/2016
Nocturnal Enuresis; Urinary Tract Infectious Disease
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

05/11/2016
Well Child; Urinary Tract Infectious Disease; Nocturnal Enuresis
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

PRICE, TAYLOR (id #132707, dob: [redacted])



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 05/11/2016

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

MARC BAHAN, MD

Patient Care Summary for Taylor Price

Most Recent Encounter
05/11/2016 Marc Bahan: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit
urine problems; well child visit; sports physical; bedwetting

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Well child
- child's well visit, 9 to 11 years: care instructions

2. Urinary tract infectious disease
- urinalysis, dipstick
- Macrobid 100 mg capsule

3. Nocturnal enuresis

Discussion Note
wearts glasses, hearing at school

Plan of Care

Reminders			Provider
Appointments	Est Patient Office Visit	05/25/2016 2:15PM	Marc Bahan, MD
	Well Visit 10 Min	on or around 05/11/2017	Marc Bahan, MD
Lab	Urinalysis, Dipstick	05/11/2016	In-Office Order
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Macrobid 100 mg capsule Take 1 capsule(s) twice a day by oral route for 5 days.	05/11/2016	

sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure
4 ft 10.5 in (82nd %)	122 lbs (97th %)	25.1 (97th %)	100/70
Respiration Rate	**Pulse**	**O2 Saturation**	**Pain Scale**
20	78 bpm	98%	0

Lab Results

Date	Name	Result	Description	Value	Range	Status
	Urinalysis, Dipstick		Leukocytes	Moderate		
			Nitrite	negative		
			Urobilinogen	.2		
			Protein	Negative		
			Ph	6.0		
			Blood	Negative		
			Specific Gravity	1.015		
			Ketone	Negative		
			Bilirubin	Negative		
			Glucose	Negative		
			Appearance	Clear		
			Color	Yellow		

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Name	Reaction	Severity	Onset
NKDA			

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/11/2016
Well Child; Urinary Tract Infectious Disease; Nocturnal Enuresis
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643



MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 03/04/2016

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

MARC BAHAN, MD

Patient Care Summary for Taylor Price

Most Recent Encounter

03/04/2016 Marc Bahan: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

eye problem
scratched eye this morning

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.
1. Injury of conjunctiva

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders		Provider
Appointments	None recorded.	
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure
4 ft 11 in (90th %)	1119 lbs (>99th %)	226 (>99th %)	90/62
Respiration Rate	**Pulse**	**O2 Saturation**	**Pain Scale**
18	85 bpm	99%	0
Temperature			
97.5 F°			

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Name	Reaction	Severity	Onset
NKDA			

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		
Injury of Conjunctiva	Active		Encounter

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

03/04/2016
Injury of Conjunctiva
Marc Bahan, MD: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

PRICE, TAYLOR (id #132707, dob: [redacted]

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

CAROLINAS HOSPITAL SYSTEM
Marion Physician Services

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5
MULLINS, SC 29574-6035
Phone: 843-431-2650, Fax: 843-431-2647

Date: 11/05/2015

Dear Taylor Price,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

JULIANNA MAYNOR, NP

Patient Care Summary for Taylor Price

Most Recent Encounter

11/05/2015 Julianna Maynor: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. tel:+1-843-4312650

Reason for Visit

urine problems
BED WETTING

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Urinary tract infectious disease
   - urinalysis, dipstick
   - sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension
   - urinary tract infection in children: care instructions

2. Nocturnal enuresis
   - bed-wetting in children: care instructions

Discussion Note: None recorded.

Plan of Care

Reminders			Provider
Appointments	None recorded.		
Lab	Urinalysis, Dipstick	11/05/2015	In-Office Order
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension Take 15 mL twice a day by oral route for 10 days.	11/05/2015	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure
4 ft 10 in (89th %)	115 lbs (97th %)	24 (96th %)	110/70
Respiration Rate	**Pulse**	**O2 Saturation**	**Pain Scale**
20	80 bpm	99%	0
Temperature			
98.4 F°			

Lab Results

Date	Name	Result	Description	Status
	Urinalysis, Dipstick		Leukocytes: Moderate Nitrite: negative Urobilinogen: .2 Protein: Negative Ph: 7.0 Blood: Negative Specific Gravity: 1.005 Ketone: Negative Bilirubin: Negative Glucose: Negative Appearance: Clear Color: Pale Yellow	

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

Name	Status	Onset Date	Source
Nocturnal Enuresis	Active		
Urinary Tract Infectious Disease	Active		Encounter
Urticaria	Active		
Dysuria	Active		

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

11/05/2015
Urinary Tract Infectious Disease; Nocturnal Enuresis
Julianna Maynor, NP: 2845 East Hwy 76, Suite 5, Mullins, SC 29574-6035, Ph. 843-431-2650

Demographics

Sex:	Female	Ethnicity:	Information not available
DOB:	[redacted]	Race:	Black or African American
Preferred language:	English	Marital status:	Never Married

Contact: 104-F Silver Trace Court, Marion, SC 29571, Ph. tel:+1-843-2600643

PRICE, TAYLOR 08/30/05 #132707

* 4450353w3963 A-HIPAA

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5 · MULLINS, SC, 29574-6035 · 843-431-2650

Authorization to Disclose Protected Health Infomation

Date Patient Name Date of Birth Chart No.

This form provides authorization for this practice to disclose your Protected Health Information to a family member, friend, or caregiver.

Name of Patient: DOB:

List below any individuals to whom you would like for this practice to disclose your Protected Health Information (the individual(s) will have to know the your name, date of birth, address, and telephone number in order for the practice to release any information - the practice also reserves the right to not release any information to any individual(s)).

Name of Individual	Relationship
Demetrice Tilley	Mother
Harelda Tompkins	Aunt
Valencia Tilley	Aunt
Emerson Hunt	

Comments:

Demetrice Tilley
Parent / Guardian Signature

9/1/17
Date

PRICE, TAYLOR 08/30/05 #132707

* 6450352w3963 A-FormLeft

Notice of Communication Accessibility Services

Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to Registration Clerk or your Nurse.

All of the communication accessibility aids and/or services that you need are free of charge to you.

Do you think you need any of the following aids and/or services?*

	YES	NO
American Sign Language interpreter		✓
Oral interpreter		✓
TTY/TDD		✓
Hearing-aid compatible telephone receiver with volume control		✓
Television closed captioning		✓
Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)		✓
Written/printed materials in Braille (if available). Other alternatives will be made available to accommodate individuals who are blind or have limited vision.		✓

Additional aids and/or services may be available. Please list any other ways we may better communicate with you:

*Please note that some aids or services will only be necessary in certain situations

Patient/Family Member/Companion Signature [signature]	Date/Time 9/1/17 3:37 ☐AM ☒PM
Signature of person, if any, who filled out this form on behalf of the patient, family member, or companion	Date/Time ☐AM ☐PM

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-843-431-2000 (TTY: 1-800-735-8583).

Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-843-431-2000 (TTY: 1-800-735-8583).

[redacted]

Signature [signature]	Date/Time 9/1/17 3:38 ☐AM ☒PM
Witness [signature]	Date/Time 9-1-17 3:38 ☐AM ☐PM

Notice of Communication Accessibility Services SC
1523-ADM-3600HMS-SC 0613 (Rev. 08/16 09.16) Page 1 of 1

Patient Label

PRICE, TAYLOR 08/30/05 #132707

* 8450351w3963 A-Consent

MARION PHYSICIAN SERVICES, LLC
2845 EAST HWY 76, SUITE 2
MULLINS, SC, 29574-6035

Authorization Form

Release Of Medical Information
I authorize the staff of MARION PHYSICIAN SERVICES, LLC to release any medical or other information necessary to process my claims to any insurance companies or any other agency assisting in the payment or determination for patient care. This may include the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier and also may include the State Health and Human Finance Commission. This information may include reference to psychiatries/psychological care, sexual assault and/or abuse, alcohol abuse, drug abuse or testing/treatment for communicable disease including the HIV virus (which causes AIDS). I permit a copy of this authorization to be used in place of the original. DL
Initials

Payment Authorization
I authorize the payment of medical benefits including government benefits to MARION PHYSICIAN SERVICES, LLC for services provided. DL
Initials

Payment Guarantee
I/we agree to pay the established rates of this practice for all services rendered for the patient named below. I understand that I am financially responsible for charges incurred. I understand that I/we are responsible to pay for services rendered by copayment or in full, including reasonable attorney's fees and costs of collection in the event of default. DL
Initials

Consent For Medical Treatment
As a patient of MARION PHYSICIAN SERVICES, LLC, I understand that this practice has an obligation to provide screening and emergency medical treatment when appropriate and to provide appropriate care and treatment of all patients. I hereby authorize the physician(s)/ provider(s) in charge of my case to administer any and all necessary or advisable treatments as may be deemed necessary or advisable in the diagnosis and treatment of my condition. DL
Initials

Patient Name Taylor Price

The undersigned certifies that he/she has read and understands the above information. The undersigned agrees to abide by information by signifying with initials and signature.

Authorization Signature — Relationship: mother — Date: 9/1/17

Witness — Date: 9/1/17

PRICE, TAYLOR 08/30/05 #132707

* 0460350w3963 A-Consent

MARION PHYSICIAN SERVICES, LLC

Patient Consent for E-Prescribing (Electronic Prescribing)

I have been made aware and understand that the medical practices and offices may use an electronic prescription system which allows prescriptions and related information to be electronically sent between my providers and my pharmacy. I have been informed and understand that my providers using the electronic prescribing system will be able to see information about medications I am already taking, including those prescribed by other providers. I give my consent to my providers to see this protected health information

Parent, Patient's Signature or Authorized Representative	Date	Time
Deontrae Lilly	9/1/17	3:36pm
Relationship to Patient: mother	Interpreter, if utilized	
Witness' Signature		

PRICE, TAYLOR 08/30/05 #132707

* 2450349w3963 A-HIPAA

All portions of this form must be completed to constitute a valid authorization for release of health information under the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. If any field is left blank the authorization will be considered defective.

Patient's Name: Taylor Price [redacted] Medical Record Number

Address: 104 F Silver Trace Ct City: Mansfield State: SC Zip: [redacted] Telephone Number: (803)260-0693 Email Address:

I authorize the use and disclosure of health information about me as described below:

I hereby Authorize to Release my Health Information

Agency State City State Zip Telephone Number

Agency or Individual(s) Authorized to Receive my Health Information

Address City State Zip Telephone Number

Health Information that may be used / disclosed is limited to the following:
- ☐ Progress Notes
- ☐ Emergency Room Record
- ☐ Discharge Summary
- ☐ History and Physical
- ☐ Consultation(s)
- ☐ Lab
- ☐ Pathology Report
- ☐ Operative Note(s)
- ☐ Image(s)/X-Ray Films
- ☐ X-Ray Report
- ☐ Entire Record
- ☐ Fetal Heart Monitor Strips
- ☐ Other (specify)

Sensitive Information:
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Communicable diseases including HIV status
- ☐ Genetic Testing
- ☐ Psychiatric/Behavioral Diagnoses

Health Information that may be used / disclosed is limited to the following periods of healthcare:

From (date): To (date): Account Number:

From (date): To (date): Account Number:

Health Information to be released to the above named agency / individual is to be used / disclosed for the following purpose(s):
- ☐ Treatment/Consultation
- ☐ At Request of Patient
- ☐ Research
- ☐ Marketing
- ☐ Billing or Claims Payment
- ☐ At Request of Employer
- ☐ Other

Health Information identifies you (the patient) by name. And includes other demographic information about you. Health information may include, but is not limited to: medical records, X-Ray films, slides, tracings, strips, etc.

I hereby discharge the releasing facility, its agents and employees from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information authorized herein, including Sensitive Information as indicated above, which was compiled during my visit, encounter or hospitalization or make copies thereof in accordance with the policies of this facility.

Protected Health Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by this privacy rule. If research related Health Information is used or disclosed for continued research purposes, an expiration date or event does not apply.

This authorization will automatically expire 60 days after the date of signature below (except as indicated below), unless an earlier date is specified, or at the conclusion of a specified event. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the HIPAA prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with (HIPAA) privacy regulations.

Patient's Signature or Legal Representative: Dametrice Wy Date/Time: 9/1/17 3:35pm

Relationship to Patient / Authority to Act on Patient's Behalf: Mother Interpreter if Utilized Date/Time: 9/1/17 3:35pm

Witness Signature: Date/Time: 9-1-17 3:35 Explanation (if any) or Event:

Signature validated against driver's license or signature in Medical Record. There may be a charge for copying Medical Records. Electronic copy requested.

Authorization to Use and Disclose Protected Health Information

Page 1 of 1

Patient Label

MED DEE PEDIATRICS REG • 2845 East Hwy 76, Suite 5, MULLINS SC 29574-6053

PRICE, TAYLOR (id #132707, dob: [redacted]

PRICE, TAYLOR 08/30/05 #132707

* 4450348w3963 A-FormLett

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name: PRICE
First Name: TAYLOR
Middle Name:
Address: 104-F SILVER TRACE COURT
City: MARION State: SC
Zip: 29571
Home Phone: (843) 260-0643
Work Phone:
Mobile Phone:(843) 260-0643
Sex: F
Date of Birth: [redacted]
Social Security No.:
Patient email:

Guarantor Information (to whom statements are sent)

Name: DEMETRICE L UTLEY
Address: 104-F SILVER TRACE COURT
MARION, SC 29571
Relationship to patient: Mother
Date of Birth: 10/28/1985
Social Security No.: 250471908
Phone: (843) 260 - 0643

Emergency Contact Information

Name: Harelda Tompkins
Relationship: Aunt
Phone:
Mobile Phone:(843) 260 - 3469

Primary Insurance Information

Insurance Plan Name: Select Health (Medicaid Replacement - HMO)

Policy Holder (If other than patient)

Last Name:PRICE
First Name:TAYLOR
Middle Name:
Address: 104-F SILVER TRACE COURT
City: MARION State: SC Zip: 29571
Date of Birth: [redacted] Sex (please circle): M or F
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.: 51165448
Policy/Group No.:

Secondary Insurance Information

Insurance Plan Name:

Policy Holder (If other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth:, Sex (please circle): M or F
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

ASSIGNMENT AND RELEASE:

- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the physician to release any medical information required to process this claim.
- I authorize my provider's office to contact me by telephone to remind me of my appointments.
- A fee for no shows may apply.

Signed Demetrice Utley Date: 9/1/17

PRICE, TAYLOR 08/30/05 #132707

*4285377w3983 A-HIPAA

MARION PHYSICIAN SERVICES, LLC
2845 East Hwy 76, Suite 5 · MULLINS, SC, 29574-6035 · 843-431-2650

Authorization to Disclose Protected Health Infomation

Date Patient Name Date of Birth Chart No.

This form provides authorization for this practice to disclose your Protected Health Information to a family member, friend, or caregiver.

Name of Patient: Taylor Price DOB: [redacted]

List below any individuals to whom you would like for this practice to disclose your Protected Health Information (the individual(s) will have to know the your name, date of birth, address, and telephone number in order for the practice to release any information - the practice also reserves the right to not release any information to any individual(s)).

Name of Individual	Relationship
Emerson Hunt	father
Serenity Hunt	sister.
Janae Hunt	sister
Elisha Hunt	sister

Comments:

Demetrius Hunt — Parent / Guardian Signature

3/4/16 — Date

PRICE, TAYLOR 08/30/05 #132707

* 6285376w3963 A-Consent

MARION PHYSICIAN SERVICES, LLC
2845 EAST HWY 76, SUITE 2
MULLINS, SC, 29574-6035

Authorization Form

Release Of Medical Information
I authorize the staff of MARION PHYSICIAN SERVICES, LLC to release any medical or other infomation necessary to process my claims to any insurance companies or any other agency assisting in the payment or determination for patient care. This may include the Social Security Administration and Health Care Financing Administration or its intemediaries or carrier and also may include the State Health and Human Finance Commission. This information may include reference to psychiatries/psychological care, sexual assault and/or abuse, alcohol abuse, drug abuse or testing/treatment for communicable disease including the HIV virus (which causes AIDS). I permit a copy of this authorization to be used in place ofthe original. DL
Initials

Payment Authorization
I authorize the payment of medical benefits including goverment benefits to MARION PHYSICIAN SERVICES, LLC for services provided. DL
Initials

Payment Guarantee
I/we agree to pay the established rates of this practice for all services rendered for the patient named below. I understand that I am financially responsible for charges incurred. I understand that I/we are responsible to pay for services rendered by copayment or in full, including reasonable attorney's fees and costs of collection in the event of default. DL
Initials

Consent For Medical Treatment
As a patient of MARION PHYSICIAN SERVICES, LLC, I understand that this practice has an obligation to provide screening and emergency medical treatment when appropriate and to provide appropriate care and treatment of all patients. I hereby authorize the physician(s)/ provider(s) in charge of my case to administer any and all necessary or advisable treatments as may be deemed necessary or advisable in the diagnosis and treatment of my condition. DL
Initials

Patient Name Taylor Price

The undersigned certifies that he/she has read and understands the above information. The undersigned agrees to abide by information by signifying with initials and signature.

Authorization Signature — mother. Relationship — 3/4/16 Date

Witness — 3/4/16 Date

PRICE, TAYLOR 08/30/05 #132707

* 8285375w3983 A-HIPAA

All portions of this form must be completed to constitute a valid authorization for release of health information under the Portability and Accountability Act (HIPAA) privacy regulations. If any field is left blank, the authorization will be considered

Taylor Ann [redacted]

Patient's Name Date of Birth Medical Record Number

104-F Silver Trace Ct Manning (843) 260-4043

Address City, State, Zip Telephone Number

I authorize the use and disclosure of health information about me as described below:

Facility Authorized to Release my Health Information

Agency or Individual(s) Authorized to Receive my Health Information

Address City, State, Zip Telephone Number

Health information that may be used / disclosed is limited to the following:

☐ Discharge Summary ☐ History & Physical ☐ Consultation(s) ☐ Progress Notes ☐ Emergency Room Record
☐ Operative Note(s) ☐ Imaging/X-ray ☐ X-ray Reports ☐ Lab ☐ Pathology Report
☐ Entire Record ☐ Other (specify)

Health information that may be used / disclosed is limited to the following periods of healthcare:

From (date):_____ To (date):_____ Account Number:_____

From (date):_____ To (date):_____ Account Number:_____

Health information to be released to the above named agency / individual is to be used / disclosed for the following purpose(s):

☐ Treatment/Consultation ☐ At Request of Patient ☐ Research ☐ Marketing ☐ Billing or Claims Payment
☐ At Request of Employer ☐ Other_____

"Health Information" identifies you (the patient) by name, and includes other demographic information about you. "Health Information" may include, but is not limited to; medical records, x-ray films, slides, tracings, strips, etc.

I hereby discharge the releasing facility, its agents and employees from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information authorized herein, to include alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.

If applicable, I agree to the release of my medical or billing records containing the sensitive information listed above. ☐ Yes ☐ No

Protected Health Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by this privacy rule. If research-related Health information is used or disclosed for continued research purposes, an expiration date or event does not apply.

This authorization will automatically *expire 60 days* after the date of signature below (except as indicated above), unless an earlier date is specified, or at the conclusion of a specified event. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the Health Insurance Portability Accountability Act prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

[signature] 3/4/16 8:22a

Patient or Authorized Personal Representative's Signature* Date Time

Mother

Relationship to Patient / Authority to Act on Patient's Behalf Interpreter, If Utilized

[signature]

Witness's Signature Expiration Date or Event

☐ * *Signature validated against driver's license or signature in Medical Record. There may be a charge for copying Medical Records.*



MARION PHYSICIAN SERVICES, LLC

Patient Consent for E-Prescribing (Electronic Prescribing)

I have been made aware and understand that the medical practices and offices may use an electronic prescription system which allows prescriptions and related information to be electronically sent between my providers and my pharmacy. I have been informed and understand that my providers using the electronic prescribing system will be able to see information about medications I am already taking, including those prescribed by other providers. I give my consent to my providers to see this protected health information.

Parent/Patient's Signature or authorized representative	Date	Time
Dmatthews	3/9/16	8:22 am
Relationship to Patient: mother	Interpreter, if utilized	
Witness' Signature		

REED PEE DEE PEDIATRICS RHC • 2848 East Hwy 76, Suite 5, MULLINS SC 29574-6035

PRICE, TAYLOR (id #132707, dob: [redacted]

PRICE, TAYLOR 08/30/05 #132707

*5285372w3963 A-FormLett

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name: PRICE
First Name: TAYLOR
Middle Name:
Address: 104-F SILVER TRACE COURT
City: MARION State: SC
Zip: 29571
Home Phone: (843) 260-0643
Work Phone:
Mobile Phone:(843) 260-0643
Sex: F
Date of Birth: [redacted]
Social Security No.:
Patient email:

Guarantor Information (to whom statements are sent)

Name: DEMETRICE L UTLEY
Address: 104-F SILVER TRACE COURT
MARION, SC 29571
Relationship to patient: mother
Date of Birth: 10/28/1985
Social Security No.: 250471908
Phone: (843) 260 - 0643

Emergency Contact Information

Name: Dana Hunt
Relationship: Sister
Phone:
Mobile Phone:(843) 480 - 4748

Primary Insurance Information

Insurance Plan Name: SELECT HEALTH OF SOUTH CAROLINA - FIRST CHOICE (MEDICAID HMO)

Policy Holder (if other than patient)

Last Name:PRICE
First Name:TAYLOR
Middle Name:
Address: 104-F SILVER TRACE COURT
City: MARION State: SC Zip: 29571
Date of Birth: [redacted] Sex (please circle): M or F
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.: 3780498666
Policy/Group No.:

Secondary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth:, Sex (please circle): M or F
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

ASSIGNMENT AND RELEASE:

- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the physician to release any medical information required to process this claim.
- I authorize my provider's office to contact me by telephone to remind me of my appointments.
- A fee for no shows may apply.

Signed Demetrice Utley Date: 3/9/14

Allergy List

NKDA

Consult Orders

Referral Order

01/21/2019 03/23/2019 11:38 AM

To Provider	From Provider
CHARLES TRANT MD 101 JOHNS ST MCLEOD MEDICAL PARK E STE 4 FLORENCE, SC 29506 Phone: Phone: (843) 777-7300 Fax: Fax: (843) 777-7311	MARC BAHAN, MD PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

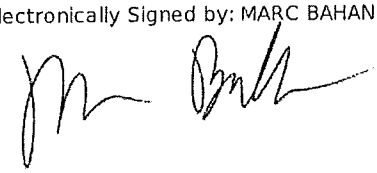
Referral Order Information

Diagnosis	Syncope ICD-10: R55: Syncope and collapse
Order Name	Orders included: 1 Syncope ICD-10: R55: Syncope and collapse • PEDIATRIC CARDIOLOGY REFERRAL Schedule Within: provider's discretion
Notes	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	[redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643
Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR
Secondary Insurance	None recorded.

Electronically Signed by: MARC BAHAN, MD



MARC BAHAN, MD

Referral Order

07/10/2018 03/23/2019 11:38 AM

To Provider	From Provider
Phone: Fax:	JULIANNA MAYNOR, NP PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Referral Order Information

Diagnosis	• Nocturnal enuresis

	ICD-10: N39.44: Nocturnal enuresis
Order Name	**Orders included: 1** **Nocturnal enuresis** **ICD-10: N39.44: Nocturnal enuresis** **• UROLOGY REFERRAL** **Schedule Within: provider's discretion** **Appointment Date: 07/24/2018** **Appointment Time: 1:35**
Notes	

Patient Information

Patient Name	**PRICE, TAYLOR**
Sex - DOB - Age	**F [redacted]5 13yo**
Address	**104-F SILVER TRACE COURT** **MARION, SC 29571**
Phone	**H: (843) 260-0643** **M: (843) 260-0643**
Primary Insurance	**Select Health (Medicaid Replacement - HMO)** **ID: 51165448** **Policy Holder: PRICE, TAYLOR**
Secondary Insurance	**None recorded.**

Electronically Signed by: JULIANNA MAYNOR, NP

jmaynor, MSN, CPNP

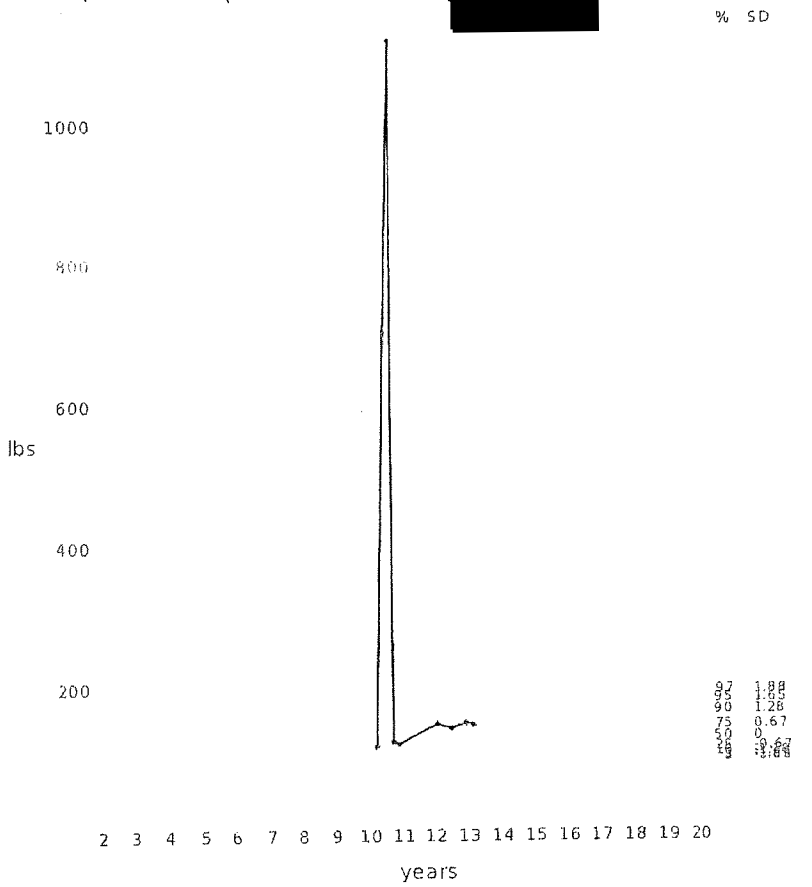
JULIANNA MAYNOR, NP

Denied Medications

Name	Denied Date
ciprofloxacin 500 mg tablet	
oxybutynin chloride ER 10 mg tablet,extended release 24 hr	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension	
Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P	

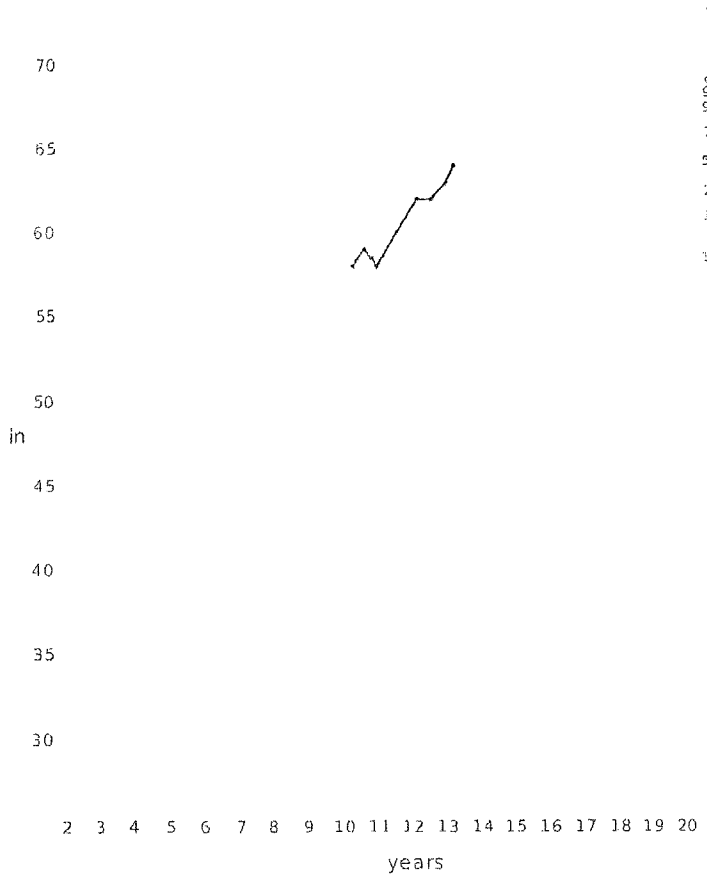
Growth Charts

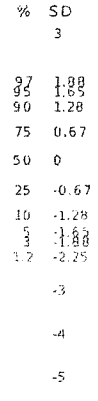
PRICE, TAYLOR (id #132707, dob: [redacted])



Weight for Age[1] (2-21 YO)

Date	Weight	Age
11/05/2015	115 lbs	10 Yr, 2 Mo
03/04/2016	1119 lbs	10 Yr, 6 Mo
05/11/2016	122 lbs	10 Yr, 8 Mo
05/25/2016	122 lbs	10 Yr, 8 Mo
07/15/2016	119 lbs	10 Yr, 10 Mo
09/01/2017	147 lbs	12 Yr, 0 Mo
02/01/2018	141 lbs	12 Yr, 5 Mo
07/10/2018	149 lbs	12 Yr, 10 Mo
09/28/2018	146 lbs	13 Yr, 0 Mo

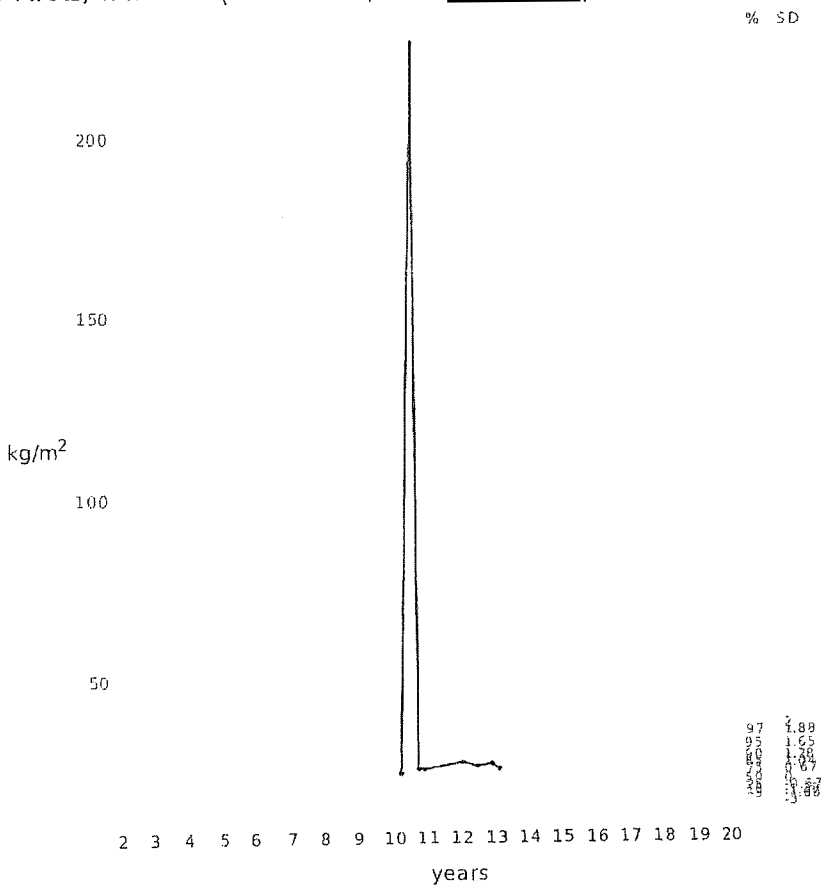




Stature for Age[1] (2-21 YO)

Date	Height	Age
11/05/2015	4 ft 10 in	10 Yr, 2 Mo
03/04/2016	4 ft 11 in	10 Yr, 6 Mo
05/11/2016	4 ft 10.5 in	10 Yr, 8 Mo
05/25/2016	4 ft 10.5 in	10 Yr, 8 Mo
07/15/2016	4 ft 10 in	10 Yr, 10 Mo
09/01/2017	5 ft 2 in	12 Yr, 0 Mo
02/01/2018	5 ft 2 in	12 Yr, 5 Mo
07/10/2018	5 ft 3 in	12 Yr, 10 Mo
09/28/2018	5 ft 4 in	13 Yr, 0 Mo

PRICE, TAYLOR (id #132707, dob: [redacted])



BMI for Age[1] (2-21 YO)

Date	BMI	Age
11/05/2015	24	10 Yr, 2 Mo
03/04/2016	226	10 Yr, 6 Mo
05/11/2016	25.1	10 Yr, 8 Mo
05/25/2016	25.1	10 Yr, 8 Mo
07/15/2016	24.9	10 Yr, 10 Mo
09/01/2017	26.9	12 Yr, 0 Mo
02/01/2018	25.8	12 Yr, 5 Mo
07/10/2018	26.4	12 Yr, 10 Mo
09/28/2018	25.1	13 Yr, 0 Mo

[1] Percentiles from Centers for Disease Control and Prevention, National Center for Health Statistics. CDC growth charts: United States. http://www.cdc.gov/growthcharts/. May 30, 2000.

Lab Orders

Lab Order

07/10/2018 03/23/2019 11:38 AM

Order To	Ordering Provider
PEE DEE PEDIATRICS 2845 E HWY 76 STE 5 MULLINS, SC 29574 Phone: (843) 431-2650 Fax: (843) 431-2982	JULIANNA MAYNOR, NP PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Order
Orders included: 1 Nocturnal enuresis | ICD-10: N39.44: Nocturnal enuresis • URINALYSIS, DIPSTICK | BILL: Third Party
• Nocturnal enuresis ICD-10: N39.44: Nocturnal enuresis • Urinary incontinence ICD-10: R32: Unspecified urinary incontinence

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	h: (843) 260-0643 w:
Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR Eligibility: Member is eligible. (Verified 11/29/2018)
Secondary Insurance	None recorded.
Drawn by:	
Date/Time Drawn:	_____
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: JULIANNA MAYNOR, NP

jmaynor, MSN, CPNP

JULIANNA MAYNOR, NP

Lab Order

02/01/2018 03/23/2019 11:38 AM

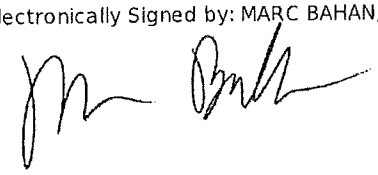
Order To	Ordering Provider
PEE DEE PEDIATRICS 2845 E HWY 76 STE 5 MULLINS, SC 29574	MARC BAHAN, MD PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650

Phone: (843) 431-2650 **Fax: (843) 431-2982**	**Fax: 843-431-2647**

Order
Orders included: 1 **Syncope | ICD-10: R55: Syncope and collapse** **• URINALYSIS, DIPSTICK | BILL: Third Party**
Syncope **ICD-10: R55: Syncope and collapse**

Patient Name	**PRICE, TAYLOR**
Sex - DOB - Age	**F [redacted] 13yo**
Address	**104-F SILVER TRACE COURT MARION, SC 29571**
Phone	**h: (843) 260-0643 w:**
Primary Insurance	**Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR Eligibility: Member is eligible. (Verified 11/29/2018)**
Secondary Insurance	**None recorded.**
Drawn by:	
Date/Time Drawn:	_____
Fasting?:	**- None Needed - 8 HR - 12 HR**
Other/Notes:	
CC:	

Electronically Signed by: MARC BAHAN, MD



MARC BAHAN, MD

Lab Order

05/25/2016 03/23/2019 11:38 AM

Order To	**Ordering Provider**
IN-OFFICE ORDER INTERNAL USE ONLY DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM , SC 00000	**MARC BAHAN, MD PEED PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647**

Order
Orders included: 1 **Nocturnal enuresis | ICD-10: N39.44: Nocturnal enuresis** **• URINALYSIS, DIPSTICK | BILL: Third Party**
• Nocturnal enuresis ICD-10: N39.44: Nocturnal enuresis • Urinary tract infectious disease

ICD-10: N39.0: Urinary tract infection, site not specified

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	h: (843) 260-0643 w:
Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR Eligibility: Member is eligible. (Verified 11/29/2018)
Secondary Insurance	None recorded.
Drawn by:	
Date/Time Drawn:	
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: MARC BAHAN, MD

MARC BAHAN, MD

Lab Order

05/11/2016 03/23/2019 11:38 AM

Order To	Ordering Provider
IN-OFFICE ORDER INTERNAL USE ONLY DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM , SC 00000	MARC BAHAN, MD PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Order

Orders included: 1

Urinary tract infectious disease | ICD-10: N39.0: Urinary tract infection, site not specified
- URINALYSIS, DIPSTICK | BILL: Third Party

- Well child
  ICD-10: Z00.121: Encounter for routine child health examination with abnormal findings
- Urinary tract infectious disease
  ICD-10: N39.0: Urinary tract infection, site not specified
- Nocturnal enuresis
  ICD-10: N39.44: Nocturnal enuresis

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	h: (843) 260-0643 w:

Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR Eligibility: Member is eligible. (Verified 11/29/2018)
Secondary Insurance	None recorded.
Drawn by:	
Date/Time Drawn:	
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: MARC BAHAN, MD

MARC BAHAN, MD

Lab Order

11/05/2015 03/23/2019 11:38 AM

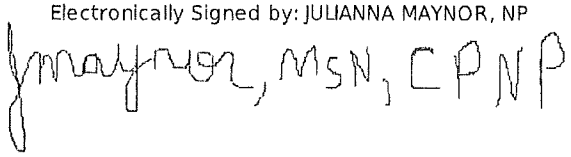
Order To	Ordering Provider
IN-OFFICE ORDER INTERNAL USE ONLY DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM DO NOT ATTACH COMPENDIUM , SC 00000	JULIANNA MAYNOR, NP PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Order
Orders included: 1 Urinary tract infectious disease | ICD-10: N39.0: Urinary tract infection, site not specified • URINALYSIS, DIPSTICK | BILL: Third Party
• Urinary tract infectious disease ICD-10: N39.0: Urinary tract infection, site not specified • Nocturnal enuresis ICD-10: N39.44: Nocturnal enuresis

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted]5 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	h: (843) 260-0643 w:
Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR Eligibility: Member is eligible. (Verified 11/29/2018)
Secondary Insurance	None recorded.
Drawn by:	
Date/Time Drawn:	

Fasting?:	**- None Needed** **- 8 HR** **- 12 HR**
Other/Notes:	
CC:	

Electronically Signed by: JULIANNA MAYNOR, NP



JULIANNA MAYNOR, NP

Other Orders

09/28/2018 03/23/2019 11:38 AM

From Provider	To Provider
JULIANNA MAYNOR, NP **MARION PHYSICIAN SERVICES, LLC** **2845 East Hwy 76, Suite 5** **MULLINS, SC 29574-6035** **Phone: 843-431-2650** **Fax: 843-431-2647**	**PEE DEE PEDIATRICS** **2845 E HWY 76 STE 5** **MULLINS, SC 29574** **Phone: (843) 431-2650** **Fax: (843) 431-2982**

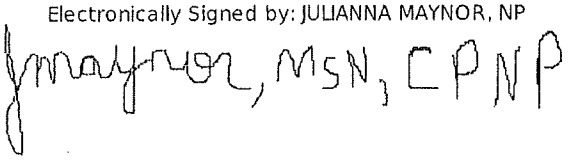
Order Information

Order
Orders included: 1 **Well child** **ICD-10: Z00.129: Encounter for routine child health examination without abnormal findings** **• VISUAL ACUITY**

Patient Information

Patient Name	**PRICE, TAYLOR**
DOB	**08/30/2005**
Primary Insurance	**Select Health (Medicaid Replacement - HMO)** **ID: 51165448** **Policy Holder: PRICE, TAYLOR** **Eligibility: Member is eligible. (Verified 11/29/2018)**
Secondary Insurance	**None recorded.**

Electronically Signed by: JULIANNA MAYNOR, NP



09/01/2017 03/23/2019 11:38 AM

From Provider	To Provider
MARC BAHAN, MD **MARION PHYSICIAN SERVICES, LLC** **2845 East Hwy 76, Suite 5** **MULLINS, SC 29574-6035** **Phone: 843-431-2650** **Fax: 843-431-2647**	**PEE DEE PEDIATRICS** **2845 E HWY 76 STE 5** **MULLINS, SC 29574** **Phone: (843) 431-2650** **Fax: (843) 431-2982**

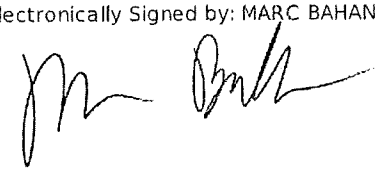
Order Information

Order
Orders included: 1 **Well child** **ICD-10: Z00.121: Encounter for routine child health examination with abnormal findings** • **VISION SCREEN**

Patient Information

Patient Name	**PRICE, TAYLOR**
DOB	**08/30/2005**
Primary Insurance	**Select Health (Medicaid Replacement - HMO)** **ID: 51165448** **Policy Holder: PRICE, TAYLOR** **Eligibility: Member is eligible. (Verified 11/29/2018)**
Secondary Insurance	**None recorded.**

Electronically Signed by: MARC BAHAN, MD



Patient Cases

Source	PATIENT
Date	01/15/2019
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	WALGREENS DRUG STORE 09761
Person to Call	
Desired Callback Number	guarantor - (843) 260-0643
Subject	
Case Description	please call Metri back about child
Source	CAREGIVER
Date	01/14/2019
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	WALGREENS DRUG STORE 09761
Person to Call	
Desired Callback Number	home - (843) 260-0643
Subject	peds cardio referral
Case Description	
Orders/Prescriptions created	PEDIATRIC CARDIOLOGY REFERRAL
Source	PORTAL (Other)
Date	11/19/2018
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	
Person to Call	
Desired Callback Number	Other:
Subject	New Message from your Provider
Case Description	Defend yourself and your loved ones against the flu this winter. Did you know that seasonal flu vaccinations, as well as good hand washing practices are your best defense against the flu this winter? The yearly flu vaccine is recommended for everyone 6 months and older, and especially for young children, pregnant women, and those with

	chronic conditions such as asthma, diabetes, and heart or lung disease. At [PRACTICENAME], we care about your health. Your care team wants to make sure you have all of the tools that you need to manage your health and wellness. Consider making it a priority to get your flu vaccine this year! Contact your primary care physician or local pharmacy for flu vaccine availability.
Source	PORTAL (Other)
Date	11/15/2017
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	
Person to Call	
Desired Callback Number	Other:
Subject	New Message from your Provider
Case Description	Did you know that in a study conducted, 96% of caregivers thought their children were safely buckled in the car, but only 30% were found to be correctly buckled? Always make sure that children and teens are properly buckled while in the car. If children are young, use the right seats for children's age, height and weight, and set a good example by buckling up no matter how short the trip.
Source	PORTAL (Other)
Date	10/20/2017
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	
Person to Call	
Desired Callback Number	Other:
Subject	New Message from your Provider
Case Description	Defend yourself and your loved ones against the flu this winter. Did you know that seasonal flu vaccinations, as well as good hand washing practices are your best defense against the flu this winter? The yearly flu vaccine is recommended for everyone 6 months and older, and especially for young children, pregnant women, and those with chronic conditions such as asthma, diabetes, and heart or lung disease. At [PRACTICENAME], we care about your health. Your care team wants to make sure you have all of the tools that you need to manage your health and wellness. Consider making it a priority to get your flu vaccine this year! Contact your primary care physician or local pharmacy for flu vaccine availability.
Source	CAREGIVER (Other)
Date	08/22/2017
Provider	mbahan
Department	PEED_PEE DEE PEDIATRICS RHC
Outside Provider/Lab/Pharmacy	WALGREENS DRUG STORE 09761
Person to Call	demetrice
Desired Callback Number	Other: (843) 260-0643
Subject	NEEDS BATHROOM NOTE
Case Description	

Prescription Documents

Approved Prescription

Date Ordered: 07/15/2016 03/23/2019 11:38 AM

Pharmacy	Prescriber
WALGREENS DRUG STORE 09761 **301 W MCINTYRE ST** **MULLINS, SC 295743419** **Phone: (843) 464-0118** **Fax: (843) 464-7375**	**MARION PHYSICIAN SERVICES, LLC** **2845 East Hwy 76, Suite 5** **MULLINS, SC 29574-6035** **Phone: 843-431-2650** **Fax: 843-431-2647**

Prescription Information

Medication	**Lidocaine Viscous 2 % mucosal solution**
Quantity	**60 (sixty) mL**
SIG	**Swab affected areas in mouth every 4 to 6 hours as needed for pain**
Refills Allowed	**No Refills**

Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643

N

Electronically Signed by: JULIANNA MAYNOR, NP

jmaynor, MSN, CPNP

Dispense as Written

Substitutions Permitted
JULIANNA MAYNOR, NP
NPI # 1093049470
DEA# MM1989524
SCL#: 3872

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/25/2016 03/23/2019 11:38 AM

Pharmacy	Prescriber
WALGREENS DRUG STORE 09761 301 W MCINTYRE ST MULLINS, SC 295743419 Phone: (843) 464-0118 Fax: (843) 464-7375	MARION PHYSICIAN SERVICES, LLC MARC BAHAN, MD 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Prescription Information

Medication	Ditropan XL 10 mg tablet,extended release
Quantity	30 (thirty) tablet(s)
SIG	Take 1 tablet(s) every day by oral route for 30 days.
Refills Allowed	2 Refills
Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571

Phone	H: (843) 260-0643 M: (843) 260-0643

N

Electronically Signed by: MARC BAHAN, MD

Dispense as Written

Substitutions Permitted
MARC BAHAN, MD
NPI # 1629002282
DEA# BB5434395
SCL#: 19378

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/25/2016 03/23/2019 11:38 AM

Pharmacy	Prescriber
WALGREENS DRUG STORE 09761 301 W MCINTYRE ST MULLINS, SC 295743419 Phone: (843) 464-0118 Fax: (843) 464-7375	MARION PHYSICIAN SERVICES, LLC MARC BAHAN, MD 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Prescription Information

Medication	Cipro 500 mg tablet
Quantity	14 (fourteen) tablet(s)
SIG	Take 1 tablet(s) twice a day by oral route for 7 days.
Refills Allowed	No Refills
Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643

N

Electronically Signed by: MARC BAHAN, MD

Dispense as Written

Substitutions Permitted
MARC BAHAN, MD
NPI # 1629002282
DEA# BB5434395
SCL#: 19378

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/11/2016 03/23/2019 11:38 AM

Pharmacy	Prescriber
CVS/PHARMACY #4150 700 N MAIN STREET MARION, SC 29571 Phone: (843) 423-1021 Fax: (843) 423-2178	MARION PHYSICIAN SERVICES, LLC MARC BAHAN, MD 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Prescription Information

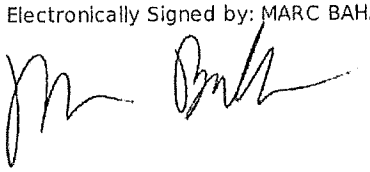
Medication	Macrobid 100 mg capsule
Quantity	10 (ten) capsule(s)
SIG	Take 1 capsule(s) twice a day by oral route for 5 days.
Refills Allowed	No Refills
Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643

N

Electronically Signed by: MARC BAHAN, MD



Dispense as Written

Substitutions Permitted
MARC BAHAN, MD
NPI # 1629002282
DEA# BB5434395
SCL#: 19378

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

PRICE, TAYLOR (id #132707, dob: [redacted])

Date Ordered: 11/05/2015 03/23/2019 11:38 AM

Pharmacy	Prescriber
WALGREENS DRUG STORE 09761 301 W MCINTYRE ST MULLINS, SC 295743419 Phone: (843) 464-0118 Fax: (843) 464-7375	MARION PHYSICIAN SERVICES, LLC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Prescription Information

Medication	sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension
Quantity	300 (three hundred) mL
SIG	Take 15 mL twice a day by oral route for 10 days.
Refills Allowed	No Refills
Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643

N

Electronically Signed by: JULIANNA MAYNOR, NP

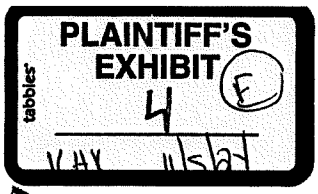
jmaynor, MSN, CPNP

Dispense as Written

Substitutions Permitted
JULIANNA MAYNOR, NP
NPI # 1093049470
DEA# MM1989524
SCL#: 3872

Prescription is void if more than one (1) prescription is written per blank.

Vaccination Records



MUSC Health
Medical University of South Carolina

T-IP MUSC FLORENCE
805 Pamplico Hwy
Florence SC 29501-0550
HIM ROI Enc Facesheet

Price, Taylor D
MRN: 006031090, DOB [redacted] Sex: F
Acct #: MHF4393595
Adm: 12/12/2018, D/C: 12/12/2018

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Price, Taylor D	006031090	[redacted]	Female	[redacted] (DECEASED)

Address	Phone	Email
200 Gregg Avenue MARION SC 29571	843-260-0643 (M) 843-260-0643 (H) 843-665-2222 (W)	—

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	—	12/17/21	06/25/22

HAR	Admission Date	Discharge Date	Admitting Provider
MHF4393595	12/12/18	12/12/18	—

Marital Status	Religion	Language
Single	Baptist	English

Hospital Account

Not on file

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Lorrie Diane Peyton, FNP			Confirmed Discharge

Admission Date/Time	Discharge Date	Hospital Service	Auth/Cert Status
12/12/18 07:07 PM	12/12/18	EMM-EMERGENCY MEDICINE	

Hospital Area	Unit	Room/Bed
MUSC-FLO HEALTH FLORENCE MEDICAL CENTER	HISTORIC FLORENCE EMERGENCY DEPT	

Allergies as of 12/12/2018

Never Reviewed

Not on File

Patient History

Patient History

Occupational as of 12/12/2018

None

Socioeconomic as of 12/12/2018

Patient History (continued)

Socioeconomic as of 12/12/2018 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Not Hispanic or Latino	Black or African American	—

CSN
1134257633

Admission Information

Arrival Date/Time:	Admit Date/Time:	12/12/2018 7:07 PM	IP Adm. Date/Time:	
Admission Type:	Point of Origin:		Admit Category:	
Means of Arrival:	Primary Service:	Emm-emergency Medicine	Secondary Service:	N/A
Transfer Source:	Service Area:	MUSC Service Area	Unit:	HISTORIC FLORENCE EMERGENCY DEPT
Admit Provider:	Attending Provider:	Lorrie Peyton, FNP	Referring Provider:	

Admission Orders

No orders found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/12/2018 9:49 PM	None	None	None	HISTORIC FLORENCE EMERGENCY DEPT

Allergies as of 12/12/2018

Never Reviewed

Not on File

Immunizations

Name	Date
DTaP (pediatric < 7y)	12/30/05
DTaP (pediatric < 7y)	10/31/05
DTaP, 5 pertussis antigens (pediatric < 7y)	12/30/05
DTaP, 5 pertussis antigens (pediatric < 7y)	10/31/05
DTaP-Haemophilus influenzae type b conjugate vaccine	03/21/07
DTaP-Haemophilus influenzae type b conjugate vaccine	03/03/06
DTaP-poliovirus vaccine, inactivated	09/11/09
Tdap (adolescent/adult 10 y+)	09/01/17
hepatitis B vaccine, pediatric/adol (3 dose)	03/03/06
hepatitis B vaccine, pediatric/adol (3 dose)	12/30/05
hepatitis B vaccine, pediatric/adol (3 dose)	10/31/05
hepatitis B vaccine, pediatric/adol (3 dose)	08/30/05
historic Hib, unspecified formulation	12/30/05
historic Hib, unspecified formulation	10/31/05
human papillomavirus 9-valent vaccine	04/28/21
human papillomavirus 9-valent vaccine	09/01/17
measles, mumps and rubella virus MMR	09/11/09
measles, mumps, rubella, and varicella vaccine MMRV	08/31/06
pneumococcal conjugate, 7 valent	03/21/07
pneumococcal conjugate, 7 valent	03/03/06
pneumococcal conjugate, 7 valent	12/30/05
pneumococcal conjugate, 7 valent	10/31/05
poliovirus vaccine, inactivated	03/03/06
poliovirus vaccine, inactivated	12/30/05
poliovirus vaccine, inactivated	10/31/05
varicella virus vaccine	09/11/09

Patient History (continued)

Immunizations (continued)

Medical as of 12/12/2018

None

Implants

No active implants to display in this view.

Problem List as of 12/12/2018 **Never Reviewed**

None

ED Records

ED Arrival Information

Patient not seen in ED

ED Disposition

None

ED Provider Notes - ED Notes

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM

Author: Lorrie Peyton, FNP
Filed: 12/12/2018 8:05 PM
Editor: Lorrie Peyton, FNP (Nurse Practitioner)
Service: EMM-EMERGENCY MEDICINE
Date of Service: 12/12/2018 8:05 PM
Author Type: Nurse Practitioner
Status: Signed

Patient: PRICE, TAYLOR D MRN: 392256 FIN: 4393595
Age: 13 years Sex: Female DOB: [redacted]
Associated Diagnoses: Chest wall pain
Author: PEYTON, LORRIE D NP

Basic Information
Time seen: Initial Time Seen
Time Initially Seen: 12/12/2018 19:31 by PEYTON, LORRIE D NP
.
Arrival mode: Private vehicle.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint
12/12/2018 19:11 EST Chief Complaint CP, SOB WHILE PLAYING BASKETBALL PTA - DENIES CP, SOB AT PRESENT .

History of Present Illness
The patient presents with chest pain. The onset was just prior to arrival. The course/duration of symptoms is resolved. Location: Anterior chest. Radiating pain: none. The character of symptoms is sharp.

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM (continued)

The degree at onset was moderate. The degree at maximum was moderate. The degree at present is none. The exacerbating factor is none. The relieving factor is rest. Risk factors consist of not hypertension, not diabetes mellitus, not smoking, not obesity, not pulmonary embolism and not deep vein thrombosis. Prior episodes: none. Associated symptoms: denies shortness of breath, denies nausea, denies vomiting, denies diaphoresis, denies anxiety and denies palpitations. Additional history: Per mom, child was playing in a basketball game at school when she suddenly felt hot, had some chest pain/tightness and vomited once. Mom states child continued to complain of being hot but did not feel hot to touch. Symptoms had completely resolved by the time they got to the emergency room..

Review of Systems
Constitutional symptoms: No fever, no chills.
Skin symptoms: No jaundice, no rash, no petechiae.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Nasal congestion.
Respiratory symptoms: No shortness of breath, no cough, no stridor, no wheezing.
Cardiovascular symptoms: Chest pain, anterior, central, acute, sharp, pleuritic, no palpitations, no syncope, no peripheral edema.
Gastrointestinal symptoms: No abdominal pain, no nausea, no vomiting, no diarrhea.
Genitourinary symptoms: No dysuria,
Musculoskeletal symptoms: No Muscle pain, no Joint pain.
Neurologic symptoms: No headache, no dizziness, no altered level of consciousness, no numbness, no tingling, no weakness.

Health Status
Allergies:
Allergic Reactions (Selected)
No Known Allergies.

No qualifying data available..
Past Medical/ Family/ Social History
Procedure history: Include procedure history
No active procedure history items have been selected or recorded..
Family history: Not significant.
Social history:
Social & Psychosocial Habits

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM (continued)

No alcohol or tobacco exposure

.

Physical Examination

Vital Signs

Vital Signs

12/12/2018 19:11 EST	ED Temperature	98.6 DegF	
	Temperature Method	Oral	
	Respiratory Rate	18 br/min	
	ED Pulse Rate	93 bpm HI	
	ED Pulse Method	Peripheral Pulse	
	Systolic Blood Pressure	108 mmHg	
	Diastolic Blood Pressure	61 mmHg	
	Mean Arterial Pressure, Cuff		77 mmHg .

Measurements

12/12/2018 19:11 EST	Patient Weight	63.956 kg	
	Ideal Body Weight Calculated		57 kg
	Patient Height	165.1 cm	
	Height Method	Stated Height	
	Weight Method	Stated Weight .	

Basic Oxygen Information

12/12/2018 19:11 EST	SpO2	98 % .

General: Alert, no acute distress.
Skin: Warm, dry, pink, intact.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline, no tenderness.
Eye: Normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate.
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, Non-displaced PMI, no cardiac rub, no click.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.
Chest wall: No tenderness, No deformity.
Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.
Neurological: No focal neurological deficit observed.
Lymphatics: No lymphadenopathy.

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM (continued)

Psychiatric: Cooperative.

Medical Decision Making
Differential Diagnosis: Non-ST elevation myocardial infarction uti, anxiety, atypical chest pain, gastroesophageal reflux disease, costochondritis, chest wall pain, bronchitis.
Results review: Lab results : Lab View

12/12/2018 20:07 EST			
	WBC	11.7 x10^3/mcL	HI
	RBC	4.29 x10^6/mcL	
	Hgb	13.0 g/dL	
	HCT	38.1 %	
	MCH	30.3 pg	
	MCHC	34.1 g/dL	
	MCV	89 fL	
	Plt Cnt	481 x10^3/mcL	HI
	MPV	9.3 fL	
	RDW	42.6 fL	
	nRBC% Auto	0.0 %	
	Neutrophils% Auto	82.8 %	HI
	Lymphocytes% Auto	12.8 %	LOW
	Monocytes% Auto	3.9 %	LOW
	Basophils% Auto	0.1 %	
	Eosinophils% Auto	0.1 %	LOW
	Immature Granulocytes% Auto	0.3 %	
	nRBC# Auto	0.00 x10^3/mcL	LOW
	Neutrophils# Auto	9.71 x10^3/mcL	HI
	Lymphocytes# Auto	1.50 x10^3/mcL	
	Monocytes# Auto	0.46 x10^3/mcL	
	Basophils# Auto	0.01 x10^3/mcL	LOW
	Eos# Auto	0.01 x10^3/mcL	
	Immature Granulocytes# Auto	0.03 x10^3/mcL	
	Ur Collection Source	Random Urine	
	Ur Color	Yellow	
	Ur Appearance	Slightly Cloudy	
	Ur Glucose	Normal	
	Ur Bili	Negative	
	Ur Ketone	15 mg/dL	
	Ur Specific Gravity	1.030	
	Ur Blood	Negative	
	Ur pH	6	

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM (continued)

Ur Protein	100 mg/dL
Ur Urobilinogen	Normal
Ur Nitrite	Negative
Ur Leukocyte Esterase	Negative
Ictotest	Not Performed
Dipstick Type?	Auto
Reflex Microscopic Type?	Manual
Ur WBC	6-15 /HPF
Ur RBC	Not Present /HPF
ur Epithelial Cells	>20 /HPF
Ur Bacteria	3+ /HPF .

Chest X-Ray:
Reason For Exam
Chest pain

========== REPORT==========
TECHNIQUE: PA and lateral views..

FINDINGS: Cardiomediastinal silhouette is normal. Pulmonary vasculature within normal limits. . Lungs clear

IMPRESSION: No acute cardiopulmonary disease.

Approved by Steven Glassman 12/12/2018 9:06 PM

.

Impression and Plan
Diagnosis
Chest wall pain (ICD10-CM R07.89, Discharge, Emergency medicine, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 12/12/2018 21:37:00, to home.
Prescriptions: Prescriptions
Pharmacy:
ibuprofen 600 mg oral tablet (Prescribe): 1 tab(s), Oral, q6H, 20 tab(s), 0 Refill(s).
Patient was given the following educational materials: Chest Wall Pain, Easy-to-Read, Chest Wall Pain, Easy-to-Read.
Follow up with: ; Follow up with primary care provider Within 1 to 2 days; Return to ED if symptoms worsen Within 1 to 2 days.

ED Provider Notes - ED Notes (continued)

ED Provider Notes signed by Lorrie Peyton, FNP at 12/12/2018 9:43 PM (continued)

Counseled: Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

SIGNING PROVIDER : STEVE MCDONELL HALUS MD
SIGNING DATE/TIME : 12/12/2018 09:43 PM

Electronically Signed by Lorrie Peyton, FNP on 12/12/2018 9:43 PM

ED Notes - ED Notes

ED Notes filed by Florence Historical Provider at 12/12/2018 9:50 PM

Author: Florence Historical Provider
Filed: 12/12/2018 9:50 PM
Editor: Interface, Transcription Conversion (Flo)
Service: —
Date of Service: 12/12/2018 9:49 PM
Author Type: Physician
Status: Signed

ED Facility Charging Entered On: 12/12/2018 21:50 EST
Performed On: 12/12/2018 21:50 EST by Strickland, Brittani Rn

FCT DTA's
FCT Discharge Disposition : Standard ED Encounter
Critical Care Patient : No
Strickland, Brittani Rn - 12/12/2018 21:50 EST

SIGNING PROVIDER : Brittani Strickland RN
SIGNING DATE/TIME : 12/12/2018 09:50 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 4/1/2020 2:24 AM

ED Notes filed by Florence Historical Provider at 12/12/2018 9:49 PM

Author: Florence Historical Provider
Filed: 12/12/2018 9:49 PM
Editor: Interface, Transcription Conversion (Flo)
Service: —
Date of Service: 12/12/2018 9:49 PM
Author Type: Physician
Status: Signed

ED Disposition Summary Entered On: 12/12/2018 21:50 EST
Performed On: 12/12/2018 21:49 EST by Strickland, Brittani Rn

ED Disposition Summary
Discharged in care of : Family
Disposition Method : Self Ambulated
ED Nurse Noted Disposition : Discharge
Strickland, Brittani Rn - 12/12/2018 21:49 EST

SIGNING PROVIDER : Brittani Strickland RN
SIGNING DATE/TIME : 12/12/2018 09:49 PM

Electronically Signed by Interface, Transcription Conversion (Flo) on 4/1/2020 2:24 AM

Patient Care Timeline

No data selected in time range

Procedures - Encounter Notes

Procedures signed by Lorrie Diane Peyton, FNP at 4/1/2020 2:24 AM

Author: Lorrie Peyton, FNP | Service: EMM-EMERGENCY MEDICINE | Author Type: Nurse Practitioner
Filed: 12/12/2018 7:15 PM | Date of Service: 12/12/2018 7:15 PM | Status: Addendum
Editor: Lorrie Peyton, FNP (Nurse Practitioner)
Related Notes: Original Note by Lorrie Peyton, FNP (Nurse Practitioner) filed at 12/12/2018 7:15 PM
Trans ID: FLC3841591369 | Dictation Time: | Trans Time: | Trans Doc Type: Electrocardiogram ED | Trans Status: Available

Procedure Orders
1. ELECTROCARDIOGRAM REPORT [189868557] ordered by Lorrie Peyton, FNP at 12/12/18 1915

Stationary ECG Study
Carolinas Hospital System

		Test Date:	2018-12-12
Pat Name:	TAYLOR PRICE	Department:	
Patient ID:	392256	Room:	
Gender:	Female	Technician:	TM
DOB:	[redacted]	Requested By:	LORRIE PEYTON
Order Number:	3841591369	Reading MD:	Scott Wolery

Measurements

Intervals		Axis	
Rate:	84	P:	64
PR:	130	QRS:	64
QRSD:	82	T:	60
QT:	350		
QTc:	413		

Interpretive Statements
** * Pediatric ECG analysis * **
Normal sinus rhythm
IRBBB
Otherwise normal ECG
Electronically Signed On 12-13-2018 9:16:36 EST_confirmed by Scott Wolery

Electronically Signed by Lorrie Diane Peyton, FNP on 4/1/2020 2:24 AM

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Imaging - Clinical Orders and Results

XR Chest 2 Views [187992980]

Electronically signed by: **Interface, Rad Conversion (Flo) on 12/12/18 2032** Status: **Completed**
Ordering user: Interface, Rad Conversion (Flo) 12/12/18 2032 Ordering provider: Florence Historical Provider
Authorized by: Florence Historical Provider
Frequency: Once 12/12/18 2033 - 1 occurrence

Procedures - Clinical Orders and Results

ELECTROCARDIOGRAM REPORT [189868557]

Electronically signed by: **Interface, Transcription Conversion (Flo) on 12/12/18 1915** Status: **Completed**
Ordering user: Interface, Transcription Conversion (Flo) 12/12/18 1915 Ordering provider: Lorrie Peyton, FNP
Authorized by: Lorrie Peyton, FNP
Frequency: -

ELECTROCARDIOGRAM REPORT Result status: Edited Result - FINAL

Narrative:

Stationary ECG Study
Carolinas Hospital System

Test Date: 2018-12-12
Pat Name: TAYLOR PRICE Department:
Patient ID: 392256 Room:
Gender: Female Technician: TM
DOB: [redacted] Requested By: LORRIE PEYTON
Order Number: 3841591369 Reading MD: Scott Wolery

Measurements

Intervals		Axis	
Rate:	84	P:	64
PR:	130	QRS:	64
QRSD:	82	T:	60
QT:	350		
QTc:	413		

Interpretive Statements
** * Pediatric ECG analysis * **
Normal sinus rhythm
IRBBB
Otherwise normal ECG
Electronically Signed On 12-13-2018 9:16:36 EST_confirmed by Scott Wolery
Impression:

ELECTROCARDIOGRAM REPORT Result status: Final result

Narrative:
EKG Completed Date and Time Entered On: 12/13/2018 08:52 EST
Performed On: 12/13/2018 08:52 EST by Ruth, Katlyn Heitzenr Cardio Non Inv Tech I (Ek

EKG Completed Date and Time
ED EKG Start Time : 12/12/2018 19:15 EST
Ruth, Katlyn Heitzenr Cardio Non Inv Tech I (Ek - 12/13/2018 08:52 EST
Impression:

Discharge Orders

Price, Taylor D (MRN 006031090)

(none)

Other Orders and Results

No results found

Orders

	Status	Priority	Start	End
XR Chest 2 Views Order ID:187992980	Completed	Routine	12/12/18	-
XR Chest 2 Views Order ID:187992981	Final result	Routine	12/12/18	-
ELECTROCARDIOGRAM REPORT Order ID:189868557	Edited Result - FINAL	None	-	-

Clinical Lab Results

Lab, Radiology, ECG/EMG, Cardiac, and GI Orders and Results

XR Chest 2 Views [187992981]

Electronically signed by: **Interface, Rad Conversion (Flo) on 12/12/18 2032** Status: **Completed**
Ordering user: Interface, Rad Conversion (Flo) 12/12/18 2032 Ordering provider: Florence Historical Provider

XR Chest 2 Views [187992981] Resulted: 12/12/18 2110, Result status: Final result

Resulted by: Steven Barry Glassman, MD Accession number: FL3801834601354
Resulting lab: FMC CERNER CONVERSION
Narrative:
Carolinas Hospital System

Patient:PRICE, TAYLOR D MRN:392256

DOB: 8/30/2005 Sex: Female

Location:SCC ED

Ordering Physician: PEYTON, LORRIE D NP

Diagnostic Radiology

ACCESSION 380-18-346-01354
EXAM DATE/TIME 12/12/2018 20:38 EST

Reason For Exam
Chest pain

Report
TECHNIQUE: PA and lateral views..

FINDINGS: Cardiomediastinal silhouette is normal. Pulmonary vasculature within normal limits. .
Lungs clear

IMPRESSION: No acute cardiopulmonary disease.

Approved by Steven Glassman 12/12/2018 9:06 PM
***** Final *****

Dictated by: GLASSMAN, STEVEN BARRY MD
Dictated DT/TM: 12/12/2018 09:06 pm EST
Signed by: GLASSMAN, STEVEN BARRY MD
Signed (Electronic Signature): 12/12/2018 09:06 pm EST

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
83 - FMCCC	FMC CERNER CONVERSION	Unknown	Unknown	Create - Present

Medications

Historical Medications Entered This Encounter

This print group is not available in inpatient encounters. Please contact a system administrator

Flowsheets (all recorded)

No documentation.

Flowsheet Notes

No notes of this type exist for this encounter.

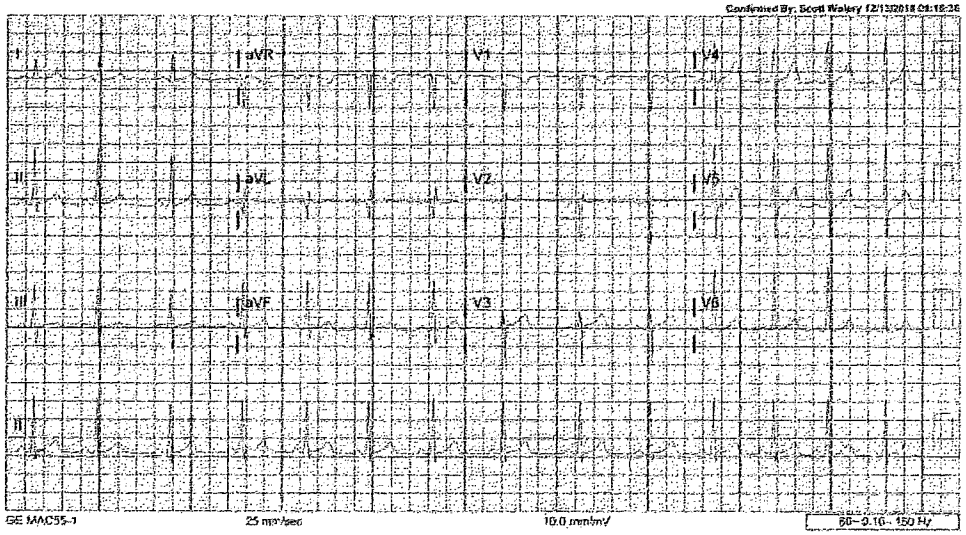
Documents (no E-sig) — Encounter Level on 12/12/2018:

Electrocardiogram - Scan on 1/28/2022 9:11 AM: 012822 Florence HI PEYTON, LOR (below)

Pat ID 006031090 12/12/2018 18:15:58 PRICE, TAYLOR Florence CARDIOLOGY
06/30/2005 13 yrs Black Female Dept
RX ER MD GRANT SIGNED @1918 Account # 1186048561 Room
GX Tech TM

Rate	84	** * Pediatric ECG analysis * **	Req Provider: LORRIE PEYTON
PR	130	Normal sinus rhythm	
QRSd	82		4393595
QT	359	Otherwise normal ECG	
QTc	413	Electronically Signed On 12-13-2018 8:16:36 EST_confirmed by Scott Wolery	
Axis			
P	64		
QRS	84		
T	69		

Confirmed By: Scott Wolery 12/13/2018 08:16:26



Facesheet - Scan on 2/26/2020 8:37 AM: FACESHEET (below)

Carolinas Hospital System
805 Pamplico Highway
Florence, SC 29505
(843) 674-5000

Patient Registration Form

Admit Date/Time: 12/12/18 19:07

HSV: EOP
PT#: 4393595
MR# 000392256

PATIENT DEMOGRAPHICS

Name: PRICE TAYLOR D
Address: 104 SILVER TRACE CT APT F
MARION SC 29571
Home Phone: (843)260-0643

DOB: [redacted]
SSN:
Religion: O
County: MARION
Employer:
Address:

Age: 13
Sex: F
Race: B
Ethnicity: N
Marital Status: S

Work Phone:
Occupation: CHILD

Parent/Spouse Name:
Employer:
Address:

Parent/Spouse SSN:
DOB:
Emergency Contact: UTLEY DEMETRICE L
Home Phone: (843)260-0643
Work Phone: (000) -
Emergency Contact:
Home Phone:
Work Phone: (000) -

Adm. Priority:
Adm. Source: 1
Patient Room:
Patient Unit or Station:
Pt. Accom Type: E
HIPAA Form: (Y/N) Y
MDRO:
Advance Directive: N
Discharge Date/Time:
Discharge Status:
Last Discharge Date: 01/24/18
Registrar: KTH

GUARANTOR

Name: UTLEY DEMETRICE L
Address: 104 SILVER TRACE CT APT F
MARION SC 29571
Home Phone: (843)260-0643

DOB: [redacted]
SSN:
County:
Employer: HERITAGE HOME OF FLO
Address: 515 S WARLEY ST
FLORENCE SC 29501
Work Phone: (843)662-4573

Age:
Sex: F
Relation: 32
MOTHER
Occupation: DIETICIAN

INSURANCE

Plan #: 260 2
Plan ID: 51165448
Group #:
Group Name:
Subscriber Name: PRICE TAYLOR
Employer Name:
Plan Name: FIRST CHOICE SELECT HLTH
Plan Address: PO BOX 7120
LONDON KY 40742
Plan Phone: (800)575-0418
PT Rel: SELF
Employ Status: CHILD
Treatment #:
Financial Class: WH
Verified Ins. Plans:
DOB: 08/30/2005

Plan #: 0 0
Plan ID:
Group #:
Group Name:
Subscriber Name:
Employer Name:
Plan Name:
Plan Address:
Plan Phone:
PT Rel:
Employ Status:
Treatment #:
DOB:

REGISTRATION

Adm. Dr.: PEYTON LORRIE D
Att. Dr.: PEYTON LORRIE D
Fam. Dr.: BAHAN MARC G
Diagnosis 1: chest tightness; sob
Diagnosis 2:
Procedure:
Complaint:
Order Exp. Date:
Accident Code:
Accident Date:
Accident Place:
Onset Date: 12/12/18
Comments: PSNDT ER COPAY $0*NO INS CARD COPIED*INS VERIF-ACTIVE*NO EMAIL ADDED
ID (MCM) COPIED

>>>> 000392256 4393595 EOP 12/12/18 19:07

** 00254393595 FACE025CC ADMISSIONS 12/12/18 000392256 PRICE TAYLOR D

Documents (no E-sig) — Order Level:

Documents (no E-sig): None found at the order level.

E-Sig — Encounter Level:

No documentation.

END OF REPORT

Student's Name: Taylor Price Date of Birth: [redacted] Sport(s): Cheering Track. Beach

Height 64 1/2 Weight 150 Vision R/20 20 L 20/ 40 Corrected: ☐Y ☒N

Pulse 85 BP (R arm) seated 100 / 60 BP Re-Check (R arm) seated 100 / 60

Ball 20/20

This section to be completed by Physician

Medical	Normal	Abnormal Findings
Appearance		
• Marfan Stimata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	✓	
Eyes/ears/nose/throat		
• Pupils equal	✓	
• Hearing	✓	
Lymph Nodes	✓	
Heart [a]		
• Murmurs (auscultation standing, supine, +/- Valsalva	✓	
• Location of point of maximal impulse (PMI)		
Pulses		
• Simultaneous femoral and radial pulses	✓	
Lungs	✓	
Abdomen	✓	
Genitourinary (males only) [b]	N/A	
Skin		
• HSV, lesions suggestive of MRSA, tinea corporis, etc.	✓	
Neurologic [c]	✓	
Musculoskeletal		
Neck	✓	
Back	✓	
Shoulder/arm	✓	
Elbow/forearm	✓	
Wrist/hand/fingers	✓	
Hip/thigh	✓	
Knee	✓	
Leg/ankle	✓	
Foot/toes	✓	
Functional Movement	✓	

[a] Consider ECG, echo, and referral to cardiology for abnormal cardiac history or exam; [b] Consider GU exam in private setting with third party; [c] Consider cognitive evaluation or testing if significant concussion history

☑ **Cleared for all sports without restriction**

☐ **Cleared for all sports without restriction with recommendations for further evaluation or treatment for** _____

☐ **NOT cleared → →** ☐ **Pending further evaluation** ☐ **For any sports** ☐ **For certain sports**

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) outlined above. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are explained to the student (and parents/guardians) and parents/guardians have had the opportunity to ask questions.

Name of Physician (print/type) Kathy Thompkins, NP Palmetto Medical Care, LLC Date 7-16-19

Address 1002 S Main Street Mullins, SC 29574 Phone 843-464-8205

Signature of physician Kathy Thompkins, NP , MD / DO / NP / PA

I have reviewed and answered each question on the previous page, and assure that all responses are accurate.

Signature of Student: Taylor Price Date: 7-16-19

Signature of Parent/Guardian: [signature] Date: 7-16-19

PLAINTIFF'S EXHIBIT 5 tabbies KHL 11/5/21

High School Athletic Pre-Participation Physical Form

PLEASE PRINT

ATTENTION: PLEASE SIGN ALL (3) **BOLD** SIGNATURE BOXES

Name Taylor (First) Price (Middle) (Last) **School** MuHS

Gender: M (F) **Age:** 13 **Grade:** 9th **Date of Birth:** [redacted] **Sport(s):** cheer, track, b-ball

Address 104-F Silver Trace Ct **City** Manon **State** SC **Zip** 29571

Student Cell _____ **Family Physician** _____ ☐ None

In case of emergency, parent/guardian contact

Name Nicole Utley **Relationship** mother

Phone (H) _____ **(W)** _____ **C)** (843) 260-0643

Insurance: The school district for your student furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high school sponsored and supervised athletic activities. The policy provides excess coverage for students with other insurance coverage, but it will pay only when other benefits have been utilized. In cases which a student has no other coverage with either a commercial insurance company, Medicare, or Medicaid, the school athletic insurance policy will be the primary.

If your son or daughter should be injured while participating in a high school sponsored interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by the school district:

- See the athletic trainer or coach to ascertain the nature of the injury and if needed see a physician within 90 days of the injury
- Pick up an Accident Claim Form from school personnel (Athletic Director or Athletic Trainer).
- Complete and submit the Accident Claim Form. This form must be filed with the insurance company within 90 days of the date of the injury. Please list the name of your primary insurance carrier and the policy number or indicate that you do not have any insurance.

☐ None Medicaid (Name of Insurance Company) 378049805 (Policy Number)

Risk of Injury, Permission and Acknowledgement to Participate: As the parents or legal guardian of the above mentioned student I give my consent for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment recommended by a medical doctor. I grant permission to nurses, certified athletic trainers, and coaches as well as physicians or those under their direction who are part of the athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from competition and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student: Taylor Price **Date:** 7-16-19

Signature of Parent/Guardian: Nicole Utley **Date:** 7-16-19

CONCUSSIONS AND STUDENT-ATHLETES

After reading the Concussion and Student-Athletes Fact Sheet for Parents/Legal Guardians and Student-Athletes information I am aware of the following:

- A concussion is a brain injury and should be reported to my coaches, athletic trainer, and parents.
- A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance
- A concussion may not be "seen." Some symptoms may not present right away. Other symptoms can show up hours or days after an injury.
- I will tell my parent, coach, or athletic trainer about my injuries and illnesses.
- If I think a teammate has a concussion, I should tell my coaches, parents, or athletic trainer about the concussion.
- I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.
- I will/my child will need written permission from a medical doctor trained in concussion management to return to play following a concussion.
- Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.
- I realize that ER/Urgent Care physicians will not/cannot provide clearance if seen right away after the injury.
- After a concussion, the brain needs time to heal. I understand that I am/my child is more likely to sustain another concussion or more serious brain injury if return to play or practice occurs before symptoms are fully resolved.
- Sometimes, repeat concussions can cause serious and long-lasting problems.
- I have read the concussion symptoms on the concussions and Student Athletes Form.

I have read and understand the above information regarding concussions

Signature of Student: Taylor Price Date: 7/6/19

Signature of Parent/Guardian: Mitri Hlaj Date: 7-16-19

Return to Play Progression: Once cleared by a physician, the student-athlete will be returned to play in a stepwise fashion. These rules follow current best practices and are consistent with the NATA 2014 position statement for concussion management. Progression should be under the guidance of a coach or medical professional.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Sports specific, non-contact practice

Day 5: Full contact participation (Preferably in a controlled practice setting)

Day 6: No restrictions

_____ School: Mills

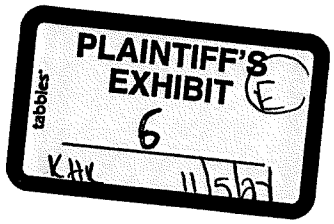
PARENTS/GUARDIANS: Please assure all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.

GENERAL MEDICAL HISTORY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		✓
2. Do you have any ongoing medical conditions? If so, please identify below (check all that apply): ___Anemia ___ Diabetes ___ Asthma ___ Infections ___ Other		✓
3. Have you ever spent the night in a hospital?		✓
4. Have you ever had surgery?		✓
HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Do you or someone in your family have sickle cell trait or disease? Who?		✓
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?	✓	
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	✓	
8. Does your heart ever race or skip beats (irregular beats) during exercise?		✓
9. Has a doctor every told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other.		✓
10. Has a doctor ever ordered a test for your heart? (Ecg/Ekg, echocardiogram, etc.)	✓	
11. Do you get lightheaded or feel more short of breath than expected during exercise?		✓
12. Have you ever had an unexplained seizure?		✓
13. Do you get more tired or short of breath more quickly than your friends during exercise?		✓
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		✓
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		✓
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		✓
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		✓
BONE AND JOINT QUESTIONS	**Yes**	**No**
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		✓
19. Have you ever had any broken, fractured or dislocated joints?		✓
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		✓
21. Have you ever had a stress fracture?		✓
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		✓
23. Do you regularly use a brace, orthotics, or other assistive device?		
24. Do you have a bone, muscle, or joint that bothers you?		
25. Do any joints become painful, swollen, warm, or red?		
26. Do you have any history of arthritis or tissue disease?		✓

MEDICAL QUESTIONS	Yes	No
27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
28. Have you ever used an inhaler or taken asthma medicine?		✓
29. Is there anyone in your family who has asthma?		✓
30. Were you without or are you missing a kidney, eye, testicle, spleen, or any other organ?		✓
31. Do you have groin pain or a painful bulge or hernia in the groin area?		✓
32. Have you had infectious mononucleosis in the last month?		✓
33. Do you have any rashes, sores, or other skin problems?		✓
34. Have you had a herpes or MRSA skin infection?		✓
35. Do you have a history of seizure disorders?		✓
36. Have you ever had a head injury or concussion? If yes, how many have you had? (list dates) _____		✓
37. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		✓
38. Do you have headaches with exercise?		✓
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		✓
40. Have you ever been unable to move your arms or legs after being hit or falling?		✓
41. Have you ever become ill while exercising in the heat?		
42. Do you get frequent muscle cramps when exercising?		
43. Have you had any problems with your eyes or vision?		✓
44. Have you had an eye injury?		✓
45. Do you wear glasses or contact lenses?	✓	
46. Do you wear protective eyewear, such as goggles or a face shield?		✓
47. Do you worry about your weight?		✓
48. Are you trying to or has anyone recommended that you gain or lose weight?		✓
49. Are you on a special diet or do you avoid certain food?		✓
50. Have you ever had an eating disorder?		✓
51. Do you have any concerns you'd to discuss with the doctor?		
FEMALES ONLY	**Yes**	**No**
52. Have you ever had a menstrual period?	✓	
53. How old were you when you had your first period?		
54. How many periods have you had in the last month?		

Explain "Yes" answers:
Had an issue last year c over exertion and nearly passing. ECG was done and nothing was found. Cleared to return to sports. Issues were result of dehydration.

*** PARENTS SIGN LAST PAGE BOLD BOX ***



Palmetto Medical Care, LLC

Kathy Thompkins, NP, Palmetto Medical Care, LLC
1002 S. Main Street Mullins, SC 29574
Phone (843) 464-8205 Fax (843) 464-8206

FAX COVER

To:	Attn: Alicia	**From:**	Palmetto Medical Care, LLC
Fax:		**Pages:**	
Phone:		**Date:**	
Re:		**CC:**	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

High School Athletic Pre-Participation Physical Form

PLEASE PRINT

ATTENTION: PLEASE SIGN ALL (3) BOLD SIGNATURE BOXES

Name Taylor (First) D (Middle) Price (Last) School Mullins High School

Gender: M (F) Age: 15 2020-21 Grade: 10th Date of Birth [redacted] Sport(s): cheerleading

Address 200 Gregg Ave City Marion State SC Zip 29571

Student Cell _____ Family Physician Dr. Roberts ☐ None

In case of emergency parent/guardian contact

Name Mary Price Relationship Mother

Phone (H) _____ (W) _____ (C) (843) 260-0643

Insurance: The school district for your student furnishes an Interscholastic Athletic Insurance Policy which provides limited benefits for all students in the system who participate in high school sponsored and supervised athletic activities. The policy provides excess coverage for students with other insurance coverage, but it will pay only when other benefits have been utilized. In cases which a student has no other coverage with either a commercial insurance company, Medicare, or Medicaid, the school athletic insurance policy will be the primary.

If your son or daughter should be injured while participating in a high school sponsored interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by the school district:

- See the athletic trainer or coach to ascertain the nature of the injury and if needed see a physician within 90 days of the injury
- Pick up an Accident Claim Form from school personnel (Athletic Director or Athletic Trainer).
- Complete and submit the Accident Claim Form. This form must be filed with the insurance company within 90 days of the date of the injury. Please list the name of your primary insurance carrier and the policy number or indicate that you do not have any insurance.

☐ None First Choice (Name of Insurance Company) 378479 8656 (Policy Number)

Risk of Injury, Permission and Acknowledgement to Participate: As the parents or legal guardian of the above mentioned student I give my consent for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment recommended by a medical doctor. I grant permission to nurses, certified athletic trainers, and coaches as well as physicians or those under their direction who are part of the athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from competition and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student: Taylor Price Date: 9/9/20

Signature of Parent/Guardian: Mary Price Date: 9/9/20

Palmetto Medical Care-000002
(36409 Est. of Price)

MEDICAL HISTORY

Student's Name: Taylor Price Age: 15 School: Mullins High School

*** **PARENTS/GUARDIANS: Please assure all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.**

GENERAL MEDICAL HISTORY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		✓
2. Do you have any ongoing medical conditions? If so, please identify below (check all that apply): ___Anemia ___Diabetes ___Asthma ___Infections ___Other		✓
3. Have you ever spent the night in a hospital?		✓
4. Have you ever had surgery?		✓
HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Do you or someone in your family have sickle cell trait or disease? Who?		✓
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?		✓
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		✓
8. Does your heart ever race or skip beats (irregular beats) during exercise?		✓
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other:		✓
10. Has a doctor ever ordered a test for your heart? (Ecg/Ekg, echocardiogram, etc.)		✓
11. Do you get lightheaded or feel more short of breath than expected during exercise?		✓
12. Have you ever had an unexplained seizure?		✓
13. Do you get more tired or short of breath more quickly than your friends during exercise?		✓
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning, unexplained car accident, or sudden infant death syndrome)?		✓
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		✓
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		✓
17. Has anyone in your family under the age of 35 had unexplained fainting, unexplained seizures, or near drowning?		✓
BONE AND JOINT QUESTIONS	**Yes**	**No**
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		✓
19. Have you ever had any broken, fractured or dislocated joints?		✓
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		✓
21. Have you ever had a stress fracture?		✓
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		✓
23. Do you regularly use a brace, orthotics, or other assistive device?		✓
24. Do you have a bone, muscle, or joint that bothers you?		✓
25. Do any joints become painful, swollen, warm, or red?		✓
26. Do you have any history of arthritis or tissue disease?		✓

MEDICAL QUESTIONS	Yes	No
27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		✓
28. Have you ever used an inhaler or taken asthma medicine?		✓
29. Is there anyone in your family who has asthma?		✓
30. Were you without or are you missing a kidney, eye, testicle, spleen, or any other organ?		✓
31. Do you have groin pain or a painful bulge or hernia in the groin area?		✓
32. Have you had infectious mononucleosis in the last month?		✓
33. Do you have any rashes, sores, or other skin problems?		✓
34. Have you had a herpes or MRSA skin infection?		✓
35. Do you have a history of seizure disorders?		✓
36. Have you ever had a head injury or concussion? If yes, how many have you had? (list dates) _____		✓
37. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		✓
38. Do you have headaches with exercise?		✓
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		✓
40. Have you ever been unable to move your arms or legs after being hit or falling?		✓
41. Have you ever become ill while exercising in the heat?		✓
42. Do you get frequent muscle cramps when exercising?		✓
43. Have you had any problems with your eyes or vision?		✓
44. Have you had an eye injury?		✓
45. Do you wear glasses or contact lenses?		✓
46. Do you wear protective eyewear, such as goggles or a face shield?		✓
47. Do you worry about your weight?		✓
48. Are you trying to or has anyone recommended that you gain or lose weight?		✓
49. Are you on a special diet or do you avoid certain food?		✓
50. Have you ever had an eating disorder?		✓
51. Do you have any concerns you'd to discuss with the doctor?		✓
FEMALES ONLY	**Yes**	**No**
52. Have you ever had a menstrual period?	✓	
53. How old were you when you had your first period? 13		
54. How many periods have you had in the last month?		

Explain "Yes" answers:

*** **PARENTS SIGN LAST PAGE BOLD BOX** ***

Palmetto Medical Care-000003
(36409 Est. of Price)

CONCUSSIONS AND STUDENT-ATHLETES

After reading the Concussion and Student-Athletes Fact Sheet for Parents/Legal Guardians and Student-Athletes information I am aware of the following:

Student-Athlete Initials		Parent/Guardian Initials
TP	A concussion is a brain injury and should be reported to my coaches, athletic trainer, and parents.	MH
TP	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance	MH
TP	A concussion may not be "seen." Some symptoms may not present right away. Other symptoms can show up hours or days after an injury.	MH
TP	I will tell my parent, coach, or athletic trainer about my injuries and illnesses.	NA
	If I think a teammate has a concussion, I should tell my coaches, parents, or athletic trainer about the concussion.	NA
	I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.	NA
TP	I will/my child will need written permission from a medical doctor trained in concussion management to return to play following a concussion.	MH
TP	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	MH
TP	I realize that ER/Urgent Care physicians will not/cannot provide clearance if seen right away after the injury.	MH
TP	After a concussion, the brain needs time to heal. I understand that I am/my child is more likely to sustain another concussion or more serious brain injury if return to play or practice occurs before symptoms are fully resolved.	MH
TP	Sometimes, repeat concussions can cause serious and long-lasting problems.	MH
TP	I have read the concussion symptoms on the concussions and Student Athletes Form.	MH

I have read and understand the above information regarding concussions

Signature of Student: Taylor Price Date: 09/9/20

Signature of Parent/Guardian: Mother Date: 09/9/20

Return to Play Progression: Once cleared by a physician, the student-athlete will be returned to play in a stepwise fashion. These rules follow current best practices and are consistent with the NATA 2014 position statement for concussion management. Progression should be under the guidance of a coach or medical professional.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Sports specific, non-contact practice

Day 5: Full contact participation (Preferably in a controlled practice setting)

Day 6: No restrictions

I have reviewed and answered each question on the previous page, and assure that all responses are accurate.

Signature of Student: Taylor Price **Date:** 9/9/20

Signature of Parent/Guardian: Mother Only **Date:** 9/9/20

Physical Examination: to be completed by a licensed physician, nurse practitioner or physician's assistant:

Student's Name: Taylor Price **Date of Birth:** [redacted] **Sport(s):** cheer

Height 5'6' **Weight** 159 **Vision** R/20 25 L 20/30 Both 20/25 **Corrected:** ☐Y ☐N

Pulse 98 **BP (R arm) seated** 102 / 64 **BP Re-Check (R arm) seated** 102 / 64

This section to be completed by Physician

Medical	Normal	Abnormal Findings
Appearance • Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	✓	
Eyes/ears/nose/throat • Pupils equal • Hearing	✓	
Lymph Nodes	✓	
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva • Location of point of maximal impulse (PMI)	✓	
Pulses • Simultaneous femoral and radial pulses	✓	
Lungs	✓	
Abdomen	✓	
Genitourinary (males only)[b]	N/A	
Skin • HSV, lesions suggestive of MRSA, tinea corporis, etc.	✓	
Neurologic[c]	✓	
Musculoskeletal		
Neck	✓	
Back	✓	
Shoulder/arm	✓	
Elbow/forearm	✓	
Wrist/hand/fingers	✓	
Hip/thigh	✓	
Knee	✓	
Leg/ankle	✓	
Foot/toes	✓	
Functional Movement	✓	

[a] Consider ECG, echo, and referral to cardiology for abnormal cardiac history or exam; [b] Consider GU exam in private setting with third party; [c] Consider cognitive evaluation or testing if significant concussion history.

☑ **Cleared for all sports without restriction**

☐ **Cleared for all sports without restriction with recommendations for further evaluation or treatment**

for _____

☐ **NOT cleared** → → ☐ **Pending further evaluation** ☐ **For any sports** ☐ **For certain sports**

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) outlined above. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are explained to the student (and parents/guardians) and parents/guardians have had the opportunity to ask questions.

Name of Physician (print/type) Kathy Thompkins, NP Palmetto Medical Care, LLC **Date** 9-9-2020

Address 1002 S. Main Street Mullins, SC 29574 **Phone** 843-464-8205

Signature of physician _____, MD / DO / NP / PA

Palmetto Medical Care-000005
(36409 Est. of Price)

PRICE, TAYLOR (id #132707, dob: [redacted]

Consult Orders

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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Referral Order

01/21/2019 01/22/2019 09:17 AM

To Provider	From Provider
CHARLES TRANT MD 101 JOHNS ST MCLEOD MEDICAL PARK E STE 4 FLORENCE, SC 29506 Phone: Phone: (843) 777-7300 Fax: Fax: (843) 777-7311	MARC BAHAN, MD PEED_PEE DEE PEDIATRICS RHC 2845 East Hwy 76, Suite 5 MULLINS, SC 29574-6035 Phone: 843-431-2650 Fax: 843-431-2647

Referral Order Information

Diagnosis	Syncope ICD-10: R55: Syncope and collapse
Order Name	Orders Included: 1 Syncope ICD-10: R55: Syncope and collapse • PEDIATRIC CARDIOLOGY REFERRAL Schedule Within: provider's discretion
Notes	

Patient Information

Patient Name	PRICE, TAYLOR
Sex - DOB - Age	F [redacted] 13yo
Address	104-F SILVER TRACE COURT MARION, SC 29571
Phone	H: (843) 260-0643 M: (843) 260-0643
Primary Insurance	Select Health (Medicaid Replacement - HMO) ID: 51165448 Policy Holder: PRICE, TAYLOR
Secondary Insurance	None recorded.

Electronically Signed by: MARC BAHAN, MD

MARC BAHAN, MD

PLAINTIFF'S EXHIBIT 10

PEED_PEE DEE PEDIATRICS RHC

Transition of Care Record

1/21/2019 12:00:00 AM

To Provider	From Provider
CHARLES TRANT MD 101 JOHNS ST FLORENCE SC 29506	BAHAN PEED_PEE DEE PEDIATRICS RHC

Patient Information

Demographics

Patient Name: PRICE, TAYLOR **Sex-DOB-Age:** F [redacted] 3 Year(s)

Address: 104-F Silver Trace Court, Marion, SC, 29571, US **Phone:** +1-843-2600643

Reason for Referral - PEDIATRIC CARDIOLOGY REFERRAL

Allergies

-

Medications

- ciprofloxacin 500 mg tablet
- Lidocaine Viscous 2 % mucosal solution SWAB AFFECTED AREAS IN MOUTH Q 4-6 H PRN P
- nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE FOR 5 DAYS.
- oxybutynin chloride ER 10 mg tablet,extended release 24 hr
- sulfamethoxazole 200 mg-trimethoprim 40 mg/5 mL oral suspension

Problems

- Urinary Tract Infectious Disease
- Urticaria
- Dysuria
- Nocturnal Enuresis
- Injury of Conjunctiva

Social History

None recorded.

Procedures

None recorded.

Functional Cognitive Status

None Recorded.

McLeod
Physician Associates

PRICE, TAYLOR

13 Y old Female, DOB [redacted]
Account Number: e1275082
104 SILVER TRACE CT, APT F, MARION, SC-29571-9405
Home: 843-260-0643
Guarantor: UTLEY, DEMETRICE Insurance: SELECT HEALTH PED SUBS Payer ID: 23285
PCP: Marc G Bahan, MD
Appointment Facility: Pediatric Subspecialities

01/24/2019 Progress Notes: CHARLES A. TRANT, MD

Current Medications
None

Past Medical History
Medical History Verified..

Surgical History
Denies Past Surgical History

Family History
Father: alive, healthy
Mother: alive, healthy
1 brother(s) , 2 sister(s) .
NO FM HX CHD, HEART ATTACK <40, HIGH CHOLESTEROL, OR SYNCOPE.

Social History
Tobacco Use:
Smoking
Are you a: *never smoker*
Household:
Household
Marital Status: *Single*
Number of Adults in Household: *1 MOM*
Number of Children in Household: *1 PT*

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies Past Hospitalization

Review of Systems
Pediatric Cardiology:
Growth or Development Issues No. Problems with Eyes, Ears, Nose, Mouth, or Throat No. Chest problems No. Breathing problems No. Eating problems No. Problems going to the bathroom No. Bone or Muscle problems No. Skin problems No. Walking or Talking problems No. Bruising or Bleeding problems No. Allergic problems No. Birth History Birth Weight: 5 LB 9 OZ, 35 WKS. Child lives in the home with Mom. Child was

Reason for Appointment
1. NEAR SYNCOPAL EPISODES (EKG)

History of Present Illness
Pediatric Cardiology:
Thank you for referring your patient for evaluation of shortness of breath and near syncope. Lately, she has had no difficulty with basketball practice, including doing suicides, but at the last baseball game, she became short of breath and felt unsteady. She also felt hot, as if she was going to faint. Spell lasted for a few minutes and then she recovered. Otherwise she reported no other issues or concerns. Family history is negative for congenital heart disease.

Vital Signs
Wt 143, Ht 64, BMI 24.54, HR 77, BP 141/69 mm Hg, BP Leg 191/120, Repeat BP 130/64
ADULT CUFF.

Examination
Pediatric Cardiology:

General
Affect: *Bright*
Arousal: *Alert*
Nourishment: *Well nourished*
Distress: *NAD*

Eyes
Lids: *Normal*
Conjuctiva: *Normal*

Mouth, Teeth, Gums
Carries: *No*
Pallor: *No*
Cyanosis: *No*

Neck
Thyroidomegaly: *No*
JVD: *No*

Lungs
Auscultation: *Clear*
Resp. Effort: *Normal*

PLAINTIFF'S EXHIBIT 12 11/6/24

accompanied by Mom.
I agree any documentation by my staff is accurate and complete.

Cardiovascular
Precordium: *quiet, with no lifts, heaves, or thrills, PMI normal*

...Auscultation
Rhythm: *regular*
S1: *normal*
S2: *normally split*

...Murmur
Murmur Noted *No*

Pulses
Radial: *Normal*
Femoral: *Normal*
Carotid: *Normal*
Perfusion *Normal*

Extremities/Skin
Clubbing: *No*
Cyanosis: *No*
Edema: *No*
Skin: *Normal*

Abdomen
Tenderness: *No*
Masses: *No*
Hepatosplenomegaly: *No*

Musculoskeletal
Scoliosis: *No*
General strength and tone: *Normal*
Gait: *Normal*
Able to exercise: *Normal*

Assessments
1. Hyperventilation syndrome - F45.8 (Primary)
2. Hyperventilation - R06.4
3. Vagal reaction - R55

Thank you for allowing me to consult on this patient.

Treatment
1. Hyperventilation syndrome
Notes: She is currently stable. Her symptoms are most consistent with a combination of hyperventilation and hyper vagotonia. Both of which are related to all the changes related to puberty. We spent several minutes discussing both including the usual treatments. I recommended changing her breathing pattern during the spells to avoid panting. We also discussed the use of a paper bag. I also recommended super hydration and added salt as needed. I invited him to call should the symptoms persist or not respond as expected.

Preventive Medicine
Recommendations:
Pediatric Cardiology Pt

SBE prohphylaxis: *No*
Synagis candidate: *No*

Follow Up
prn

C Trant

Electronically signed by CHARLES TRANT , MD on 01/24/2019 at 05:25 PM EST

Sign off status: Completed

Pediatric Subspecialities
101 William H. Johnson St
STE 400
FLORENCE, SC 295062771
Tel: 843-777-7300
Fax: 843-777-7311

Patient: PRICE, TAYLOR DOB [redacted] Progress Note: CHARLES A. TRANT, MD 01/24/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

McLeod Pediatric Subspecialists
Pediatric Cardiology
Dr. Charles Trant
101 John's Street Suite 400
Florence, S.C. 29506
Ph# 843-777-7300 Fax# 843-777-7311

Date: 1-24-19

Taylor Price has been cleared for sports / physical education / cheer squad.

Charles Trant, M.D.
Pediatric Cardiologist

PLAINTIFF'S EXHIBIT 13



ECW User	Primary Service Location	DateTime	Patient Name	Acct	Action	Status	Log ID
BAKER, CHERYL	McLeod Family Med Marion Cty	Dec 23, 2021 8:21:09 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	308,584,871
BAKER, CHERYL	McLeod Family Med Marion Cty	Dec 23, 2021 8:21:16 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	308,584,893
BAKER, CHERYL	McLeod Family Med Marion Cty	Dec 23, 2021 8:22:17 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	308,585,115
BAKER, CHERYL	McLeod Family Med Marion Cty	Dec 23, 2021 8:22:20 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	308,585,129
BAKER, CHERYL	McLeod Family Med Marion Cty	Dec 23, 2021 8:22:49 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	308,585,234
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 8:39:49 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,753,541
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 8:40:19 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	315,753,750
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 8:41:41 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	315,754,345
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 8:42:46 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,754,834
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 8:59:06 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,762,002
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:05:50 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	315,764,929
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:06:15 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,765,117
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:06:43 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,765,322
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:06:45 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	315,765,334
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:13:15 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	315,768,250
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 9:13:18 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,768,261
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 11:42:14 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,835,338
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 11:42:17 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	315,835,348
Benton, Jamie	Pediatric Subspecialities	Feb 14, 2022 11:42:29 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	315,835,410
Benton, Jamie	Pediatric Subspecialities	Mar 21, 2022 2:01:02 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	321,173,308
Benton, Jamie	Pediatric Subspecialities	Mar 21, 2022 2:01:10 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	321,173,373
Benton, Jamie	Pediatric Subspecialities	Jun 6, 2022 4:52:41 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	332,422,746
Benton, Jamie	Pediatric Subspecialities	Jun 6, 2022 4:52:44 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	332,422,758
Benton, Jamie	Pediatric Subspecialities	Jun 4, 2024 5:36:12 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,255,763
Benton, Jamie	Pediatric Subspecialities	Jun 4, 2024 5:36:17 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,255,764
Benton, Jamie	Pediatric Subspecialities	Jun 4, 2024 5:37:08 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,255,765
Benton, Jamie	Pediatric Subspecialities	Jun 4, 2024 5:41:20 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,255,766
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:12:24 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,260,242
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:12:28 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,260,247
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:13:12 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,260,259
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:15:07 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,260,286
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:15:09 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,260,290
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:18:36 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,260,331
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:18:36 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,260,332
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:18:49 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,260,335
Benton, Jamie	Pediatric Subspecialities	Jun 5, 2024 2:20:13 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,260,359
CARTER, DOROTHY	Pediatric Subspecialities	Jan 28, 2019 8:51:29 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,687,183
CARTER, DOROTHY	Pediatric Subspecialities	Jan 28, 2019 8:51:30 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,687,191
CARTER, DOROTHY	Pediatric Subspecialities	Jan 28, 2019 8:51:34 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,687,208
FITZSIMMONS, JODI	McLeod Physician Associates	Jun 7, 2024 12:31:59 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,272,854
FITZSIMMONS, JODI	McLeod Physician Associates	Jun 7, 2024 12:32:03 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Account Inquiry	logged	367,272,855
FITZSIMMONS, JODI	McLeod Physician Associates	Jun 7, 2024 12:37:02 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Account Inquiry	logged	367,272,873
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:40:36 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,647

ECW User	Primary Service Location	DateTime	Patient Name	Acct	Action	Status	Log ID
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:40:59 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,649
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:41:25 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,654
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:47:42 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,700
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:47:46 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,701
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:48:55 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,710
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:58:19 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,776
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:58:24 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,777
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:58:43 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,781
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:58:52 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,266,783
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 12:59:43 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,788
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:00:01 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,266,791
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:00:01 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,266,792
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:00:12 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Lab/DI	logged	367,266,793
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:00:16 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Lab/DI	logged	367,266,795
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:01:02 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,803
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:01:26 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	367,266,809
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:03:00 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,825
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:03:02 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,828
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:04:21 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,844
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:04:54 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Fax Logs	logged	367,266,850
Isgett, Anna CMA	McLeod Physician Associates	Jun 6, 2024 1:06:09 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Medical Summary	logged	367,266,864
Locklair, Charmin	McLeod Cardiology Associates	Jan 6, 2022 10:49:05 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,208,774
Locklair, Charmin	McLeod Cardiology Associates	Jan 6, 2022 10:49:08 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,208,794
MIXON, TEMPLE	Pediatric Subspecialities	Jan 16, 2019 4:30:26 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	178,559,139
MIXON, TEMPLE	Pediatric Subspecialities	Jan 16, 2019 4:30:29 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	178,559,157
MIXON, TEMPLE	Pediatric Subspecialities	Jan 22, 2019 9:39:56 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,075,090
MIXON, TEMPLE	Pediatric Subspecialities	Jan 22, 2019 9:40:05 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,075,151
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 7:54:52 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	179,381,917
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:03:09 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	179,382,948
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:04:51 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,383,191
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:04:52 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,383,193
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:07:16 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,383,589
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:17:40 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,385,768
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 8:42:46 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,392,012
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 3:52:47 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	179,519,431
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 4:45:05 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,533,282
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 4:45:07 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,533,292
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 4:45:39 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Demographics	logged	179,533,396
MIXON, TEMPLE	Pediatric Subspecialities	Jan 24, 2019 4:46:42 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,533,610
MIXON, TEMPLE	Pediatric Subspecialities	Jan 28, 2019 7:33:58 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,670,859
MIXON, TEMPLE	Pediatric Subspecialities	Jan 28, 2019 2:06:50 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,790,097
MIXON, TEMPLE	Pediatric Subspecialities	Jan 28, 2019 2:06:52 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	179,790,106
MIXON, TEMPLE	Pediatric Subspecialities	Jan 28, 2019 2:07:15 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,790,234

ECW User	Primary Service Location	DateTime	Patient Name	Acct	Action	Status	Log ID
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:51:20 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,209,722
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:51:25 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,209,752
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:52:00 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,209,986
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:52:14 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,210,085
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:52:15 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,210,090
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:52:20 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,210,129
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:52:25 AM	PRICE, TAYLOR	e1275082	Viewed MidMark Report	logged	310,210,168
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:57:09 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,212,119
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:57:11 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,212,141
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 10:57:32 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,212,271
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 11:02:09 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,214,096
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 11:02:12 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,214,119
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 11:02:49 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,214,365
MIXON, TEMPLE	Pediatric Subspecialities	Jan 6, 2022 11:02:52 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,214,379
Page, Joe	McLeod Physician Associates	Jun 5, 2024 12:01:06 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,259,029
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:30:36 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,201,359
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:30:39 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,201,386
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:30:41 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,201,403
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:30:43 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,201,419
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:30:47 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,201,443
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:31:48 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,201,892
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:31:50 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	310,201,904
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:32:01 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	310,201,978
Psillos, Nicole	McLeod Cardiology Associates	Jan 6, 2022 10:32:06 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	310,202,009
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:17:40 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,262,210
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:18:05 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,262,221
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:26:17 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,262,394
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:36:28 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,262,538
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:36:36 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,262,539
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:36:47 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,262,542
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:36:52 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,262,543
Stewart, Christina	McLeod Physician Associates	Jun 5, 2024 4:40:54 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,262,587
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:33:13 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,265,982
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:38:10 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,054
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:54:38 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,289
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:54:58 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,266,291
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:57:41 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,336
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:58:21 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Fax Logs	logged	367,266,345
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:59:00 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,266,356
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:59:00 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Referrals	logged	367,266,357
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 11:59:21 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	367,266,360
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 12:01:06 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,378
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 12:01:33 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,379

ECW User	Primary Service Location	DateTime	Patient Name	Acct	Action	Status	Log ID
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 12:01:50 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,382
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 12:03:13 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Documents	logged	367,266,394
Stewart, Christina	McLeod Physician Associates	Jun 6, 2024 12:10:32 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	367,266,479
SUMMERFORD,RN, MARILYN	Pediatric Subspecialities	Jan 23, 2019 4:57:35 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,372,622
SUMMERFORD,RN, MARILYN	Pediatric Subspecialities	Jan 23, 2019 4:57:39 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Hub	logged	179,372,632
SUMMERFORD,RN, MARILYN	Pediatric Subspecialities	Jan 23, 2019 4:57:40 PM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,372,635
SUMMERFORD,RN, MARILYN	Pediatric Subspecialities	Jan 24, 2019 8:08:47 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,383,876
SUMMERFORD,RN, MARILYN	Pediatric Subspecialities	Jan 24, 2019 8:26:07 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,387,629
TRANT, CHARLES	Pediatric Subspecialities	Jan 24, 2019 8:28:23 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,388,137
TRANT, CHARLES	Pediatric Subspecialities	Jan 24, 2019 11:41:04 AM	PRICE, TAYLOR	e1275082	Viewed Patient's Encounters	logged	179,451,015

MUSC
Medical University of South Carolina

Department of Pathology and Lab Medicine
165 Ashley Ave, Suite 309
MSC 908
Charleston, SC 29425

Patient: **Price, Taylor**
MRN:
DOB: [redacted] Sex: **Male**

Marion County Coroner
Fax #: 843-423-5101

Forensic Autopsy Report (Final result) FA21-01532

Authorizing Provider:	External Provider	Ordering Provider:	External Provider
Pathologist:	Ellen C Riemer, MD JD		

Specimens

A Postmortem exam

Case Information

Date of Autopsy: 12/22/2021 **Date of Death:** 12/17/2021
Authorization: Marion County Coroner, Jerry Richardson
Autopsy Restrictions: none
Autopsy Assistant: Olivia Rivera

Cause of Death

Arrhythmogenic right ventricular dysplasia (ARVD)

Manner of Death

Natural

Final Autopsy Diagnoses

I. Arrhythmogenic right ventricular dysplasia (ARVD), also known as Arrhythmogenic right ventricular cardiomyopathy (ARVC)

A. Extensive fatty infiltration and replacement of right ventricle of heart, with variable degrees of right ventricular wall thinning (wall thickness ranging from 0.1 cm to 0.4 cm)

B. Areas of increased interstitial fibrosis of left ventricle of heart

Department of Pathology and Laboratory Medicine
Chair: Steven L Carroll M.D., PhD

Anatomic Pathology	Autopsy Pathology	Client Services	Clinical Pathology
Phone: 843-792-3821	Phone: 843-792-5415	Phone: 843-792-0707	Phone: 843-792-0707
Fax: 843-792-8974	Fax: 843-792-3537	Fax: 843-792-4886	Fax: 843-792-4886

PLAINTIFF'S EXHIBIT
26
KHL 1/5/24

C. Moderate right ventricular dilation
D. Pericardial effusion (30 ml)
E. Pulmonary edema
F. Pleural effusions (500 ml combined)
G. Peritoneal effusion (100 ml)
H. Cerebral edema, mild

II. History of syncopal episodes
A. Amiodarone (antiarrhythmogenic heart medication) positive in blood on postmortem toxicologic testing

Electronically signed by Ellen C. Riemer, MD JD on 1/10/2022 at 12:56 PM

Case History

According to the investigation by the Marion County Coroner, the decedent, Taylor Price was a 16-year-old female who had a history of syncopal episodes and was found outside of the gym after apparently having collapsed. She was apparently treated with amiodarone, a medication used to treat heart rhythm problems.

For additional investigative details, please see the Coroner's report.

Gross Description

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished black female, who weighs approximately 167 pounds, is 66 inches in length, and appears compatible with the stated age of 16 years. The body is identified by the coroner and an identification tag around the left great toe. In addition, a hospital identification tag is around the right wrist. The body is clad in a hospital gown.

The body is cool to the touch. Rigor is fixed in all extremities and jaw. Diffuse, fixed purple livor extends over the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair is black and with a black hairpiece in place. The irides are brown, the pupils are bilaterally equal. The corneae are mildly clouded. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The lips and gums are intact. The teeth are natural and atraumatic. The neck is without masses, and the larynx is in the midline. The thorax is symmetrical with an anteroposterior/lateral ratio of about 1:2. The breasts are unremarkable, without palpable masses. The abdomen is flat.

Department of Pathology and Laboratory Medicine
Chair: Steven L. Carroll M.D., PhD

Anatomic Pathology	Autopsy Pathology	Client Services	Clinical Pathology
Phone: 843-792-3831	Phone: 843-792-5416	Phone: 843-792-0707	Phone: 843-792-0707
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The genitalia are those of a normal adult female. The anus and back are unremarkable. The upper and lower extremities are well-developed and symmetrical, without absence of digits. No identifying marks and/or scars are seen.

Evidence of emergency resuscitation and / or medical therapy includes a recent intraosseous puncture mark on the left shoulder with overlying gauze bandage, a recent needle puncture mark with overlying gauze in the left antecubital fossa ,and dried yellow abrasions on the middle of the front of the chest overlying the sternum, consistent with vigorous chest compressions during resuscitative efforts.

EVIDENCE OF INJURY
There is no evidence of traumatic physical injury

INTERNAL EXAMINATION
BODY CAVITIES: There is 30 ml of serous fluid in the pericardial cavity, 300 ml of serous fluid in the left pleural cavity, 200 ml of serous fluid in the right pleural cavity and 100 ml of serous fluid in the peritoneal cavity. There is 30 ml of serous fluid in the pericardial cavity. All body organs are present in normal anatomical positions.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1310 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with mild cerebral edema noted. The brain is fixed in formalin subsequent to further examination in consultation with Dr. Cynthia Welsh, neuropathologist. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and hippocampi are unremarkable. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable. Other than mild cerebral edema, no additional lesions or abnormalities in the brain are present.

NECK: Examination of the soft tissues of the neck reveals no abnormalities. The hyoid bone and larynx are intact. The lingual mucosa is intact; the underlying firm red-brown musculature is devoid of hemorrhage.

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams. The pericardial and epicardial

surfaces are smooth, glistening and unremarkable: 30 ml of serous fluid is in the pericardial sac. The coronary arteries arise normally, follow the usual distribution and are patent, without evidence of significant atherosclerosis or thrombosis.
The chambers and valves bear the usual size-position relationships and are unremarkable except for oderate right ventricular dilation. The left ventricular myocardium is dark red-brown, firm, and unremarkable; the right ventricular myocardium is variably thinned and appears pale with prominent replacement of the myocardium by adipose tissue in multiple areas, most notably within the anterior right ventricular wall. The atrial and ventricular septa are intact. The left ventricular thickness = 1.2 cm, right ventricular thickness ranges from 0.1-0.4 cm in thickness, and the interventricular septum = 1.3 cm. The aorta and its major branches arise normally, follow the usual course and are patent, free of significant atherosclerosis and other abnormality.
The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The right and left lungs weigh 750 and 740 grams, respectively. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is dark red-purple, exuding abundant amounts of frothy pulmonary edema fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus.

LIVER AND BILIARY SYSTEM: The liver weighs 1380 grams. The hepatic capsule is smooth, glistening and intact, covering red-brown parenchyma, with no focal lesions noted. The gallbladder contains 4 ml of yellow-green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The portal vein and its tributaries are unremarkable.

ALIMENTARY TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 200 ml of brown fluid.
The small and large bowel are unremarkable. The appendix is present and unremarkable. The pancreas has a normal tan-yellow, lobulated appearance, and the ducts appear clear.

GENITOURINARY TRACT: The right and left kidneys weigh 110 and 130 grams, respectively. The renal capsules are smooth and thin, semi-transparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are sharply delineated from the medullary

pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The relationships at the trigone are unremarkable. The urinary bladder is empty; the mucosa is gray-tan and smooth. The uterus, fallopian tubes, ovaries and vagina are unremarkable. The breast tissue has the usual fibrous and adipose mixture, without abnormality.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 140 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. Focally, the bone marrow is red-purple and homogeneous, without evidence of focal abnormality.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual.

CASSETTE SUMMARY:

1. Right ventricle of heart
2. Left ventricle of heart
3. Lungs and liver

ECR:rm:klg
1/4/2022
1/5/2022
1/10/2022

Microscopic Description

Sections of the right ventricle of the heart show areas of extensive adipose tissue replacement in conjunction thinning of the myocardium. Sections of the left ventricle shows areas of increased interstitial fibrosis. Lungs and liver show no significant pathologic abnormalities although generalized vascular congestion is present.

Autopsy Toxicology

Toxicologic analysis of peripheral blood performed at AXIS Forensic Toxicology Laboratory is positive for amiodarone, cotinine, caffeine and naloxone (values not quantitated). Results were reviewed by George S. Behonick, PhD., Forensic Toxicologist.

Department of Pathology and Laboratory Medicine
Chair, Steven J. Carroll M.D., PhD

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Autopsy Vitreous

Analysis of vitreous fluid reveals the following. sodium = 142 mmol/L, potassium = 23.6 mmol/L, chloride = 114 mmol/L, urea nitrogen = 9 mg/dl, creatinine = 0.8 mg/dl, and glucose = 70.0 mg/dl.

Case Summary

A complete autopsy was performed on the body of Taylor Price at the Medical University of South Carolina Autopsy Suite on December 22, 2021. The postmortem examination began at 8:30 a.m. The prosector and pathologist was Dr. Ellen C. Riemer. The autopsy technician was Ms. Karen Geroulis. The autopsy was authorized by the Marion County Coroner, Mr. Jerry Richardson.

In light of the historical information, the toxicological results and the gross and microscopic autopsy findings, it is the opinion of the pathologist that the decedent died as the result of arrhythmogenic right ventricular dysplasia (ARVD), also known as arrhythmogenic right ventricular cardiomyopathy (ARVC).
Furthermore, the manner of death is best deemed Natural.

Certification Statement

I certify that I personally conducted the diagnostic evaluation of the above decedent and have rendered the above diagnosis(es).

Ellen C. Riemer, MD ID
01/10/22 12:56 PM

Resulting Labs

MUSCLAB CLIA 42D0250442	MUSC LAB, 165 Ashley Avenue Suite 309, CHARLESTON SC 29425 Director Steven Carroll M.D.	843-792-2300

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I - Abnormal

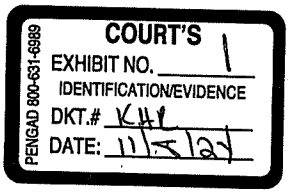
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How to define gross negligence and negligent?



STATE OF SOUTH CAROLINA * COURT OF COMMON PLEAS
*
COUNTY OF MARION * TRANSCRIPT OF RECORD

----------x
DEMETRICE UTLEY, individually *
and as Personal Representative *
of the Estate of Taylor Danielle *
Price, *
*
Plaintiff, *
vs. * Case No. 2022-CP-33-00362
*
McLEOD PHYSICIANS ASSOCIATES, II *
and CHARLES A. TRANT, *
*
Defendants. *
----------x

November 25, 2024

B E F O R E:

The Honorable R. Ferrell Cothran, Jr., Presiding Judge

A P P E A R A N C E S:

John Powell, Esq.
Ellis Lesemann, Esq.
Attorneys for the Plaintiff

Andrew Lindemann, Esq.
Boone Aiken, Esq.
Attorneys for the Defendant

Also Present:

Justice Kaye Hearn

Recorded by: WebEx Recording

Court Transcriber: Bobbi Fisher, RPR
SC Official Court Reporter III

I N D E X

DESCRIPTION	PAGE
Proceedings	3

E X H I B I T S

(None.)

COURT REPORTER LEGEND

Dash (--)	Indicates an interruption in speech
Ellipses (...)	Indicates trailing off in speech
(ph)	Indicates phonetic word
[Verbatim]	Indicates the word is said as written
(Indiscernible)	[Transcription] Indicates word(s) is not known due to audio recording quality

P R O C E E D I N G S

THE COURT: So I've read all the materials y'all sent me, and, you know -- so tell me what y'all want to tell me now. I guess what issues or what do y'all want to address?

MR. POWELL: I'll defer to -- I guess we had two motions from the plaintiff. One was the Motion to Confirm the Two Occurrences based on the back-and-forth that led up to the verdict form and the concession to use the defense's verdict form with the understanding being, if the jury checked "yes" as to multiple occurrences, that the plaintiff was only seeking two. So that was one of our two motions.

And then the other was for the plaintiff's Motion of Offer of Judgment Interest against Defendant McLeod Physician Associates II.

So those are our only two motions. The defense, obviously, has more, so I'll defer to Your Honor on what you think you need to hear more from or maybe the defendants to make their position and make their record as they see fit.

THE COURT: Well, maybe Justice Hearn can explain to me the definition of "occurrences."

JUSTICE HEARN: I did my best, Judge, to do that in the Boiter case, along with Andrew Lindemann, but, you know, I'm waiting for you to definitively define it.

THE COURT: Figure that out? Yeah. Every time I think I understand that, the Court meets again and I don't. So,

anyway, we'll -- I'll try to figure that out, I guess. The other one made me go back to the top and see what their definition is. But we'll -- I've been thinking about it, and every time that -- I don't know. We'll see.

So y'all want to -- tell me, do y'all want to argue in addition to anything on the two Plaintiff's motions, or do you want me to hear your motion?

MR. POWELL: Based on -- yeah, I think, as to the two occurrences, there was extensive back-and-forth on that: at the directed verdict stage at the close of Plaintiff's case and again at the directed verdict stage at the close of the Defense's case and then, again, leading into the conference on the proposed verdict form and the jury charge.

So I think, on that issue, Your Honor, unless you need to hear further, we would rest on our briefs with the caveat that the definition of "occurrence" was not objected to, the charge was not objected to. You know, based on the Bass v. DSS case, there is evidence in the record as to the JNOV. That alone is the same standard at this point that Your Honor analyzed at the JN- -- at the directed verdict stage.

So with there being evidence in the record that a jury could infer and, in fact, did infer two occurrences, we believe that your ruling as to directed verdict were proper and should come to the same ruling here as to the occurrences.

And I guess there's some overlapping and bleeding over

into arguments that were made in the defense's motion as to the directed verdict there as to their opposition to our Motion to Confirm the Two Occurrences. But, again, that was based on a back-and-forth and a concession by the plaintiff to concede and use the defense's verdict form, you know, word-for-word, with the exception that we flipped the order of two questions, but with the discussion and the understanding that, should the jury, once they're charged on the definition, make a finding of "yes," then the only logical next step in that process is that "yes" meant they found two because that was all we sought, all we argued for, and the defense had their opportunity to argue as to why there were zero or just one in closing, and after having been properly charged, we think the jury reached the proper conclusion there, Your Honor.

I think as to the plaintiff's motion about the Offer of Judgment Interest, we sent you some additional cases. One of them is a Supreme Court's case in Target. And I understand the position that Mr. Lindemann put out in his brief as to why that analysis from the plaintiff as to why we're not entitled to the full amount of -- or an Offer of Judgment Interest on the full $30 million verdict as to MPA II, we just disagree with that analysis because the case he's citing, O'Shields, specifically referenced the Target's Court of Appeals' opinion, and that Court of Appeals' opinion was -- or that

portion of it was reversed and remanded, and the Target Supreme Court -- and this is -- if Your Honor sees fit to look on it, this is at the top of page 10 of the Supreme Court order in Target.

And, in that case, there was a -- a lot of it was whether or not the punitive damages cap was an affirmative defense that must be pled, and the Court of Appeals held it was, and, because you didn't plead it, you waived it. The Supreme Court reversed and remanded and that was part. They said, no, that's just statutory.

But there were still at issue a potential reduction of the judgment based on post-judgment considerations. And at the top of page 10, the Supreme Court stated, "Accordingly, we remand this case to the trial court to determine whether the Garrisons' punitive damages award must be reduced." And then they reference Footnote 2.

And if you go to Footnote 2, the Court states that "Garrisons argued that, if the statutory cap on punitive damages must be applied, they are entitled to a reduction of the award to $2 million, pursuant to the punitive damages 15-32-530(B)(1) because Target's conduct was motivated primarily by unreasonable financial gain."

And the Court goes on a little bit in the footnote, but what's important is the last sentence there. It says, "Consequently, there is evidence in the record the trial court

may consider on remand to determine whether the Garrisons qualify for this reduction. We, however, express no opinion as to the merits of this argument."

So that's the Supreme Court ordering remand so that a verdict on punitive damages can be considered as to what the reduction is or whether there is a reduction.

Later on in the same page of the Supreme Court's opinion, they go into Section D, Analysis of Award of Interest on Punitive Damages under Rule 68. And there, the plaintiffs in the Target case, Mrs. Garrison, argued to the Court of Appeals -- or argued the Court of Appeals erred in holding she is not entitled to 8% interest on the entirety of her damages.

And there's some more discussion of the Court, and it goes on at the bottom of page 10, "We find the language of both the rule and the statute clearly and unambiguously provides that Denise is entitled to 8% interest on the entire amount of the verdict, including punitive damages."

So the Supreme Court is already dealing with a case they have remanded for consideration of a potential reduction and, on the same page, after they issued that remand, they hold unequivocally the Offer of Judgment Interest is to be calculated on the entire amount of the verdict irregardless of what potential post-judgment reductions may be.

And the language in the -- you're, obviously, very familiar with the O'Shields case because you were the trial

court judge on that; that was the vehicle manufacturing or vehicle warranty issues tried based on North Carolina law. But what the Court of Appeals relied on when they stated -- and that was the Court of Appeals in 2021, which came out a year after the Court of Appeals issue in Target -- the Garrison v. Target case. They cited Garrison v. Target as to why the analysis should be on the post-judgment or the post-statutory reduction.

And then the Court in O'Shields said, "Likewise, we conclude the Court's analysis should have been performed using the post-trial award as to the jury's verdict." So their whole position in O'Shields, the Court of Appeals likewise, is based on the Court of Appeals' analysis in Target, which was expressly overturned as to what Offer of Judgment Interest is calculated on.

So the plaintiff's position that, even though the Offer of Judgment was only directed at McLeod Physician Associates II and they are charitable and they are entitled to have their portion of the $30 million reduced to 2.4 million because there were two occurrences that the jury found, the Offer of Judgment Interest, based on the clear and unambiguous language from the Supreme Court in Target, finds that the Court must calculate the 8% on the entirety of the 30 million, not the proposed statutory reduction of 2.4 million.

So I think that may be all you need to hear from the

plaintiff on our two motions, but I'll defer to, after the defense argues, if there may be a little bit more to chime back in or if Your Honor has questions.

THE COURT: So --

MR. LINDEMANN: Go ahead

THE COURT: Go ahead.

MR. LINDEMANN: Your Honor, are you ready to hear from the defendants? And I'm happy to take it in whatever order you want or --

THE COURT: Do you want to deal with that -- with the interest issue that he just brought up?

MR. LINDEMANN: Sure. I'll be happy to deal with that first.

Your Honor, there are several -- there are several points as to why the plaintiff's position on the Offer of Judgment Interest is incorrect. First of all, it's important that the Offer of Judgment itself -- if you look at it, it was served on and directed against only McLeod Physician Associates II and a non-party insurance company, MagMutual Insurance Company. There's no mention of Dr. Trant as being the target of the Offer of Judgment.

We have raised a number of different points for Your Honor's consideration on this. First and certainly not foremost, but first, we believe the Offer of Judgment itself is not valid ab initio because the Offer of Judgment, as I

indicated, was not only served on McLeod Physician Associates but also on a non-party insurance company, MagMutual Insurance Company, who is not before the Court, the Court has no jurisdiction over them, and, quite frankly, as we cite in our memorandum, South Carolina law is very clear that you can't bring direct actions against an insurance company.

So the first point for Your Honor's consideration is that Offer of Judgment itself is invalid and invalid ab initio. Second of all, Your Honor, the whole concept of Offer of Judgment Interest came about as a result of tort reform where South Carolina Code Annotated Section 15-35-400 was adopted; I believe it was in 2005, if I remember correctly.

And, ultimately, Your Honor, that particular statute itself, it was adopted actually as part of Act No. 32 of 2005. And Section 18 of Act 32 specifically says the following. It says, "The provisions of this Act do not affect any right, privilege, or provision of the South Carolina Tort Claims Act contained in Chapter 30 -- 78, Title 15 of the '76 Code, or the South Carolina Solicitation of Charitable Funds Act as contained in Chapter 56 of Title 33."

Section 18 was then codified as part of Section 15-78-220. So both the Act itself and then the codified statutory law specifically says it is inapplicable to any case brought pursuant to the Charitable Funds Act. So, for that very reason, Your Honor, it has no application

whatsoever to this case because I think it's undisputed that the only way that even the defendant, McLeod Physician Associates II, could be sued in this case was pursuant to the Charitable Funds Act, and I believe the fact that it's a charitable organization was stipulated to.

So based on those provisions -- those provisions clearly stated in Act No. 32, the Charitable Funds Act is not impacted by 15-38-400, so the plaintiffs cannot make a claim for Offer of Judgment Interest in this particular case.

In addition to that, Your Honor, to the extent they're relying on Rule 68, Rule 68 was adopted the following year in 2006 and it was amended -- I mean, it wasn't adopted; it was amended in 2006 to adopt specific changes based upon 15-35-400. So 38(B) [sic], with those changes, Your Honor, cannot be construed to apply to a charitable organization for the exact reason I just stated, because a charitable organization may only be sued under the Charitable Funds Act, and Offer of Judgment Interest statute is not applicable to charitable organizations.

And a Rule of Civil Procedure that is inconsistent with the underlying statutory law would be unconstitutional, and so, ultimately, Rule 68(B) must be construed in accordance with the statutory law. In fact, we cite South Carolina Constitution Article V, Section 4 that specifically states that the Supreme Court's rule-making authority is, quote,

"subject to statutory law."

And in Hicks -- in Stokes v. Denmark EMS case from 1993, the Supreme Court actually interpreted the clause subject to statutory law exactly as that, that it is -- the rulemaking authority is subordinate to the General Assembly statutory making -- statute-making authority. So a Rule of Civil Procedure cannot be construed inconsistently with the statutory provisions.

In addition to that, Your Honor, in the event the Court disagrees with those arguments and finds that an Offer of Judgment Interest is recoverable in this case despite the clear language, we would suggest the clear language from Section 18 of Act No. 32, Your Honor, you don't look at the verdict of $30 million to calculate the Offer of Judgment Interest. I mean, quite frankly, their best day against McLeod Physician Associates after these post-trial motions are heard is $2.4 million, yet they're claiming $4.8 million just in interest.

That, I would submit to Your Honor, is an absurd reading of the statutory law, number 1, and it's certainly a reading that would be adverse to any concepts of due process and a fundamental fairness under the due process clause. And, obviously, the Court can't construe a statute in such a way to create an absurd result, and we've cited case law for that proposition.

But Your Honor doesn't even need to go that far because, even if you were to apply it, the case that is controlling on this is not Garrison v. Target. Garrison v. Target was not a Tort Claims Act case, it was not a Charitable Funds Act case. It was a case against Target. It didn't have anything to do with applying post-trial monetary caps. There were no post-trial monetary caps at issue in that particular case like there are in Tort Claims Act cases like this one under the Charitable Funds Act.

You look at the ultimate final post-trial award after the Court has applied the caps in order to determine or compute the Offer of Judgment Interest. And the Court of Appeals in the O'Shields case specifically said that. The Court of Appeals said, quote, "The final post-trial award was the proper amount for computing Offer of Judgment Interest." That ruling from the O'Shields case was affirmed earlier this year by the Supreme Court. The Supreme Court granted cert, looked at the O'Shields case, addressed the issue dealing with punitive damages, but then ultimately indicated, quote -- that the Court was, quote, "affirming the balance of the Court of Appeals' decision pursuant to Rule 220 SCACR."

So, ultimately, that portion of the Court of Appeals' decision, finding that the final post-trial award is what's used to compute Offer of Judgment Interest, was affirmed by the Supreme Court. The plaintiffs' reliance on Garrison is

simply misplaced, Your Honor, for the reasons I just said: Not a Tort Claims Act case, not a Charitable Funds case, not a case where there are monetary caps on actual damages. And that case solely dealt with whether or not you include punitive damages in the calculation of Offer of Judgment Interest. That is entirely inapposite in this particular case because there is no award of punitive damages.

And the Garrison case did not address any of the issues that are actually argued here. And simply because the Garrison case said you look at punitive damages as part of the verdict doesn't overturn the Court of Appeals' decision of O'Shields and the Supreme Court's affirmance of the Court of Appeals' decision in O'Shields, which specifically addressed the issue before Your Honor, and that is, whether you look at a post-trial award after monetary caps are applied.

And, again, the law just doesn't ignore common sense either. That is -- that is absolutely the common-sensical approach. To rule otherwise, I would submit, is giving an absurd result to what the General Assembly enacted.

And, again, as we cited -- and there's many cases; we cited the Kiriakos (ph) case that talks about the fact that you don't interpret statutes to create a plainly absurd result.

And this case would be -- you know, essentially, the poster child, for lack of a better term, of that, if you were

to at most reduce the verdict to $2.4 million and enter judgment in that amount and then award interest of literally twice that amount, $4.8 million in interest, that would be, we would submit, an absurd result that was not intended by the General Assembly.

But, ultimately, you don't need to reach all those calculating those computation issues, Your Honor, because we believe the Offer of Judgment itself was invalid ab initio for the reasons I've already stated. And on top of that, the statutory scheme of 15-37-400 and, subsequently, the amendments to Rule 68 simply don't apply in this case because the General Assembly point-blank carved out both tort claims cases -- Tort Claims Act cases and Charitable Funds cases. And so we would oppose any award of Offer of Judgment Interest in this case, Your Honor.

Do you want me to proceed to the other motions or how do you want me to handle this, Your Honor?

THE COURT: Yeah, let me --

MR. POWELL: If it please the Court, I may have a brief response to some of that, if we can take the issues one at a time, but however the Court wishes to continue.

THE COURT: Do you have any case law that the Court has applied post-judgment interest in Tort Claims and the Charitable Funds Act?

MR. POWELL: So, Your Honor, as to a few things, you

know, talking about absurd readings and absurd results, the plaintiff never served the Offer of Judgment on MagMutual.

The plaintiff has never sought to make a non-party party to this case; I don't know where that came from.

The plaintiff's Offer of Judgment was by the nature of NEF served on Dr. Trant, even though it is not directed at him.

The mere reference to MagMutual was when the plaintiff stated in the body of the document acceptance of this would result in the payment of $1.00 shy of one cap, which is $1,199,999, by MagMutual, who has insurance coverage for the McLeod defendants.

Insurance carriers are often cited in Offers of Judgment because, many times, you may have an Offer of Judgment directed to one party versus another. You may have one directed at a UIM carrier versus a liability carrier. So it is incumbent on the person serving it to make abundantly clear what they're offering and what they were willing to accept in terms of how much money -- how much new money, where the money is coming from.

So the whole argument as to how this is somehow void ab initio, I mean, that's the definition of the word "absurd."

Back to everything that Mr. Lindemann was telling you about the Target case couldn't be further from the truth. The Target case specifically dealt with how the Court would

analyze a post-verdict reduction based on the punitive damages act or statute. There are multipliers that can apply; there are some exceptions to that. And the Court specifically remanded it -- the Supreme Court specifically remanded it to the trial court for that to be considered and said, "We make no findings of that," but then, in the very same page, said, "Offer of Judgment Interest shall be calculated on the entire amount of the verdict," which overturned or reversed the portion of the Court of Appeals' portion of Target which said it should only be calculated on the post-statutory reduction, which is the exact language cited in O'Shields that the O'Shields case relied on.

And the O'Shields case is not determinative, as Your Honor is aware of being the trial judge in that. You elected not to award Offer of Judgment Interest because, after they elected their remedies, the amount, including attorney's fees, was less than the Offer of Judgement served. So Court of Appeals merely offered a suggestion as to how that would have or should have been calculated, but you did not calculate the Offer of Judgment because you deemed it fell below that.

And the sentence where the Court of Appeals said that, the very paragraph before that, they were citing word-for-word the Court of Appeals' opinion in Target. So that is why the Target case is directly on point as to why the Offer of Judgment Interest is to be calculated on the entirety of the

verdict or award.

And back to Mr. Lindemann talking about Act 32. That's not codified anywhere in the Charitable Act. Nowhere. The only place it is codified is in the Tort Claims Act. So to apply it as Mr. Lindemann would have you apply it cuts against 90% of the arguments they're making in the rest of their post-trial motions that the charitable statute only incorporated the cap on damages and nothing else from the Tort Claims Act.

But even if you look at the portion of the Tort Claims Act, which is 15-78-220, reading that says exactly the opposite of what Mr. Lindemann was just arguing. It says -- the title of that section is "Rights and Privileges Not Affected." The provisions of Act 32 of 2005 "do not affect any right, privilege, or provision of the South Carolina Tort Claims Act as contained."

And then it also says, "Or the South Carolina Solicitation of Charitable Funds Act as contained in Chapter 56, Title 33."

So the exact wording of Act 32 that was incorporated into the Tort Claims Act makes it abundantly clear and says this does not affect any other right, like Offer of Judgment Interest.

And to highlight the hypocrisy of the argument, Mr. Lindemann's firm themselves serves Offers of Judgment when

they represent Tort Claims Act defendants. So, I mean, that just -- even reading the statute they're relying on to support their position, it makes no sense.

But as to the Charitable Act and protecting MPA II up to, in this case, because the jury found two occurrences, 2.4 million, that almost highlights the absurdity of the failure to accept the Offer of Judgment for $1.00 shy of one cap.

Offers of Judgment are designed to reward or punish strategic litigation decisions and to reduce unnecessary litigation and the burden on the Court. So the failure of MPA II to accept the Offer of Judgment, what comes with that is everything in the statute and the offer -- the Rule 68.

Both the rule and the statute, the legislature knew the word "judgment." They knew they could say the word "judgment," but both of them say "to be calculated at 8% interest on the amount of the award or verdict." And that contemplates there may be a non-jury setting. There may be an arbitration setting where the Court issues an award. There may even be a sanctions award in a defense verdict.

But the use of the words "award" or "verdict" clear and unambiguous, they have to mean something as well when the title of the very rule in the statute is called Offer of Judgment. So if the legislature wanted to protect entities or defendants or plaintiffs that had other statutory protections,

they very well could have easily put in there "this is to be calculated after statutory reductions," you know, pursuant to whatever statutes they wanted to cite, and they could have referenced the Tort Claims Act or the Charitable Act.

But that would be the extent of the plaintiff's arguments on why the Offer of Judgment Interest should be calc- -- as to just MPA II should be calculated on the entirety of the verdict or award in strict compliance with the Supreme Court's language that couldn't be any more clearer from the Target case, Your Honor.

MR. LINDEMANN: Your Honor, if I may reply. I can -- I challenge Mr. Powell to show the Court an Offer a Judgment that I filed in a Tort Claims Act case. But not that that really makes a bit of difference, you know, I think the only thing he can find is a -- potentially my old firm lawyer other than me may have done it, but I don't believe -- and I could be corrected -- but I don't believe that I filed an Offer of Judgment in a Tort Claims Act case.

But, again, whether I've done it or haven't done it doesn't determine what the law is. The law has now been spelled out in O'Shields.

And, again, what the plaintiff is actually trying to do, Your Honor, is ignore the word "award." The statute itself uses the word "verdict" or "award"; the point being, it would be the verdict if there is no post-trial adjustment of the

verdict with a judgment being entered.

An award means specifically that, which would be a post-trial award. And that was the rationale of the Court of Appeals in the O'Shields case which, again, was affirmed by the Supreme Court.

This case has nothing to do with punitive damages. To suggest that Garrison is the controlling law on this is just not correct, and, quite frankly, there isn't even a final determination in Garrison because, as Mr. Powell indicated, the Supreme Court remanded to the lower court to make a computation of Offer of Judgment Interest and didn't even -- you know, didn't address whether you look at a post-trial award or not because, quite frankly, with punitive damages, that is not a relevant consideration.

What they're essentially doing is reading the word "award" right out of the statute, which, clearly, the Court of Appeals didn't do in O'Shields. And, again, O'Shields was affirmed by the Supreme Court. So that is the guiding or controlling law.

One last point, Your Honor. The suggestion that somehow the Offer of Judgment was not (indiscernible) MagMutual Insurance Company, if you look at the very first line of the Offer of Judgment, it says, "Pursuant to South Carolina Code Annotated Section 15-35-400 and Rule 68, Plaintiff hereby makes the following Offer of Judgment to Defendant McLeod

Physicians Associates II and MagMutual Insurance Company."

So, clearly, it was made against a non-party insurer. I mean, it's not like I made that up; it's the very first sentence of the Offer of Judgment. And there is no reason to name a non-party insurance carrier in an Offer of Judgment. There's absolutely no basis in law for doing that.

And the last thing I would point out, Judge, you just asked Mr. Powell can he cite you a single case in the Tort Claims Act or the Charitable Funds Act realm where the actual verdict, as opposed to the post-trial award after caps were applied, was used to compute Offer of Judgment, and he didn't cite you a single case.

I'm happy to send you a decision. It's, obviously, not an appellate decision, but I'm happy to send you an Order that was done -- well, actually, I have to take that back because that Order was vacated. It was an Order that was done by Judge Griffith, but he ultimately granted my JNOV and vacated his Order on Offer of Judgment Interest.

But, again, I would make the point, Your Honor, he has not identified a single case showing that this statutory scheme of Offer of Judgment Interest applies to either a Tort Claims Act case or a Charitable Funds Act case.

MR. POWELL: One final point, Your Honor. Just on that same note, the defense has not offered a single case that says the Offer of Judgment Interest and how it's to be calculated

as to Tort Claims Act or Charitable Acts. Their entire reliance was on O'Shields, which shows the analysis is not as to who the defendant is. The analysis is how the Offer of Judgment Interest is calculated.

O'Shields was not a tort claims defendant. They were not a charitable defendant. So the very argument that's raised as to how Target can't somehow apply cuts both ways. Both were specific as to how you calculate Offer of Judgment Interest.

And that will be the final point; I know Your Honor's heard enough on this.

THE COURT: Okay. All right. I think I've got as much as I need to know. I'll figure that out.

All right. Tell me -- let's go to the next one.

MR. POWELL: The only other motion from the plaintiff, Your Honor, was the confirmation of the two occurrences based on the denial of directed verdict on the issue of multiple occurrences, the submission to the jury, the lack of any objection to the charge on occurrence to the jury, and the jury's checking the answer "yes" that there were multiple occurrences based on -- I don't know how much made it onto the record but our discussion in chambers that we were only seeking two. So if they check "yes" that they find multiple, clearly, that means two. So Plaintiff's only other motion was for a confirmation that the occurrences were two.

THE COURT: Okay. Do y'all want to respond to that?

MR. LINDEMANN: Yes, Your Honor. And before I do, I just wanted to make certain: This hearing is being recorded; is it not?

THE COURT: Yes, it is.

MR. LINDEMANN: Okay, great. Thank you. I should have asked that at the beginning.

THE COURT: Whether they can type it or not is a different story, but it's being recorded on WebEx.

MR. LINDEMANN: All right. Thank you, Your Honor.

The plaintiff's memorandum as far as the confirmation of two occurrences go, Your Honor, obviously, that presents the occurrence issue, which is also addressed as part of our JNOV motion as well.

The plaintiffs are asking this Court to confirm or find that there were two occurrences, and they identify in their motion that those two occurrences are Dr. Trant's, quote, "grossly inadequate cardiac workup of the decedent, Taylor Price" and, two, "Dr. Trant signing the Return to Sports Clearance for the decedent, Taylor Price."

Our argument is -- and, obviously, this occurrence issue is -- unfortunately, we don't have a lot of guidance from the Supreme Court on this. Ultimately, with the Wood v. Horry County School District case, we hope to get some additional guidance, and after oral argument, the Court dismissed the writ of cert as improvidently granted.

So, at this point, we have two cases. We have the AnMed -- the Chastain v. AnMed case, and we have the Boiter v. South Carolina Department of Transportation case. And ultimately, Your Honor, what's important to keep in mind from those cases and particularly the Boiter case is, when you're looking at occurrences, what is typically argued these days and is being argued in this case is to ignore the first part of the definition.

The definition itself is -- and that's, of course, in the Tort Claims Act. The definition itself is an unfolding sequence of events arising from a single act of negligence. And it is not that every occurrence or that every act of negligence equates to a separate occurrence because, otherwise, the definition would say an occurrence is a single act of negligence.

Obviously, the General Assembly, when they adopted the Tort Claims Act in 1986, that is not the question or that is not the way that particular definition was phrased.

So you look at the unfolding sequence of events, and in Boiter, the Supreme Court point-blank said you can have multiple acts of negligence committed by the same party or committed by separate parties that still only give rise to a single occurrence. And in that particular case, in fact, the Supreme Court cited -- and this is language -- a quote from Boiter -- they cited to, quote, "cases from other

jurisdictions are similarly inapposite because they involve a single governmental entity which committed multiple acts of negligence, a completely different situation than the one before us." Because I know Your Honor knows Boiter probably inside and out, and Boiter involved two different agencies, and, ultimately, one agency was found liable for a negligent re-lamping policy, that being DOT, and the Department of Public Safety was found negligent for not having an officer present at the particular intersection where the accident occurred once the traffic light was inoperable.

What the Supreme Court did do in Boiter is, in addition to pointing out that a single governmental entity that commits multiple acts of negligence can give rise -- can give rise to a single occurrence, they cited favorably cases from other jurisdictions. And the one that I would suggest the Court look at is the case called Folz v. State. It's a New Mexico case.

The New Mexico Tort Claims Act is very similar in this respect to the South Carolina Tort Claims Act. And in Folz, basically what happened, there was a runway truck that ended up striking five different vehicles during a collision. The allegations of negligence against the Highway Department in that particular case included negligence in failing to design and implement an appropriate traffic control plan for the construction project where this happened but also the

negligent operation of the vehicle.

And the New Mexico Supreme Court said, quote, "While a series of acts or omissions on the part of the Department created an undue risk of injury, these acts contributed to a unitary risk and only one triggering event occurred giving rise to liability." Ultimately, they then found a single occurrence.

That's the exact same situation we have here. There was one office visit, Your Honor, with Dr. Trant. And, ultimately, Dr. Trant did a workup of the decedent. The allegation here is that he didn't go far enough with that workup, that there were additional tests that should have been run, and that, ultimately, he signed a sports clearance. All of that during the same office visit.

And, quite frankly, that is no different than the situation in Folz. That's no different than a situation that actually Justice James wrote (indiscernible) back in September during oral argument in the Wood case where you have an automobile accident and there are multiple acts of negligence that result in the accident meaning -- for instance, I think his example was a school bus that was being operated at a high rate of speed and crossed the center line. Is that two occurrences or is that one occurrence? Obviously, that would be one occurrence.

So, in this particular case, they're citing the same

thing. They're citing what, in essence, was a failure to diagnose a problem with -- for the decedent, and the failure to diagnose was based upon, in their estimation, the fact that his workup was, quote, "inadequate" and then, as a result of that, he signed a clearance for the decedent.

That is a single occurrence. It is the same unfolding sequence of events. To the extent you view that as two acts of negligence, they are clearly two acts of negligence that concur and combine to create the same unfolding sequence of events.

We would encourage the Court -- and we've attached it to our memorandum -- to take a look at a decision. And, granted, I recognize Circuit Court decisions are not, obviously, binding on the Court. They're not precedent. But the decision of Judge Hocker in the Larson v. South Carolina Department of Corrections case, Your Honor ---

THE COURT: Yeah, I've read that case.

MR. LINDEMANN: --- I would submit is really on point with this. In essence, they were alleging that the Department of Corrections made the same errors over and over and over again, and they phrased it in multiple different ways. And the jury in Larson found 15 occurrences. They never identified what those 15 occurrences were.

In fact, I think, at trial, the plaintiff's counsel only asked them to find six, and they found 15. But, ultimately,

with Judge Hocker's analysis, as you saw when you read his decision, is he found that those different acts of negligence as alleged or found by the jury all combined and concurred into a single unfolding sequence of events. If there was a separate unfolding sequence of events that gives rise to a separate loss, that is a multiple occurrence. That is a second occurrence.

We don't have that in this case. In fact, we don't have allegations of any type of separate loss. And if you look at and apply the specific language from the Tort Claims Act -- and we'll get to our arguments on the Tort Claims Act as part of our post-trial motion shortly. But even if you applied the definition of "occurrence" and applied the full language of 15-7 (indiscernible) 120(A)(3), the specific language doesn't say that it's $1.2 million arising from a single occurrence. No. It says a sum exceeding $1.2 million because of loss arising from a single occurrence.

And very often the fact that that loss language is in there gets very much overlooked. So it has to be a loss arising from a single occurrence, and it has to be -- I would submit it would have to be a different loss from different acts of negligence that would be causing multiple occurrences.

And, again, what we have here, Your Honor, the facts I would submit are very clear that you have, at best, two acts of negligence that combine and concur to create the same

unfolding sequence of events, events which actually didn't even occur until 34 months later. But, still, the point being, it's the same unfolding sequence of events.

And if the General Assembly intended there to be a separate occurrence for each act of negligence, they wouldn't have included that predicate language that says an occurrence is an unfolding sequence of events. I mean, that is the predicate to the noun "occurrence"; it's not a single act of negligence despite the fact that many people, unfortunately, argue it that way.

So we would ask the Court to take a close look and consider the analysis by Judge Hocker. I think he got that exactly right. Apply the occurrence issue in this case, which we believe was argued at trial and argued again in our motions that it's an issue of law for the Court to apply the definition of "occurrence." It's an issue of fact for the jury to determine what the acts of negligence are. But the application of the statute itself is ultimately a matter of law for the Court.

And so, as part of these post-trial motions, as part of ours as well as in response to the plaintiff's motion asking this Court to, quote, "confirm two occurrences," we would ask the Court to deny that and find that, at most, there was a single occurrence and that is assuming that the occurrence language even applies to a Charitable Fees Act case, which is

an issue I'll address shortly with respect to our post-trial motions.

Thank you, Your Honor.

THE COURT: Based on your argument, if there have been two doctor visits, would that have changed -- I mean, if she had come to the doctor and he didn't -- the first time and then come back a year later to get clearance to participate in athletics --

MR. POWELL: Probably not. It probably would be still the same unfolding sequence of events unless she presented in a different manner or he was asked to do something differently. So that's kind of fact-intensive, Your Honor. If he was simply asked to do the same thing, she was asymptomatic, didn't have any issues or presented in the same manner as she did when she saw Dr. Trant, I would suggest that that would still be the same unfolding sequence of events.

It's not entirely temporal, but, obviously, if there are significant differences between the two visits, particularly how she presented, yeah, very potentially could be two different occurrences. We still have the issue, then, of whether it gives rise to a separate loss.

THE COURT: Okay.

MR. POWELL: Very briefly, Your Honor. Whether it gives rise to a separate loss is not part of the analysis. The Boiter Court made very clear that the -- and I'm looking at

page 5 of the Westlaw version -- "In order to determine the number of occurrences, the Boiters urge this Court to focus on the number of negligent acts; in contrast, Respondents contend we should look at the number of injuries caused by those acts." "We are persuaded that two independent and separate acts of negligence occurred here." And they went on to distinguish why those were two occurrences.

There is no ambiguity, no uncertainty under the law of our state that you can have one loss that is the result of separate and distinct occurrences either from the same tort claim or charitable entity or from distinct and separate tort claim defendants or charitable entities.

And Your Honor picked right up on what we argued at directed verdict motions that, just because the two occurrences that the jury found occurred within the confines of one visit, they are two factually distinct things, and there was expert testimony in the record that, as a result of either one of those, that's the reason Taylor Price is dead. And the presence of that expert testimony and a lot of the argument from Mr. Lindemann highlighted this is a factual issue that the jury was the proper ones to decide.

Whether or not the exact same things happened on separate visits -- and, you know, the argument was still that's one occurrence, I can't understand how that could be argued. But what was argued or what was charged without objection was the

statutory definition of "occurrence" word-for-word.

The jury was charged with a definition of "occurrence." There was the opportunity for the defendants to argue as to why only one occurred or why none occurred. The jury heard the arguments of both sides, and they found as a matter of fact, when properly charged on the specific definition they were to apply, multiple occurrences occurred, and the plaintiffs only sought two. That was it.

So we would go back to just the same analysis Your Honor used to deny the directed verdicts as to the issue of multiple occurrences is the case that you were the trial judge on, Bass v. DSS. The presence of the expert testimony of Dr. Trant in conjunction, almost highlighted by the contrary testimony -- I mean, sorry, Dr. Chang, the plaintiff's expert -- almost highlighted by the contrary testimony of Dr. Trant, the defendant, that makes it abundantly clear this was a factual issue that the jury had to decide when charged on the law, which they were properly charged.

MR. LINDEMANN: Your Honor, real quickly in response to that, a couple of points.

First of all, this argument about the fact that the Court charged the occurrence issue without an objection, Your Honor, at the directed verdict stage, the defendants argued that occurrence is purely an issue of law for the Court based upon findings of fact to the jury of acts of negligence. Your

Honor rejected that argument. You said you found that it was -- occurrence was an issue a fact. At that point, there's no need to continue objecting to the Court's definitive ruling.

Now, obviously, Your Honor can revisit that -- that decision in post-trial motions, but to suggest that somehow the defendants waived anything with the charge and with the verdict form is just simply not true, number one, and not fair, number two, because Your Honor had already discounted and ruled against the defendants on the issue that this is an issue of law and should not be decided by the jury. So, number one on that.

Number two -- and, obviously, you know, preservation issues are not supposed to be gotcha issues. The Supreme Court has made that clear. And the Supreme Court has also made it very clear, you don't have to continue to object to a judge's ruling once the judge makes that ruling. In fact, I would think that would make trial court unwieldy if that occurs.

So there was no waiver in this particular case. The defendants very clearly argued that the occurrence issue was not for the jury and should be a decision for the Court. So and number --

THE COURT: I agree with you. They --

MR. LINDEMANN: Sorry?

THE COURT: I agree with you. They did. They argued

that, and I ruled, right or wrong, that the fact that there was no evidence in the record but one occurrence then I felt it was up to the judge to not let that go to the jury. But because their expert testified as to two occurrences, I thought it was a jury question at that point based on the Chastain case and some others. Whether that was right or wrong, I don't know.

MR. LINDEMANN: Where we differ with you, Your Honor, is the issue of fact is what were the acts of negligence. That would be for the jury. But the application of the definition of "occurrence" is a legal question. So it's a mixed question of law in fact.

But my main point -- and Your Honor can actually change your ruling in arguing on post-trial motions. But what I take exception to is this argument that we didn't preserve anything by not challenging the verdict form or the charge where you sent that issue to the jury because you had already ruled that it was a jury question, and I think we're preserved on that.

THE COURT: I think you are too.

MR. LINDEMANN: Okay. Very good.

Your Honor, the other point that I wanted to make in response to what Mr. Powell said is -- and a lot of people make this mistake. I know a little bit more about Boiter than some people, except for maybe Justice Hearn, but you have to look at that case closely because it was very unusual the way

it was brought. And that's one of the reasons why there are a number of different statements in that decision where the Supreme Court said we're limiting this to the facts of this case and the specific facts of this case.

And what happened in Boiter -- and this, incidentally -- I mean, I have an appeal pending at the Fourth Circuit in the Gifford v. Horry County Police Department case where we contend Judge Mary Lewis made this same error, is by overlooking that, in Boiter, there were four different verdict forms. There were actually four different lawsuits that were brought.

Everybody thinks of Boiter as being Mr. and Mrs. Boiter versus DOT and DPS as being one case. It was not. It was four different cases with four different verdict forms, the way it was tried in front of Judge Mark Hayes. And so, the jury returned four different verdicts.

So it wasn't necessary in Boiter to do what is necessary in a case like this or necessary in a lot of these cases that are getting tried these days on occurrence issues. We're having the jury break down the loss resulting from each occurrence for each plaintiff and each occurrence. The Supreme Court didn't need that to be able to rule in Boiter because it had that. It had four different verdict forms: Mrs. Boiter sued DPS; separate case. Mrs. Boiter sued DOT; separate case. Mr. Boiter sued DPS; separate case.

Mr. Boiter sued DPS -- DOT.

So you actually had four different verdicts, so it was broken down by the jury. You know, how that would have been handled if it had all been tried together, I don't know, but -- and I didn't try that case; I just got involved in post-trial motions like this one.

But that absolutely makes a difference. And, at the very beginning of the opinion, the Supreme Court actually says that. It says, quote, "The Boiters filed four separate lawsuits against the Department of Transportation and the South Carolina Department of Public Safety alleging negligence in their failure to prevent the accident."

So, again, that makes a huge difference from this case and from any of the cases that have been tried since then where I would submit courts are not following Boiter, are not making a determination as to specific laws arising from a specific occurrence. In Boiter, the Court had that.

And so the suggestion that the Court didn't or didn't apply that, I don't believe that that's a correct reading of Boiter, because in Boiter, as I indicated, the fact-finder was not required to allocate the loss arising from each occurrence. It was done with the verdict forms itself.

So, with that additional history on the Boiter decision, Your Honor, unless you have any other questions -- you know, I would again encourage the Court to take a close look at the

cases that deal with multiple acts of negligence from a single governmental entity. In this case, a single charitable organization. And those cases are on point with exactly what we are suggesting the Court should do with this, particularly the Folz case. And, of course, we believe Judge Hocker's decision, while not precedent, should be very persuasive to the Court as to handle this situation because, quite frankly, I think this case is more amenable to a finding of a single occurrence than even the Larson v. SCDC case.

THE COURT: Thank you.

Okay. Now what you want to talk about?

MR. POWELL: That's it from the plaintiff's motions perspective, Your Honor. I'll defer to Mr. Lindemann and the defense on what they want to argue on theirs and how we need to reply.

THE COURT: Okay.

MR. LINDEMANN: Your Honor, on the defendant's post-trial motions, there are, obviously, numerous components to it. We've moved for judgment notwithstanding the verdict. We've moved for a new trial absolute based on issues with the charge. We've moved for a new trial absolute based upon the excessiveness of the verdict. We've asked the Court for a new trial absolute based upon the application of Thirteenth Juror Doctrine.

And, then, ultimately, if Your Honor doesn't grant a JNOV

or a new trial absolute on those bases, we've asked the Court to set off the amount paid by (indiscernible) defendant in the case, South Carolina -- I mean, the Marion County School District. And then we've also asked the Court to reduce the verdict to a judgment of 1.2 million representing the maximum amount that they could recover under the Solicitation of Charitable Funds Act.

If I could run through those issues. There's some I'd probably want to highlight a little bit more than others. We certainly relied on our brief and our motion. We're not waiving anything here today. But -- and, obviously, the way you rule on some of these issues, Your Honor, if you rule in favor for the defendants, it would keep the Court from having to address other issues.

Case in point being the very first of our JNOV arguments, which is that the evidence doesn't support a verdict of gross negligence against Dr. Trant. Gross negligence, Your Honor, as we've cited in our memorandum, is, obviously, different than simple negligence. And we're going to get to that issue about the charge because I think that, with all due respect to Your Honor, a huge problem with this case, is that this jury didn't understand the difference between gross negligence and simple negligence.

But simple negligence, Your Honor, is simply a mistake, an error. It's inadvertence. Gross negligence is described

as, obviously, something that rises to the level of recklessness or even willfulness. It's a conscious wrongdoing. It's the failure to exercise slight care. Not the failure to exercise due care. And I know Your Honor knows all of this. But, ultimately, it's a standard that the plaintiffs, as a matter of law, Your Honor, did not meet with Dr. Trant.

This is not an issue -- a case where Dr. Trant did nothing or consciously did nothing. Dr. Trant did a workup of the decedent. I mean, that's all spelled out in the evidence; I don't have to lay that out for the Court in detail, but, obviously, he did a workup. He did, I believe, an EKG. He did his evaluations of her, and he reached some decisions.

It's not a case where he failed to exercise slight care. What the plaintiffs are arguing is that he didn't go far enough, that he should have taken (indiscernible) tests. And that doesn't rise, Your Honor, as a matter of law, to the level of gross negligence. That does not constitute willfulness. That does not constitute recklessness. At most, that is a mistake, as most negligence is, as most malpractice is. You don't see medical malpractice rise to the level of gross negligence very often in this state, and quite frankly, this is not the case that rises to the level of gross negligence.

So, ultimately -- and, quite frankly, the plaintiffs

didn't even seek punitive damages in this case, so that should tell you something about whether or not they believe this rose to the level of gross negligence. But I guess I should say they abandoned their claim for punitive damages, if I understand the records from the lower court correctly.

And not that I'm suggesting under the Charitable Act that they had a claim for punitive damages, but I do believe that that is telling for the Court.

So, anyway, so the Court's got to make a determination in looking at this as to whether the evidence gives rise to a reasonable inference that Dr. Trant acted without even slight care. And, frankly, Your Honor, we don't believe that the evidence supports that.

And, of course, if the Court finds that Dr. Trant or the plaintiffs have not carried their burden against Dr. Trant and he's entitled to a JNOV, that takes off the table a number of the other issues that we're asserting. But that is a critical initial argument that we have made.

We've also argued the occurrence issue as part of the JNOV as well. Quite frankly, Your Honor, the JNOV issue -- I mean, the occurrence issue, technically, in my view, doesn't really come into play until the plaintiffs receive a verdict in excess of the statutory caps. I don't know that that necessarily has to arise at the directed verdict stage; I certainly don't criticize my co-counsel for arguing -- for

raising it there because we don't have but very minimal guidance from our appellate courts on how to deal with occurrence issues.

But, in my view, the occurrence issue doesn't even really come into play until post-trial, and that's why I believe it's an issue of law for the Court on post-trial.

But the bottom line is, we've raised that there was only one occurrence that was demonstrated at most by the evidence that was presented in the plaintiff's case-in-chief, and then renewed that motion, of course, at the end of all of the evidence.

And I'm not going to go back through the occurrence issue; we have already addressed that with respect to the plaintiff's Motion to Confirm Two Occurrences.

There's an additional JNOV argument also, obviously, made at directed verdict based upon the lack of proximate cause and ultimately based upon superseding -- intervening and superseding liability because of the passage of time. The plaintiff's death occurred 34 months after her single office visit with Dr. Trant. She had been seen by other physicians after that. She had received other clearances, at least one that I'm aware of, and I think there were more than one clearances in the intervening 34 months.

And, Your Honor, forgive me if I'm getting that fact wrong, but I'm certain that there was at least one and I

believe there was more than one medical clearance from another physician. So that the medical clearance dated July 16th, 2019, which was issued by Dr. Trant, wasn't even the operative clearance that the decedent and her family were operating under at the time of her unfortunate death.

So, ultimately, Your Honor, there's a significant issue dealing with proximate cause and particularly intervening and superseding negligence.

Your Honor, we've also -- and I don't know if you want me to stop there and let them deal with those issues before I move on to new trial absolute. I'm happy to handle that however Your Honor wishes.

THE COURT: Do y'all want to address these issues?

MR. POWELL: I can respond to those very briefly, Your Honor. And as to all three of those -- Dr. Trant's gross negligence, the occurrences, and the lack of approximate cause were all -- you know, it's under their motion for JNOV, which is, you know, analyzed under the same analysis. You analyzed the directed verdict, and, we believe, properly denied them.

But, just briefly to touch on Dr. Trant's gross negligence, this absolutely was a case where Dr. Trant did nothing, and he consciously did it and he knowingly did it and he intentionally did it. And those were his own words on page 7 of our brief. We've highlighted his testimony that he did not accidentally forget to order these tests. He made

those choices. And he made them consciously and he made them knowingly.

And Dr. Chang, the plaintiff's expert, contained in Exhibit 1 of our memo, testified that Dr. Trant's failures and choices were, in his view, grossly inadequate and significantly inadequate.

But based on the extensive argument you already heard at the directed verdict stage and this being analyzed under the same standard, we think, as to those three issues, they were properly denied then, and the fact that there was evidence in the record to support a finding of law and competing evidence, it's just clear that those were factual issues for the jury, and we think that you should properly deny the motion for JNOV on the same grounds and under the same analysis so we can move on to the argument as to new trial absolute, Your Honor.

THE COURT: All right. Mr. Lindemann?

MR. LINDEMANN: And, Your Honor, just to touch on that for one moment and then I'll move on, obviously, it's conscious evidence of -- I mean, evidence of conscious wrongdoing. It's not simply making a decision that further action is not necessary as part of your diagnosis and treatment decisions.

That is not the -- that is not the issue with gross negligence. Gross negligence is bordering on, Your Honor, intentional conduct. And again, to reiterate, it's

recklessness and it's willfulness, and the evidence in this case does not rise to that level as a matter of law.

Anyway, to move on to the new trial absolute, Your Honor, we did also preserve our argument based upon change of venue. Your Honor is not the judge who heard the change of venue motion, but ultimately, Your Honor, we are -- we raised that in our post-trial motions to preserve that issue because we believe that the venue of this case in Marion County was incorrect. And ultimately, depending on how Your Honor rules on these motions, we may very well take that issue up.

There was a new trial absolute motion made upon errors of law in specifically dealing with the charge. And the gross negligent charge itself, I believe, is very critical in this particular case. And I do want to spend a little bit of time with that.

I don't know if Your Honor saw what I filed earlier today with the Notice of Filing. It was two lists of cases from Westlaw. And what is important to recognize in this case is that there's one aspect to the definition of gross negligence that Your Honor charged in this particular case that was extreme -- I mean, with all due respect to Your Honor, it was erroneous. And I don't blame Your Honor for it because mistakes have been made for 40 years by appellate courts. But it's time for this issue to get heard and get decided, because if you do the analysis and go back and look -- and that's what

I'm trying to provide the Court, the work product to be able to do that. If you look at -- and, specifically, I'm referring to the part of the charge that says, "Gross negligence is a relative term and means the absence of care that is necessary under the circumstances." That is not gross negligence. That is a definition of simple negligence. "The absence of care under the circumstances -- necessary under these circumstances" is due care. Gross negligence is absence of slight care. It's absolutely incorrect charge.

And if you go back and trace how that got into our jurisprudence, it is very clear where the mistake was made. And the mistake has been repeated over and over and over again by our Court of Appeals and our Supreme Court. And, basically, where it originated is a 1952 case called Hicks v. McCandlish.

And if you look at Hicks v. McCandlish from 1992 [sic], there was a different understanding at that time of what the words "gross negligence" meant. I guess this is a case-in-point although I've got to be real careful when you start using case law that's 40, 50, 60 years old and make sure you're using it correctly.

And in Hicks v. McCandlish, the Supreme Court said, quote, "Gross negligence is a relative term and means the absence of care that is necessary under the circumstances." Unfortunately, that's where all the appellate courts since

1992 [sic] when this mistake was first made have stopped reading Hicks v. McCandlish.

The Hicks v. McCandlish goes on and says, "But the absence of this care alone, whether called gross or ordinary negligence, does not authorize the jury to give exemplary damages. We have held in many cases that exemplary damages should not be awarded for mere gross negligence and that the element that distinguishes actionable negligence from willful tort is inadvertence."

Your Honor, that is crystal clear that, in 1952, gross negligence did not mean what it does today. The Court called it mere gross negligence (indiscernible) of what is today simple or ordinary negligence. And how do we know that? Because the whole issue in Hicks was whether or not a finding of gross negligence supports exemplary or what we call punitive damages. And that's what this case says.

And, quite frankly, we know ordinary or simple negligence in 2024 does not support punitive damages. Gross negligence, as interpreted today or properly interpreted today, as the absence of slight care, evidence of conscious wrongdoing, that does support a finding of punitive damages, recklessness, willfulness, but not what the Hicks v. McCandlish calls mere gross negligence.

And so when they say "gross negligence" is a relative term, it means the absence of care that is necessary under the

circumstances, that is not a definition of gross negligence today.

Now, if you look at the two printouts I filed today, what I did in those particular cases, the first one with 24 results, are cases that cite Hicks v. McCandlish and you can see that -- and I put them in terms of time. The first case listed is the most recent case going back to the Hicks case itself, which is No. 24. (Indiscernible) look at, Your Honor.

Between the adoption of the Tort Claims Act in 1986 and when Hicks came out, which was, obviously, a period of 34 years, Hicks was only cited a handful of times, and none of those times had to do with anything relative to the definition of gross negligence as applicable in a case under the Tort Claims Act or today under the Charitable Funds Act.

Probably the more helpful list is I ran a search for that exact language "the absence of care that is necessary under the circumstances" and that was the other printout. And there are 37 cases. The first one -- and, again, they also go from the most recent to all the way back to Hicks itself.

And you'll notice on this opinion -- in this list, this use of the language "absence of care that is necessary under the circumstances" only appeared twice between 1992 and 1952 -- only twice -- in Lengel v. Tom Jenkins Realty and in Sturcken v. Richland County Oil.

And if you pull those cases -- and I'm happy to send them

to Your Honor -- those cases don't have anything to do with, you know, determining gross negligence other than in the context of punitive damages. And if you look at both of those cases, neither -- in neither of them -- and they're both -- well, one is a Court of Appeals case, the Lengel case, and the other, Sturcken is a Supreme Court case -- they both give the full quote from Hicks v. McCandlish. They don't stop before the "but." They go on and say, "But the absence of this care alone, whether called gross or ordinary negligence, does not authorize the jury to give exemplary damages."

So those are the only two times that language was ever cited until we get to 1992 in the Grooms case. What is unfortunate is Grooms isn't the first case after the enactment of the Tort Claims Act that dealt with any gross negligence exception.

In 1988, the Supreme Court decided the case of Richardson v. Hambright. It's 374 S.E.2d 296, an opinion written by Justice Harwell, and he defines gross negligence in that case after quoting 15-78-60(a)(25). He quotes the gross negligence definition as follows: "Gross negligence is the intentional, conscious failure to do something which is incumbent upon one to do or the doing of a thing intentionally that ought not to be done."

So, ultimately, Your Honor, the definition itself using Hicks v. McCandlish didn't come about until the Grooms case.

And in Grooms, the South Carolina Court of Appeals -- and that's a 1992 case, 314 S.E.2d 6 -- 802, the Court of Appeals, for whatever reason, says, "'Gross negligence', our Supreme Court has held, is a relative term and means the absence of care that is necessary under the circumstances." They cite one and only one case for that, and it's Hicks v. McCandlish.

And, unfortunately, a year later, the Supreme Court, in Hollins vs. Richland County School District One, did the exact same thing. They cited Hicks v. McCandlish and said, quote, "We have also stated that 'gross negligence' is a relative term and means the absence of care that is necessary under the circumstances." Always not continuing after the "but" that explains the Hicks v. McCandlish case.

And since 1992, if you trace every case that has cited that language, they generally cite either Hicks or Hollins or Grooms or one of the other cases that have come along since then that relied on Hicks, Hollins, and Grooms to make that exact same faulty definition.

Now, Your Honor, I have raised this a number of times, and, quite frankly, I have had some success with trial judges agreeing with me. Just a case I had tried last fall with Judge Griffith, I made this argument, and he declined -- actually, I believe the plaintiff agreed not to -- not for that to be charged based upon my explanation of Hicks v. McCandlish and how this incorrect definition of gross

negligence has permeated our case law and has created these problems.

And this is not a simple issue, Your Honor, because, obviously, we've got millions of dollars at stake in this case based upon whether or not Dr. Trant was grossly negligent or not. And what ultimately happened is the jury was given two very conflicting definitions. They were given the definition, as I indicated, that's simply an absence of care that is necessary under these circumstances, i.e., simple negligence was sufficient to prove gross negligence, and we know that's not true. That's not correct.

Your Honor also charged the other definitions of gross negligence, but they were part of the same charge, one right after the other. They were all in the same paragraph. Extremely confusing to the jury.

Now, I was not present at trial but I understand that the jury did ask a question to try to understand the difference between gross negligence and simple negligence. And it's my understanding that Your Honor only reread the same charge -- and I hope I'm correct about that; the record, obviously, will show if I am, but that's my understanding is that Your Honor didn't draw the distinction between the two but simply read them the same charge you had given previously for gross negligence which, again, didn't show the differences between the two so that they could understand -- actually understand

the nuance of what is simple negligence versus gross negligence but also then gave this charge from the Hicks v. McCandlish which, again, obviously, was confusing to the jury because they asked for additional assistance and ultimately made the decision that Dr. Trant acted with gross negligence, which we believe to be incorrect.

But -- so this is not a -- you know, the plaintiff, in their response to our motion, did not address any of this. They simply are saying, "Hey, we've got Ralph King Anderson's charge book saying this is the law." Well, it's not. It is simply not.

THE COURT: But it's the law that's in our book. It is the charge that the Supreme Court sent me when I became a judge. And that's why every judge in the state charges it that way because that's in our book.

MR. LINDEMANN: And I understand that. I'm not faulting Your Honor, but that's --

THE COURT: Well, I understand --

MR. LINDEMANN: But my point is -- and I hope I've impressed upon you -- that there was a mistake that was made a long time ago that has been perpetuating for 40 years.

THE COURT: I understand ---

[Cross-talk]

THE COURT: --- perpetuated for another 40 years.

MR. LINDEMANN: Well, I mean, with all due respect,

Judge --

THE COURT: (Indiscernible) charge book since 2013.

MR. LINDEMANN: Judge Anderson's book is -- you know, and I'm not casting aspersions on Judge Anderson; I mean, I love the man -- and he was absolutely scholarly, but ultimately, I think part of the problem is nobody's identified this as an issue, at least on the appellate level.

And, I mean, like I said, I've raised it at trial levels. I haven't had an opportunity to raise it at the appellate level, but there's -- you know, and, again, I'm not -- I don't know how Your Honor is viewing what I'm arguing, but to me, absolutely no doubt in my mind that Hicks v. McCandlish was defining "gross negligence" as it occurred as it was part of our jurisprudence in 1952 and not what it is today and not what it should be applicable.

THE COURT: I understand, but that was 72 years ago. And so most -- I'll go back and read that case because it happened to be the year I was born. But, you know, that issue hadn't come up.

MR. LINDEMANN: But, Your Honor, I would say just alone, when you say "the absence of care that is necessary under these circumstances," how does that equate with the recklessness, willfulness, lack of slight care standard that we know gross negligence is? Because when you say "absence of care that's necessary under the circumstances," that is simple

negligence. That's a failure to act with due care.

THE COURT: I understand that argument. But at least the argument was at the time of trial that, when you incorporate that with the rest of the charge -- because that's what was in our charge book, that's what's in Judge Anderson's charge book. We have been charging that for years.

MR. LINDEMANN: Well, Your Honor, I don't think you're -- I don't think you're precluded as part of your post-trial analysis of this case that you have to accept what is clearly from our appellate courts specifically with this definition. I think you can take corrective action at this point.

This is not the interpretation of a statute or anything along those lines. This is a clear error that started in 1992 and has perpetuated for 30-some cases since then. And, again, I mean, I think I've made my point. We believe --

THE COURT: The only thing -- I'll go back and read those cases.

MR. LINDEMANN: And we believe that we have shown prejudice in this case because a large part of the case is premised on a finding of gross negligence against Dr. Trant. As I understand it, the jury asked that question and specifically asked for an explanation between simple negligence and gross negligence, and this is why. And that jury was very observant that they were getting conflicting definitions, and ultimately, Your Honor, that's why a new

trial absolute should be granted in this particular case.

And there are two definite different levels of culpability, and a jury is going to have difficulty understanding the two without having conflicting definitions provided to them. And again, Judge, I'm not being critical of you. I'm being critical of --

THE COURT: I understand.

MR. LINDEMANN: I'm being critical of the precedent. And I can tell you that, when I've been in the trial level and I've raised this issue, I think judges that I've raised it to have recognized it and have not -- I recall Judge Lee doing that and I recall Judge Griffith doing that, even though I believe Judge Griffith, part of it was the plaintiff's counsel, conceded that point, after looking at my analysis going back to Hicks v. McCandlish. But, again, I think it's an absolutely critical point that requires a new trial absolute in this case.

THE COURT: In this case, both sides agreed on a charge. We tweaked them and tweaked them, and the charge I gave was what both sides agreed on.

MR. LINDEMANN: Your Honor, we -- at directed verdict, this specific argument was made, and Your Honor rejected it. So this is not a case where that was not -- that was not preserved.

And the directed verdict -- I'll be happy to submit it,

but this -- at this point, I did read that in the directed verdict that this was raised to Your Honor. Hicks v. McCandlish was specifically cited to the Court.

And, interestingly enough, Taylor Powell, on behalf of the plaintiff on page 8 of the directed verdict transcript, he specifically cites to Grooms v. Marlboro County School District, which is the 1992 case where this whole thing went off the rails. That is the first case that relied on Hicks and relied on it incorrectly.

If I can point out to the Court on page 6 of that transcript -- and we can submit the entire transcript if it hasn't been -- Mr. McLean (indiscernible) "We believe the definition of 'gross negligence' read to the Court by Plaintiff's counsel is incorrect and confusing." That first sentence says it's been defined as the absence of care necessary under the circumstances.

"Your Honor, that's the definition of simple negligence. And I can trace that definition back to a case from 1952, Hicks v. McCandlish." And he goes on to explain the same -- the same analysis that I did.

And Your Honor, in fact, said, on page 7, "That's a 72-year-old case. That was the year I was born." The same point you made here today.

So we would argue to the Court that this issue has definitely been raised to Your Honor and has been preserved.

And Your Honor charged -- charged the definition that we believe to be incorrect. So I would ask the Court to find that that issue was preserved because it was argued to the Court.

We also have a couple of other issues dealing with the charge that Your Honor did not charge the portions of the charitable immunity statute, didn't advise the jury as to what the implications of their finding of gross negligence was.

I believe it's very important, Your Honor, that the jury had been told what those implications are. It's the equivalent of the South Carolina Supreme Court directing that juries, in comparative negligence cases, be instructed that, if they find over 50% -- find the plaintiff over 50% at fault, it totally bars the claim.

I personally, as a defense lawyer, don't believe that that should be charged to a jury, but that's the law in South Carolina. The law in South Carolina recognizes that the effects of their decisions need to be charged to the jury. We were simply following that line of thought that, in this particular case, Your Honor, the jury should have been informed what the result of them finding Dr. Trant liable for gross negligence would be. Because, in closing argument, Plaintiff's counsel simply told the jury they had to check "yes" to everything and made it sound like if they were -- needed to find, you know, (indiscernible) plaintiffs in any

amount, that they needed to find Dr. Trant grossly negligent. Certainly they could have had that clear (indiscernible) and probably did.

But, ultimately, that's the reason why we believe it's important to charge what the effects of the charitable immunity statute were, No. 1, and No. 2, that the jury would understand the net effect of their decision, and that's comparable or synonymous with the way comparative negligence is handled in this state.

And by the fact that the jury didn't know that and didn't understand that, whereas they may have wanted to rule for the plaintiff, they did not know that they could rule -- they could make a decision finding negligence only and not gross negligence on the part of Dr. Trant and still find for the plaintiff and that that -- that information, that basic understanding of the law was important for the jury to have, and the fact that they didn't have it was prejudicial to Dr. Trant. So that's the other element of our new trial absolute motion based upon the charges itself, Your Honor.

Unless Your Honor wants to stop and hear on that one, I'm going to move on to the excessiveness of the verdict.

MR. POWELL: If I can just briefly respond just to those two issues, Your Honor. As to the gross negligence and what was charged and what wasn't, I do agree with Mr. Lindemann; they did preserve their objection to the one sentence being

added back into Judge Anderson's charge.

But the entire rationale that this Court can somehow find that that, as charged, and now find that as a basis for a new trial, I don't believe this Court is permitted to do that because the Grooms case we talked about, then Hollins v. Richland County School District One was a 1993 South Carolina Supreme Court case, incorporated the exact same wording, which is on page 15 of our brief. The Tekayah Hamilton v. Regional Medical Center case, which was the 2023 Court of -- or April of 2023 Court of Appeals last year and rehearing and cert were also denied.

The exact same language about the sentence of "gross negligence is a relative term and means the absence of care that is necessary under the circumstances" were included in both of those. So for Your Honor to now say that's not part of the definition of "gross negligence," I believe you would be prohibited from that. And the only way Mr. Lindemann's argument could be the basis to reverse the jury's verdict would be to seek leave to argue against precedent at the Court of Appeals, because that is clear language that, even if his argument that it was in error originally, it has since been incorporated and adopted by our South Carolina Supreme Court and it is proper.

Furthermore, as to why the jury asked to be charged on the distinction between negligence and gross negligence, no

one has any idea as to the reason for that. Nobody -- you know, that wouldn't be a proper question, and to speculate as to why, I don't think is proper for this motion.

As to the Court's decision not to charge the defense's selectively edited version of the charitable immunity statute, none of that was at issue in this case.

The issue that McLeod Physician Associates II and that Dr. Trant, at all times relevant to the actions in this complaint, was acting in the course and scope of his employment with McLeod Physician Associates II, that was stipulated to, and that McLeod Physician Associates II was a charitable entity.

So it would have made no sense to charge the jury on a statute that they had seen no evidence about, and what we argued as to that alone is the basis for why it would have been an improper charge.

But if the Court were so inclined to charge it, we argued that it would require the full statute, which has the reference to the Tort Claims Act and has the reference to the "per occurrence" and the exception for the gross negligence. To charge some of it would be improper. We think to charge all of it would be improper, but we would have then been permitted, in our opinion, to argue about all of the implications.

But whether or not the jury -- you know, the jury

certainly could have found simple negligence. Nobody prohibited them or prevented them from checking the answer "yes" on the defendant's verdict form, you know, of having been charged on the definition of "gross negligence." "Do you find that Dr. Trant acted in a grossly negligent manner?" They could have checked "no" on that.

The plaintiffs suggested that, "If you feel we have met our case and our burden, full justice would be a finding or an answer of 'yes' to all of those," but just as that argument in our closing and rebuttal was proper, the defense had every ability to argue that we don't think that -- you know, at worst, we think there was only regular negligence and not gross negligence, and that was their opportunity to argue that, and there wasn't, to my recollection, much argument on that point.

So as to the inclusion of the one sentence that was originally taken out from Judge Anderson's request to charge and the refusal to charge the selectively edited portion of the charitable statute, we don't believe that either of those form the basis for a new trial absolute, Your Honor.

MR. LINDEMANN: And, Your Honor, just briefly in response to that, I would make the point that I think it's compelling that the plaintiffs don't even attempt to justify that definition is a correct one based on Hicks v. McCandlish. That should show the Court that they know that that is a

definition of simple or ordinary negligence or what the Supreme Court called the 1952 near gross negligence, not sufficient to support an award of punitive damages.

You know, the bottom line is, there's no question an error was made. I don't believe Your Honor's hands are tied by, quote, "precedent" when you can recognize that there is a clear error that has been made based upon tracing the precedent back to where it came from.

And there's no question -- and I'm happy to brief this even in more detail and go through all of these cases to show you that every case that has included this definition started with Grooms then went to Hollins and then either has cited Grooms, Hollins, or some other case that then relied on either Grooms, Hollins, or Hicks. Every single one of them can be traced back to Hicks v. McCandlish, and it's just flat wrong, and this case is on point as to why it's wrong and the absolute confusion and prejudice that that definition created to the tune of $30 million.

So I don't believe that Your Honor's hands are tied. Your Honor's role in deciding post-trial motions is to make sure justice is done, and to make sure justice is done, if that requires a new trial absolute, that falls within your constitutional authority, Your Honor. I would submit that. I don't believe your hands are tied whatsoever in a situation like this where the error is clear and we can show it.

THE COURT: Thank you.

MR. POWELL: Your Honor, nothing further. But as to what Plaintiffs knew or thought, that wouldn't be a proper basis for this. We relied on the clear and unambiguous language of our Supreme Court in the '90s, so we'll leave it and rest on our briefing on that, Your Honor.

MR. LINDEMANN: And it's extremely ambiguous what the Supreme Court did. I would submit that, if you look at it, again -- I mean, again, not to beat a dead horse on this, but it's -- to me, it's not even a close call. Because if you are arguing the absence of care that is necessary under the circumstances, that should indicate that that's simple negligence.

I don't know how in the world that this has perpetuated for 40 years (indiscernible), but that doesn't mean it shouldn't be corrected and it shouldn't be -- and it should be corrected for Dr. Trant. He's got due process and fundamental fairness rights that shouldn't be trod upon, with all due respect, and it's absolutely appropriate for Your Honor to grant a new trial on that basis.

THE COURT: Thank you.

All right. What about the next one?

MR. LINDEMANN: All right. The next one, Your Honor, is a new trial absolute based upon excessiveness of the verdict. Your Honor, obviously, a $30 million verdict in this

particular case, we would submit, is excessive. The standard that the Court looks at is whether or not a verdict is just simply unduly liberal or conservative, or whether it is excessive and whether it's affected by passion, caprice, and prejudice -- or prejudice. Excuse me. And we believe we've made that showing, Your Honor.

Obviously, a measure of damages in wrongful death, and there was no survival claim that was brought. So the sole award of damages is purely on wrongful death. There was two statutory beneficiaries: the biological mother and the biological father of Taylor Price.

My understanding of the record -- again, I was not there -- is that there was no evidence whatsoever that was presented of any damage to the biological father, whose name, I understand, was Derrie Price. Mr. Price did not testify, and that there was no testimony whatsoever that was presented about any harm or damage or effect of the death on Derrie Price.

So we're down to one statutory beneficiary being the biological mother. I understand there was some evidence from the stepfather, but the stepfather is not a statutory beneficiary.

So, ultimately, Your Honor, my understanding is the evidence shows that Taylor was 16 years old at the time of her death. There's no evidence that she provided any financial

support or benefit to the statutory beneficiaries, so all of the damages were subjective in nature.

Ultimately, Your Honor, I'm not questioning the loss for Taylor's mother, but $30 million is unprecedented in South Carolina for a purely subjective wrongful death verdict without any type of economic component to it whatsoever with a single statutory beneficiary. I don't believe you'll find a comparable verdict in South Carolina.

We believe that the jury did consider matters that were outside the realm of the evidence that did not support that unprecedented verdict -- do not support the unprecedented verdict of $30 million. Specifically, we pointed to several different points. In the closing argument itself, Your Honor, the plaintiff's counsel injected race into the issue. Specifically on page 6 of the closing argument -- I believe it was Mr. Richardson who was making that closing argument -- he injected race, socioeconomic inequalities, and other inappropriate considerations when he simply stated, quote, "No standards of care, folks. There's 100% equal opportunity. 100% color blind because they have to be. Doesn't matter if you're Black, you're White, if you live in a mansion or a three-bedroom house or an apartment. Doesn't matter if you're a millionaire or on Medicaid. Those standards of care they're (indiscernible)."

Your Honor, that is simply injecting race and

socioeconomic concerns. There's no other explanation for saying you're White, you're Black, mansion, three-bedroom, or apartment. Also made reference to being a millionaire versus being on Medicaid. So that is absolutely inappropriate consideration -- for the jury's consideration, and I believe that is well-reflected in the unprecedented $30 million verdict.

In addition to that, Plaintiff's counsel, on several occasions, told the jury that they needed to send a message. This is a charitable organization and an employee of a charitable organization. There was no -- there was no message to send. Actual damages do not serve as a deterrent under South Carolina law. They're not supposed to serve as a deterrent. If they were looking for a deterrent, they should have asked for punitive damages (indiscernible) they wouldn't be entitled to under the Charitable Funds Act to get them.

But the bottom line is, actual damages in the absence of punitive damages or the ability to claim punitive damages cannot be used as a substitute to create a deterrent and the "send the message" comment is nothing but that.

And to specifically quote the language I'm talking about, on page 26 of the transcript of the closing argument, Mr. Richardson said, "But whatever you do, whatever you do, it's got to be loud. It's got to be loud enough to be heard in Charleston, South Carolina, so that Dr. Caine can hear it.

It needs to be loud enough in Columbia, South Carolina, so Dr. Shuler can hear it. And it certainly needs to be loud enough to be heard over in Florence at McLeod across the Pee Dee. They need to hear it and take note so that when a doctors is making a decision on whether or not a patient can receive the testing, that they remember this, that those patients get the proper care. You can be the conscience of the community. They need to hear the message."

Your Honor, that could be not be more prejudicial. That is absolutely a violation of appropriate closing argument. That's absolutely a violation of appropriate considerations for a jury in determining actual damages.

And did that jury hear that message and take that to heart? Of course they did. That's why we got a $30 million verdict. They were told to be loud, and my God, they were loud.

So, ultimately, Your Honor, to be loud and send a message, that's the purpose of punitive damages, not actual damages. And, quite frankly, to say it's got to be heard by other doctors who are not parties to this case? I mean, that is absolutely prejudicial comments in closing arguments.

So, ultimately, Your Honor, I think we have shown that, number one, the $30 million verdict is unsupported by the evidence with a single statutory beneficiary, no economic damages, but also that the jury did -- was given information

that they shouldn't have considered and relied on that decision in sending a message which -- as I indicated. That's the rule of punitive damages. That's not something that you do in a Tort Claims Act case, that's not something you do in a charitable immunity case, because those entities aren't liable for punitive damages. And you can't get around the absence of availability to turn actual damages into punitive damages, and that's exactly what the plaintiff did in this case. And on that reason, the new trial absolute for the excessiveness of the verdict should be granted.

Thank you, Your Honor.

MR. POWELL: Your Honor, I'll start in reverse order.

The argument that sending a message, it is improper and can only be raised in punitive, that's not the case. This is the direct quote from Sapp v. Ford Motor Company, which is 386 S.C. 143. It's a 2009 case. "This message aligns with a fundamental purpose and function of tort law in South Carolina which seeks to protect safety interests and is rooted in the concept of protecting society as a whole from physical harm to persons or property."

But Your Honor, we don't even need to get there because every single ground Mr. Lindemann gave you is waived. It's not preserved. There was not a single contemporaneous objection in Mr. Richardson's closing statement. There was not a single contemporaneous objection in my rebuttal.

And to say, you know, that we injected race, (A) that's not true. The fact that she was on Medicaid came in through the exhibits that were not objected to throughout the trial, and nobody injected the fact that she was a Black child and the daughter of a Black mother; that was just clear as day from looking at the photos that were in evidence.

But the arguments that those were improper, those are not supported by the law, but the most important consideration for Your Honor as it relates to the defendant's motion for a new trial absolute, they're waived. You don't even need to get that far because there was no contemporaneous objection. And the only exceptions that our courts have recognized in South Carolina is an exception to failing to contemporaneously object. This is from the Dial v. Niggel Associates case, 333 S.C. 253. It is a 1998 Supreme Court of South Carolina case. "Toyota and the line of cases preceding it concern with [sic] abuse of a witness or a litigant. Accordingly, we now clarify that our holding in Toyota excuses the failure to make a contemporaneous objection only where the challenged argument constitutes abuse of a party or a witness."

The statements from Mr. Richardson in closing that form the basis of all the argument you just heard, they were about a standard of care, and said the standard of care is equal opportunity. It is colorblind. It protects all. There is nothing in there that comes close to the level that the Dial

Court discussed or the Toyota Court discussed, which we're happy to provide if Your Honor needs them, but I don't think you even need to get to the point that the arguments are waived because, even if they weren't waived, they're not proper and they don't support a Motion for a New Trial Absolute.

So, then, all that leaves the defendants with is the verdict was too big; therefore, it must have been inflamed by the passion and prejudice and caprice. Well, on day one at the end of my opening statement, I told the jury that if they found that the plaintiffs had met their case and after considering all the evidence and having been charged on the law that you would charge them on at the end of the court [sic], if they sought to award full justice, we would suggest that that meant a minimum of $30 million.

Said the exact same thing at the very end of my rebuttal, after Mr. Richardson closed and Mr. Reagan closed and I got up to finish it off, I made the same suggestion and said, you know, only you can make that decision. You've got to go back in there and make the hard decisions.

The fact that they gave the plaintiffs the minimum we asked for is almost evidence inapposite of the defense's motion that they weren't inflamed by any passion or prejudice because they gave us the bare minimum of what we suggested was full justice for the wrongful death of Taylor Price.

I think that would be the extent of our arguments, but all the arguments -- and these are briefed extensively in our Memo in Opposition, none of them are preserved for appellate -- or for your review as it relates to a new trial absolute or for any appellate review because there was no contemporaneous objection to any of the comments they now cite in their post-trial brief were inappropriate.

MR. LINDEMANN: Two quick points in response to that, Your Honor. First of all, we are not asking for a new trial based upon inappropriate statements in the closing argument. We're asking for a new trial because the verdict itself was excessive.

Why is it excessive? Where did it come from? Where is the prejudice? the caprice? the passion? It was from closing arguments themselves. And exactly that. The jury did what Plaintiff's counsel asked them to.

They didn't tell them this case is worth $30 million in actual damages and here's a calculation or here's an expert's opinion on how you quantify that. No, they said it because they wanted them to get loud and to send a message. And so that's what's improper about it.

We don't have to object to closing argument in order for this Court to fulfill your duty at post-trial motions to find a verdict grossly excessive and throw it out, either for this reason or as a thirteenth juror, because, obviously, we've

raised thirteenth juror as well, and Your Honor is the thirteenth juror.

But the bottom line is, Your Honor, even so, the South Carolina Supreme Court has recognized that there are exceptions even to the contemporaneous objection requirement, and those are specifically when there's inflammatory statements that are made.

And to suggest somehow that this was not an injection of race, of course the jury could see that the plaintiffs were African American and of course they could see that Dr. Trant was not. But what is offensive is this case was not based on any type of discrimination. They didn't plead the discrimination claim. But what they did was, they waited until the evidence was closed and then, ultimately, Your Honor, they clearly injected race into the case by making those statements.

What other explanation is there, Your Honor, for drawing that distinction that it doesn't matter if you're Black or White, if you're rich or poor, if you're a millionaire or on Medicaid? How in the world does that have any pertinence whatsoever to a medical malpractice case? It isn't.

And it's not just superfluous and it's not just, you know, extra that wasn't -- didn't cause any type of harm or prejudice, it was highly prejudicial, it was inflammatory, and it totally matched what they then asked the jury to return,

which was, you know, 30-plus-million-dollars award.

And, again, the combination -- maybe one of these isn't enough, but the combination between the two of sending a message, to be loud and to be heard across the Pee Dee and to Columbia and to Charleston, together with throwing in race and socioeconomic conditions, that, quite simply, is not proper and shouldn't be allowed to stand and this verdict shouldn't be allowed to stand.

And whether it's something that requires an objection or not, this clearly would fall into the exception to the contemporaneous objection, and I don't believe we even need to go there because, quite frankly, Plaintiff's counsel doesn't have free reign to say whatever they want as long as it's not objectionable. That's not the way our jurisprudence works.

And, ultimately, that's what happened in this particular case. And if there's any question about it, there's an unprecedented verdict of wrongful death of $30 million that was returned in this particular case. That was an excessive verdict and should not be allowed to stand, particularly under these circumstances.

MR. POWELL: Just briefly, Your Honor. Nothing about saying a standard of care is equal opportunity and it protects all regardless of your background even comes close to the exception that the Toyota of Florence, Inc., vs. Lynch case, which is 314 S.C. 257, a 1994 South Carolina Supreme Court

case, said or that they Dial case, which I previously cited, the 1998 Supreme Court case said that is it for the limited exceptions for the failure to contemporaneously object. And we did not inject race. We said a standard of care is equal opportunity. It is equal. It protects everyone, no matter what your background is.

And the only exception provided for failing to contemporaneously object is where the challenged argument constitutes abuse of a party or witness. Nothing about those statements could any way be construed as an abuse of Dr. Trant or McLeod Physician Associates II or any witness. And even if they could, referring to the standard of care as being there to protect everyone no matter what your background or creed is, we never -- we never went to a different step and said, "And we think Dr. Trant violated these because of some racist undertone." That, clearly, would be objectionable even if -- and it would fit within these caveats.

We never alluded to the fact or alleged that the treatment Taylor received or didn't receive was because she was Black or because she was on Medicaid. So, even if it did fit within the exception, we don't believe it would even come close to that, if you read the Dial case and the Toyota case, but Mr. Lindemann's arguments about they're not objecting based on those statements, they're objecting based on the fact that the jury considered those statements, that's a

distinction without a difference. Their failure to contemporaneously object at the time and then not following within the narrow caveat as recognized by our South Carolina Supreme Court, that is -- those are not waived. They are not preserved. They cannot be the basis of their motion for new trial absolute, which leaves them with $30 million was so unprecedented.

And in their own motion, Ms. Utley's damage, while significant, do not rise to this level. So, I mean, I don't know how to infer anything from that, but you know, not this case, not this girl, not this client.

Yes, it's a wrongful death of a child and it's non-economic, so there's no fixed measuring stick as the Lucks (ph) case talked about. And Your Honor was there; the jury heard compelling testimony, and the jury gave the plaintiffs the bare minimum of what we asked for. We suggested that was the minimum. If they had doubled that, tripled that, or gave some crazy multiplier of that, maybe that could be circumstantial evidence that they were inflamed by giving the plaintiff way more, but the fact that they gave us the bare minimum of what we asked for, I think is almost prima facie circumstantial evidence that they were not inflamed.

And so, that would -- based on the waiver and the failure to preserve any of those arguments and just the amount alone

does not support the new trial absolute, and we'd rest on that, Your Honor.

THE COURT: Okay.

MR. LINDEMANN: Your Honor, just one last point to that, and I'll move on. How the standard of care applies based upon your race, your socioeconomic standing is not an issue in this particular case. There is absolutely no reason to have made those statements other than to try to blatantly infer that Dr. Trant used those as considerations in this case not to order additional tests or to treat Ms. Price differently because she was a Medicaid patient.

There's absolutely no reason to have brought that up other than to infer that. And they suggest that because we didn't specifically state it, we only inferred it, doesn't make it prejudicial. It's just absolutely false. It was extremely inflammatory as to Dr. Trant, and therefore, it shouldn't stand.

Anyway, moving on. The next issue is pretty straightforward. There was a settlement prior to trial of $130,000 paid by the Marion County School District. And I don't believe that they have contested this other than the amount that -- under the analysis and the various cases that we cited, Smith v. Winder, the Hawkins v. Pathology Associates, Rutland v. South Carolina Department of Transportation, that, ultimately, we're entitled to a setoff

of that $130,000.

The plaintiffs did argue that only $10,000 was allocated to the wrongful death settlement. I think that's what they argued.

MR. POWELL: $1,000.

MR. LINDEMANN: $1,000.

I received a copy of the Order that was issued by Judge DeBerry, and I don't see him making that allocation. And, in fact, the Order is called Order Approving Wrongful Death Settlement. It doesn't say anything about Order Approving a Survival Settlement.

And, ultimately, the $100,000 was all on the wrongful death case. In fact, the petition itself filed September 17th, 2024, was called Petition for Approval of Wrongful Death Settlement. I'm not quite understanding where they're coming from to suggest that Judge DeBerry approved $1,000 as going to the wrongful death and the rest going to survival. I don't see it. I wasn't there, so I may be missing something, but the Order certainly doesn't say, and the Order, obviously, carries the day.

MR. POWELL: And our only response to that, Your Honor, would be that there may have been a typo in the Order, but defense counsel was there in the courtroom when we put the settlement on the record. We did not attach the settlement agreement with the Rich- -- or the Marion County School

District as a exhibit. While I don't believe Governments can have confidential settlements, there was a term of confidentiality in there. So to the extent Your Honor wishes us to produce it pursuant to your Order, we are happy to; that it specifically states 129,000 was allocated to the wrongful death -- I mean, sorry, to the survival; 1,000 was allocated to the wrongful death, which mirrors exactly what was said on the record in open court with counsel for all parties there.

But I do understand there's a distinction or a typo in the Order Approving Settlement. So whatever Your Honor thinks is best there. At the end of the day, the total is $130,000, and then what we put on the record, and then the settlement agreement with the School district allocates 1,000 to the wrongful death claims, which is all we proceeded to trial on.

MR. LINDEMANN: And, again, Your Honor, I don't see any allocation whatsoever in the Order. I don't see a typo. The Order -- again, I was not there, but the Order is called an Order Approving Wrongful Death Settlement for $130,000. I don't see any -- any allocation in that particular Order. Again, if I'm missing something, I -- I just got that this afternoon, so -- or this morning.

MR. LESEMANN: Taylor?

MR. POWELL: Yes.

MR. LESEMANN: Would you be able to access the petition? It's in paragraph 13 of the petition.

MR. POWELL: That we allocated 1,000 to the wrongful death?

MR. LESEMANN: Yes.

MR. POWELL: I could. And I could either share that screen or email it to everybody.

THE COURT: Just email it to us.

MR. POWELL: Yes, sir.

THE COURT: And I'll look at it.

MR. LINDEMANN: All right. Thank you, Your Honor.

All right. Let me move on to the reduction to the statutory cap for both defendants, Your Honor. And there are two separate arguments. The first one, Your Honor, is that the total judgment of $30 million should be reduced. Again, assuming Your Honor denies the new trial motion and the JNOV motion. You, obviously, don't reach this issue if you grant either of those.

But to the extent Your Honor reaches the issue of reducing the verdict to the caps, our contention is that the total judgment should be reduced to $1.2 million against both defendants pursuant to the South Carolina Solicitation of Charitable Funds Act. Your Honor, this is all based on the language contained in Charitable Funds 33-56-170 -- I mean, 180(A), and that language -- of course I know Your Honor is familiar with it, this was -- the language provides for a cap of actual damages. It says that actual damages cannot exceed,

quote, "the limitations on liability imposed in the South Carolina Tort Claims Act in Chapter 78 of Title 15." The statute itself does not mention any specific dollar amount. It doesn't cite to any specific statute in the Tort Claims Act. It simply talks about limitations on liability.

The Tort Claims Act (indiscernible) for non-physician torts caps of 300/600 as Your Honor is aware, and caps for a physician torts of $1.2 million. Our position, Your Honor, is that the intent of the General Assembly, when they adopted that, changed the language in 2000 that when they -- basically, prior to the amendment of this statute in 2000, this specific cap was $250,000. And the section was simply changed, Your Honor, to reference the Tort Claims Act caps.

What's important to recognize is Act No. 336 from 2000 is the statute that actually made that particular change. If you look at page 20 of our motion, it specifically says -- or the title to that Act specifically says, "An Act to amend Chapter 56, Title 33, Code of Laws of South Carolina, 1976, relating to the Solicitation of Charitable Funds Act so as to revise the contact by inter alia, adding certain disclosure requirements, definitions of affected solicitors, criminal and other penalties for violations, and technical changes."

So it says nothing about changing the caps, adopting the Tort Claims Act, adopting various sections of the Tort Claims Act. All of that falls under what would be referred to as

technical changes.

Now, we made this argument -- or I made this argument in Chastain v. AnMed Foundation, the 2010 case from the South Carolina Supreme Court. And what's important to recognize in AnMed is that the trial judge in that case, who was Judge Alison Lee, made two separate decisions. No. 1, she determined that the Charitable Funds Act should not be read so as to include "occurrences" so that there can be multiple caps that would apply.

And then, as an alternative basis, she found that the jury charge and the verdict form were insufficient to allow a jury to determine the number of negligent acts, assuming that definition of "occurrence" would apply.

If you look at the AnMed decision, the Supreme Court points out both of these arguments. In fact, if I could read it to you, Your Honor, it says, quote, "The trial court reasoned the intent of the CFA was to limit the amount of damages recoverable from a charitable organization and that to read to term 'occurrence' to include every instant where the Defendant Nurses violated the applicable standard of care would clearly defeat the legislature's intent. Alternatively, the judge held that, based on the jury charge and verdict form, it was impossible to determine the number of negligent acts or negligent nurses found by the jury and, thus, only one recovery was appropriate."

The Supreme Court, as its want to do, is they look for an issue to be able to resolve the case without necessarily having to decide all of them. So the Supreme Court says, quote, "On appeal, Appellant challenges both grounds." We did -- or the other side challenged both grounds. "We find it necessary to uphold only one ground in order to affirm the trial judge's decision to reduce the verdict," and they went on to find that the verdict form was insufficient to show the number of negligent acts to support any type of finding of occurrence.

So the Supreme Court did not reject the first argument or the first finding by Judge Lee, and, in fact, I would submit to your Court that there's been no decision since Chastain where that issue has even come up. In fact, Chastain is the only case appellate decision that I'm aware of that even applies the charitable caps.

So, ultimately, Your Honor, our first argument is based on the fact that the General Assembly in 2000 was not to adopt a per-occurrence scheme in order to find multiple (indiscernible) applicable. If that was the General Assembly's intent, No. 1, it needed to be spelled out in the title to the Act to comply with constitutional requirements, and No. 2, (indiscernible) not constitute a, quote, "technical change."

So, clearly, the General Assembly did not (indiscernible)

nothing in the legislative history that would suggest that the General Assembly was doing anything other than borrowing the numerical limits from the Tort Claims Act. So that involved -- for torts involving a charitable organization, if they were non-physician, they would have 300/600 caps, and if they were physician torts, they would be $1.2 million.

So our first argument, Your Honor, is based on the legislative history and the fact that, constitutionally, you cannot read Act No. 336 from 2000 as adopting anything more from the Tort Claims Act than the numerical amounts which, in this case, the applicable one would be 1.2 million for physician torts.

What's absolutely critical to recognize in this whole analysis, Your Honor, is that the charitable immunity statutes, the Charitable Funds Act, is in derogation of the common law. And in order to be -- when it's in derogation of the common law, No. 1, it's strictly construed, but more importantly, Your Honor, the legislative intent to change the common law has to be explicitly stated. Some cases say "explicitly stated"; others say "expressly stated." But it needs to be within the four corners of the statute, and it's not there.

In this particular case, there's nothing within the statute itself within 33-56-180 that specifically indicates that the General Assembly intended to adopt a per-occurrence

scheme for determining damages in a Charitable Funds Act case. There's no language whatsoever even adopting the definition of "occurrence" from the Tort Claims Act.

So our first argument, Your Honor, on this is that the most the plaintiffs can recover in this (indiscernible) against both defendants is a single recovery of $1.2 million. And, again, ultimately, anything -- any other reading would be far beyond the adoption of a technical change in the 2000 amendments to the Act, and there's nothing that would explicitly show or clearly express legislative intent in this particular case, which is clearly where the statute is derogation of the common law.

As a secondary argument specifically as far as Dr. Trant's concerned, Your Honor, looking back at the language of 33-56-180(A), in that particular case, Your Honor, the statute goes on, after citing the limitations on liability imposed in the Tort Claims Act, to explain how one can recover from an employee of a charitable organization.

And that requires two things. It requires joining that employee as a party defendant and a finding that the employee acted in a reckless, willful, or grossly negligent manner.

What 33-56-180(A) does not say is that there is unlimited cap -- unlimited liability for an employee of the charitable immunity if they're found to be grossly negligent.

The only thing the statute actually provides for is that

they can be joined as a defendant -- as a judgment debtor on the judgment itself. And, again, this is in derogation of the common law. If the intent was to create unlimited liability for an employee of the general -- of the charitable organization, it needs to be expressly or explicitly stated in the statute, and it is not.

In addition to that, Your Honor, that far exceeds the technical changes addressed in 2000. But I take that a step further because I went back in the legislative history to look at where this -- where this language first came from, how it was described in the legislation, and ultimately, you've got to go back to Act 7 -- 674 -- and this is all in our memorandum, Your Honor -- 674 from 1988. And at that particular time, the charitable caps were codified not in Chapter 56 in Title 33 but, rather, in Title 55 -- I mean, Chapter 55 of Title 33.

And at that particular time, 33-55-210(A) was initially adopted in conjunction with an additional statute, 33-55-220, which specifically held, quote, "The bar to any action against the employee ... shall not imply -- apply where the employee is adjudged to have acted recklessly, wantonly, or grossly negligent."

33-55-210(A), which I just read to you, was repealed in 1988. Titled in 1988, Act No. 674, explicitly states that the legislature intended to, quote, "Repeal Section 33-55-220

relating to the provision that the bar to any action against the employee does not apply when the employee is adjudged to have acted recklessly or wantonly or with gross negligence."

That was the change in the law in 1988. That particular statute, 55 dash -- excuse me, 33-55-220, which was removed in 1988, was never added back when it was -- the charitable immunity statutes were re-codified to Chapter 56 of Title 33. So that language is gone. And, obviously, there's got to be some legislative intent for why that language is gone, and the legislative intent for why that language was gone was not to hold governmental -- I mean, charitable employees liable for anything more than the same actual damages caps that the organization -- charitable organization can be held liable for.

There's no other way to interpret the removal or bar of that or the repeal of a particular statute. So at the time that the amendments were done in 2000, that statute was already gone. And, again, what I'm referring to as -- as -- beg the Court's indulgence -- 33-55-220.

And why is that important? That's important because there is no law applying the current statutory scheme that recognizes that employees of a governmental entity may be held liable for unlimited liability. There's absolutely no law on that.

The only case that has touched on this issue, Your Honor,

is the case of James v. Lister. And if you James v. Lister, it's a case that arose in 1989. The decision itself came down from the Court of Appeals in 1998, but the actual tort was committed nine years earlier on February 3rd, 1989.

So the law that was in place at that time was the law at 1988 that included the language that I just cited to Your Honor, 33-55-220, which was repealed subsequently than that, and, ultimately, was never adopted again.

But in James v. Lister, that was the law at that particular time. And, ultimately, in what I would submit to the Court as pure dicta, the Court indicated in one sentence that Section 33-55-210(A) provides a mechanism for seeking damages in excess of the charitable limitation through an action against a charitable organization's employees. That is it. That is all the plaintiffs are relying on in this particular case, a decision from the Court of Appeals, which is pure dicta and absolutely incorrect. And that particular line has been requoted in cases that are not -- which are totally inapposite to this, the Myat case as well as Garrison, which had nothing to do with charitable immunity, the Garrison case didn't. The Myat case cited it, and I think it might have been your case, Your Honor, where you allowed the defendant to reopen the evidence to put in evidence that they were a charitable organization, but there was not even an employee that was sued in that particular case. So that issue

was not before Your Honor in the Myat case. So they simply -- the Court of Appeals' decision in Myat, like the Court of Appeals' decision in Garrison, simply quoted this one sentence from James v. Lister, but that law was no longer applicable because it was the law that was in place in 1989 and there were a number of changes. In fact, there were three different changes in 1988 alone to the charitable immunity statute.

And you've got to go back through those different variations to be able to look at what exactly was in place at the time of James v. Lister, what ultimately was the law when 33-56-180 was adopted in 1994, and what was the law in 2000 when this change was made that referenced the Tort Claims Act.

So what that boils down to -- what that legislative history boils down to, Your Honor, is that the only thing that is a consequence of naming an employee of a charitable organization and having a jury make a finding of recklessness, wantonness, or gross negligence is -- I'm sorry, willfulness, recklessness, or gross negligence is that that party can then be joined to the judgment. But there's nothing in the legislative scheme that even remotely suggests, let alone meets, the explicitly stated or clearly expressed standard required when the statutes are in derogation of the common law to suggest that there is unlimited liability for an employee of a charitable organization.

And so we would ask the Court to, based upon that

legislative history that we've outlined in our motion -- and I'm happy to send Your Honor the different acts if that would be helpful because I've pulled all of those -- but, ultimately, the status of the law at the time this case was tried does not support an interpretation of the statutory scheme to hold an employee of a government -- of a charitable organization, such as Dr. Trant, liable for unlimited actual damages. There's nothing in the statute says that. There's nothing in the legislative history that says that.

And so ultimately, Your Honor, Dr. Trant's damages in this particular case, even this Court affirms the finding of gross negligence, should be capped at $1.2 million, just like the charitable organization is.

Thank you, Your Honor.

THE COURT: So you're telling me the law is, even if he was grossly negligent, he's limited to the cap?

MR. LINDEMANN: That's correct, Your Honor.

And under the Tort Claims Act, employees -- regardless if employees acted with gross negligence, they're not entitled to -- I mean, they're not subject to liability. And, ultimately -- you know, obviously, the charitable immunity statutes were clearly intended to -- and I'm not suggesting to adopt the Tort Claims Act but walk hand-in-hand (indiscernible) with the Tort Claims Act and, ultimately, there's no -- no liability for employees for gross negligence

of governmental entities.

Now, of course, the charitable statute takes it a step further and never, as I argued earlier, never even adopted the per-occurrence language for the entity itself, but as far as employees go, there's nothing in -- there's nothing in 33-56-180 that would remotely suggest that an employee of a charitable organization is liable for more than the actual damages that the organization is liable for. Nothing that says they're subject to unlimited liability.

And, quite frankly, Your Honor, that would require clear legislative intent. We don't have it. In fact, we have the opposite. We have language that would support that that was actually repealed in 1988. And, again, I'm referring to 33-55-220. That was repealed in 1988.

And when the statute changed from a Chapter 56 -- excuse me, 55 to 56, that was not re-adopted and certainly wasn't part of the amendments in 2000. Unfortunately, the history with charitable immunity in this state is very convoluted because the Supreme Court went through a series of opinions in the late '70s into the '80s making various decisions, some of which were consistent, some were inconsistent. There was provisions that were part of Title 44. There were provisions that were part Title 33. That caused the General Assembly then to act numerous times.

And, like I said, I believe that there were three

different statutes that were in play in the year of 1988 alone. There were two amendments in 1988 alone. So you've got to look at -- so you've got to look back for two reasons. Number one, to see what the legislative intent is today but also to understand what the Court of Appeals was dealing with in the James v. Lister case because they weren't dealing with this current statute; they were dealing with the statute that was in place in 1989.

THE COURT: Do you have any case -- nobody has ever argued this to me, what you've just argued. Do you have any cases that they're dealing with the current statute?

So your position -- let's -- if you're correct and the doctor is limited to 1.2 million, so McLeod owes 1.2 and the doctor -- can get a judgment against the doctor for the 1.2?

MR. LINDEMANN: Your Honor, I'm not suggesting that they're both liable for -- I'm not suggesting that they're liable for 2.4. I'm suggesting that they are both joint and several on the verdict form. So he is a -- the doctor is a judgment debtor. That is the intent of 33-56-160. I'm sorry --

THE COURT: So he's only jointly liable for a judgment debt if he's grossly negligent? That's what you're arguing, isn't it?

MR. LINDEMANN: That's correct.

THE COURT: If the jury found he was grossly negligent,

then he can be on the judgment form, but it's only a cap of 1.2 for both of them.

MR. LINDEMANN: That's correct, Your Honor. I mean, unless you agree with me and say that the -- that the statute adopted the occurrence scheme from the Tort Claims Act, then it would be, you know, multiple occurrences but, you know, I'm not I'm not conceding that point. That was the (indiscernible) my two arguments (indiscernible) together.

THE COURT: Isn't there some language in that -- when it says 1.2 million per occurrence, doesn't it say that?

MR. LINDEMANN: It does, but they did not adopt the caps. And, again, it's in derogation of the common law. So you've got to look at the legislative history and what they intended. It's not in the statute, number one, and it's not in the legislative history.

The Act itself from 2000 that basically bootstrapped the Tort Claims Act limits called it a technical change. And I think Your Honor would agree with me that this is far more than a technical change, the way the plaintiffs have interpreted it.

And this was -- and, quite frankly, AnMed, the only case we have on this -- we have one case, and the Supreme Court didn't reach that issue.

THE COURT: Okay. So you're telling me that this has not been decided by appellate courts at all?

MR. LINDEMANN: It has not been.

THE COURT: I guess this case is going to figure that out, ain't it?

MR. LINDEMANN: I think it is. But I'm hoping it figures it out in the Circuit Court before it goes to the Court of Appeals. And I think it should, Your Honor, because the legislative --

THE COURT: No matter which way I go, there's a good chance of both of you going to appeal me. I mean -- so with $30 million on the line, it's going somewhere past me.

And your argument was just -- it's interesting because I've had a bunch of people argue to the contrary to me. Why are we -- if that was the case, why are we trying all these cases with gross negligence and getting a bigger verdict?

MR. LINDEMANN: Well, I think you're trying them mostly in the -- aren't you trying them in the charitable area? Because the cases I've seen are cases against the entity itself.

THE COURT: Okay.

MR. LINDEMANN: I'm not aware of any case at the appellate level, Your Honor, where an unlimited -- an unlimited award against an employee of a charitable organization was allowed to stand, and I'm sure if there was one, Mr. Powell would have cited it to Your Honor as well.

THE COURT: Well, I agree. I mean, I don't know of any

-- the caps -- the cap from a charitable organization is whether the doctor, if he was found grossly negligent, is under that cap. I think the law is pretty clear that the cap is there for the organization.

MR. LINDEMANN: And if you think about --

THE COURT: But you're saying --

I'm sorry; I'm talking over you.

MR. LINDEMANN: No, I'm talking over you. I apologize.

If you think about it, Your Honor, the public policy behind it makes a lot of sense. I mean, these are charitable organizations. They're not -- this statutory scheme is not applicable just to charitable hospitals. It's churches, the Red Cross, you know, the United Way, every single charitable organization.

And just from a common-sense standpoint, did our General Assembly intend for employees of charitable organizations -- preachers, nurses at the Red Cross, people who work for delivering Meals on Wheels -- do we really believe that the public policy of this state as set by the General Assembly intended that some employee of Meals on Wheels is liable for unlimited liability despite the fact that they're working for a charitable immunity [sic]? Or the preacher of the Baptist Church down the street is subject to unlimited liability whereas the church itself has caps? It makes no sense.

These are charitable organizations, and they used to not

have any liability and, of course, that changed over time, but -- and that's why these statutes have to be strictly construed.

And so we're saying a governmental employee who acts with gross negligence, as long as it's in the scope of their official duties, is entitled to absolute immunity, but that driver for Meals on Wheels is not? That's not the law in South Carolina. That's not the intent.

And if that is the intent from the General Assembly, it needs to be explicitly stated. Unlimited liability for employees of charitable organizations is something that's got to be seriously considered, and we don't have that case law. And the only case we have is AnMed, and the Supreme Court, for whatever reason, decided not to decide that first issue. They skipped to the second issue, affirmed Judge Lee on it, and we haven't had, to my knowledge, an appellate decision that actually decides the merits of this. The closest we've come is the James v. Lister case, which actually, I guess, predated AnMed.

The only case is your case in Myat, and Myat didn't even involve, Your Honor, an employee of a charitable organization. The sole defendant in that case was Tuomey Hospital. And the only reason it came up -- James v. Lister came up is Your Honor distinguished James v. Lister by allowing the defendant in that case, Tuomey Hospital, to reopen discovery because

they had not presented evidence to establish that they were a charitable hospital.

THE COURT: Yeah, I remember that case well.

MR. LINDEMANN: And you were affirmed.

And it was pure dicta that was then cited in that case. It was just simply a quote of that one line. James v. Lister -- one sentence from James v. Lister that is pure dicta is going to carry the day on this and hold every preacher in South Carolina to unlimited liability if they act with gross negligence and every employee of a charitable organization from the United Way to the Red Cross to, you know, any host of organizations, Meals on Wheels, all those people are subject to unlimited liability where they can get popped for $30 million? That's not the law in South Carolina nor should it be.

And like I said, if it is, the General Assembly sure as heck needs to say it explicitly in the legislative history and in the statute, and this statute is silent. I mean, how hard would it be to say, if you prove that the employee acted grossly negligent, there's unlimited liability? And the statute doesn't say that. And it doesn't say it because it's not the law.

And you can't read into it because it's in derogation of the common law, and it needs to be expressly stated that that was the intent. And then I go back to my same points again.

How in the world was this a technical change if we're all of a sudden going to hold governmental entities liable for -- I mean, prior to the 2000 amendment, they were liable for $250,000. Now we're saying they're liable for upwards of $30 million? And it's a technical change?

I mean, Judge Lee was absolutely right in AnMed. I wish the Supreme Court had dealt with the first issue. I understand why they didn't, but, ultimately, they didn't say the first issue was wrong. They didn't say Judge Lee was wrong, whether the current scheme even applies to charitable entities.

And I'm kind of melding it, but the secondary argument is even, I would suggest, more compelling because they are, without question, the statute is silent in suggesting that Dr. Trant or the preacher of the Baptist church down the street or any employee of a charitable organization, if they're found by a jury as being grossly negligent, all of a sudden, they can be liable for millions and millions and millions of dollars. The law doesn't say it. The legislative history doesn't say it.

Just because other courts haven't dealt with this issue doesn't mean it's not a credible argument. So, like I said, we don't have a whole lot of charitable immunities cases since 2000.

And the other two cases ---

THE COURT: Okay. I'll go read all that legislation.

MR. LINDEMANN: --- (indiscernible) whether you have to plead it.

MR. POWELL: I'll be brief, Your Honor.

THE COURT: Okay.

MR. POWELL: I'll start with the first part as to the incorporation of the per-occurrence language, and that's just kind of elementary. When you look at the charitable statute, the limitation on liability, it cites, you know, a person recovering [sic] by -- or dying by reason of the tortious act of an employee of a charitable organization, when they were in the course and scope, may recover in an action brought against the charitable organization only to damages he sustains in an amount not exceeding the limitations on liability imposed by -- and then it references the Tort Claims Act.

The section of the Tort Claims Act titled, "Limitation on Liability" specifically -- like, you can't -- you can't read into just 1.2 but not say occurrence. The section it references, "Limitation on Liability," is a per-occurrence analysis. I mean, that seems pretty basic and elementary.

But if they wanted to -- you know, going back to the defense's argument, if the General Assembly didn't -- you know, intended that, they would have so explicitly stated. Well, they could have just as easily, when they made the changes, updated the caps to say, before, there was just a

hard, singular cap. It started at 200 and then it was 250, and then this is what changed it to the per-occurrence analysis under the Tort Claims Act, and there's a different analysis for injury claims and death claims when you can have both or medical malpractice or dental malpractice claims.

So you cannot have -- you can't incorporate the limitation of liability without having the occurrence. It just doesn't make any sense because the statute it's referencing has that in there. And Chastain v. AnMed couldn't have been clearer that the occurrence analysis is how you do that in the charitable statute.

But back to your second question and the second point, you don't need to go through a tortured legislative history in how we got here. You just read the statute. It's pretty clear. The very first part of the statute -- and you read it in its entirety -- says there's a limitation against what you can recover from the entity, actual damages.

And then it references the per-occurrence liability under the Tort Claims Act, and it says, "This statute acts as a complete bar to a judgment against the individual employee unless" and then it goes on through, you know, the findings of recklessness, willfulness, or grossly negligent, and they must be properly joined as a party.

So the whole argument that, you know, the law doesn't say you can have unlimited damages, it could not be more clearer

from just reading that "unless." If they wanted to cap it and cap it as to actual damages and not allow you to have punitive damages, the legislature was just as capable of putting that cap as to actual damages in the second sentence of that statute and the reference to the per-occurrence in the second sentence of that statute as they were in the first part.

And then when you go -- like your question as to why would anybody pursue an action like this seeking gross negligence against Dr. Trant if all that meant is he's on the verdict form and he's a judgment debtor under the same judgment? That just makes no sense whatsoever. Why would we try and prove a higher level of negligence when we don't get anything for it?

And public policy argument, public policy, there's a balancing. It protects charitable entities. It protects -- there's, you know, tort claims. There's med mal reform. It protects doctors. It protects hospitals. Look at the non-economic damages cap.

And even an analysis under the Tort Claims Act, there's the balancing of you can't bankrupt Government; there's got to be some balance of protecting the Government in not having unlimited caps. And the Tort Claims Act explicitly states -- you know, it doesn't imply, it doesn't lead to conjecture that you cannot recover against the individual. There's no "unless" like the Charitable Acts statute. So the fact that

the Tort Claims Act explicitly states you can't recover against an individual -- in fact, they have immunity; you can't even name them as a party as to tort claims -- that's a whole separate analysis under 1983 -- but to then say that that same logic applies to the charitable statute when the statute says "unless" with no caveat, either the -- there's not public policy to protecting grossly negligent defendants at the expense of innocent plaintiffs.

Look at the non-economic damages cap or act that was part of the medical malpractice tort reform. There's no cap if there's a showing of gross negligence. Look at the punitive damages cap or statute. There's a way to exceed that to where there are no caps. So there's absolutely a balancing and an analysis as to why, yeah, a preacher, if he does something that's grossly negligent, you can get a judgment against him. Whether or not you're going to collect it, that's a whole nother analysis that's not applicable in this appeal, but if he does something grossly negligent, if the Meals on Wheels guy is driving his van and he's drunk and he runs a red light and kills somebody, there can be a judgment for an unlimited amount entered against him, and there's nothing in the statute that protects him from that.

And the argument as to all that finding of gross negligence gets is there on the verdict -- or they're on the judgment but for the same capped amount. It just makes no

logical sense of why would you proceed in an action to recover that.

And then I'll finish with going back to the James v. Lister case. The fourth page of that opinion, the Supreme -- or the Court of Appeals cites 33-55-210(A), the 1990 version. And it states -- in what has been alleged as purely dicta but I would say is directly on point and could not be any more clearer -- 33-55-210(A) provides a mechanism for seeking damages in excess of the charitable limitation through an action against a charitable organization's employees. In such instances, the statute specifically requires joinder of the employee as a party and a special finding by the jury that the employee was proved guilty of gross negligence as a proximate cause of the injury.

What's significant is 33-55-210(A), the 1990 version that the James v. Lister Court of Appeals cites is word-for-word identical to 33-56-180, the current statute we are proceeding under, with the exception of the statute had a hard cap of $200,000 and the current one references the Tort Claims Act limitation on liability.

But the whole second part of that statute about the finding of gross negligence, willfulness, wantonness, or recklessness, those words are word-for-word identical from 33-55-210(A) in 1990 as they are in 33-56-180 that we're operating under, Your Honor.

And I think the combination of those distinctions and the points we've made in our memo, we're getting long in the day and we would rest on that unless Your Honor has any questions for us on that.

THE COURT: I don't have any. I think y'all have covered everything well.

Okay. Anything else y'all want to tell me?

MR. POWELL: Nothing for the plaintiff, Your Honor.

MR. LINDEMANN: We, obviously, rely on our brief for anything that I may have skipped or not argued in detail.

THE COURT: Y'all gave me good briefs. It was to the point. I appreciate it. Sometimes I get briefs that are hundreds of pages telling me what the directed verdict standard is. But I'll go over them all again and let y'all know something.

MR. POWELL: Yes, Your Honor. Would it be Your Honor's preference for the parties to wait to hear some direction from you versus each side prepare and submit proposed orders depending on Your Honor's findings?

THE COURT: Yes. I don't want y'all to spend all this work sending me proposed orders and I don't accept (indiscernible). I'll try to send you one. It used to drive me crazy when judges -- especially when (indiscernible) Lawson had to do an Order.

MR. POWELL: Well, thank you very much for your time and

your willingness to accommodate us, Your Honor.

And thank you for the other side for your fine arguments as always.

MR. LINDEMANN: Thank you.

Same thing, Your Honor. Thank you for being generous with your time. I definitely appreciate it.

MR. LESEMANN: Thank you, Your Honor.

THE COURT: Thank y'all. I'll let you know something.

(The above hearing concluded.)

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	TWELFTH JUDICIAL CIRCUIT
COUNTY OF MARION	)	C/A NO. 2022 -CP- 33- 00362
Demetrice Utley, Individually and as Personal Representative of the Estate of Taylor Danielle Price, Plaintiff,	)	**ORDER TO TRANFER VENUE**
vs.	)	
McLeod Physician Associates, II, Charles A. Trant, M.D., Defendants.	)	

This matter is before the court upon motion of defendants McLeod Physician Associates, II (MPAII) and Charles A. Trant, M.D. (Trant) for a change of venue. For the reasons stated below, the motion is **GRANTED.**

JURY SELECTION

This action was scheduled for a day-certain for trial in Marion County on September 9, 2024. Plaintiff, defendant MPAII, defendant Trant, and then-defendant Marion County School District (the school district) all participated in jury selection. After the jury was selected and seated in the jury box, plaintiff's attorneys advised the court that they had reached a settlement agreement with the school district. Trant and MPAII immediately moved for a change of venue to Florence County under S.C. Code Ann. §15-7-30. They also moved for a mistrial on the grounds that the school district tainted the jury selection process by participating in it under false pretenses that it would be a

party at trial but knowing that it had a settlement agreement and that it would not be a party at trial.[1]

It was obvious to the court and not disputed by plaintiff or the school district that the settlement agreement between them was reached before jury selection began. Trant and MPAII agree that plaintiffs and the school district can settle if they choose and do not need their consent. However, the appropriate course of action would have been for the school district attorney to not participate in the jury selection process with the attorneys for Trant and MPAII. She did participate. Trant and MPAII contend this made the jury selection process unfair and prejudicial to them. The court agrees.

To remedy the unfair and prejudicial jury selection process, the court dismissed the jury and the trial was continued. This made the motion for mistrial moot. The settlement between plaintiff and Marion County School District was put on the record and approved by the court. Trant and MPAII then renewed their motion to transfer venue pursuant to S.C. Code Ann §15-7-30 contending that the school district was no longer a party and, therefore, venue was now proper only in Florence County where Trant resides, where the incident of alleged malpractice occurred, and where MPAII has its principal place of business.

CHANGE OF VENUE

When this action was filed, venue was proper in Marion County under §15-78-100(b) of the Tort Claims Act because the school district is a governmental entity and its

[1] The school district, Trant and MPAII were at the same table for the jury roll call, statutory qualification questions, and voir dire. They were in the same room discussing challenges for cause and peremptory strikes. At least some degree of input to the jury selection process was given by the school district attorney and considered by the attorneys for Trant and MPAII. Trant and MPAII maintain that had they known the school district had settled, they would not have allowed the school district to participate in the jury selection process with them and would have requested that the 4 preemptory strikes and 1 alternate strike allotted for all defendants be theirs alone instead of shared with the school district.

alleged acts or omission of negligence occurred there. *See* Complaint ¶ 7. Had the school district not been a defendant, venue would have been proper in Florence County under S.C. Code Ann. §15-7-30(C) and (E). In paragraph 7 of their Answer, Trant and MPAII reserved their right to file a motion for a change of venue "should circumstances change." Circumstances have changed. The school district has settled with plaintiff and is no longer a defendant. The reasons that venue was proper in Marion County no longer exist. Trant has no connection to Marion County. MPAII has a small presence in Marion County, but the court takes judicial notice that its principal place of business is in Florence County. *See,* S.C. Code Ann. §15-7-30(A)(10)(a) for the definition of "principal place of business" for determination of venue.

"The right of a defendant to have a case tried against him in the county in which he resides is a substantial right." Chestnut v Reid, 299 S.C.305, 307, 384 S.E.2d 713 (1989). "[W]hen the motion to change venue is based on the ground that a particular county is the residence of the defendant, then a question of law is presented, rather than a matter of discretion." *Id.* "[W]hen a motion to change venue is brought pursuant to § 15-7-30 and the facts concerning the defendant's residence are uncontradicted, the trial court must change the venue to the county where the defendant resides. If the plaintiff then wishes to change venue based on the convenience of witnesses and the promotion of justice, he may make such a motion to the trial judge in the county of the defendant's residence. This motion brought pursuant to §15-7-100 would be addressed to the discretion of the court." *Id.*

The holding in Chestnut is clear. Sections 15-7-30 and 15-7-100 should not be read to allow one court to take all relevant factors into consideration at one time. Venue must be transferred to Florence County under §15-7-30 as a matter of law and then the

factors under §15-7-100 may be considered as a matter of discretion in a subsequent motion.

Trant and MPAII conceded at oral argument they could receive a fair trial in Marion, even though the proceedings during jury selection on September 9, 2024, were not fair. In theory, they could receive a fair trial in any county, including Florence. However, that is not the proper inquiry of the court at this juncture of the case. The court's' decision is controlled by the Chestnut decision.

Plaintiff relies on Jeter v SCDOT, 369 S.C. 433, 633 S.E.2d 143 (2006) for the proposition that because the action was properly commenced in Marion County, a request to change venue based on residency may not be made by Trant and MPAII. In Jeter, an action was filed against SCDOT in Union County. SCDOT filed a third-party complaint against a resident of Fairfield County. The Union County court transferred venue to Fairfield County based on residency. The supreme court held that the change of venue was in error because SCDOT is a governmental entity, its alleged acts or omission occurred in Union County. *See*, S.C. Code Ann. §15-78-100(b).

The presence of SCDOT as a governmental defendant in Jeter made venue proper in Union County. That situation no longer exists in this case. The school district is no longer a party. The Jeter decision does not prevent a change of venue under §15-7-30. Therefore, venue of this action is transferred to Florence County as a matter of right under the authority of Chestnut v Reid, *supra.*

This order does not preclude plaintiffs from bringing a motion in Florence County to transfer venue back to Marion County based on the factors in §15-7-100.

[E-SIGNATURE OF JUDGE TO FOLLOW]

From:	Andrew Lindemann
To:	Jennifer Baker
Subject:	FW: Utley v. McLeod Physician Associates II and Trant - Post Trail Motions Proposed Order
Date:	Tuesday, January 28, 2025 12:40:08 AM
Attachments:	Letter to Judge Cothran - 1.27.25 - Submission of Revised Final Order and Response to Objections of Defense Counsel.pdf Proposed Order on Post Trial Motions - 1.27.25 - FINAL.docx
Importance:	High

-----Original Message-----
From: Taylor Powell <jtp@lalawsc.com>
Sent: Monday, January 27, 2025 12:20 PM
To: Cothran, Ralph Ferrell, Jr. Law Clerk (Kimberly Land) <rcothranlc@sccourts.org>; Andrew Lindemann <Andrew@ldlawsc.com>; Cothran, Ralph Ferrell, Jr. <RCothranJ@sccourts.org>
Cc: Joe McLean <jpm@aikenbridges.com>; Boone Aiken <jba@aikenbridges.com>; Alicia Arnold <ana@aikenbridges.com>; Ellis Lesemann <erl@lalawsc.com>; Nina M. Thomas <nmt@lalawsc.com>; Patrick Mclaughlin <patrick@wukelalaw.com>; Marlene Day <Mday@wukelalaw.com>; brad@bradrichardsonlawfirm.com; Brian Critzer <bcritzer@wyche.com>; Matthew T. Richardson <MRichardson@wyche.com>; khearn@wyche.com
Subject: RE: Utley v. McLeod Physician Associates II and Trant - Post Trail Motions Proposed Order Importance: High

Good morning Judge Cothran and Kimberly,

Please see attached the correspondence in response to Mr. Lindemann's correspondence, dated January 22, 2025. We believe that all of the legitimate concerns and objections raised by Mr. Lindemann on behalf of Defendants have now been addressed as detailed in the attached correspondence.

Please also find attached a revised Proposed Final Order on Post Trial Motions, which is being submitted in word version, for your review.

Thank you for your attention and assistance with these matters.

Respectfully,

J. Taylor Powell
Lesemann & Associates LLC
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Charleston, SC 29403
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Letter to Judge Cothran - 1.27.25 - Submission of Revised Final Order and Response to Objections of Defense Counsel.pdf

January 27, 2025

Via Email
The Honorable R. Ferrell Cothran, Jr.
rcothranj@sccourts.org
rcothranlc@sccourts.org
Post Office Box 32
Manning, SC 29102

Re: *Estate of Taylor D. Price v. McLeod Physician Associates II and Charles A. Trant, M.D.*
2022-CP-33-00362

Dear Judge Cothran:

To address the concerns and objections of defense counsel as stated in their correspondence to the Court dated January 22, 2025, Plaintiff submits this letter along with a revised proposed Final Order for your review. The proposed order is submitted as a "word" version, so that the Court can easily modify any portion of it that you deem necessary to reflect your rulings on the post-trial motions.

As an initial matter, with the submission of a revised order, Plaintiff disagrees that a conference call or status conference would serve any beneficial purpose, in light of the extensive briefing and lengthy hearing that the Court already conducted. Imposing additional steps in the process would cause unnecessary delay to the case in light of expected Rule 59(e) motions and subsequent appeals that Defendants will certainly pursue.

Plaintiff also respectfully objects to the recent request by defense counsel to submit a competing proposed order. First, the Court never requested competing proposed orders from the parties, but rather asked for a single order when the indicated rulings were communicated on December 30, 2024:

> Please find attached a bullet point list of Judge Cothran's rulings for each post-trial motion. **Judge Cothran asks that one of you please draft an order** reflecting his rulings and email it back for our review. Please let me know if y'all have any questions.

See December 30,2024 Email from the Court (emphasis added). Defendants did not request to submit a competing order when the Court made its indication of ruling. The eleventh-hour request

Letter to Judge Cothran - 1.27.25 - Submission of Revised Final Order and Response to Objections of Defense Counsel.pdf

to now present competing orders should not be entertained, as the attached revised order correctly reflects the Court's rulings and address the issues about legislative history and related matters that defense counsel asked to be addressed more squarely within the order.

The proposed Final Order is drafted in accordance with the record of this case, applicable, law, and the Court's indicated rulings provided on December 30, 2024. Although defense counsel may not "agree" with certain rulings, that is what appeals are for. Specifically, although counsel wants to continue to reargue the issue, the South Carolina Solicitation of Charitable Funds Act ("SCFA") does not contain any statutory cap on damages as to individual employees of charitable entities. The only protection the SCFA provides to individual employees is a complete bar to any recovery or judgment returned against an employee of a charitable organization, subject to specific exceptions such as when there is a finding that the employee acted in a "grossly negligent" manner. *See* S.C. Code Ann. § 33-56-180(a).

As the parties are all aware, the jury specifically found that Dr. Trant was grossly negligent. As a result, pursuant to the clear and unambiguous language of the SCFA, Dr. Trant (as an employee of MPA II) was not entitled to the protections provided by the SCFA once he was found to have acted in a grossly negligent manner. As the proposed order analyzes in significant detail, the only statutory caps that exist in the SCFA in such an instance are for the charitable entities themselves, not for their grossly negligent employees. No statutory caps exist that could be reduced as to the verdict against Dr. Trant due to his gross negligence.

Separately, Defendants have correctly noted that two different monetary amounts are listed for the offer of judgment interest awarded against MPA II. This was a scrivener's error which has now been corrected in the revised version. All references to the final amended judgment against MPA II and the amount of offer of judgment interest awarded have been corrected and confirmed. The correct amount of offer of judgment interest against MPA II based upon the Court's ruling has always been $380,843.84, but the discrepancy was the result of a rounding issue when the *per diem* amount of interest was rounded to the nearest whole cent and multiplying that amount by 724 days. The calculation in the revised order is based on the number of days from the date when Plaintiff served her Offer of Judgment on MPA II (November 15, 2022) until the jury returned its verdict in Plaintiff's favor (November, 8, 2024). This scrivener's error, when corrected, resulted in a reduction of the judgment entered against MPA II in the amount of one dollar and eighty-eight cents ($1.88).

Although we believe that the arguments presented by defense counsel relating to legislative history and the legislative intent as it relates to the SCFA were sufficiently addressed by the broad language in the second paragraph of the initial version of the proposed order, the revised version order includes an expanded analysis of the issue that supports the Court's rulings. These were the third and fourth items raised by counsel. To alleviate any possible concern whether the issue of legislative history and intent have been raised and ruled upon for purposes of issue preservation, Plaintiff has added footnote 1 to the proposed Final Order which states:

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> In their post-trial briefing, Defendants relied on the legislative history of the Solicitation of Charitable Funds Act. Defendants presented extensive briefing and oral arguments regarding the legislative intent in support or their post-trial motions. This Court carefully considered all of these arguments but respectfully disagrees with the arguments raised by Defendants relating to the legislative history and legislative intent specific to the Solicitation of Charitable Funds Act, for the reasons provided in this Order.

See Proposed Order at pg. 1, fn. 1. Additional analysis addressing this argument has also been added to pages 21 and 22 of the revised proposed order provided with this letter.

The fifth item raised in the letter from defense counsel asserted that the proposed order provided no explanation in Section as to why the Court is ***not*** awarding offer of judgment interest against Dr. Trant. However, we believe that the initial version could not have been clearer on this point when it stated as follows:

> The Court declines to impose offer of judgment interest on the verdict against Dr. Trant because Plaintiff did not serve its Offer of Judgment on Dr. Trant nor did Plaintiff direct the Offer of Judgment to him.

Id. at pg. 23. This correctly reflects the Court's indication of ruling and provides the specific reasons why the Court declined to award offer of judgment interest against Dr. Trant. Defendants also object that the proposed order contained no analysis of the issue in terms of the calculation of offer of judgment interest or case citations. To resolve this objection, Plaintiff added the following explanation and citations to the revised version of the proposed order:

> Plaintiff argued that she was entitled to Offer of Judgment interest against Defendant MPA II on the entire amount of the verdict from the date of the offer to the entry of the judgment, which would have resulted in an additional $4,760,547.95 and an amended judgment against Defendant MPA II of $7,160,547.95. In support of this argument, Plaintiff relied upon *Garrison v. Target Corp.*, 435 S.C. 566, 586, 869 S.E.2d 797, 808 (2022). The Court respectfully disagrees with this argument.

Id. at pg. 23, fn. 9.

> Defendants argued that any calculation of Offer of Judgment Interest against Defendant MPA II must be calculated on the amount of the judgment after the Court reduced the judgment pursuant to the Solicitation of Charitable Funds Act. In support of their argument, Defendants relied upon *O'Shields v. Columbia Auto., LLC*, 435 S.C. 319, 867 S.E.2d 446 (Ct. App. 2021), *aff'd*, 443 S.C. 29, 902 S.E.2d 375 (2024). The Court agrees that this is the proper method to calculate Offer of Judgment Interest.

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Id. at pg. 23, fn. 10. With these additional items added, the revised order includes case citations and confirms the methodology being used.

The sixth objection to the proposed order claimed that the proposed order did not address the argument of Defendants that charitable organizations are somehow exempt from offer of judgment interest and that a failure to address this issue within the order ultimately entered by the Court would require MPA II to file a Rule 59(e) motion to preserve that issue for appeal. To resolve this objection, Plaintiff has added the specific language from Mr. Lindemann's January 22, 2025 correspondence within Section V of the revised proposed order:

> Defendant MPA II took the position that Section 15-35-400 and Rule 68(b), SCRCP, on which the Plaintiff's motion is based, are not applicable to charitable organizations such as MPA II. MPA II cited to both Section 18 of Act No. 32 and Section 15-78-220 as the bases for that argument. This Court disagrees with Defendants' argument that charitable organizations, such as MPA II, are not subject to offer of judgment interest under S.C. Code § 15-35-400 or Rule 68, SCRCP.

Id. at pg. 22. With this addition, the issue will clearly be ruled upon, resolving this objection.

Finally, so there is no possible ambiguity as to the portion of the respective judgments for which there is joint and several liability, Plaintiff has added the following language to the revised order:

> Defendants MPA II and Trant are jointly and severally liable for $2,400,000.00 of the $2,780,843.84 amended judgment entered against Defendant MPA II. Defendant MPA II is solely responsible for the remainder of the amended judgment entered against it.

Id. at pg. 24, fn. 12.

> Defendants MPA II and Trant are jointly and severally liable for $2,400,000.00 of the $29,870,000.00 amended judgment entered against Defendant Trant. Defendant Trant is solely responsible for the remainder of the amended judgment entered against him.

Id. at pg. 24, fn. 13. This language confirms and clarifies the amounts of the amended judgments consistent with the Court's indicated rulings and applicable law.

Having addressed each legitimate concern or objection raised by Defendants and also corrected the scrivener's error resulting from a rounding error regarding the *per diem* amount of offer of judgment interest awarded against MPA II, Plaintiff would respectfully request that the Court review and enter the revised proposed order, after making any further modifications that Your Honor deems necessary. As noted above, we do not believe that further hearings or briefings are necessary.

Please let us know if we could assist the Court any further in connection with the preparation of the Final Order so that it is in a form that can be signed and entered resolving all pending motions and confirming the amended judgments in this case.

Respectfully,

s/ Taylor Powell

J. Taylor Powell

JTP
Enclosure

cc: J. Boone Aiken, III *(Via Email Only)*
Joseph P. McLean *(Via Email Only)*
Andrew Lindemann *(Via Email Only)*

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STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF MARION)	FOR THE TWELFTH JUDICIAL CIRCUIT
)	
)	
DEMETRICE UTLEY, individually and as)	Case No.: 2022-CP-33-00362
Personal Representative of the ESTATE OF)	
TAYLOR DANIELLE PRICE,)	
)	**ORDER ON POST-TRIAL MOTIONS**
Plaintiff,)	
vs.)	
)	
MCLEOD PHYSICIAN ASSOCIATES II)	
and CHARLES A. TRANT, MD,)	
)	
Defendants.)	
)	

This case ended in a jury verdict following a weeklong trial in favor of Plaintiff Demetrice Utley, individually and as the Personal Representative of the Estate of Taylor Danielle Price ("Plaintiff") against Defendants McLeod Physician Associates II ("MPA II") and Charles A. Trant, MD's ("Trant") ("collectively "Defendants"). Both parties timely filed post-trial motions. Defendants filed: (i) a Motion for Judgment Notwithstanding the Verdict; a Motion for New Trial Absolute; and (iii) a Motion for Reduction of the Jury's Verdict to $1.2 Million. Plaintiff filed: (i) a Motion for Confirmation of Two Occurrences; and (ii) a Motion for Award of Offer of Judgment Interest.

This Court has carefully considered all of the arguments raised in the parties' post-trial briefings[1], as well as all of the evidence and the arguments presented by counsel for the parties

[1] In their post-trial briefing, Defendants relied on the legislative history of the Solicitation of Charitable Funds Act. Defendants presented extensive briefing and oral arguments regarding the legislative intent in support of their post-trial motions. This Court carefully considered all of these arguments but respectfully disagrees with the arguments raised by Defendants relating to the legislative history and legislative intent specific to the Solicitation of Charitable Funds Act, for the reasons provided in this Order.

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during the trial that concluded with a jury verdict on November 8, 2024. Full consideration has also been given to the arguments presented by counsel during a three-hour hearing on the post-trial motions, which was held November 25, 2024. Defendants requested the opportunity to make additional filings after the hearing, which was permitted, and the supplemental filings, including a letter from Defendants' appellate counsel addressing issues in the initial proposed post-trial order, were reviewed.

Following this thorough review, and as set forth more fully below, this Court holds: (1) Defendants' Motion for JNOV is denied; (2) Defendants' Motion for New Trial Absolute is denied; (3) Defendants' Motion for Set-Off is denied as moot based on the stipulation and agreement of the parties; (4) Defendants' Motion for Reduction of the Judgment is granted in part and denied in part; (5) Plaintiff's Motion for Confirmation of Two Occurrences is denied as moot in light of the Court's decisions on Defendants' post-trial motions; and (6) Plaintiff's Motion for Award of Offer of Judgment Interest is granted in part and denied in part.

LEGAL STANDARD

Judgment Notwithstanding the Verdict

When considering a motion for judgment notwithstanding the verdict, the trial judge must view the evidence and all inferences therefrom in the light most favorable to the non-moving party. *See Horry Cnty. v. Laychur*, 315 S.C. 364, 367, 434 S.E.2d 259, 261 (1993). If the evidence is susceptible of more than one reasonable inference, the case should be submitted to the jury. *Id*. A court considering a JNOV does not have authority to decide credibility issues or to resolve conflicts in the testimony or the evidence. *See Curcio v. Caterpillar, Inc.,* 355 S.C. 316, 320, 585 S.E.2d 272, 274 (2003). The trial judge, when considering a JNOV motion, is concerned with the existence of evidence, not its weight. A JNOV motion must be denied when the evidence yields

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more than one inference or its inferences are in doubt. *See Jinks v. Richland Cnty*., 355 S.C. 341, 585 S.E.2d 281 (2003).

A trial judge's authority to grant a judgment notwithstanding the verdict is therefore extremely limited. "The jury's verdict must be upheld unless no evidence reasonably supports the jury's findings." *Curcio*, 355 S.C. at 320, 585 S.E.2d at 274 (reversing trial court's grant of JNOV on basis that "trial judge improperly weighed evidence rather than merely considering its existence"). A motion for JNOV is the renewal of a directed verdict motion and cannot raise grounds beyond those stated in the earlier motion. *See Roland v. Palmetto Hills*, 308 S.C. 283, 286, 417 S.E.2d 626, 628 (Ct. App. 1992).

New Trial Absolute

While a trial judge also has the power to grant a new trial absolute, that authority is likewise circumscribed and should be exercised "only when the verdict is shockingly disproportionate to the injuries suffered and thus indicates that passion, caprice, prejudice, or other considerations not reflected by the evidence affected the amount awarded." *Welch v. Epstein,* 342 S.C. 279, 302, 536 S.E.2d 408, 420 (Ct. App. 2000) (affirming trial court's denial of new trial absolute in medical malpractice action). A motion for new trial absolute based on the amount of a jury verdict may be granted if the verdict amount is "so grossly . . . excessive so as to shock the conscience of the court and clearly indicates the figure reached was the result of passion, caprice, corruption, or some other improper motives." *Brinkley v. S.C. Dep't of Corrections*, 386 S.C. 182, 185, 687 S.E.2d 54, 56 (Ct. App. 2009). "In other words, to warrant a new trial absolute, the verdict reached must be so 'grossly excessive' as to clearly indicate the influence of an improper motive on the jury." *Welch,* 342 S.C. at 302, 536 S.E.2d at 420.

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Disagreement with the Amount of the Jury Verdict

A jury's determination of damages is entitled to "substantial deference." *Jolly v. Fisher Controls Int'l, LLC*, 443 S.C. 511, 524, 905 S.E.2d 380, 387 (2024). The foundation for this deference arises from Article I, Section 14 of the South Carolina Constitution, which states that "[t]he right of trial by jury shall be preserved inviolate." *See* S.C. Const. art. I, § 14. Thus, every party to a civil jury trial "is entitled to the constitutional privilege of the fair judgment of a jury" and a court must "not interfere with the verdict of a jury simply because it is greater [or less] than its own estimate." *See Brabham v. S. Asphalt Haulers, Inc*., 223 S.C. 421, 430, 76 S.E.2d 301, 306 (1953. Only "compelling reasons" justify upending the principle that "trial courts must honor the sanctity of a jury's verdict." *Jolly*, 443 S.C. at 524, 905 S.E.2d at 387. Accordingly, cognizant of the constraints on the court's power to alter the verdict of the jury, the post-trial motions are resolved below.

FINDINGS AND CONCLUSIONS

I. DEFENDANTS' MOTION FOR JNOV IS DENIED.

Defendants seek a judgment notwithstanding the verdict based on their allegation that Dr. Trant was not grossly negligent as a matter of law, there was only one (1) occurrence, and there was no evidence showing proximate cause. The court is convinced that the evidence, taken as a whole and viewed through the appropriate lens—in the light most favorable to Plaintiff—amply supports the jury's verdict, contrary to the contention of Defendants that no such evidence exists. Therefore, Defendants' JNOV motion must be denied.

A. There is Evidence in the Record to Support the Jury's Conclusion That Dr. Trant Was Grossly Negligent.

Evidence supports the jury's conclusion that Dr. Trant was grossly negligent, and therefore, Defendants' JNOV motion on this ground fails. *Bass v. S.C. Dep't of Soc. Servs*., 414 S.C. 558,

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780 S.E.2d 252 (2015) (upholding trial court's order denying motion for JNOV on gross negligence, as "trial judge is concerned with the existence of evidence, not its weight").

Gross negligence is defined as "the intentional conscious failure to do something which it is incumbent upon one to do or the doing of a thing intentionally that one ought not to do," *Bass v. S.C. Dep't of Soc. Servs*., 414 S.C. 558, 571, 780 S.E.2d 252, 258-59 (2015), and has also been referred to as a "relative term" meaning "the absence of care that is necessary under the circumstances" or "the failure to exercise slight care." *Etheredge v. Richland Sch. Dist. One*, 341 S.C. 307, 310, 534 S.E.2d 275, 277 (2000). The issue of gross negligence "is a mixed question of law and fact" that should generally be resolved by a jury. *Id.*, 341 S.C. at 310, 534 S.E.2d at 277. Evidence of gross negligence can take many forms. *See, e.g.*, *Cole v. S.C. Elec. & Gas, Inc.,* 335 S.C. 183, 193, 584 S.E.2d 405, 411 (Ct. App. 2003) (holding that a jury determining gross negligence may consider statutory and regulatory violations as well as "other facts and circumstances surrounding the event"). A violation of operational policies can be strong evidence of gross negligence. *See Proctor v. Dep't of Health & Env't Control*, 368 S.C. 279, 297, 628 S.E.2d 496, 506 (Ct. App. 2006) (finding jury question on gross negligence where state agency's conduct was against what "was its policy to do"); *see also Clark v. S.C. Dep't of Public Safety*, 362 S.C. 377, 384-85, 608 S.E.2d 573, 577-78 (2005) (holding that trial court properly submitted gross negligence to jury based in part on an expert description of department policy).

Dr. Trant, a specialist, did not order a single test for Taylor Price, who presented with multiple episodes of exercise-induced "syncope" or "near syncope."[2] Plaintiff presented the electronic medical records to the jury that were admitted as evidence during the trial and argued

[2] As established at trial, "syncope" is a loss of consciousness whereas "near syncope" is a near loss of consciousness.

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that these records indicated that Dr. Trant did not even review the referral order for Taylor that was sent to his office prior to Taylor's visit, which specifically stated she was being referred due to a diagnosis of "syncope and collapse." This jury heard testimony from Plaintiff's duly qualified expert witness, Anthony Christopher Chang, M.D., M.B.A., M.P.H., M.S. Dr. Chang is board certified by the American Board of Pediatrics in pediatric cardiology, has served as the medical director of pediatric cardiac intensive care programs throughout the United States, and is the chief editor of medical textbooks on pediatric cardiac intensive care and heart failure in children and young adults. Dr. Chang testified relating to Dr. Trant's treatment of Taylor Price. Dr. Chang confirmed that even one episode of exercise-induced syncope, much less multiple instances, is a "red flag" for a pediatric cardiologist that requires testing and follow-up. The jury also heard testimony by Dr. Chang that the standard of care required a cardiac workup to include, at a minimum, a stress test and an echocardiogram to rule out life threatening conditions, and if those tests were inconclusive, the standard of care required a cardiac MRI, a testing protocol that he opined would have diagnosed Taylor's condition of arrhythmogenic right ventricular dysplasia (ARVC).

Dr. Chang further testified that the failure of Dr. Trant to follow the minimum guidelines necessary when performing a preparticipation sports physical as stated in "PPE Preparticipation Physical Evaluation, Fourth Edition" published by the American Academy of Pediatrics violated the standard of care required under the circumstances. This widely accepted publication that was acknowledged to provide evidence relating to the standard of care confirms that:

> Athletes identified with cardiovascular symptoms such as **exertional syncope or near-syncope**, chest pain, palpitations, or excessive exertional dyspnea **require a careful and thorough cardiovascular evaluation to exclude underlying heart disease** before allowing an athlete to return to sport. **Syncope occurring during exercise is an ominous sign and warrants a high index of suspicion for underlying cardiac disease.** The diagnostic workup of exertional syncope is

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> usually performed in consultation with a cardiologist and may include ECG, echocardiogram, stress ECG, and possibly advanced cardiac imaging (such as MRI or CT) to rule out rare structural abnormalities such as **ARVC** or congenital coronary artery anomalies.

PPE Preparticipation Physical Evaluation, Fourth Edition, at p. 51 (emphases added). Pointedly, Dr. Chang testified that Dr. Trant's deliberate choice to not do what was required under the circumstances was "grossly inadequate" and "significantly inadequate."

Dr. Chang's testimony made it clear that the failure of Dr. Trant to do any testing whatsoever as well as Dr. Trant's decision to sign off on Taylor Price's return to sports were not merely deviations from the standard of care, but were "grossly inadequate" and "significantly inadequate." Dr. Chang testified that both of these decisions were a proximate cause of Taylor Price's death.

In addition to the expert testimony, Dr. Trant's own testimony supports the jury's finding of gross negligence. Significantly, Trant testified that he could have ordered an echocardiogram, a stress test, or a cardiac MRI if he wanted to. In other words, Trant admitted it was not an accidental oversight to order an echocardiogram, a stress test, or a cardiac MRI, but that he chose not to order any of those tests. He conceded that this omission was a conscious and knowing choice. Contrary to Chang's testimony, Trant testified that such tests were not necessary notwithstanding the clear diagnosis stated in the referral order, thus setting up a quintessential jury issue. The conflicting evidence required that the issue be presented to the jury for resolution, and because the jury's decision is supported by the evidence, Defendants' JNOV motion on this ground is denied. *Bass*, 414 S.C. at 573-74, 780 S.E.2d at 260 (confirming ***existence*** of evidence in the record supporting jury's finding of gross negligence despite evidence of "slight care" and reversing decision by court of appeals premised improper ***weighing*** of evidence).

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B. The Jury's Finding That There Was More Than One Occurrence Is Supported By The Evidence.

Defendants raise for the first time in their Motion for JNOV the argument that the statutory definition of "occurrence" under the Tort Claims Act does not apply to charitable organizations and its employees. Defendants did not present this argument in their directed verdict motion at trial. Moreover, this argument directly contradicts what counsel for Defendants counsel had argued at trial in seeking a directed verdict, specifically that the Charitable Immunity Act incorporates the Tort Claims Act "in its entirety." Thus, while the preservation of this issue is a matter for the appellate courts to determine, this Court questions whether this argument is even proper at this late stage in the proceedings and would deny it on this basis.

However, addressing the merits, this court is convinced that the number of occurrences in this particular case was a matter for the jury to decide. Factual issues were presented that support a finding of more than one occurrence, including specific testimony and other evidence that identified and described two occurrences. Plaintiff alleged, argued, and the jury ultimately concluded that there were two distinct occurrences that led to the death of 16-year-old-Taylor Price: (i) Dr. Trant's failure to order any tests which led to the grossly inadequate cardiac workup of Taylor; and (ii) Dr. Trant's signing the return to sports clearance for Taylor. The separate and distinct nature of the two occurrences is supported by the expert testimony presented at trial. Dr. Chang, Plaintiff's pediatric cardiologist expert (who has substantial clinical experience specifically with ARVC) testified that in his expert opinion, there were two separate and distinct failures, and that these two failures were deviations from the standard of care. Dr. Chang further testified that, to a reasonable degree of medical certainty, these two deviations from the standard of care constituted two separate and distinct reasons that led to the death of Taylor Price.

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Having heard and received this evidence, which came in without objection, the jury found that there were multiple occurrences. Additionally, the jury made this finding using the verdict form that was drafted by counsel for Defendants as to the issue of occurrences. Defendants never requested nor submitted any proposed jury charge relating to occurrences. Moreover, Defendants never raised any objection to the jury charge submitted by Plaintiff on this issue that was ultimately utilized by the Court.

In the Court's view, the question of whether or not there were two distinct occurrences presented a jury issue, as evidence was presented and admitted that could support the finding of multiple occurrences. For the same reasons that the Motion for Directed Verdict made by Defendants at trial was denied, the Motion for JNOV is now denied.[3]

C. The Jury's Finding Of Proximate Cause Is Supported By The Evidence.

The jury was presented with ample evidence that Defendants' negligence proximately caused the wrongful death of Taylor Price. The existence of such evidence is the pivotal concern of the trial court in deciding a motion for JNOV. *See Curcio*, 355 S.C. at 320, 585 S.E.2d at 274 (stating that in deciding a motion for JNOV, "the trial judge is concerned with the existence of evidence, not its weight").

As discussed above, the jury was presented with expert testimony as to Dr. Trant's multiple deviations from the standard of care required under the circumstances, deviations which proximately caused the death of Taylor Price. Further, Dr. Chang stated to a reasonable degree of medical certainty that Taylor died as a result of Dr. Trant's negligence. The jury was also presented with expert testimony from Dr. Ellen Riemer, MD, JD, the board-certified forensic

[3] Because the Court determines there is factual evidence in the record that multiple occurrences have occurred, a jury question was presented. Because the jury found two occurrences, the damages award against Defendant MPA II is subject to two statutory caps.

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pathologist who performed the autopsy on Taylor at MUSC in Charleston. Dr. Riemer testified that she was "as certain as a gunshot wound to the head" that ARVC was the cause of Taylor's death, and that there was no evidence detected in her autopsy that could support any other contributing cause of death. This testimony alone created a factual issue for the jury to resolve. Because the jury's decision on proximate cause is supported by the evidence, Defendants' JNOV motion on this ground is denied.

II. THE COURT DENIES DEFENDANTS' MOTION FOR A NEW TRIAL ABSOLUTE.

A. Motion For New Trial Absolute Based On Change In Venue Is Denied.

Defendants' change of venue motion was originally brought before Judge DeBerry, who denied the motion. Judge DeBerry's ruling was still in place when Defendants' motion was again argued before this Court, and there were no new circumstances presented; therefore, this motion is denied again. *Rice v. Doe*, 442 S.C. 160, 165, 898 S.E.2d 127, 129 (2024) ("If the prior ruling addresses a substantive point of law, or if nothing of significance has changed, the second judge should consider the previous judge's ruling to be final."). Even if another circuit court judge had not already ruled on this issue, I would deny the motion for a new trial on this basis.

B. The Motion for New Trial Absolute Based on the Gross Negligence Jury Charge is Denied.

Defendants seek a new trial absolute based on one sentence contained in the gross negligence jury charge, which correctly recites existing South Carolina law. In addition, Defendants request a new trial absolute on the ground that the jury should have been charged with an edited portion of the South Carolina Solicitation of Charitable Funds Act. As set forth below, Defendants are not entitled to a new trial absolute on these grounds.

This Court charged the current law on gross negligence, and therefore, Defendants' argument that the charge is erroneous or should be modified by an appellate court is denied. A jury

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charge that is substantially correct and covers the existing law does not provide a basis for a new trial. *See Keaton ex rel. Foster v. Greenville Hosp. Sys*., 334 S.C. 488, 496, 514 S.E.2d 570, 574 (1999). A trial judge does not have the power to change settled law by predicting what an appellate court may do in the future. Here, this Court used the charge provided in the current trial judge's bench book, which is also the same charge presented in Judge Anderson's South Carolina Requests to Charge – Civil, 2nd Edition. Additionally, the language that Defendants contend is erroneous—that gross negligence is the absence of care that is necessary under the circumstances—has been repeatedly cited by our appellate courts in defining gross negligence. *See, e.g., Hollins v. Richland Cnty. Sch. Dist. One*, 310 S.C. 486, 490, 427 S.E.2d 654, 656 (1993); *Jinks,* 355 S.C. at 348, 585 S.E.2d at 285; *see also Hamilton v. Reg'l Med. Ctr*., 440 S.C. 605, 627, 891 S.E.2d 682, 694 (Ct. App. 2023), *reh'g denied* (Sept. 21, 2023), *cert. denied* (May 1, 2024).

Moreover, even if this Court had the power and the inclination to depart from settled law on this issue, this single sentence in the gross negligence charge would not justify the grant of a new trial. It is well settled that when a charge, read as a whole, is correct, a single line does not require reversal. *See, e.g., Keaton ex rel. Foster v. Greenville Hosp. Sys*., 334 S.C. 488, 497, 514 S.E.2d 570, 575 (1999) (finding a jury charge should be reviewed as a whole, and if the charges are reasonably free from error, isolated portions that might be misleading do not constitute reversible error); *Priest v. Scott*, 266 S.C. 321, 324, 223 S.E.2d 36, 38 (1976) (finding an alleged error in a jury charge must be prejudicial to warrant a new trial); *Pope v. Heritage Communities, Inc*., 395 S.C. 404, 414, 717 S.E.2d 765, 770–71 (Ct. App. 2011) (finding defendants were not prejudiced by trial court's initial language which misstated the law on negligence).

Accordingly, apart from the fact that this court is required to charge the existing law, and that the statement Defendants complain about is supported by our jurisprudence, focusing on this

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single line ignores the charge as a whole. A review of the substance of the charge, as set forth below, convinces this court that even assuming *arguendo* that the single line was improper, the charge as a whole is correct:

> Gross negligence is the intentional, conscious failure to do something which it is incumbent upon one to do or the doing of a thing intentionally that one ought not to do. Negligence is the failure to exercise due care, while gross negligence is the failure to exercise even the slightest care. Gross negligence is a relative term, and means the absence of care that is necessary under the circumstances.
>
> Gross negligence connotes the failure to exercise a slight degree of care. Gross negligence involves an intentional, conscious failure to do something which one ought to do or the doing of something one ought not to do. A defendant is guilty of gross negligence if he is so indifferent to the consequences of his conduct as not to give slight care of what he is doing.

The absence of due care necessary under the circumstances language cannot be read in isolation. Rather, when reading the charge as a whole, even if the line which Defendants single out is arguably misleading, a new trial is not warranted. Defendants have failed to demonstrate prejudice from the inclusion of this one sentence in the gross negligence charge. In their argument, Defendants rely solely on a 72-year-old case, *Hicks v. McCandlish*, 221 S.C. 410, 70 S.E.2d 629 (1952). However, they fail to acknowledge the litany of cases that have followed which established the law on gross negligence. The jury charge is correct under the law and any possible error from the single line to which Defendants object does not warrant setting aside this weeklong trial and the jury's verdict. Accordingly, Defendants' motion on this ground is denied.

C. The Court Did Not Err in Declining to Charge Defendants' Requested Charge on the South Carolina Solicitation of Charitable Funds Act.

Prior to trial, the parties stipulated that MPA II was a charitable entity, as defined and governed by the South Carolina Solicitation of Charitable Funds Act. The parties further stipulated that Dr. Trant was at all times an employee of MPA II and, for all purposes in this matter, was acting in the course and scope of his employment. This stipulation was placed on the record on

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the first day of trial. Defendants benefitted from this stipulation because as result, it was not necessary for Defendants to call any witnesses or enter any exhibits into evidence that would have otherwise been required to prove the viability of their affirmative defense based on the South Carolina Solicitation of Charitable Funds Act. Despite the jury having been presented with no evidence or context relating to the South Carolina Solicitation of Charitable Funds Act, Defendants proposed a jury charge that included selectively edited portions of S.C. Code § 33-56-180, entitled "Limitation of liability for injury or death caused by employee of charitable organization."

Plaintiff responded that if the Court were inclined to charge Section 33-56-180, then it should charge the statute in its entirety, including the reference to the limitations on liability imposed by the South Carolina Tort Claims Act; however, Defendants objected to Plaintiff's proposal. Given those circumstances, the Court decided not to charge a selectively edited portion of the South Carolina Solicitation of Charitable Funds Act without the context of the remaining language in the subsection.

Jury instructions should be confined to the issues raised and supported by the evidence presented at trial. *See Stephens v. CSX Transp., Inc.,* 415 S.C. 182, 197, 781 S.E.2d 534, 542 (2015). Defendants have not demonstrated that the decision not to charge the jury with a selectively edited portion of the South Carolina Solicitation of Charitable Funds Act was prejudicial. *See Pittman v. Stevens,* 364 S.C. 337, 340, 613 S.E.2d 378, 380 (2005) ("A trial court's refusal to give a properly requested charge is reversible error only when the requesting party can demonstrate prejudice from the refusal"). Thus, a new trial absolute is not warranted on this ground.

III. THIS COURT DISAGREES WITH DEFENDANTS THAT THE SIZE OF THE JURY'S DAMAGES AWARD REQUIRES A NEW TRIAL.

Defendants' challenge to the size of the verdict was limited to a new trial absolute and a new trial based on the thirteenth juror doctrine. Defendants did not move for a new trial *nisi*

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remittitur. Thus, Defendants intentionally did not ask this Court to reduce the amount of the verdict. Nor have they suggested what amount would have been appropriate for this tragic case of the loss of a young life. Their argument at trial was that a defense verdict was the only proper outcome. After receiving the evidence, the jury disagreed. Because the Court finds that evidence supports the jury's damages award, and its verdict is not grossly excessive, Defendants' motion for a new trial is denied.

The jury's determination of damages is entitled to "substantial deference." *Todd*, 385 S.C. at 517, 686 S.E.2d at 618. The loss to a parent from the untimely death of a devoted child is not to be minimized. *Lucht v. Youngblood*, 266 S.C. 127, 137, 221 S.E.2d 854, 859 (1976). When a child is lost to a parent, those losses "are intangibles, the value of which cannot be determined by any fixed yardstick." *Id*. They "must be estimated by the jury in the exercise of their sound judgment under all of the facts and circumstances of the case." *Id*. Given the evidence presented, the jury awarded Plaintiff damages for the wrongful death of her daughter Taylor in an amount that this Court does not believe should be disturbed in light of applicable law and the decision by Defendants to forego any request for *remittitur*.

It is within the province of the jury to determine the amount of damages awarded, and a verdict should not be disturbed unless it is so flagrantly excessive as to raise a presumption that it was the result of passion and prejudice rather than sober, reflective judgment. *Lucht* at 137–38, 221 S.E.2d at 859. A "grossly excessive" verdict is one "deemed the result of a disregard of the facts and of the court's instructions, and to be due to passion and prejudice rather than reason." *King v. Daniel Int'l Corp.,* 278 S.C. 350, 355, 296 S.E.2d 335, 338 (1982). However, a "verdict which may be supported by any rational view of the evidence, or as to which reasonable and disinterested men might draw different inferences, is not of this class." *Mickle v. Blackmon,* 252

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S.C. 202, 248, 166 S.E.2d 173, 194 (1969) (affirming the denial of a new trial absolute of what the court referred to at the time as "probably the highest verdict in a personal injury case in the history of this State"). In determining whether the verdict is excessive, the facts must be viewed in the light most favorable to Plaintiff and this determination is addressed to the sound discretion of the trial judge. *See Watson v. Wilkinson Trucking Co.,* 244 S.C. 217, 224, 136 S.E.2d 286, 289 (1964); *Riley v. Ford Motor Co.*, 414 S.C. 185, 192, 777 S.E.2d 824, 828 (2015).

The record in this case cuts squarely against the argument that the jury's damages award was motivated by improper means. The jury awarded Plaintiff damages for the devastating and preventable loss of her 16-year-old daughter, Taylor. Plaintiff's testimony was particularly poignant. She testified that the loss of her teenage child left her "broken" for life and no longer the same woman she was before her daughter's death. Ms. Utley also testified that she encouraged her only remaining child, Taylor's older sister Serenity Hunt, to join the United States Air Force and move away from Marion, primarily because she knew she had nothing to offer her as a parent because of Ms. Utley's broken state. The testimony of Emerson Hunt, who helped raise Taylor and treated her as his own daughter, underscored the deep loss and impact of Taylor's death on her mother. The jury, having heard the evidence during the course of the weeklong trial, performed its duty to assign a dollar figure to the loss suffered by Plaintiff after confirming the presence of gross negligence and multiple occurrences.[4] Their verdict is entitled to substantial deference and was not, under the circumstances, the result of improper means or considerations.

[4] Defendants assert that Plaintiff's closing argument contained improper comments designed to impassion the jury in its determination of damages. This Court disagrees for two reasons. First, Defendants never objected during closing argument, so this Court will not allow Defendants to belatedly bootstrap arguments challenging statements made at trial without a contemporaneous objection by way of a post-trial challenge to the size of the verdict. *See, e.g., State v. Lynn*, 277 S.C. 222, 284 S.E.2d 786 (1981) (finding that a failure to make the required contemporaneous

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Defendants also contend the relative length of deliberations demonstrate the amount of the verdict necessitates a new trial, but this Court disagrees. While the jury deliberated for less than an hour, the Court finds the jury properly executed its responsibility to reach a just verdict. This Court observed the jury paying close attention to the testimony and evidence presented during all phases of this trial up to and including closing arguments. Also, during the direct examination of Plaintiff's expert witness, Dr. Chang, this Court observed the jury watching closely when Dr. Chang stepped down from the witness stand to draw a diagram of a human heart on a whiteboard and proceeded to explain how the heart functioned and how Taylor's ARVC would have presented and should have been diagnosed. This Court observed the jury's close attention to the testimony of other witnesses as well.

Further, the length of a jury's deliberations alone is not a sufficient basis on which to grant a new trial. *See State v. Holland,* 261 S.C. 488, 499, 201 S.E.2d 118, 123 (1973) ("There is no prescribed length of time for a jury to reach a verdict"). Given Dr. Chang's expert testimony and the admissions of Dr. Trant that he did not recall reading the referral order, performed no tests and conducted no follow up, confirming liability was not particularly difficult in this case. Moreover, having determined that Dr. Trant was grossly negligence in his treatment of Taylor, the amount of

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objection may not be "bootstrapped" by a subsequent motion or request). Secondly, the Court also finds Defendants' arguments fail on the merits. The statements of Plaintiff's counsel cited in the Motion for New Trial Absolute are neither improper nor objectionable, much less "vicious and inflammatory." As the transcript of the closing argument reflects, Plaintiff's counsel argued that the jury's verdict should be loud enough to be heard by the medical community throughout South Carolina for the purpose of protecting society from preventable deaths. This "message" aligns with the fundamental purpose and function of tort law in South Carolina, which seeks to protect safety interests and is rooted in the concept of protecting society as a whole from physical harm to person or property. *See Sapp v. Ford Motor Co*., 386 S.C. 143, 147, 687 S.E.2d 47, 49 (2009). Plaintiff's counsel argued that the standards of care are applicable to every patient. No statement or argument was made during trial to suggest that Defendants acted as they did due to race or socioeconomic conditions. And, as noted above, no contemporaneous objection was made.

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damages sufficient to compensate her family for the loss of her young life was peculiarly a matter for the jury to decide. The jury weighed the evidence when determining the wrongful death damages awarded to Plaintiff resulting from the tragic and preventable death of her 16-year-old daughter, Taylor. The verdict was supported by ample evidence and compelling testimony from Plaintiff relating to the unimaginable pain and trauma she has suffered as a result of the Defendants' negligence.[5] This Court has no hesitation in concluding that the verdict is "supported by any rational view of the evidence and bears a reasonable relationship to the character and extent of the injury and damage sustained." *See King v. Daniel Int'l Corp.,* 278 S.C. 350, 355, 296 S.E.2d 335, 338 (1982).[6] Accordingly, Defendants' challenges to amount of the jury's verdict under the new trial absolute and thirteenth juror doctrine are denied.[7]

IV. PLAINTIFF'S MOTION FOR REDUCTION OF THE TOTAL JUDGMENT IS GRANTED IN PART AND DENIED IN PART.

A. Motion for Reduction of the Judgment Against Defendant MPA II to the Statutory Cap is Granted.

The parties stipulated and this Court finds that Defendant MPA II is a charitable entity, as defined and governed by the South Carolina Solicitation of Charitable Funds Act. Defendant MPA II is entitled to the statutory limitation on damages which provides that a person sustaining an injury or dying by reason of the tortious act of commission or omission of an employee of a

[5] Further, the jury verdict reflected the minimum requested by plaintiff's counsel during opening statements and closing arguments. While counsel's statements are not evidence, the Court finds it relevant that the jury returned the minimum amount argued by plaintiff's counsel.

[6] Further, as Defendants have not moved for a new trial nisi remittitur, this Court declines to do so *sua sponte* as the verdict is not unduly liberal.

[7] The parties agree and this Court finds that Defendants are entitled to a $130,000.00 set off against the jury's verdict of $30,000,000.00 based on a settlement reached by Plaintiffs and the Marion County School District.

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charitable organization, when the employee is acting within the scope of his employment, may recover in an action brought against the charitable organization only the actual damages sustained in an amount not exceeding the limitations on liability imposed in the South Carolina Tort Claims Act in Chapter 78 of Title 15. [8] *See* S.C. Code Ann. § 33-56-180(A).

Plaintiff's recovery from Defendant MPA II is limited to $1.2 Million in actual damages for each occurrence of liability. As there was factual evidence in the record that supports multiple occurrences, the determination of the number of occurrences was properly submitted to the jury. The jury received a charge regarding the statutory definition of "occurrence" as stated in South Carolina Tort Claims Act in Chapter 78 of Title 15 and was further charged that Plaintiff has the burden of proving that each occurrence was separate and independent. The jury found that Plaintiff had met her burden in proving multiple occurrences in this matter. Additionally, Plaintiff stipulated that only two occurrences were alleged and being sought in this matter. As a result of the jury's determination that there were multiple occurrences and the applicability of the statutory cap to Defendant MPA II, the judgment against Defendant MPA II shall be modified to $2,400,000.00, plus offer of judgment interest in the amount of $380,843.84 as confirmed and calculated below, resulting in an amended judgment amount of **$2,780,843.84** against Defendant MPA II.

B. Motion for Reduction of the Judgment Against Defendant Trant to the Statutory Cap is Denied.

Defendants also seek a reduction of the total judgment of $30,000,000.00 as to Defendant

[8] The South Carolina Tort Claims Act in Chapter 78 of Title 15 provides that the total sum recovered hereunder arising out of a single occurrence of liability of any governmental entity for any tort caused by any licensed physician or dentist, employed by a governmental entity and acting within the scope of his profession, may not exceed one million two hundred thousand dollars regardless of the number of agencies or political subdivisions or claims or actions involved. *See* S.C. Code Ann. § 15-78-120(a)(4).

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Trant to the statutory limitation on damages as stated in Section 33-56-180(A) of the South Carolina Solicitation of Charitable Funds Act. This Court respectfully denies Defendants' Motion based on the unambiguous language of S.C. Code Ann. § 33-56-180(A) coupled with the jury's finding of multiple occurrences of gross negligence as to Defendant Trant.

Placing any limitation on the judgment that a tort victim is entitled to receive against a charitable entity (or its employee) is in derogation of the common law. Several years before the South Carolina Solicitation of Charitable Funds Act ("SCFA") was passed, the South Carolina Supreme Court expressly abolished the doctrine of charitable immunity, stating:

> **The doctrine of charitable immunity has no place in today's society.** We hold a charitable institution is subject to liability for its tortious conduct the same as any other person or corporation. **The doctrine of charitable immunity is abolished in its entirety** and the case is reversed and remanded for trial.

Fitzer v. Greater Greenville South Carolina Young Men's Christian Ass'n, 277 S.C. 1, 282 S.E.2d 230 (1981) (emphasis added). Notably, four years before *Fitzer*, in *Brown v. Anderson County Hosp. Association*, the Supreme Court significantly limited the doctrine of charitable immunity by holding that a hospital could be held liable when a plaintiff proved "the injuries occurred because of the hospital's heedlessness and reckless disregard of the plaintiff's rights." *Id*. 268 S.C. 479, 487, 234 S.E.2d 873, 876 (1977).

Thus, based on *Fitzer* (and in part on *Brown* as well), there was no charitable immunity of any sort under our state's common law and, as such, the provisions of the SCFA (passed in 1994) are in derogation of the common law and must be strictly construed. *See Epstein v. Coastal Timber Co.*, 393 S.C. 276, 285, 711 S.E.2d 912, 917 (2011) (nothing that statutes in derogation of the common law are to be strictly construed). "Under this rule, a statute restricting the common law will 'not be extended beyond the clear intent of the legislature'" and this strict construction includes statutes which "limit a claimant's right to bring suit." *Grier v. AMISUB of S.C., Inc.*, 397

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S.C. 532, 536, 725 S.E.2d 693, 696 (2012), *quoting Crosby v. Glasscock Trucking Co.*, 340 S.C. 626, 628, 532 S.E.2d 856, 857 (2000) and *citing* 82 C.J.S. Statutes § 535. Thus, if a statute can be reasonably construed in a manner that would not be in derogation of a plaintiff's right at common law right to have the jury's verdict entered without limitation, this Court should construe the statute strictly to maintain the common law rights.

The statute at issue, S.C. Code § 33-56-180(A), reads as follows:

> An action against the charitable organization pursuant to this section constitutes a complete bar to any recovery by the claimant, by reason of the same subject matter, against the employee of the charitable organization whose act or omission gave rise to the claim ***unless*** **it is alleged and proved in the action that the employee acted in a reckless, wilful, or grossly negligent manner, and the employee must be joined properly as a party defendant. A *judgment against an employee* of a charitable organization** may not be returned ***unless*** a specific finding is made that the employee acted in a reckless, wilful, or grossly negligent manner.

(emphasis added). The plain language of the SCFA specifically provides that if the jury determines that an employee of a charitable entity acted in a grossly negligent manner, he can be held individually liable and a judgment rendered against him. Thus, as a result of the jury's finding of gross negligence against Defendant Trant, he is no longer entitled to receive protections set forth in the SCFA, and, consequently, there is no limitation on the amount of the judgment under the SCFA that Plaintiff can recover against him personally.

This principle has been repeatedly addressed by our appellate courts. In *James v. Lister*, the South Carolina Court of Appeals stated:

> **[The SCFA] provides a mechanism for seeking damages in excess of the charitable limitation, through an action against a charitable organization's employees.** In such instances, the statute specifically requires joinder of the employee as a party, and a special finding by the jury that the employee was proved guilty of gross negligence as a proximate cause of the injury.

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331 S.C. 277, 284, 500 S.E.2d 198, 202 (Ct. App. 1998) (emphasis added). Although the *James* case involved S.C. Code § 33-55-210(A), which was part of the prior version of the SCFA, the operative language is the same as in the current version of the SCFA, as found at S.C. Code § 33-56-180(A).

Defendants argue the legislative history of the SCFA demonstrates that the General Assembly intended to cap the amount of damages that may be awarded against an employee of a charitable organization, but the Court disagrees. As an initial matter, legislative history is only relevant when a statute is ambiguous, which the Court does not find to be the case. *Smith v. Tiffany*, 419 S.C. 548, 553, 555, 799 S.E.2d 479, 482-83 (2017) ("It is axiomatic that statutory interpretation begins (and often ends) with the text of the statute in question" and noting the court "must honor legislative intent as clearly expressed in the Act, lest we run afoul of separation of powers"); *Id.* at 555, 799 S.E.2d at 483 ("If a statute is clear and explicit in its language, then there is no need to resort to statutory interpretation or legislative intent to determine its meaning.") (quoting *Timmons v. S.C. Tricentennial Com*, 254 S.C. 378, 401, 175 S.E.2d 805, 817 (1970)). The first sentence of section 33-56-180(A) expressly limits recover to only against the charitable organization and only for actual damages. The next sentence prohibits recovery against an employee "unless it is alleged and proved in the action that the employee acted in a reckless, wilful, or grossly negligent manner." The statute does not contain any other limitation on recovery against an employee, and this Court will not rewrite the statute to do so.

But even if the legislative history is considered, this Court finds subsequent appellate court decisions instructive. Following the *James* decision, in *Chastain v. AnMed Health*, the Supreme Court stated that employees of a charitable organization could be held "individually liable" for conduct rising to the level of gross negligence. 388 S.C. 170, 172, 694 S.E.2d 541, 542 (2010)

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(noting "employee of charitable organization *individually liable* only for gross negligence") (citing S.C. Code Ann. § 33-56-180(A)) (emphasis added). Similarly, in *Myat v. Tuomey Regional Medical Center*, the Court of Appeals held that pursuing a gross negligence claim against an employee of a charitable entity provides a manner for a plaintiff "to avoid the statutory cap." 427 S.C. 601, 607-08, 832 S.E.2d 306, 309 (Ct. App. 2019). In 2020, the Court of Appeals reaffirmed the holding in *James* that the charitable statute provides for a mechanism for seeking damages in excess of the charitable limitation, through an action against a charitable organization's employees. *See Garrison v. Target Corp.*, 429 S.C. 324, 363, 838 S.E.2d 18, 38-39 (Ct. App. 2020), *aff'd in part as modified, rev'd in part*, 435 S.C. 566, 869 S.E.2d 797 (2022). Therefore, Defendants' Motion to reduce the $30,000,000.00 judgment against Dr. Trant is denied for the reasons stated above.

V. PLAINTIFF'S MOTION FOR OFFER OF JUDGMENT INTEREST IS GRANTED IN PART AND DENIED IN PART.

Plaintiff served an Offer of Judgment on Defendant MPA II on November 12, 2022 for $1,199,999.00. Defendant MPA II took the position that Section 15-35-400 and Rule 68(b), SCRCP, on which the Plaintiff's motion is based, are not applicable to charitable organizations such as MPA II. MPA II cited to both Section 18 of Act No. 32 and Section 15-78-220 as the bases for that argument. This Court disagrees with Defendants' argument that charitable organizations, such as MPA II, are not subject to offer of judgment interest under S.C. Code § 15-35-400 or Rule 68, SCRCP. Because this Court concludes the judgment against MPA II is $2,400,000.00, Plaintiff is entitled to interest on the refused offer of judgment. *See* S.C. Code § 15-35-400(B); *see also* Rule 68(b), SCRCP.

This Court finds that Defendant MPA II is required to pay offer of judgment interest from the time of Plaintiff's offer of judgment to the verdict, but the amount of interest should be

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calculated on the Amended Judgment of $2,400,00.00 against MPA II, rather than the full, original amount of the jury's verdict.[9][10] Accordingly, the Amended Judgment against MPA II is $2,780,843.84, including the offer of judgment interest due by law.[11] The Court declines to impose offer of judgment interest on the verdict against Dr. Trant because Plaintiff did not serve its Offer of Judgment on Dr. Trant nor did Plaintiff direct the Offer of Judgment to him.

CONCLUSION

For the reasons fully set forth above: (1) Defendants' Motion for JNOV is denied; (2) Defendants' Motion for New Trial Absolute is denied; (3) Defendants' Motion for Set-Off is denied as moot based on the agreement of the parties; (4) Defendants' Motion for Reduction of the Total Judgment is Granted in Part and Denied in Part; (5) Plaintiff's Motion for Confirmation of Two Occurrences is denied as moot in light of the Court's decisions on Defendants' post-trial motions; and (6) Plaintiff's Motion for Award of Offer of Judgment Interest is granted in part and denied in part.

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[9] Plaintiff argued that she was entitled to Offer of Judgment interest against Defendant MPA II on the entire amount of the verdict from the date of the offer to the entry of the judgment, which would have resulted in an additional $4,760,547.95 and an amended judgment against Defendant MPA II of $7,160,547.95. In support of this argument Plaintiff relied upon *Garrison v. Target Corp.*, 435 S.C. 566, 586, 869 S.E.2d 797, 808 (2022). The Court respectfully disagrees with this argument.

[10] Defendants argued that any calculation of Offer of Judgment Interest against Defendant MPA II must be calculated on the amount of the judgment after the Court reduced the judgment pursuant to the Solicitation of Charitable Funds Act. In support of their argument Defendants relied upon *O'Shields v. Columbia Auto., LLC*, 435 S.C. 319, 867 S.E.2d 446 (Ct. App. 2021), *aff'd*, 443 S.C. 29, 902 S.E.2d 375 (2024). The Court agrees that this is the proper method to calculate Offer of Judgment Interest.

[11] Plaintiff served her Offer of Judgment on Defendant MPA II on November 15, 2022. It was 724 days later when the jury returned its verdict (November 8, 2024). Using the applicable rate (8% simple interest annually), the accrued interest is $380,843.84, based on a *per diem* amount of $526.03 × 724 days = $380,843.84.

Confirming the resulting amounts of the amended judgments, the Court confirms that the $130,000.00 court-approved settlement with Marion County School District should be applied as a set-off from the jury's verdict, thereby reducing the $30,000,000.00 jury verdict to $29,870,000.00 after applying the set-off. Moreover, in light of the provisions of S.C. Code 33-56-180(A) and the jury's confirmation of multiple occurrences, an amended judgment against Defendant MPA II is hereby entered in the amount of **$2,780,843.84**,[12] which includes the offer of judgment interest that is due under applicable law, and an amended judgment against Defendant Trant is hereby entered in the amount of **$29,870,000.00**.[13]

Accordingly, it is **ORDERED** that the Amended Judgment against Defendant MPA II is $2,780,843.84.

It is further **ORDERED** that the Amended Judgment against Defendant Trant is $29,870,000.00.

IT IS SO ORDERED.

_____

The Honorable R. Ferrell Cothran, Jr.
Presiding Judge
Marion County Court of Common Pleas

[12] Defendants MPA II and Trant are jointly and severally liable for $2,400,000.00 of the $2,780,843.84 amended judgment entered against Defendant MPA II. Defendant MPA II is solely responsible for the remainder of the amended judgment entered against it.

[13] Defendants MPA II and Trant are jointly and severally liable for $2,400,000.00 of the $29,870,000.00 amended judgment entered against Defendant Trant. Defendant Trant is solely responsible for the remainder of the amended judgment entered against him.

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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM MARION COUNTY
In the Court of Common Pleas for the Twelfth Judicial Circuit

The Honorable R. Ferrell Cothran, Jr.
The Honorable H. Steven DeBerry, IV

Case No. 2022-CP-33-00362

Demetrice Utley, individually and as Personal Representative of the Estate of Taylor Danielle Price ..... Plaintiff/Respondent

v.

McLeod Physician Associates II and Charles A. Trant, M.D. ..... Defendants/Appellants

---

NOTICE OF APPEAL

The Defendants/Appellants McLeod Physician Associates II and Charles A. Trant, M.D. ("Appellants") hereby appeal from the following Orders, in addition to all pre-trial rulings and trial rulings made during the trial held on November 4-8, 2024:

(a) Order on Post-Trial Motions entered on February 3, 2025, by the Honorable R. Ferrell Cothran, Jr.;

(b) Order on Post-Trial Motions entered on February 5, 2025, by the Honorable R. Ferrell Cothran, Jr.;

(c) Order Denying Motion to Alter or Amend entered on March 3, 2025, by the Honorable R. Ferrell Cothran, Jr.;

(d) Order Denying Defendants' Motion to Change Venue entered on September 19, 2024, by the Honorable H. Steven DeBerry, IV; and

(e) Form Order entered on August 26, 2024, by the Honorable H. Steven DeBerry, IV.

The Appellants received written notice of entry of the Order on Post-Trial Motions on February 3, 2025, and the Order Denying Motion to Alter or Amend on March 3, 2025. This Notice of Appeal is timely served pursuant to Rule 203(c), SCACR

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March 5, 2025

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CERTIFICATE OF COUNSEL

The undersigned counsel certifies that the Record on Appeal contains all material proposed to be included by all parties and not any other material.

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January 7, 2026

CERTIFICATE OF COMPLIANCE

The undersigned counsel for the Appellant McLeod Physician Associates II certifies that the Record on Appeal complies with the Supreme Court's Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings, issued April 15, 2014.

LINDEMANN LAW FIRM, P.A.

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January 7, 2026