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ORIGINAL

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION

SC Court of Appeals

WCC FILE NUMBER: 1403134
APPELLATE CASE NO. 2015-002300

Clyde Williams.....

Appellant

v.

Bowman Gin Co., Employer, and American Interstate Ins. Co., d/b/a Amerisafe Risk Services ,
Carrier of whom Bowman Gin Co., is the.....

Respondent

**RECORD ON APPEAL
VOLUME II**

LANIER & BURROUGHS, LLC
Lewis C. Lanier, Esquire
ATTORNEY FOR THE APPELLANT
250 Gibson Street
PO Drawer 2789
Orangeburg, SC 29116
(803) 268-9800

Other Counsel of Record:

Anne Vetch Noonan
WILSON JONES CARTER & BAXLEY, PA
421 Wando Park Blvd. Suite 100
Mt. Pleasant, SC 29464

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Claimant's Name: Clyde O. Williams Employer's Name: Bowman Gin Company
Address: PO Box 30 Address: 2810 Cattle Creek Road
City: Cordova State: SC Zip: 29039 City: Branchville State: SC Zip: 29432
Home Phone: (803) 747-3393 Work Phone: (803) 535-4588 Carrier: American Interstate Insurance Company
Preparer's Name: Anne Veatch Noonan Preparer's Phone #: (843) 284-1097

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$650.77 2. AWW: \$ 976.10 Date of Injury: 3/27/2014
3. Type of injury and body part(s): Defendants deny injury by accident arose out of the course and scope of employment.
4. Facts in controversy: 1) Compensability. Defendants assert the claimant's injuries did not arise out of his employment and that his accident is a result of an unrelated medical condition. Claimant suffers from hyperlipidemia, hypertension, diabetes mellitus type 2 and has a long history of smoking. Claimant was found unconscious on the ground with no witnesses and no memory of what happened. He hit the concrete and fractured his skull, requiring a right sided craniotomy due to hemorrhage. Claimant requested to stop his diabetes medication on 2/25/14 (appointment with Dr. Brunson). Claimant has a prior history of dizziness and light headedness related to his diabetes Type 2. The Emergency Room reports from Palmetto Health Richland indicate irregular enhancement suspicious for vascular malformation with "the potential that this may have caused his initial fall". In the Orangeburg County EMS report, claimant states the last thing he remembers is stopping to fuel and feeling weak.
5. Legal issues involved: See No. 4.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* Employer Representative; Thad Wimberly; Harry Wimberly; Kim Hudson; Tyrone Johnson; Jeff Ruff
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; De Bene Esse Deposition of Jeff Ruff to be submitted upon receipt scheduled for 9/17/14; pictures of claimant; Prescription records from Walgreens to be submitted upon receipt
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: N/A
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner:

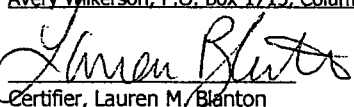
☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Lewis C. Lanier, 250 Gibson Street, P.O. Box 2789, Orangeburg, SC 29116 and Avery Wilkerson, P.O. Box 1715, Columbia, SC 29202-1715 on the 15th day of September, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.


Certifier, Lauren M. Blanton

Signature: 

Anne Veatch Noonan, Willson Jones Carter & Baxley, P.A.

Email: avnoonan@wjlaw.net

Date of hearing: 9/25/2014

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.



960173 RM- 344108 P/T-R.R.
 WILLIAMS CLYDE M 56
 JOKL RUDOL BRUNSON CH E
 BRUNSON CH 01/29/12 B/D 08/19/55

Bamberg County Hospital / Emergency Department NURSING RECORD

Date: 1/29/12 Time of Arrival: 1715

Mode of Arrival: Walk-in W/C Stretcher EMS Carried

Accompanied by: wife

Name: Clyde Williams Age/DOB: 56/1/19/55

VITAL SIGNS: Temp: 97.9 Pulse: 89 Resp: 18 BP 118/74 O2 sat: 96%

Height: 5'8" Weight: 181 lbs Head circum(<24m)

ALLERGIES: None

Smoker: Yes No

Mental Status ☐ Alert ☐ Oriented ☐ Confused ☐ Lethargic ☐ Unresponsive	Respirations ☐ Non-Labored ☐ Wheezing ☐ Labored ☐ Absent	Skin ☐ Warm/Dry ☐ Pale ☐ Diaphoretic ☐ Cyanotic	Abdomen ☐ Nontender ☐ Tender ☐ +BS ☐ -BS	LMP Date: <u>N/A</u> ☐ Irregular ☐ Pregnant EDC:	Immunizations ☐ Up to date ☐ Last tetanus
---	---	--	---	---	--

CHIEF COMPLAINT: 4/10 not feeling well in few days. Pt. of
light-headedness + dizziness. Denies N/V or incoherent
thirst or urination. BGL checked by family @ 580
No hx - DM.

Pain Assessment: ☐ Yes ☐ No ☒ N/A	Location: <u>dorsus</u>	Rate Scale 0 - 10:	Duration:	Description: ☐ Dull/Aching ☐ Shooting/Stabbing ☐ Burning ☐ Other
---	-----------------------------------	---------------------------	------------------	---

0 NO HURT	2 HURTS LITTLE BIT	4 HURTS LITTLE MORE	6 HURTS EVEN MORE	8 HURTS WHOLE LOT	10 HURTS WORST

© 2006 Mosby

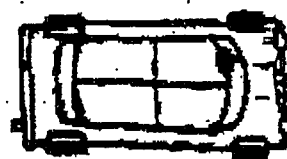
Motor Vehicle Accident

- ☐ Driver
☐ Passenger
☐ Restrained/Unrestrained
☐ Airbag Deployment Y/N
☐ Police Report Filed Y/N

Mechanism of Injury:

Damage to Vehicle:

Back



Seated (O) Struck (X)

Past Medical

History:

- ☒ HTN ☐ SZ
☐ CAD ☐ DM
☐ CVA ☐ HIV
☐ Asthma
☐ Ca ☐ MI
☐ ESRD
☐ CHF
☐ COPD
 Other:

cholesterol

Past Surgeries:

Stomach x2
Various vein

Treatment Prior to Arrival:

- ☐ None
☐ Spinal
 Immobilization
☐ IV
 Site _____
☐ Cardiac Monitor
☐ Blood
 Sugar _____
☐ Intubated:
 size _____
☐ O2
☐ Meds given:

None

☐ Other:

FAMILY DOCTOR:

Dr. Pason

Date of last visit: Oct 2011

Triage Condition:

- ☒ Stable ☐ Unstable
☐ Potentially Unstable ☐ Critical

Triage Disposition:

- ☐ Exam Room
☒ Registration ☐ Waiting Area

Religious/cultural beliefs that may affect this visit? ☒ No ☐ Yes

Time to Exam Room: 1740 Bed # 3

TRIAGE RN: Jamie Hamuth RN

Date 1/29/12 Time 1720

96 344108 F/T-E.R.
WILL LYNDE N 56
JOKL RUN J BRUNSON CH E
BRUNSON CH 01/29/12 B/D 08/19/55

Simvastatin 20mg qd.	
lisinopril 10mg qd	
2 Fenofibrate 134mg qd	

[illegible]

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Bamberg County Hospital / Emergency Department
NURSING RECORD

96017-0000 344108 P/T-E.R.
WILLIAMS CLYDE M 56
JOKL RUDOL BRINSON CH E
BRINSON CH 01/29/12 B/D 08/19/55

IV SITES

IV Site #	Time Started	Gauge	Site	# of Attempts	Initials	discontinued	Conditions of Site at discharge
1							
2							
3							

☐ IV Blood Drawn x _____ tubes Blood Cultures x _____ drawn at _____

Medications / IV fluids

Start Time	Stop Time	Type fluid / drug / medication	Dose	Mixed by RN	Site IV Site #1 / IVP / IVPB / IM / SQ / PO / Rectal	Initials	Response to treatment
1730		Humalog 15/25	30 units		subq	RA	0 problems

PAIN ASSESSMENT

Time	Pain Level (0-10)	Location	Intervention	Initials	Time	Post Interventional Pain Level	Action

VITAL SIGNS

Time	Temperature	Pulse	Resp	O2 sat	B/P

- ☐ Side Rails Up _____
☐ O2 _____
☐ Cardiac Monitor _____
☐ Backboard _____
 Cleared by: _____
☐ Pulse Ox _____
☐ Dress/Undress Patient _____
☐ Accompany Pt to X-Ray _____

Intake	Output

DISCHARGE DISPOSITION: ☒ Home ☐ Transfer ☐ Universal Med Form ☐ Other Time: 1815	ADMIT: Room # _____ Time Report _____ Called: _____ Time to Floor: _____ Transport with: ☐ Monitor ☐ O2 ☐ RN	EXIT BY: ☒ Ambulatory ☐ WC ☐ Stretcher ☐ Carried ☐ Helicopter ☐ In Custody Accompanied with: ☐ Self ☐ Family ☐ EMS	EXPIRED: Time: _____ Valuables given to: _____ Packet complete: _____ Body to Funeral Home: _____ Time: _____	UNUSUAL DISCHARGE: ☐ AMA Time: _____ ☐ LWBS Time: _____	Assessment Of Chief Complaint: ☐ No Change ☒ Improvement Pain Level: _____
---	--	--	---	--	---

STAFF SIGNATURE/INITIALS

Kay Adams RN

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Barnberg County Emergency Department
EMERGENCY PHYSICIAN RECORD
 ♦ General Adult ♦

DATE: 1/21/12 TIME: 1720 ☐ On arrival ROOM: S/bridge EMS ArrivalHISTORIAN: patient spouse paramedicsAGE 56 M / F

HX / EXAM LIMITED BY: _____

TRANSFER FROM: _____ ☐ see transfer record**HPI**chief complaint: med. bleed,
TI, dizziness

onset / duration: _____ min / hrs / days ago

timing:

☒ still present
☐ better
☐ gone now
☐ worse

severity:

☐ mild
☐ moderate
☐ severe
 (1/10)

modifying factors:

none

context:No previous dizziness**quality:****location:**

Recent trauma

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

No recent doctor visit

005190-R-24-1

960173 RM- 344108 P/T-E.R.
 WILLIAMS CLYDE M 56
 JOKL RIDOL BRUNSON CH
 BRUNSON CH 01/29/12 B/D 08/19/55

ROS**CONST**

fever / chills
 sweating
 recent illness
 weakness / weight loss

EYES / ENT

problems with vision
 sore throat

nasal drainage**CVS / RESP**

chest pain
 shortness of breath
 cough

GI / GU

abdominal pain
 nausea / vomiting
 diarrhea
 black stools
 problems urinating

LNMP preg post-menop**MS / SKIN / LYMPH**

calf / leg pain
 neck / back pain
 joint pain
 leg / ankle swelling
 rash
 swollen glands

NEURO / PSYCH

headache
 fainting
 dizziness
 tingling
 numbness
 difficulty walking
 difficulty with speech
 anxiety / depression

☒ All systems neg except as marked**PAST HX**

cardiac disease
 A-Fib angina CHF AMI
hypertension
 renal disease
 kidney stones
 asthma / COPD
 old records ordered / summary:

hepatitis / HIV
 pancreatitis / peptic ulcer
 diabetes Type 1 Type 2
 diet / oral / insulin
 CVA / TIA deficit
 seizure disorder

Surgeries / Procedures none

cardiac bypass / stent
 cholecystectomy
 CT / MRI / ECHO
 endoscopy upper / lower
 hysterectomy / BTL / C-section

Immunizations: influenza / pneumovax UTD / referred to PCP

Medications none med list reviewed
 aspirin coumadin clopidogrel NSAID

Allergies NKDA
 see nurses note

SOCIAL HX

smoker _____ drugs _____
 alcohol (recent / heavy / occasional) _____ occupation _____
 living situation alone family friend group care facility

FAMILY HX

negative

Vitals Reviewed Abnmls Noted: BP HR RR Temp

Nursing Assessment Reviewed

PHYSICAL EXAM

General Appearance

☒ no acute distress / alert

EENT

☒ eyes nml inspection

☒ ENT inspection nml

☒ pharynx nml

☒ no signs of dehydration

NECK

☒ nml inspection

☒ thyroid nml

RESPIRATORY

☒ chest non-tender

☒ no resp. distress

☒ breath sounds nml

CVS

☒ reg. rate & rhythm

☒ no murmur

☒ no gallop

☐ mild / moderate / severe distress

☐ anxious / lethargic

☐ scleral icterus / pale conjunctivae

☐ EOM palsy / anisocoria

☐ purulent nasal drainage

☐ pharyngeal erythema / exudate

☐ oral lesions / dry mucous membranes

☐ thyromegaly / lymphadenopathy

☐ stiff neck / Kernig's / Brudzinski's sign

☐ carotid bruit

☐ see diagram

☐ wheezes / rales / rhonchi

☐ irregularly irregular rhythm

☐ extrasystoles (occasional / frequent)

☐ tachycardia / bradycardia

☐ PMI displaced laterally

☐ JVD present / friction rub

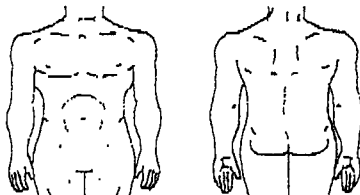
☐ murmur grade 1/6 sys / dias

☐ gallop (S3 / S4)

☐ decreased pulse(s)

☐ R/L carotid fem dors ped

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
se = severe



ABDOMEN

☒ non-tender

☒ no organomegaly

☒ nml bowel sounds

☒ no distension

☐ tenderness / guarding / rebound

☐ hepatomegaly / splenomegaly / mass

☐ abnml bowel sounds

☐ bruit

RECTAL

☒ non-tender

☒ heme neg stool

☐ black / bloody / heme pos. stool

☐ tenderness / mass / nodule

BACK

☒ nml inspection

☐ CVA tenderness

SKIN

☒ no embolic lesions

☒ color nml, no rash

☒ warm, dry

EXTREMITIES

☒ non-tender

☒ full ROM

☒ nml appearance

☒ no pedal edema

NEURO / PSYCH

☒ oriented x3

☒ CN's nml (2-12)

☒ motor nml

☒ sensation nml

☒ mood / affect nml

☐ cyanosis / diaphoresis / pallor

☐ skin rash

☐ decubitus

☐ calf tenderness

☐ ROM limited by pain

☐ pedal edema / joint swelling

☐ Homan's sign / venous cords

☐ disoriented to person / place / time

☐ weakness / sensory loss facial droop

☐ slurred / abnml speech

☐ depressed mood / affect

KXAYS

CXR Interp. By ☐ me ☐ radiologist ☐ Visualized by me ☐ Discsd w/ radiologist
☐ nml/NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum



960173 RM-
WILLIAMS CLYDE
JOKI, RUDOLF
BRUNSON CE

344108
M 56
BRUNSON CE
01/29/12 B/D 08/19/55

LABS

CBC	Chemistries	UA
normal except	normal except	normal except
WBC	Na	CKMB
Hgb	K	Troponin
Hct	CO2	PT/PTT
Platelets	Gluc	INR
segs	BUN	Amylase
bands	Creat	Lipase

RHYTHM STRIP NSR Rate

EKG NML Reviewed at (time) Rate

NSR nml intervals nml axis nml QRS nml ST/T

not / changed from: repeat EKG unchanged /

PROGRESS

Time re-examined pain reassessed improved unchanged

Notes:

*Fltch 58° 20/uses IV on
lab; Anastesy 100, nml EKG
B. Brunson Brunson*

antibiotics given

• CP/AMI - EKG / ASA / B-Blocker / Thrombolytics / PCI / transfer

• CAP - SaO₂ / VS / MSE / antibiotic(s) / BC / pathogen / CXR or CT / transfer

• Syncope/CVA - EKG / t-PA considered - contraindicated

Discussed hx, exam, results, dx & plan with Dr.

at (time) response

will see patient in: ED / hospital / office

Rx given *Amox, Anticoag*

Smoking cessation counseling provided time spent 2 (≥ 3 mins)

discussed plan / triggers / challenges / risk / Rx given

Counseled patient / family regarding Additional history from:

lab / rad results *diagnosis need for follow-up* family caretaker paramedics

CLINICAL IMPRESSION

♦ Acute MI	♦ CVA
♦ Chest Pain	hemorrhagic non-hemorrhagic
precordial / painful respirations	♦ Pneumonia
chest wall / discomfort	♦ Syncope
tightness / pressure / angina	

DIABETES - NEW ONSET

CONDITION: ☐ stable ☐ improved ☐ unchanged

DISPOSITION: ☒ home ☐ transferred ☐ AMA ☐ pt refuses

Time 1800 ☐ admitted ☐ POA ☐ decubitus / UTI (foley)

☐ crit care 30-74 min ☐ > 74 min ☐ no crit care (excluding separately billable procedures)

☐ crit care provided solely by overseeing physician; tx provided

PATIENT SAFETY ATTESTATION

☒ Concerning the care of this pt, I/we have afforded the staff an opportunity to discuss findings or concerns and I either addressed them or no issues were voiced. As available, additional documentation was reviewed (Nursing, EMS or Medication list).

PHYSICIAN ATTESTATION (use when care is provided by physician with NP/PA).

☐ For this patient encounter, I reviewed the NP or PA documentation, treatment plan, and medical decision making; and I had face-to-face time with this patient. All procedures were done by me except:

NP / PA Rudolf Joki, MD ID#

MD / DO Sig Rudolf Joki, MD ID# transferred care

MD / DO Sig ID# assumed care

☒ Template Complete ☐ See Addendum (Dictated / Template # 428)



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99 Bamberg County Emergency Department
EMERGENCY DEPARTMENT RECORD
 Physician Order Sheet

960173 RN-
 WILLIAMS CLYDE 344108 P/T-E.R.
 JOKI, RUDOL M 56
 BRUNSON CH E
 01/29/12 B/D 08/19/55

LABS	STANDARD PANELS
• CBC • CBC & Diff. • CMP • BMP • Lytes • Myoglobin • CK • Mg⁺⁺ • UHCG • SHCG • Strep Screen • Amylase • Lipase • Troponin I • PT / PTT • Sed Rate • H. Pylori • UA • clean cath dip (ketones) • CSF Protocol • Toxin screen: • urine blood • Drug Levels: • digoxin dilantin ETOH • Tylenol ASA	• Cardiac • Liver • Thyroid - T₄ - T₃ - TSH
	X-RAYS • CXR port PA/LAT • Sonogram • pelvic abd biliary renal • KUB flat upright • CT head / abdomen • IVP • C-Spine 2 view • C-Spine 3 view • Acute Abdominal Series
	CARDIORESPIRATORY • EKG • HHN with _____ • ABG RA/O2 • Culture • urine blood x _____ stool • Stool leukocytes • Stool hemoccult

PLEASE CALL DOCTOR

Time Ordered Doctor Returned Call

Initial Nursing Orders

- ☐ Cardiac Monitor
- ☐ Pulse Oximeter
- ☐ Oxygen _____ L NC
- ☐ titrate to keep sat greater than 95%
- ☐ Fully Disrobe / Gown
- ☐ Postural Vitals
- ☐ Neuro checks q _____
- ☐ IV _____ saline lock _____ mL / hr
- ☐ Phenergan _____
- ☐ Toradol _____
- ☐ Tylenol _____
- ☐ Motrin _____
- ☐ Morphine sulfate _____
- ☐ Demerol _____
- ☐ Nubain _____
- ☐ Rocephin _____ IM mix w/ 1% Lidocaine plain
- ☐ Rocephin _____ IV

Noted

Subsequent Nursing Orders

Time Orders Noted

- ☐ Please repeat: BP HR RR Temp

- ☐ May be off cardiac monitor for radiology studies or transport.

Shirley Joki, RN

Discharge Instructions

Diabetic diet. Insulin as prescribed. Metformin as prescribed. Follow up with Dr. Brunson on 1/30/12. Return to ER if worse. Frequent glucose monitoring.

DISPOSITION

☐ ADMIT ☐ OBS ☒ DISCHARGE

med / surg telemetry ICU L & D

Dr. _____

☐ TRANSFER to: _____ Care of Dr. _____

Condition: ☒ Improved ☐ Stable ☐ Other: _____

PHYSICIAN SIGNATURE

Rudolf Joki, MD
 1 960173 2



Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

430
753

1. DRIVER'S INFORMATION		Driver completes this section											
Driver's Name (Last, First, Middle) <u>Williams Clyde Oliver</u>		Social Security No. <u>249-04-4888</u>		Birthdate <u>8/19/55</u> M/D/Y		Age <u>48</u>		Sex ☒ M ☐ F		☐ New certification ☒ Recertification ☐ Follow Up		Date of Exam <u>8-25-03</u>	
Address <u>1628 Rowesville Rd</u>		City, State, Zip Code <u>Orangeburg SC 29115</u>		Work Tel: (803) 868-2601 Home Tel: (803) 533-1874		Driver License No. <u>004698827</u>		License Class ☒ A ☐ C ☐ B ☐ D ☐ Other		State of Issue <u>S.C.</u>			

2. HEALTH HISTORY			Driver completes this section, but medical examiner is encouraged to discuss with driver.																																																																																																																																	
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For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Clyde O. Williams
Driver's Signature

8-25-03
Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

All negatives

Adm. 82503

Name

Clyde Williams

Social Security No.

211 07-4888

TESTING (Medical Examiner completes Section 3 through 7)

431

254

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye.

INSTRUCTIONS: The use of corrective lenses should be noted on the Medical Examiner's Certificate. When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 25	20/	Right Eye <u>22</u> 70°
Left Eye	20/ 25	20/	Left Eye <u>22</u> 70°
Both Eyes	20/ 20	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel No.

License No./State of Issue

Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	12 Feet	12 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average: <u>N/A</u>			Average:		

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded.

GUIDELINES FOR BLOOD PRESSURE EVALUATION

Blood Pressure	Systolic	Diastolic
	125	80

Driver qualified if $\leq 160/90$ on Initial exam.

Pulse Rate	☒ Regular
	☐ Irregular

On Initial exam

If 161-180 and/or 91-104, Qualify 3 mos. only

If > 180 and/or 104, not qualified until reduced to $< 181/105$. Then qualify for 3 mos. only.

Within 3 months

If < 160 and/or 90, Qualify for 1 yr. Document Rx & control the 3rd month

If < 160 and/or 90, Qualify for 6 mos. Document Rx & control the 3rd month

Certify

Annually if acceptable BP is maintained

Biannually

Medical examiner should take at least 2 readings to confirm blood pressure.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP GR.	PROTEIN	BLOOD	SUGAR
	1.020	+	+	+

Name Clyde WilliamsSocial Security No. 249-04-4888

432

7. PHYSICAL EXAMINATIONHeight: 67 (In.)Weight: 204 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		✓	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓	9. Genito-urinary system	Hernias.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓	10. Extremities - Limb Impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		✓	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		✓
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		✓	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

* COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.☐ Does not meet standards☐ Meets standards, but periodic evaluation required.

Due to _____ driver qualified only for:

☐ 3 months ☐ 1 year☐ 6 months ☐ Other☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

☐ Wearing corrective lenses☐ Wearing hearing aid☐ Accompanied by a _____ valuer/exemption☐ Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt Intracity zone.☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature _____

Medical Examiner's Name (print) James H. Brunson, Jr. M.D.Address 1170-A Blvd St. NE, Orangeburg, SC 29115Telephone Number 803-533-0042

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Clyde Williams
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge
of the driving duties, I find this person is qualified, and, if applicable, only when:
☐ wearing hearing and
☐ wearing corrective lenses
☐ accompanied by a _____
☐ driving within an exempt zone (49 CFR 391.62)
☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
☐ Qualified by opinion of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete exami-
nation form with any attachment embodies my findings completely and correctly, and is on file in my office.
SIGNATURE OF MEDICAL EXAMINER [Signature] TELEPHONE 803 533-0042 DATE 8-25-03

MEDICAL EXAMINER'S NAME (PRINT) James H. Branson, Jr. MD
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 8154 / SC
A.D. ☒ Physician ☐ DO ☐ CHIROPRACTOR
Assistant ☐ Advanced Practice Nurse

SIGNATURE OF DRIVER Clyde Williams DRIVER'S LICENSE NO. 004698827 STATE S.C.
ADDRESS OF DRIVER 1628 Rousesville Rd, Orangeburg SC 29115
MEDICAL CERTIFICATE EXPIRATION DATE 8-25-05

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

434

257

1. DRIVER'S INFORMATION		Driver completes this section					
Driver's Name (Last, First, Middle)		Social Security No.	Birthdate	Age	Sex	☐ New certification ☒ Recertification ☐ Follow Up	Date of Exam
Williams Clyde Oliver		249-04-4888	8/19/55 M/D/Y	50	☒ M ☐ F		3-30-06
Address	City, State, Zip Code	Work Tel: (800) 868-2601 Home Tel: (803) 533-1874	Driver License No.		License Class		State of Issue
1628 Rowesville Rd	Orangeburg SC 29115		004698827		☒ A ☐ C ☐ B ☐ D ☐ Other		S.C.

2. HEALTH HISTORY		Driver completes this section, but medical examiner is encouraged to discuss with driver.					
Yes No ☐ ☐ Any illness or injury in last 5 years? ☐ ☐ Head/Brain injuries, disorders or illnesses ☐ ☐ Seizures, epilepsy ☐ medication _____ ☐ ☐ Eye disorders or impaired vision (except corrective lenses) ☐ ☐ Ear disorders, loss of hearing or balance ☐ ☐ Heart disease or heart attack; other cardiovascular condition ☐ medication _____ ☐ ☐ Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐ ☐ High blood pressure ☐ medication _____ ☐ ☐ Muscular disease ☐ ☐ Shortness of breath		Yes No ☐ ☐ Lung disease, emphysema, asthma, chronic bronchitis ☐ ☐ Kidney disease, dialysis ☐ ☐ Liver disease ☐ ☐ Digestive problems ☐ ☐ Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin ☐ ☐ Nervous or psychiatric disorders, e.g., severe depression ☐ Medication _____ ☐ ☐ Loss of, or altered consciousness		Yes No ☐ ☐ Fainting, dizziness ☐ ☐ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring ☐ ☐ Stroke or paralysis ☐ ☐ Missing or impaired hand, arm, foot, leg, finger, toe ☐ ☐ Spinal injury or disease ☐ ☐ Chronic low back pain ☐ ☐ Regular, frequent alcohol use ☐ ☐ Narcotic or habit forming drug use			

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Clyde O. Williams
Driver's Signature

3-30-06

Date

Medical Examiners Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

no medical problems

[Signature]

Name Williams, ClydeSocial Security No. 249 04 4888

435

TESTING (Medical Examiner completes Section 3 through 7)**3. VISION**

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ <u>30</u>	20/	Right Eye <u>nl</u> > 70 °
Left Eye	20/ <u>20</u>	20/	Left Eye <u>nl</u> > 70 °
Both Eyes	20/ <u>15</u>	20/	<u>nl</u> > 140 °

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?

☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective LensesMonocular Vision: ☐ Yes ☒ No

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel No.

License No./State of issue

Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear <u>10</u> Feet	Left Ear <u>10</u> Feet
--	-----------------------------	----------------------------

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic <u>138</u>	Diastolic <u>88</u>
----------------	------------------------	------------------------

Driver qualified if $\leq 140/90$.

Pulse Rate	☒ Regular ☐ Irregular
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Record Pulse Rate: 72

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$.
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$.	6 months if $\leq 140/90$.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR. <u>1.030</u>	PROTEIN <u>Neg</u>	BLOOD <u>Neg</u>	SUGAR <u>Neg</u>
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Name Williams Clyde Social Security No. 249-04-4888
Height: 6'9" (in.) Weight: 209 (lbs.)

7. PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. If a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		☒	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		☒
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		☒	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		☒
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		☒	9. Genito-urinary system	Hernias.		☒
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		☒	10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		☒
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		☒	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		☒
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		☒	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		☒

* COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.

☐ Does not meet standards

☐ Meets standards, but periodic evaluation required.

Due to _____ driver qualified only for:

☐ 3 months ☐ 1 year
☐ 6 months ☐ Other

☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone.
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature _____

Medical Examiner's Name (print) James H Brunson Jr

Address 1170-A Boulevard St Orgb SC 29118

Telephone Number 803 5830042

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Clude Williams
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge
of the driving duties, I find this person is qualified; and, if applicable, only when:
☐ wearing corrective lenses ☐ driving within an exempt zone (4-9 CFR 391.62)
☐ accompanied by a waver/exemption ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
☐ Qualified by operation of 49 CFR 391.84

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER James H. Brunson TELEPHONE 533-0042 DATE 3/30/06

MEDICAL EXAMINER'S NAME (PRINT) DR. JAMES H. BRUNSON ☒ MD ☐ DO ☐ CHIROPRACTOR
☐ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 8154-SC

SIGNATURE OF DRIVER [Signature] DRIVER'S LICENSE NO. 004098827 STATE SC

ADDRESS OF DRIVER 1028 Powesville Rd O'burg SC 29115

MEDICAL CERTIFICATE EXPIRATION DATE 3 30 06

CONTINUATION

AE Clyde Williams (8676) age

DRESS

DATE

DATE: 8-25-03 WT: 204 B/P: 149/90 12/80

CC: DOT Px for Bowman Gin

DATE: 3/30/02 WT: 209 B/P: 130/92 ht 67" P 100 V R 20/30 L 20/20 B 20/15

CC: DOT Px for Bowman Gin

1/00 - Pt came in today for Random Drug Test - done & mailed to LO (m)

8/20/08 218 162/100 HT 67" P 60 (Reg) Vision (R) 20/20 (L) 20/20 (B) 20/20 uncorrected
DATE: 8/20/08 WT: 218 B/P: 162/100
CC: DOT Px Bowman Gin 140/90

Will see as regular pt -
Plan: 6-8 weeks - ED, PSA + COV

13/08 Fasting EP, PSA @ LC COV 10/00 (m)

10/08 212 130/82 T 98³
DATE: 10/08 WT: 212 B/P: 130/82
CC: COV UA - Hemochek - 8kg

5/27/10 200 154/104 T 98²
DATE: 5/27/10 WT: 200 B/P: 154/104
CC: COV UA hemochek 8kg

1/27/10 213 130/80 T 97⁴
DATE: 1/27/10 WT: 213 B/P: 130/80
CC: Fu p labs o Hbmc due to IFB

F-T T 701
FSA, LH + Carl if ok -> referral for ED

10/10 Pt. notified of low nl. testosterone levels. Wishes to try Androgel.
to Medmart: Androgel 1% 5gms - packet daily #30 @ 32Fs. Will recheck
ee + total test. @ next labs 10/10. Pt. v/u. Dr. Brunson / Kim Huckel

8/17/10 198 142/80 HT 67" Pulse 76 (Reg) Vision (R) 20/20 (L) 20/20 (B) 20/20 uncorrected
DATE: 8/17/10 WT: 198 B/P: 142/80
CC: DOT PE Bowman Gin

10/28/10 205 140/94 T 98⁰ Vign 108 12x5 LSI 10305 2ren403Y5
DATE: 10/28/10 WT: 205 B/P: 140/94
CC: Fu p labs

29/10 LM @ cell # Test. level ok. Continue current Androgel dosage. Chole: 43's
elevated which was discussed @ On 10/28/10. Pt. reminded to take Omega 3 fish oil
wh daily & Ch. re-enrolled 11/10. Miller (FHIP) Kim Huckel

ct.: 8676 Pat...: CW -WILLIAMS, CLYDE O. PData: NR/0 V-Date: 08/20/08
-Id: 17155 TS-Dt: 08/25/08 S/R: M/W Age: 53 D-Date: 08/20/08
c...: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

The patient is here today for a DOT exam. We completed and cleared him for the next two years. He does not have a primary care physician. We are certainly happy to see him in follow-up. In six to eight weeks, we will plan to get a comprehensive office visit with labs to include Executive profile and PSA. He will moderate salt in his diet. He has stopped smoking in the last month. We will see then where we stand with the blood pressure, but we note the pressure is satisfactory for me to clear him for the two year certificate at this time. For his health, in general, we feel he needs some additional screening type studies.

James H. Brunson, Jr., M.D./cjw

MJ

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

440
-263

1. DRIVER'S INFORMATION		Driver completes this section					
Driver's Name (Last, First, Middle)		Social Security No.	Birthdate	Age	Sex	☐ New certification ☒ Recertification ☐ Follow Up	Date of Exam
Williams Clyde Oliver		249-04-4888	8/19/55 M/D/Y	53	☒ M ☐ F		8-20-08
Address	City, State, Zip Code	Work Tel: (800) 868-2601 Home Tel: (803) 535-4588	Driver License No.		License Class		State of Issue
1628 Zionsville Rd	Orangeburg SC 29115		004698827		☒ A ☐ C ☐ B ☐ D ☐ Other		SC

2. HEALTH HISTORY			Driver completes this section, but medical examiner is encouraged to discuss with driver.		
Yes No ☐ ☒ Any illness or injury in last 5 years? ☐ ☒ Head/Brain injuries, disorders or illnesses ☐ ☒ Seizures, epilepsy ☐ medication _____ ☐ ☒ Eye disorders or impaired vision (except corrective lenses) ☐ ☒ Ear disorders, loss of hearing or balance ☐ ☒ Heart disease or heart attack; other cardiovascular condition ☐ medication _____ ☐ ☒ Heart surgery (valve replacement/bypass, angioplasty, pacemaker) ☐ ☒ High blood pressure ☐ medication _____ ☐ ☒ Muscular disease ☐ ☒ Shortness of breath	Yes No ☐ ☒ Lung disease, emphysema, asthma, chronic bronchitis ☐ ☒ Kidney disease, dialysis ☐ ☒ Liver disease ☐ ☒ Digestive problems ☐ ☒ Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin ☐ ☒ Nervous or psychiatric disorders, e.g., severe depression ☐ Medication _____ ☐ ☒ Loss of, or altered consciousness	Yes No ☐ ☒ Fainting, dizziness ☐ ☒ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring ☐ ☒ Stroke or paralysis ☐ ☒ Missing or impaired hand, arm, foot leg, finger, toe ☐ ☒ Spinal injury or disease ☐ ☒ Chronic low back pain ☐ ☒ Regular, frequent alcohol use ☐ ☒ Narcotic or habit forming drug use			

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Clyde Williams
Driver's Signature

8/20/08
Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

no current problems

W. Williams
Medical Examiner's Signature

ne Clyde Williams

Social Security No. 249-04-4888

441

264

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ <u>20</u>	20/	Right Eye <u>n/770°</u>
Left Eye	20/ <u>20</u>	20/	Left Eye <u>n/770°</u>
Both Eyes	20/ <u>20</u>	20/	<u>n/7140°</u>

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?

☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel No. _____ License No./State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear <u>10</u> Feet	Left Ear <u>10</u> Feet
--	-----------------------------	----------------------------

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic <u>140</u>	Diastolic <u>90</u>
----------------	------------------------	------------------------

Driver qualified if $\leq 140/90$.

Pulse Rate ☒ Regular ☐ Irregular

Record Pulse Rate: 60

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$.
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$.	6 months if $\leq 140/90$.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
<u>1.015</u>	<u>Neg</u>	<u>Neg</u>	<u>Neg</u>	<u>Neg</u>

Name Clyde Williams Social Security No. 249-04-4888

7. PHYSICAL EXAMINATION

Height: 67 (in.)

Weight: 218 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. If a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition if possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		✓	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓	9. Genito-urinary system	Hernias.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓	10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		✓	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		✓
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		✓	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

* COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.

☐ Does not meet standards

☐ Meets standards, but periodic evaluation required.

Due to _____ driver qualified only for:

☐ 3 months ☐ 1 year

☐ 6 months ☐ Other

☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

☐ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a _____ waiver/exemption

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone.

☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature _____

Medical Examiner's Name (print) James H. Brunson Jr. MD

Address 1170 Boulevard St. NE Ste A Orangeburg.

Telephone Number 803-533-0042

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Clyde Williams
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with
of the driving duties, I find this person is qualified; and, if applicable, only when:
☐ wearing corrective lenses ☐ driving within an exempt zone (49 CFR 391.62)
☐ accompanied by a _____ ☐ accompanied by a Skill Performance Evaluation Certificate (S
_____ ☐ Qualified by operation of 49 CFR 391.64
☐ accompanied by a _____

The information I have provided regarding this physical examination is true and complete. A complete exami-
nation form with any attachment embodies my findings completely and correctly, and is on file in my office
SIGNATURE OF MEDICAL EXAMINER James H. Brunson Jr TELEPHONE 803-533-0042 DATE 8/20/08

MEDICAL EXAMINER'S NAME (PRINT) James H. Brunson Jr
M.D. ☒ Physician ☐ DO ☐ CHIROPRACTOR
Assistant ☐ Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 8154 / SC

SIGNATURE OF DRIVER _____ DRIVER'S LICENSE NO. 004698827 STATE SC

ADDRESS OF DRIVER 11628 Bowesville Rd Orangeburg, SC
MEDICAL CERTIFICATE EXPIRATION DATE 8-20-2010 29115



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 888-200-5439

CON 10/04

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
277-078-3452-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	53 / 1
PT. ADD.: 1628 ROWESVILLE RD SW ORANGEBURG SC 29115-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
10/03/2008 8:52	10/03/2008	10/04/2008 6:35 6482

CLINICAL INFORMATION

CD- 20182765665

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-

ACCOUNT: J H Brunson

1170 Blvd NE Suite A
Orangeburg SC 29115-0000

ACCOUNT NUMBER: 39092523

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

Glucose, Serum	78	mg/dL	65 - 99	01
Uric Acid, Serum	5.7	mg/dL	2.4 - 8.2	01
BUN	17	mg/dL	5 - 26	01
Creatinine, Serum	1.03	mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	>59	mL/min/1.73	60 - 137	

EFFECTIVE OCTOBER 27, 2008 the reference interval
on 'Glom Filt Rate, Est' and 'If African-American'
will be changing to >59 mL/min/1.73.

If African-American >59 mL/min/1.73 60 - 137

Note: Persistent reduction for 3 months or more in an eGFR
<60 mL/min/1.73 m2 defines CKD. Patients with eGFR values
>=60 mL/min/1.73 m2 may also have CKD if evidence of persistent
proteinuria is present. Additional information may be found at
www.kdoqi.org.

BUN/Creatinine Ratio	17		8 - 27	
Sodium, Serum	138	mmol/L	135 - 145	01
Potassium, Serum	4.0	mmol/L	3.5 - 5.2	01
Chloride, Serum	100	mmol/L	97 - 108	01
Calcium, Serum	9.5	mg/dL	8.5 - 10.6	01
Phosphorus, Serum	2.7	mg/dL	2.5 - 4.5	01
Protein, Total, Serum	7.0	g/dL	6.0 - 8.5	01
Albumin, Serum	4.0	g/dL	3.5 - 5.5	01
Globulin, Total	3.0	g/dL	1.5 - 4.5	
A/G Ratio	1.3		1.1 - 2.5	
Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	103	IU/L	25 - 150	01
LDH	178	IU/L	100 - 250	01
AST (SGOT)	22	IU/L	0 - 40	01
ALT (SGPT)	28	IU/L	0 - 55	01
GGT	62	IU/L	0 - 65	01
Iron, Serum	104	ug/dL	40 - 155	01

Lipids

> Cholesterol, Total	228 H	mg/dL	100 - 199	01
> Triglycerides	435 H	mg/dL	0 - 149	01
> HDL Cholesterol	26 L	mg/dL	40 - 59	01
VLDL Cholesterol Cal		mg/dL	5 - 40	

The calculation for the VLDL cholesterol is not valid when

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 277-078-3452-0	Seq #: 6482
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03 21 00

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
277-078-3452-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	53 / 1
PT. ADD.: 1628 ROWESVILLE RD SW ORANGEBURG SC 29115-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
10/03/2008 8:52	10/03/2008	10/04/2008 6:35 6482

CLINICAL INFORMATION

CD- 20182765665

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

triglyceride level is >400 mg/dL.

LDL Cholesterol Calc mg/dL 0 - 99

Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.

>	T. Chol/HDL Ratio	8.8H	ratio units	0.0 - 5.0
>	Estimated CHD Risk	1.7H	times avg.	0.0 - 1.0

T. Chol/HDL Ratio

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4
2X Avg.Risk	9.6	7.1
3X Avg.Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				01
TSH	1.858	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	7.3	ug/dL	4.5 - 12.0	01
T3 Uptake	28	%	24 - 39	01
Free Thyroxine Index	2.0		1.2 - 4.9	01
CBC, Platelet Ct, and Diff				01
WBC	9.2	x10E3/uL	4.0 - 10.5	01
RBC	5.36	x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.7	g/dL	12.5 - 17.0	01
Hematocrit	45.7	%	36.0 - 50.0	01
MCV	85	fL	80 - 98	01
MCH	29.2	pg	27.0 - 34.0	01
MCHC	34.3	g/dL	32.0 - 36.0	01
RDW	14.5	%	11.7 - 15.0	01
Platelets	184	x10E3/uL	140 - 415	01
Neutrophils	60	%	40 - 74	01
Lymphs	27	%	14 - 46	01
Monocytes	9	%	4 - 13	01
Eos	3	%	0 - 7	01
Basos	1	%	0 - 3	01
Neutrophils (Absolute)	5.5	x10E3/uL	1.8 - 7.8	01

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 277-078-3452-0	Seq #: 6482
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Results are Flagged in Accordance with Age Dependent Reference Ranges

ICM Version: 03.21.00

445



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
277-078-3452-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	53 / 1
PT. ADD.: 1628 ROWESVILLE RD SW ORANGEBURG SC 29115-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
10/03/2008 8:52	10/03/2008	10/04/2008 6:35 6482

CLINICAL INFORMATION

CD- 20182765665

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangenburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Lymphs (Absolute)	2.5 x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.8 x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3 x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	01
Prostate-Specific Ag, Serum			
Prostate Specific Ag, Serum	1.2 ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.			

According to the American Urological Association, PSA should be undetectable after radical prostatectomy. A PSA of less than 0.5 ng/mL (or undetectable) is not likely to be associated with disease recurrence within five years of treatment. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Patient

Williams, Clyde

8676

08-19-55

53 years old

Male

170 cm

70 kg

HR 70

PR 160

QR 160

QT 380

QTc 380

QTd 380

QTf 380

QTg 380

QTa 380

QTb 380

QTe 380

QTh 380

QTi 380

QTo 380

QTr 380

QTs 380

QTw 380

QTx 380

QTy 380

QTz 380

QTaa 380

QTbb 380

QTcc 380

QTdd 380

QTea 380

QTeb 380

QTec 380

QTed 380

QTea 380

QTeb 380

QTec 380

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PR 160

QR 160

QT 380

QTc 380

QTd 380

QTf 380

QTg 380

QTh 380

QTi 380

QTo 380

QTr 380

QTs 380

QTw 380

QTx 380

QTy 380

QTz 380

QTaa 380

QTbb 380

QTcc 380

QTdd 380

QTea 380

QTeb 380

QTec 380

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PR 160

QR 160

QT 380

QTc 380

QTd 380

QTf 380

QTg 380

QTh 380

QTi 380

QTo 380

QTr 380

QTs 380

QTw 380

QTx 380

QTy 380

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QTbb 380

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QTdd 380

QTea 380

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QTec 380

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WNL

NO CLINICAL REPORT

10-6-58

447

SD





LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

8676
Cov
5/27

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
145-078-3240-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION				SS#: ***-**-4888	
FASTING: N					
PHONE: 803-535-4588 DOB: 8/19/1955					
PATIENT NAME			SEX	AGE(YR./MOS.)	
WILLIAMS,CLYDE			M	54 / 9	
PT. ADD.: 532 OAKLAND RD					
Cope		SC	29038-0000		
DATE OF COLLECTION TIME		DATE RECEIVED	DATE REPORTED	TIME	
5/25/2010 9:30		5/25/2010	5/26/2010	8:12	2630

CLINICAL INFORMATION		
CD- 20182784666		
PHYSICIAN ID.	NPI	PATIENT ID.
REEVES T	1053526772	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg		SC 29115-0000
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries				01
Glucose, Serum	98	mg/dL	65 - 99	01
Uric Acid, Serum	5.6	mg/dL	2.4 - 8.2	01
BUN	15	mg/dL	5 - 26	01
Creatinine, Serum	0.99	mg/dL	0.76 - 1.27	01
eGFR	>59	mL/min/1.73	>59	
eGFR AfricanAmerican	>59	mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR				
<60 mL/min/1.73 m2 defines CKD. Patients with eGFR values				
>=60 mL/min/1.73 m2 may also have CKD if evidence of persistent				
proteinuria is present. Additional information may be found at				
www.kdoqi.org.				
BUN/Creatinine Ratio	15		8 - 27	
Sodium, Serum	142	mmol/L	135 - 145	01
Potassium, Serum	3.8	mmol/L	3.5 - 5.2	01
Chloride, Serum	104	mmol/L	97 - 108	01
Calcium, Serum	9.4	mg/dL	8.7 - 10.2	01
Phosphorus, Serum	3.2	mg/dL	2.5 - 4.5	01
Protein, Total, Serum	6.6	g/dL	6.0 - 8.5	01
Albumin, Serum	4.1	g/dL	3.5 - 5.5	01
Globulin, Total	2.5	g/dL	1.5 - 4.5	
A/G Ratio	1.6		1.1 - 2.5	
Bilirubin, Total	0.2	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	116	IU/L	25 - 150	01
LDH	170	IU/L	100 - 250	01
AST (SGOT)	15	IU/L	0 - 40	01
ALT (SGPT)	24	IU/L	0 - 55	01
GGT	52	IU/L	0 - 65	01
Iron, Serum	56	ug/dL	40 - 155	01

Lipids

>	Cholesterol, Total	221 H	mg/dL	100 - 199	01
	Triglycerides	108	mg/dL	0 - 149	01
>	HDL Cholesterol	29 L	mg/dL	>39	01

Comment

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

	VLDL Cholesterol Cal	22	mg/dL	5 - 40	
>	LDL Cholesterol Calc	170 H	mg/dL	0 - 99	

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 145-078-3240-0	Seq #: 2630	448
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 145-078-3240-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: N PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 54 / 9	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION 5/25/2010	TIME 9:30	DATE RECEIVED 5/25/2010	DATE REPORTED 5/26/2010	TIME 8:12
2630				

CLINICAL INFORMATION CD- 20182784666		
PHYSICIAN ID. REEVES T	NPI 1053526772	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
> T. Chol/HDL Ratio	7.6H ratio units	0.0 - 5.0	
> Estimated CHD Risk	1.5H times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

Thyroid				01
TSH	1.170	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	7.1	ug/dL	4.5 - 12.0	01
T3 Uptake	29	%	24 - 39	01
Free Thyroxine Index	2.1		1.2 - 4.9	01
CBC, Platelet Ct, and Diff				01
WBC	8.8	x10E3/uL	4.0 - 10.5	01
RBC	5.10	x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.0	g/dL	12.5 - 17.0	01
Hematocrit	43.5	%	36.0 - 50.0	01
MCV	85	fL	80 - 98	01
MCH	29.4	pg	27.0 - 34.0	01
MCHC	34.5	g/dL	32.0 - 36.0	01
RDW	14.4	%	11.7 - 15.0	01
Platelets	199	x10E3/uL	140 - 415	01
Neutrophils	67	%	40 - 74	01
Lymphs	22	%	14 - 46	01
Monocytes	7	%	4 - 13	01
Eos	3	%	0 - 7	01
Basos	1	%	0 - 3	01
Neutrophils (Absolute)	5.8	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.9	x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.6	x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	01

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 145-078-3240-0	Seq #: 2630	449
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
145-078-3240-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION	SS#:
FASTING: N PHONE: 803-535-4588 DOB: 8/19/1955	***-**-4888

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	54 / 9

PT. ADD.:	SC	29038-0000
532 OAKLAND RD Cope		

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/25/2010 9:30	5/25/2010	5/26/2010	8:12	2630

CLINICAL INFORMATION
CD- 20182784666

PHYSICIAN ID.	NPI	PATIENT ID.
REEVES T	1053526772	-

ACCOUNT:	J H Brunson
1170 Blvd NE Suite A Orangeburg SC 29115-0000	
ACCOUNT NUMBER:	39092523

TEST	RESULT	LIMITS	LAB
Immature Granulocytes	0 %	0 - 1	01
Immature Grans (Abs)	0.0 x10E3/uL	0.0 - 0.1	01
Prostate-Specific Ag, Serum			
Prostate Specific Ag, Serum	1.8 ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.			

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 145-078-3240-0	Seq #: 2630
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Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03.23.00

4503



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
145-078-3240-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION		SS#:
FASTING: N		***-**-4888
PHONE: 803-535-4588		DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	54 / 9

PT. ADD.:	SC	29038-0000
532 OAKLAND RD	Cope	

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/25/2010	9:30	5/25/2010	5/26/2010	8:12 2630

CLINICAL INFORMATION		
CD- 20182784666		

PHYSICIAN ID.	NPI	PATIENT ID.
REEVES T	1053526772	-

ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Immature Granulocytes	0 %	0 - 1	01
Immature Grans (Abs)	0.0 x10E3/uL	0.0 - 0.1	01
Prostate-Specific Ag, Serum			
Prostate Specific Ag, Serum	1.8 ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.			

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: 01 BN	LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361		

Acct.: 8676 Pat.: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 05/27/10
TS-Id: 30579 TS-Dt: 06/14/10 Doc#: 1 S/R: M/W Age: 54 D-Date: 05/27/10

HISTORY OF PRESENT ILLNESS: The patient comes in today for an office visit and review of labs. He is doing relatively well at this time with no particular new problems other than he has had some trouble with erectile dysfunction for about the last three to four months. He did not stick with his Pravachol that I started a year and a half ago. He saw Dr. Redcross. He did not feel like these represented malignant lesions on the face. Otherwise, things are relatively stable. He is interested in getting something for the erectile dysfunction because the quality of his erections are not as good as they used to be. He noticed a fairly significant decrease in the quality of erection around February.

PHYSICAL EXAMINATION: Weight: 200 lbs. Blood pressure: 154/104 by nurse, rechecked by me at about the same reading at about 165/95 or so.
Temperature: 98.2.

GENERAL APPEARANCE: Alert, oriented and pleasant.

HEENT: Normal.

NECK: Normal.

CAROTIDS: Normal. No bruits.

ABDOMEN: Normal.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

LUNGS: Clear to auscultation.

GU: Normal.

PROSTATE: Feels somewhat boggy and spongy.

RECTAL: Normal.

SKIN: Normal other than the cystic lesions on the face that was declared not malignant by Dr. Redcross at his evaluation a year and a half ago.

EXTREMITIES: Normal.

NEUROLOGICAL: Normal.

ASSESSMENT:

- 1) Hypertension.
- 2) Hyperlipidemia.
- 3) Erectile dysfunction.
- 4) Probable prostatitis.

PLAN:

- 1) I am going to put him back on Pravachol 40 mg one a day, Lisinopril 10 mg one a day, Viagra 100 mg as directed, and Cipro 500 mg one twice a day for one month.
- 2) We will plan in two months to get liver, lipids, basic metabolic panel and follow-up office visit. We will certainly see him sooner if needed. I suggested yogurt to be eaten during the 30-day period of time that he is on the Cipro.

James H. Brunson, Jr., M.D./acj

Handwritten: 7/12

452
2617



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
204-078-3210-1	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	54 / 11
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
7/23/2010 11:48	7/27/2010	7/28/2010 10:35

CLINICAL INFORMATION		
CD- 20182786277		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H. Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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FSH and LH			
LH	7.9 mIU/mL	1.7 - 8.6	01
FSH	7.1 mIU/mL	1.5 - 12.4	01
Testosterone, Free and Total			
Testosterone, Serum	318 ng/dL	280 - 800	01
Free Testosterone(Direct)	9.8 pg/mL	7.2 - 24.0	01

Verbal Add-on

This report has been generated by your request for additional testing.
The additional request may have required some testing to be repeated.
Because of analytic variability, the results may not correspond
exactly to the previous report. Interpret these results appropriately.

Written Authorization

Written Authorization Received.
Authorization received from KIM KUCK RN 07-28-2010
Logged by Hazel Vinson

01

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

8-4-10 LMTCB. JN

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 204-078-3210-1	Seq #: 3336	453
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.24.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

done on 7/27/10
F&T Test - 11:00 AM
FSH 7028460
LH
Dx 302.9

8676
OV
7/27

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
204-078-3210-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y				
PHONE: 803-535-4588				DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	54 / 11

PT. ADDR:	City	State	Zip
532 OAKLAND RD	Cope	SC	29038-0000

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	3299
7/23/2010	11:48	7/23/2010	7/24/2010	6:36	

CLINICAL INFORMATION		
CD-20182786277		

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-

ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Basic Metabolic Panel (8)

>	Glucose, Serum	142 H	mg/dL	65 - 99	01
	BUN	13	mg/dL	5 - 26	01
	Creatinine, Serum	1.26	mg/dL	0.76 - 1.27	01
	eGFR	>59	mL/min/1.73	>59	
	eGFR AfricanAmerican	>59	mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
	BUN/Creatinine Ratio	10		8 - 27	
	Sodium, Serum	141	mmol/L	135 - 145	01
	Potassium, Serum	3.6	mmol/L	3.5 - 5.2	01
	Chloride, Serum	101	mmol/L	97 - 108	01
>	Carbon Dioxide, Total	19 L	mmol/L	20 - 32	01
	Calcium, Serum	10.0	mg/dL	8.7 - 10.2	01

Hepatic Function Panel (7)

	Protein, Total, Serum	7.3	g/dL	6.0 - 8.5	01
	Albumin, Serum	4.8	g/dL	3.5 - 5.5	01
	Bilirubin, Total	0.5	mg/dL	0.0 - 1.2	01
	Bilirubin, Direct	0.12	mg/dL	0.00 - 0.40	01
	Alkaline Phosphatase, S	121	IU/L	25 - 150	01
	AST (SGOT)	25	IU/L	0 - 40	01
	ALT (SGPT)	30	IU/L	0 - 55	01

Lipid Panel w/ Chol/HDL Ratio

>	Cholesterol, Total	218 H	mg/dL	100 - 199	01
>	Triglycerides	379 H	mg/dL	0 - 149	01
>	HDL Cholesterol	34 L	mg/dL	>39	01

Comment

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

>	VLDL Cholesterol Cal	76 H	mg/dL	5 - 40	
>	LDL Cholesterol Calc	108 H	mg/dL	0 - 99	
>	T. Chol/HDL Ratio	6.4H	ratio units	0.0 - 5.0	

LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

DIRECTOR: William F Hancock MD

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 204-078-3210-0	Seq #: 3299	454
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.24.00

LAB RESULTS
JAMES H. BRUNSON, JR., M.D.
 Diplomate, American Board of Family Practice
 Outpatient Family Medicine • Occupational Medicine

Telephone (803) 533-0042
 Fax (803) 536-5220

1170 Boulevard St., N.E. Suite A
 Orangeburg, SC 29115

PATIENT NAME: Clyde Williams

CHART #: 8676

Clyde Wms
 PL Clear 259/p

Clyde Williams
 Clear

MultiStix 10
 ID: Clyde Williams
 Date: 8/20/08 Time: 10:45 AM
 Glu Neg
 Bil Neg
 Ket Neg
 SG 1.015
 BLD Neg
 PH 6.5
 URO Neg
 NIT 0.2
 LEU Neg
 WBC Neg

7/27/10
 RBC/FBS
 HbA1C 5.6% 355/41

Patient Name Clyde Williams
 ID# 8676 DOB 8/19/55
 Operator J. M. Jones
5/27/10
 GLU neg
 BIL neg
 KET trace 5
 SG 1.005
 BLD neg
 Ph 6.0
 PRO neg
 URO neg 0.2
 NIT neg
 LEU neg

Siemens Diagnostics
 Clinical Status
 Patient: Clyde Williams
 MultiStix 10 SC
 Test date 08-10-2010
 Time 11:38 AM
 Operator Kim Tucker
 Lot number
 Color Not Entered
 Clarity Not Entered
 GLU Negative
 BIL Negative
 KET Trace
 SG 1.025
 BLD Negative
 PH 6.0
 PRO
 URO
 NIT
 LEU Negative

3/31/11 340/46
 RBC/FBS
 HbA1C 6.3% ①

Acct.: 8676 Pat.: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 07/27/10
RS-Id: 31675 TS-Dt: 08/18/10 S/R: M/W Age: 54 D-Date: 07/27/10
Doc.: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

HISTORY OF PRESENT ILLNESS: The patient comes in today for an office visit and review of labs. This was accomplished. His lipids are not doing any better on the Pravachol. The triglycerides are up. He ate a big bowl of ice cream on the night prior to having the blood work drawn rather late that evening. The hemoglobin A1C is in the nondiabetic range. I think the blood sugar and triglycerides were probably affected by the ice cream. I doubt the cholesterol was affected by the ice cream. He got partial improvement with the Viagra. We are going to add on free and total testosterone and FSH and LH and we will call him. If those numbers are okay, then we might need to go ahead and refer him to a urologist. He will need a DOT Exam by 8/20/10.

PHYSICAL EXAMINATION: Weight: 213 lbs, which is up 13 lbs from 5/27/10. Blood pressure: 130/80. Temperature: 97.4.

GENERAL APPEARANCE: Alert, oriented, pleasant and in no distress.

HEENT: Essentially normal.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

LUNGS: Clear to auscultation.

ASSESSMENT:

- 1) Hyperlipidemia.
- 2) Hypertension.
- 3) Erectile dysfunction.
- 4) Impaired Fasting Glucose.

PLAN:

- 1) We are going to add on a free and total testosterone, FSH, LH and call.
- 2) In 3 months liver, lipids and follow-up office visit.
- 3) DOT Exam as scheduled by Bowman Gin.
- 4) We will change Pravachol to Zocor 40 mg one a day. As noted above, we will reassess the lipids then.
- 5) The Lisinopril will remain the same as he has a good response with the blood pressure through that.

James H. Brunson, Jr., M.D./acj

Handwritten initials and date:
JH
8/20

MEDICAL EXAMINER'S CERTIFICATE

MEF - 42A

I certify that I have examined Clyde Williams
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving
duties, I find this person is qualified; and, if applicable, only where:

- ☐ wearing corrective lenses ☐ driving within an exempt intracity zone (49 CFR 391.62)
☐ wearing hearing aid ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
☐ accompanied by a _____ waiver/exemption ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with
any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u>	TELEPHONE <u>8035330042</u>	DATE <u>8/17/10</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>James H. Brunson Jr</u>	☒ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <u>8154/SC</u>		
SIGNATURE OF DRIVER <u>[Signature]</u>	DRIVER'S LICENSE NO. <u>004698827</u>	STATE <u>SC</u>
ADDRESS OF DRIVER <u>532 Oakland Rd Cope, SC 29038</u>		
MEDICAL CERTIFICATE EXPIRATION DATE <u>8-17-2011</u>		

DRIVER'S COPY

Reorder from MOTOR CARRIER FORMS, INC. 2703 Industrial Ave., #2, Fort Pierce, FL 34946 • (772) 468-0214 • FAX (772) 468-0216 TOLL FREE • 1-800-291-6301

458 281.

2. HEALTH HISTORY		Driver completes this section, but medical examiner is encouraged to discuss with driver.	
Yes	No	Yes	No
☐	☒ Any illness or injury in last 5 years?	☐	☒ Lung disease, emphysema, asthma, chronic bronchitis
☐	☒ Head/Brain injuries, disorders or illnesses	☐	☒ Kidney disease, dialysis
☐	☒ Seizures, epilepsy	☐	☒ Liver disease
	☐ medication _____	☐	☒ Digestive problems
☐	☒ Eye disorders or impaired vision (except corrective lenses)	☐	☒ Diabetes or elevated blood sugar controlled by:
☐	☒ Ear disorders, loss of hearing or balance		☐ diet
☐	☒ Heart disease or heart attack; other cardiovascular condition		☐ pills
	☐ medication _____		☐ insulin
☐	☒ Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	☐	☒ Nervous or psychiatric disorders, e.g., severe depression
☒	☐ High blood pressure ☐ medication _____		☐ Medication _____
☐	☒ Muscular disease	☐	☒ Loss of, or altered consciousness
☐	☒ Shortness of breath		

For any YES answer, indicate onset date, diagnosis, and (if applicable) medications used regularly or recently.

Clyde Miller
Driver's Signature

8-17-60
Date

BP Connelly

Wang

Clyde Williams

Social Security No. 249-04-4888

459 11 28

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 20	20/	Right Eye 71 770 °
Left Eye	20/ 20	20/	Left Eye 71 770 °
Both Eyes	20/ 20	20/	71 7140 °

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses:

Monocular Vision: ☐ Yes ☒ No

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel. No. 1

License No./State of Issue

Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear 10 Feet	Left Ear 10 Feet
--	----------------------	---------------------

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic 130	Diastolic 80
----------------	-----------------	-----------------

Driver qualified if $\leq 140/90$.

Pulse Rate	☒ Regular ☐ Irregular
------------	---

Record Pulse Rate: 76

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if $\leq 140/90$. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if $\leq 140/90$.
$\geq 180/110$	Stage 3	6 months from date of exam if $\leq 140/90$.	6 months if $\leq 140/90$.

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
1.025	Neg	Neg	Neg	Neg

PHYSICAL EXAMINATION

Height: 6'7" (In.)

Weight: 198 (lbs.)

Social Security No. 249-04-4888

460

783

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		✓	8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		✓	9. Genito-urinary system	Hernias.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓	10. Extremities - Limb Impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		✓	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		✓
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		✓	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate.

☐ Does not meet standards

☒ Meets standards, but periodic evaluation required.

Due to HTN driver qualified only for:

☐ 3 months ☒ 1 year

☐ 6 months ☐ Other

☐ Temporarily disqualified due to (condition or medication):

Return to medical examiner's office for follow up on

☐ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a _____ waiver/exemption

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone.

☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature

Medical Examiner's Name (print)

Address

Telephone Number

James H. Brunson Jr MD

1170 Boulevard St NE Ste A Orangeburg, SC

803-533-0042

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

8676
Call

SPECIMEN 299-078-3163-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ***-**-4888				
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 55 / 2	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 10/26/2010 12:08	DATE RECEIVED 10/26/2010	DATE REPORTED 10/29/2010	TIME 6:36	4404

CLINICAL INFORMATION CD- 20182788772		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Hepatic Function Panel (7)

Protein, Total, Serum	6.9	g/dL	6.0 - 8.5	01
Albumin, Serum	4.3	g/dL	3.5 - 5.5	01
Bilirubin, Total	0.3	mg/dL	0.0 - 1.2	01
Bilirubin, Direct	0.11	mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	98	IU/L	25 - 150	01
AST (SGOT)	21	IU/L	0 - 40	01
ALT (SGPT)	33	IU/L	0 - 55	01

Lipid Panel w/ Chol/HDL Ratio

Cholesterol, Total	180	mg/dL	100 - 199	01
> Triglycerides	335 H	mg/dL	0 - 149	01
> HDL Cholesterol	31 L	mg/dL	>39	01

Comment

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

> VLDL Cholesterol Calc	67 H	mg/dL	5 - 40	
LDL Cholesterol Calc	82	mg/dL	0 - 99	
> T. Chol/HDL Ratio	5.8 H	ratio units	0.0 - 5.0	

Testosterone, Free and Total

Testosterone, Serum	416	ng/dL	280 - 800	01
Free Testosterone (Direct)	10.5	pg/mL	7.2 - 24.0	01

LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

DIRECTOR: William F Hancock MD

Add Omega 3 Fish oil 2x/day
Continue Androgel dose
10-29-10

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 299-078-3163-0	Seq #: 4404	461
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.25.00

Acct.: 8676 Pat...: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 10/28/10
TS-Id: 33464 TS-Dt: 11/16/10 S/R: M/W Age: 55 D-Date: 10/28/10
Doc...: 9 -LUCILLE MILLER FNP RDoc:

SUBJECTIVE: The patient presents today for follow-up of labs. He has a history of hyperlipidemia, hypogonadism, impotence. Patient was recently started on Androgel. Labs are back today except for free testosterone. Serum testosterone was 416. Hepatic function panel from 10/26/10 was normal as his lipids had improved from 07/23/10 labs. Total cholesterol was 180. Triglycerides were 335. HDL 31. LDL 82. Patient states he has been compliant with the Zocor 40 daily. Has a problem with proper low cholesterol diet as he is a long distance driver. He did well on Viagra and requests refills.

OBJECTIVE: Weight: 205 lbs. Blood pressure: Initially 140/94. Recheck 128/84. Temperature: 98.

GENERAL APPEARANCE: Patient is a pleasant Caucasian male of normal body build who is in no acute distress. Alert and oriented x 3.

HEENT: Within normal limits.

LUNGS: CTAA&P.

HEART: Regular rate and rhythm. No murmurs.

EXTREMITIES: Normal in appearance. No edema.

ASSESSMENT:

- 1) Hypertension.
- 2) Hyperlipidemia.
- 3) Erectile dysfunction.
- 4) Hypogonadism.

PLAN:

- 1) Continue with Androgel.
- 2) Given refill of Lisinopril 10 mg daily #30 with 5 refills, Zocor 40 mg 1 daily #30 with 3 refills and Viagra 100 mg 1 daily as needed prior to sex #12 and 5 refills given.
- 3) Will let patient know about free testosterone when that is available.
- 4) Given lab order to return in January with hepatic function test, lipid profile and free and total testosterone.

Lucille Miller, FNP/mhc ✓

you williams

5010

1/25/11 205

180/100 T 97.9

FU p labs

1/ CS + cal.

med
neck MRI

2/1 1 h-s up 205 1 A day

3/1 TAC BP 2-3 week

3/1/11 Pt. notified of C-spine xray showing significant narrowing
w/ gt MRI of C-spine + flu p. Pt. v/r. Dr. Brunson / Kim Rucker

2/24/11 206 140/98 T 97.9

FU OV

140/90

3/31/11 Wgt 204 BP 120/80

Temp 98.0

HbA1C done U. 3

Fup labs

4/12/11 Rx to Walgreens 301. ~~Hertz 25mg #30 ÷ po daily~~ X3
Simvastatin 40mg #30 ÷ tablet po @ HS X5 R (2)

4/1/11 207 139/74 97.6 Pulse 70
* too soon for HbA1C

CC: COV, UVA, colonoscopy 6/10

130/90

4/20/11 Wgt 202 BP 140/100 Temp 98.4

5" radial 4" wide radial aspect 3"

Wife Bauman Gin

6-21-11 Tw. Kimberly Anderson a former business Sns C. ok to send
Pt. to Joseph P. Stille, DVM, Lisc. - Called them they will see Pt
on 6-22-11 then DVM's Med. Lisc. office - N. Charleston. Between
the hrs of 8-10 Pt. notified of this as well, as Pt's employer
Borman Gin. Pt. also given bill inf. to take to him -
Claim # 201196698 their mailing address - phone * -
2301 Hwy 190 W. City of Decatur, LA 70634 863 755-0103 v
1-800-256-3462. H. Hooper

1/28/11 Rx to Walgreens 301. Viagra 100mg #10 AS directed v S

RBS 520

102

138/94



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

Call

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
021-078-3377-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION				SS#: ***-**-4888	
FASTING: Y					
PHONE: 803-535-4588 DOB: 8/19/1955					
PATIENT NAME			SEX	AGE(YR./MOS.)	
WILLIAMS,CLYDE			M	55 / 5	
PT. ADD.: 532 OAKLAND RD					
Cope		SC	29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME		
1/21/2011 7:12	1/21/2011	1/27/2011	6:35	5391	

CLINICAL INFORMATION		
CD- 20182790784		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Hepatic Function Panel (7)

Protein, Total, Serum	6.9	g/dL	6.0 - 8.5	01
Albumin, Serum	4.5	g/dL	3.5 - 5.5	01
Bilirubin, Total	0.2	mg/dL	0.0 - 1.2	01
Bilirubin, Direct	0.06	mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	97	IU/L	25 - 150	01
AST (SGOT)	26	IU/L	0 - 40	01
ALT (SGPT)	35	IU/L	0 - 55	01

Lipid Panel

Cholesterol, Total	184	mg/dL	100 - 199	01
> Triglycerides	441 H	mg/dL	0 - 149	01
> HDL Cholesterol	29 L	mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal mg/dL 5 - 40

The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.

LDL Cholesterol Calc mg/dL 0 - 99

Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.

Testosterone, Free and Total

Testosterone, Serum	441	ng/dL	193 - 740	01
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LabCorp now offers an enhanced accuracy testosterone test specifically designed for lower testosterone levels

(test #070001; Testosterone, Total, Women, Children and Hypogonadal Males, LC/MS-MS). CDC and several academic

societies recommend improved testosterone tests for women, children, and hypogonadal males and should be performed

using test #070001.

Free Testosterone (Direct)	12.7	pg/mL	7.2 - 24.0	01
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LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

DIRECTOR: William F Hancock MD

not (all)
Total was
available at 01

not

Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 021-078-3377-0	Seq #: 5391	464
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.25.00

Acct.: 8676 Pat.: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 01/25/11
TS-Id: 34822 TS-Dt: 02/03/11 S/R: M/W Age: 55 D-Date: 01/25/11
Doc.: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

HISTORY OF PRESENT ILLNESS: The patient comes in today to follow-up on labs. He is off of his Androgel at this time. He is also having some dead feeling in his right arm that has been present for two months. Otherwise, things are relatively stable.

PHYSICAL EXAMINATION: Weight: 205 lbs. Blood pressure: 180/100. Temperature: 97.9.

GENERAL APPEARANCE: Alert, oriented and in no distress.

HEENT: Normal.

NECK: Normal.

CAROTIDS: Normal. No bruits.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

LUNGS: Clear to auscultation.

ASSESSMENT:

- 1) Hyperlipidemia.
- 2) Hypogonadism.
- 3) Right arm numbness.

PLAN:

- 1) Niacin 500 mg from over-the-counter.
- 2) Increase Lisinopril to 20 mg daily.
- 3) Follow-up blood pressure in two to three weeks.
- 4) Cervical spine x-ray and call. I would expect to proceed to a MRI of the cervical spine.
- 5) In 4 months, we will get comprehensive office visit and labs to include a PSA and a free and total testosterone. We do note he is off of the Androgel at this time. His serum testosterone was normal with him being off and somewhat higher than he was when we started it. We will keep an eye on that. Symptomatically he received no improvement from a erectile dysfunction situation being on the Testosterone.

James H. Brunson, Jr., M.D./acj

10/1/11

ct.: 8676 Pat...: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 02/24/11
-Id: 35468 TS-Dt: 03/21/11 S/R: M/W Age: 55 D-Date: 02/24/11
c...: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

HISTORY OF PRESENT ILLNESS: The patient comes in today to follow-up on his blood pressure. We could not get authorization to have his MRI of the neck done and he missed his appointment with Dr. Marro. He has tolerated his blood pressure medicines well.

REVIEW OF SYSTEMS: Otherwise, things are relatively stable.

PHYSICAL EXAMINATION: Weight: 206 lbs. Blood pressure: 160/98 by nurse, rechecked by me at 140/90. Temperature: 97.9.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

LUNGS: Clear to auscultation.

ASSESSMENT: Hypertension better controlled but not adequately controlled.

PLAN:

- 1) I am going to add HCTZ 12.5 mg one a day.
- 2) In 1 month, we will plan to get a basic metabolic panel and follow-up.
- 3) We will reschedule his appointment with the orthopaedist since his insurance carrier would not allow me to order a MRI of the cervical spine.

James H. Brunson, Jr., M.D./acj

Handwritten signature/initials
3/27



LabCorp Columbia
2 Southern Court, West Columbia, SC 29169-3060

Phone: 803-939-1455

OK
3/31

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
088-878-0134-0	S	CS	COMPLETE	1

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME		SEX	AGE(YR./MOS.)	
WILLIAMS,CLYDE		M	55 / 7	
PT. ADD.: 532 OAKLAND RD				
Cope		SC	29038-0000	
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/29/2011 11:27	3/29/2011	3/30/2011	6:36	6074

CLINICAL INFORMATION		
CD- 20182792573		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Basic Metabolic Panel (8)

> Glucose, Serum	111 mg/dL	65 - 99	01
BUN	19 mg/dL	6 - 24	01
Creatinine, Serum	0.94 mg/dL	0.76 - 1.27	01
eGFR	>59 mL/min/1.73	>59	
eGFR AfricanAmerican	>59 mL/min/1.73	>59	

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org

Effective April 4, 2011, Glom Filt Rate, Estimated, will be
calculated using the CK-EPI formula.

BUN/Creatinine Ratio	20	9 - 20	
Sodium, Serum	138 mmol/L	135 - 145	01
Potassium, Serum	4.0 mmol/L	3.5 - 5.2	01
Chloride, Serum	97 mmol/L	97 - 108	01
Salicylate-containing medications can falsely elevate chloride results using the Roche Integra methodology.			
Carbon Dioxide, Total	29 mmol/L	20 - 32	01
Calcium, Serum	9.5 mg/dL	8.7 - 10.2	01

Ambig Abbrev BMP8 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Basic Metabolic Panel (8), Test Code #322758 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 CS	LabCorp Columbia	DIRECTOR: Joseph Modzelewski MD
2 Southern Court, West Columbia, SC 29169-3060		

WJ

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 088-878-0134-0	Seq #: 6074	467
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.25.00

ct.: 8676 Pat.: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 03/31/11
-Id: 35994 TS-Dt: 04/18/11 S/R: M/W Age: 55 D-Date: 03/31/11
c.: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

HISTORY OF PRESENT ILLNESS: The patient comes in today to follow-up on his blood pressure. He has had a good response to HCTZ. We got the basic metabolic panel to check on any adverse effects to the HCTZ and found the blood sugar to be 111. We got a hemoglobin A1C and it is 6.3. He has tolerated the medicines well.

PHYSICAL EXAMINATION: Weight: 204 lbs. Blood pressure: 120/80. Temperature: 98.

GENERAL APPEARANCE: Alert, oriented and pleasant.
HEART: Normal sinus rhythm. No murmur, gallop, or rub.
LUNGS: Clear to auscultation.

ASSESSMENT:

- 1) Hypertension.
- 2) Diabetes.

PLAN:

- 1) Diet was discussed.
- 2) The patient will continue on the same medications, otherwise.
- 3) In the summer of 2011, we will get a comprehensive office visit and labs.
- 4) He is seeing Dr. Craig about the neck. His insurance carrier would not allow Dr. Craig to order an MRI scan of his neck. He is taking antiinflammatory medicines for the prescribed 60-day period of time and then will be re-evaluated. Of course, the insurance carrier is requiring him to take antiinflammatory medicines with the known adverse effect of those to his blood pressure.

James H. Brunson, Jr., M.D./acj

AB
4/24



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
154-078-3142-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION		SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955		

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	55 / 9

PT. ADD.: 532 OAKLAND RD	SC	29038-0000
Cope		

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
6/03/2011 10:20	6/03/2011	6/05/2011	15:36	6731

CLINICAL INFORMATION		
CD- 20182794230		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

> Glucose, Serum 101 H mg/dL 65 - 99 01

Uric Acid, Serum 6.6 mg/dL 3.7 - 8.6 01

Please Note:

Therapeutic target for gout patients: <6.0

BUN 19 mg/dL 6 - 24 01

Creatinine, Serum 1.02 mg/dL 0.76 - 1.27 01

eGFR If NonAfrican Am 82 mL/min/1.73 >59

eGFR If African Am 95 mL/min/1.73 >59

Note: A persistent eGFR <60 mL/min/1.73 m² (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m² with an elevated urine protein also may indicate chronic kidney disease.

Calculated using CKD-EPI formula.

BUN/Creatinine Ratio 19 9 - 20

Sodium, Serum 140 mmol/L 135 - 145 01

Potassium, Serum 3.8 mmol/L 3.5 - 5.2 01

Chloride, Serum 102 mmol/L 97 - 108 01

Calcium, Serum 9.0 mg/dL 8.7 - 10.2 01

Phosphorus, Serum 3.0 mg/dL 2.5 - 4.5 01

Protein, Total, Serum 6.7 g/dL 6.0 - 8.5 01

Albumin, Serum 4.2 g/dL 3.5 - 5.5 01

Globulin, Total 2.5 g/dL 1.5 - 4.5

A/G Ratio 1.7 1.1 - 2.5

Bilirubin, Total 0.2 mg/dL 0.0 - 1.2 01

Alkaline Phosphatase, S 87 IU/L 25 - 150 01

LDH 173 IU/L 0 - 225 01

AST (SGOT) 23 IU/L 0 - 40 01

ALT (SGPT) 29 IU/L 0 - 55 01

GGT 37 IU/L 0 - 65 01

Iron, Serum 75 ug/dL 40 - 155 01

Lipids

> Cholesterol, Total 211 H mg/dL 100 - 199 01

> Triglycerides 530 H mg/dL 0 - 149 01

> HDL Cholesterol 29 L mg/dL >39 01

Comment

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

VLDL Cholesterol Cal mg/dL 5 - 40

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 154-078-3142-0	Seq #: 6731	469
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
154-078-3142-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	55 / 9
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
6/03/2011 10:20	6/03/2011	6/05/2011 15:36 6731

CLINICAL INFORMATION

CD- 20182794230

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Neutrophils (Absolute)	4.3 x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1 x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.7 x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3 x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0 %	0 - 2	01
Please note reference interval change			
Immature Grans (Abs)	0.0 x10E3/uL	0.0 - 0.1	01
Testosterone, Free and Total			
Testosterone, Serum	405 ng/dL	193 - 740	01
Free Testosterone (Direct)	8.6 pg/mL	7.2 - 24.0	01
Prostate-Specific Ag, Serum			
Prostate Specific Ag, Serum	1.8 ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.			

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 154-078-3142-0	Seq #: 6731	470
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.26.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

COV
W/n

SPECIMEN 154-078-3142-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 55 / 9	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 6/03/2011 10:20	DATE RECEIVED 6/03/2011	DATE REPORTED 6/05/2011	TIME 15:36	6731

CLINICAL INFORMATION CD- 20182794230		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

> Glucose, Serum 101 H mg/dL 65 - 99 01
Uric Acid, Serum 6.6 mg/dL 3.7 - 8.6 01

Please Note:

Therapeutic target for gout patients: <6.0

BUN 19 mg/dL 6 - 24 01
Creatinine, Serum 1.02 mg/dL 0.76 - 1.27 01
eGFR If NonAfrican Am 82 mL/min/1.73 >59
eGFR If African Am 95 mL/min/1.73 >59

Note: A persistent eGFR <60 mL/min/1.73 m² (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m² with an elevated urine protein also may indicate chronic kidney disease.

Calculated using CKD-EPI formula.

BUN/Creatinine Ratio 19 9 - 20
Sodium, Serum 140 mmol/L 135 - 145 01
Potassium, Serum 3.8 mmol/L 3.5 - 5.2 01
Chloride, Serum 102 mmol/L 97 - 108 01
Calcium, Serum 9.0 mg/dL 8.7 - 10.2 01
Phosphorus, Serum 3.0 mg/dL 2.5 - 4.5 01
Protein, Total, Serum 6.7 g/dL 6.0 - 8.5 01
Albumin, Serum 4.2 g/dL 3.5 - 5.5 01
Globulin, Total 2.5 g/dL 1.5 - 4.5
A/G Ratio 1.7 1.1 - 2.5
Bilirubin, Total 0.2 mg/dL 0.0 - 1.2 01
Alkaline Phosphatase, S 87 IU/L 25 - 150 01
LDH 173 IU/L 0 - 225 01
AST (SGOT) 23 IU/L 0 - 40 01
ALT (SGPT) 29 IU/L 0 - 55 01
GGT 37 IU/L 0 - 65 01
Iron, Serum 75 ug/dL 40 - 155 01

Lipids

> Cholesterol, Total 211 H mg/dL 100 - 199 01
> Triglycerides 530 H mg/dL 0 - 149 01
> HDL Cholesterol 29 L mg/dL >39 01

Comment

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

VLDL Cholesterol Cal mg/dL 5 - 40

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 154-078-3142-0	Seq #: 6731	471
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Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03.26.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
154-078-3142-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME		SEX	AGE(YR./MOS.)	
WILLIAMS,CLYDE		M	55 / 9	
PT. ADD.: 532 OAKLAND RD				
Cope		SC	29038-0000	
DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME
6/03/2011	10:20	6/03/2011	6/05/2011	15:36
				6731

CLINICAL INFORMATION		
CD- 20182794230		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.

LDL Cholesterol Calc mg/dL 0 - 99

Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.

T. Chol/HDL Ratio 7.3H ratio units 0.0 - 5.0

Estimated CHD Risk 1.5H times avg. 0.0 - 1.0

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				01
TSH	0.715	uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	7.1	ug/dL	4.5 - 12.0	01
T3 Uptake	30	%	24 - 39	01
Free Thyroxine Index	2.1		1.2 - 4.9	01
CBC, Platelet Ct, and Diff				01
WBC	7.5	x10E3/uL	4.0 - 10.5	01
RBC	5.16	x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.5	g/dL	12.5 - 17.0	01
Hematocrit	45.6	%	36.0 - 50.0	01
MCV	88	fL	80 - 98	01
MCH	30.0	pg	27.0 - 34.0	01
MCHC	34.0	g/dL	32.0 - 36.0	01
RDW	14.8	%	11.7 - 15.0	01
Platelets	201	x10E3/uL	140 - 415	01
Neutrophils	58	%	40 - 74	01
Lymphs	28	%	14 - 46	01
Monocytes	9	%	4 - 13	01
Eos	4	%	0 - 7	01
Basos	1	%	0 - 3	01

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 154-078-3142-0	Seq #: 6731	472
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Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03.26.00



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
154-078-3142-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	55 / 9
PT. ADDR.: 532 OAKLAND RD		
Cope	SC	29038-0000
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
6/03/2011 10:20	6/03/2011	6/05/2011 15:36 6731

CLINICAL INFORMATION		
CD- 20182794230		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg	SC	29115-0000
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Neutrophils (Absolute)	4.3 x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1 x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.7 x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3 x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0 %	0 - 2	01
Please note reference interval change			
Immature Grans (Abs)	0.0 x10E3/uL	0.0 - 0.1	01
Testosterone, Free and Total			
Testosterone, Serum	405 ng/dL	193 - 740	01
Free Testosterone (Direct)	8.6 pg/mL	7.2 - 24.0	01
Prostate-Specific Ag, Serum			
Prostate Specific Ag, Serum	1.8 ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.			

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 154-078-3142-0	Seq #: 6731
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.26.00

t.: 8676 Pat.: CW -WILLIAMS, CLYDE O. PData: NR/PH V-Date: 06/07/11
Id: 37067 TS-Dt: 06/08/11 S/R: M/W Age: 55 D-Date: 06/07/11
...: 1 -JAMES H. BRUNSON, JR., M.D. RDoc:

HISTORY OF PRESENT ILLNESS: The patient comes in today for an office visit and review of labs. He is doing reasonably well at this time. He has seen Dr. Marcus Craig, and I think had some as needed follow-up with Dr. Craig. Of course, Dr. Craig is leaving the Orangeburg area, and I told the patient if he needs further spinal specialist referral to let me know and we can get him referred to someone out of town. It is too early to perform a hemoglobin A1C. He is to have another colonoscopy by Dr. Murali in about 2013 based upon Dr. Murali's note of July 19, 2010 where he says he has an appointment in three years for follow-up assessment. Otherwise, things are relatively stable with him. He is on the Androgel at this time.

PHYSICAL EXAMINATION: Weight: 207 lbs. Blood pressure: 139/74, repeated by me at about 124/82. Temperature: 97.6. Pulse: 70.

GENERAL APPEARANCE: Alert, oriented and in no distress. He smells of cigarette smoke.

HEENT: Normal.

NECK: Normal.

CAROTIDS: Normal. No bruits.

ABDOMEN: Normal.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

LUNGS: Clear to auscultation.

NU: Normal.

PROSTATE: Normal and smooth with no nodules.

RECTAL: Normal. Stool is brown and heme-negative.

SKIN: Normal.

EXTREMITIES: Normal.

NEUROLOGICAL: Normal.

ASSESSMENT:

- 1) Hypogonadism.
- 2) Erectile dysfunction.
- 3) Hyperlipidemia.
- 4) Neck pain.
- 5) Hypertension.
- 6) Screening for prostate cancer.

PLAN:

- 1) We will change him from Tricor to Fenofibrate 134 mg one a day.
- 2) We will combine his Lisinopril HCTZ 20/12.5 mg one a day.
- 3) In 4 months, we will get liver, lipids, blood sugar, hemoglobin A1C, free and total testosterone and follow-up.
- 4) In 12 months, we will get comprehensive office visit and labs.
- 5) He will come in for an appointment scheduled by his employer in August of 2011 for a DOT Exam.
- 6) We did not do an EKG. He apparently had one in July by Dr. Murali and we did not repeat one today.

James H. Brunson, Jr., M.D.
1170 Boulevard St., N.E. Suite A
Orangeburg, S.C. 29115

Worker's Compensation Report

Employee: Clyde Williams Allergies: NKDA
Employer: Brownman Lin Co.
Date of accident or injury: 6/18/11 Date of exam: 6/20/11

History: Early Sat AM burned R wrist 4" x 5" primarily 2ND degree
Radial aspect has 3RD degree burn when aluminum chloride apt
has sleeves & protective gear while working on a stopped up line. Had
retreat in Texas as he was working at the time.
Hx: Caucasian male, appears NAD, pleasant. Cardiac NSR 5 M. Lung-
A, A.P. (hasn't had Rx yet today). Burn to R wrist mostly second degree -
3RD degree radial aspect about 5" long about diameter of wrist + 4" wide.
All has a blister filled w fluid at base of the scar prominence. Moderate swelling
R wrist & fingers swelling, Has FROM of wrist + fingers. Splash burns
altered about L & R forearms - probably 1st - with some small areas
2ND - Hyperpigmented skin is intact.

Tests/Labs: 6-3-11 glucose 101; 3-31-11 HgbA1c 6.3

Diagnosis: 2ND + 3RD degree burns R wrist

Treatment: Td booster in Texas; Meds as per ER Texas, Vicodin prn pain;
wrist dressed with sterile dressing daily

Work Status: Should not drive - use Vicodin prn pain - Awaiting work
comp OK for referral to Wound Care Center.

Next Appt: Follow up here in 2 days if wound care
referral is not improved. Littleville MS 475
298

* Final Report *

Result type: Office/Clinic Note-Physician
Result date: 16 August 2011 11:27 EDT
Result status: Auth (Verified)
Result title: General Exam
Performed by: Miller, Lucille M on 16 August 2011 11:41 EDT
Verified by: Miller, Lucille M on 19 August 2011 17:59 EDT
Encounter info: 1000323135, RMC PrimCare Annex, Clinic Outpatient, 08/16/2011 - 08/16/2011

*** Final Report *****General Exam**

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000323135
Age: 55 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Miller, Lucille M

Chief Complaint**CHIEF COMPLAINT**

08/16/2011 10:56 EDT

DOT physical

Review of Systems

Constitutional: Negative.

Eye: Negative.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: HTN-controlled..

Musculoskeletal: Negative, Hx 2nd/3rd degree burns with healing graft-wearing compression glove- followed by burn center..

Integumentary: Burns, as above..

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Problem List:All Problems

Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed

Health exam - school, employment / ICD-9-CM V70.5 / Confirmed

Hyperlipidemia / ICD-9-CM 272.4 / Confirmed

Hypertension / ICD-9-CM 401.9 / Confirmed

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed

Histories**Past Medical History:**

No active or resolved past medical history items have been selected or recorded.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

Page 1 of 2
(Continued)

* Final Report *

Physical Examination**VS/Measurements****Vital Signs**

08/16/2011 10:56 EDT	Temperature Oral	36.7 DegC	
	Peripheral Pulse Rate	76 bpm	
	Systolic Blood Pressure	135 mmHg	
	Diastolic Blood Pressure	103 mmHg	HI
	Mean Arterial Pressure, Cuff		114 mmHg

Measurements from flowsheet : Measurements

08/16/2011 10:56 EDT	Usual Height	174 cm
	Weight Measured	92.53 kg

Documented vital signs: Blood Pressure (Systolic 134 mmHg, Diastolic 86 mmHg)

General: Alert and oriented, No acute distress.**Eye:** Pupils are equal, round and reactive to light, Normal conjunctiva.**HENT:** Normocephalic, Tympanic membranes are clear, Oral mucosa is moist, No pharyngeal erythema.**Neck:** Supple, Non-tender, No carotid bruit, No lymphadenopathy, No thyromegaly.**Respiratory:** Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.**Cardiovascular:** Normal rate, Regular rhythm, No murmur, No edema.**Musculoskeletal**

Normal range of motion. No tenderness. Normal gait.

Integumentary: Warm, Dry, Pink.**Neurologic:** Oriented.**Cognition and Speech:** Oriented, Speech clear and coherent.**Psychiatric:** Appropriate mood & affect.**Review / Management****Results review:** Lab results : POWERNOTE DISCRETE RESULTS.

08/16/2011 11:06 EDT	Urine Appearance	Urine Dipstick	Clear
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Impression and Plan**Diagnosis**

Health exam - school, employment (ICD9 V70.5, Billing Diagnosis, Medical).

Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical).

Patient Instructions: see completed form. Follow up in October as scheduled with labs-per previous order..

Counseled: Patient, Regarding medications, Diet, Activity, Verbalized understanding.

DOT physical

Siemens Diagnostics
Clinitek Status®

Patient: Clyde Williams

Multistix® 10 SG
Test date 06-07-2011
Time 4:44PM
Operator Kim Hickey
Test number 3754
Color Not Entered
Clarity Not Entered

GLU Negative
BIL Negative
KET Negative
SG ≤ 1.005
BLO Negative
pH 5.5
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative

Siemens Diagnostics
Clinitek Status®

Patient: Clyde Williams

Multistix® 10 SG
Test date 08-16-2011
Time 12:06PM
Operator DP
Test number 3935
Color Not Entered
Clarity Not Entered

GLU Negative
BIL Negative
KET Negative
SG 1.025
BLO Negative
pH 5.5
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

ON
10/18

SPECIMEN 284-174-0129-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ***-**-4888				
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) .56 / 1	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 10/11/2011 7:21	DATE RECEIVED 10/11/2011	DATE REPORTED 10/13/2011	TIME 6:36	8072
TEST		RESULT		

CLINICAL INFORMATION CD-20182797533		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Hepatic Function Panel (7)			
Protein, Total, Serum	6.9 g/dL	6.0 - 8.5	01
Albumin, Serum	4.4 g/dL	3.5 - 5.5	01
Bilirubin, Total	0.3 mg/dL	0.0 - 1.2	01
Bilirubin, Direct	0.09 mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	71 IU/L	25 - 150	01
AST (SGOT)	29 IU/L	0 - 40	01
ALT (SGPT)	46 IU/L	0 - 55	01
Lipid Panel			
> Cholesterol, Total	247 H mg/dL	100 - 199	01
> Triglycerides	397 H mg/dL	0 - 149	01
> HDL Cholesterol	29 L mg/dL	>39	01
Comment			
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
> VLDL Cholesterol Calc	79 H mg/dL	5 - 40	01
> LDL Cholesterol Calc	139 H mg/dL	0 - 99	01
Testosterone, Free and Total			
Testosterone, Serum	541 ng/dL	193 - 740	01
***Effective October 17, 2011 Testosterone, Serum reference interval for Adult Male will be changing to 348-1197.			
Free Testosterone(Direct)	17.4 pg/mL	7.2 - 24.0	01
Hemoglobin A1c			
> Hemoglobin A1c	6.6 H %	4.8 - 5.6	01
Increased risk for diabetes:		5.7 - 6.4	
Diabetes:		>6.4	
Glycemic control for adults with diabetes:		<7.0	
> Glucose, Serum	150 H mg/dL	65 - 99	01

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

M

* Final Report *

Result type: Office/Clinic Note-Physician
Result date: 18 October 2011 15:56 EDT
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr, James H on 18 October 2011 15:59 EDT
Verified by: Brunson-Jr, James H on 04 April 2012 17:48 EDT
Encounter info: 1000283739, RMC PrimCare Annex, Clinic Outpatient, 10/18/2011 - 10/18/2011

*** Final Report *****SOAP Note: Simple ***

Patient: **Williams, Clyde** MRN: 0000353850 FIN: 1000283739
Age: 56 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: **Brunson-Jr, James H**

Subjective

Chief complaint CHIEF COMPLAINT.

10/18/2011 15:44 EDT fu labs

SUBJECTIVE: The patient presents today for an office visit and review of labs. He is doing reasonably well at this time. He stopped his Zocor when he got on the Fenofibrate. We will get that corrected. He stopped taking the topical testosterone about a month ago.

REVIEW OF SYSTEMS: Unremarkable and fairly stable and fairly stable otherwise.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsOrdered

Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 6 tab
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

AndroGel 5 g/packet: 1 packet, Daily
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

Page 1 of 3
(Continued)

* Final Report *

Problem List .All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective**VS/Measurements****Vital Signs**

10/18/2011 15:44 EDT	Temperature Oral	36.8 DegC	
	Systolic Blood Pressure	122 mmHg	
	Diastolic Blood Pressure	80 mmHg	
	Mean Arterial Pressure, Cuff		94 mmHg

, Measurements from flowsheet : Measurements

10/18/2011 15:44 EDT	Weight Measured	93.90 kg
	Weight Dosing	93.90 kg

Blood pressure is 120/80 by me.

GENERAL APPEARANCE: Alert, oriented, and pleasant.

HEENT: Normal.

LUNGS: Clear to auscultation.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

Impression and Plan**Assessment and Plan:**

Diagnosis: Long-Term (Current) Use of Other Medications (ICD9 V58.69, Billing Diagnosis, Medical), Hypertension (ICD9 401.9, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical), Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical), Primary hypogonadism (ICD9 257.2, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Assessment and Plan: Orders

4 mos fu ov w /l bs a1c..

DISCUSSION:

- 1) He will get back on the Zocor.
- 2) He will continue the Fenofibrate.
- 3) In four months, we will plan to get liver, lipids, blood sugar, hemoglobin A1C, and follow-up.

* Final Report *

- 4) He will remain off of the Testosterone. I do not have him set up to get the testosterone checked at the next visit.

acj

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 31 January 2012 09:54 EST
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr, James H on 31 January 2012 09:56 EST
Verified by: Brunson-Jr, James H on 12 February 2012 15:50 EST
Encounter info: 1000430814, RMC PrimCare Annex, Clinic Outpatient, 01/31/2012 - 01/31/2012

*** Final Report *****SOAP Note: Simple ***

Patient: **Williams, Clyde** MRN: 0000353850 FIN: 1000430814
Age: **56 years** Sex: **Male** DOB: **08/19/55**
Associated Diagnoses: **None**
Author: **Brunson-Jr, James H**

Subjective

Chief complaint CHIEF COMPLAINT.

01/31/2012 9:31 EST call in: blood sugar up

SUBJECTIVE: The patient is in for an office visit. His blood sugars were elevated. He was not feeling particular well and checked his sugar on his mother-in-law's unit and they were about 500. He went to the hospital in Bamberg and it was 500 there. He was given some insulin and he was also prescribed Amaryl and Metformin. He did not get the Amaryl and Metformin refilled. He is here for my advice. He does not feel particularly bad. He had quit eating sweets but he has really been eating a lot of starches since the October visit when his hemoglobin A1c was 6.6. Hemoglobin A1c today is 12.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsOrdered

Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 6 tab
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

AndroGel 5 g/packet: 1 packet, Daily
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

Page 1 of 3
(Continued)

* Final Report *

Problem List:All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective**VS/Measurements****Vital Signs**

01/31/2012 9:31 EST	Temperature Oral	36.8 DegC	
	Peripheral Pulse Rate	90 bpm	
	Systolic Blood Pressure	138 mmHg	
	Diastolic Blood Pressure	94 mmHg	HI
	Mean Arterial Pressure, Cuff		109 mmHg

Measurements from flowsheet : Measurements

01/31/2012 9:31 EST	Weight Measured	82.55 kg
	Weight Dosing	82.55 kg

OBSERVATION: His weight is down but he thought it was by design since he has been dieting.

GENERAL APPEARANCE: Alert, oriented, and in no distress.

LUNGS: Clear to auscultation.

HEART: Normal sinus rhythm. No murmur, gallop, or rub.

Impression and Plan**Assessment and Plan:**

Diagnosis: Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Outpatient:

fu ov 2 weeks. (Ordered): 01/31/2012 9:55 EST, fu, fu ov 2 weeks., Diabetes mellitus type II

Amylase Req (Ordered): 01/31/2012 9:55 EST, Diabetes mellitus type II

Lipase Req (Ordered): 01/31/2012 9:55 EST, Diabetes mellitus type II

CBC with Diff Req (Ordered): 01/31/2012 9:55 EST, Diabetes mellitus type II

CMP Req (Ordered): 01/31/2012 9:55 EST, Diabetes mellitus type II

DISCUSSION/PLAN:

1) I will get labs to include a CMP-14, CBC, amylase and lipase.

2) I will ask him to go ahead and begin the Metformin. I will get him Metformin ER 500 mg one a day and

* Final Report *

Amaryl 2 mg one a day.

3) We will call him with the labs.

4) We will also write a prescription for his glucometer.

5) We will get him referred to the hospital dietician for instruction.

6) I will see him back in two weeks, but I am asking him to call me in a period of about a day or two and let me know how his sugars are running at home. I have also cautioned him as to hypoglycemia.

We also note he is a truck driver but he has not worked since the summer when he had the burn so driving is not an issue at this point and time, but it certainly will be in the future.

acj



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 031-174-2406-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: ~~Y~~ NO				
PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 56 / 5	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 1/31/2012 10:15	DATE RECEIVED 1/31/2012	DATE REPORTED 2/01/2012	TIME 6:36	9098

CLINICAL INFORMATION CD- 20182700269		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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CBC With Differential/Platelet

WBC	7.9	x10E3/uL	4.0 - 10.5	01
RBC	5.03	x10E6/uL	4.10 - 5.60	01
Hemoglobin	14.9	g/dL	12.5 - 17.0	01
Hematocrit	44.1	%	36.0 - 50.0	01
MCV	88	fL	80 - 98	01
MCH	29.6	pg	27.0 - 34.0	01
MCHC	33.8	g/dL	32.0 - 36.0	01
RDW	14.1	%	11.7 - 15.0	01
Platelets	191	x10E3/uL	140 - 415	01
Neutrophils	64	%	40 - 74	01
Lymphs	24	%	14 - 46	01
Monocytes	8	%	4 - 13	01
Eos	3	%	0 - 7	01
Basos	1	%	0 - 3	01
Neutrophils (Absolute)	5.1	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.9	x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.7	x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0	%	0 - 2	01
Immature Grans (Abs)	0.0	x10E3/uL	0.0 - 0.1	01

Comp. Metabolic Panel (14)

> Glucose, Serum	432	H mg/dL	65 - 99	01
BUN	19	mg/dL	6 - 24	01
Creatinine, Serum	0.97	mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	87	mL/min/1.73	>59	
eGFR If African Am	100	mL/min/1.73	>59	

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.
Calculated using CKD-EPI formula.

BUN/Creatinine Ratio	20		9 - 20	
> Sodium, Serum	131	L mmol/L	134 - 144	01
Potassium, Serum	3.9	mmol/L	3.5 - 5.2	01
> Chloride, Serum	89	L mmol/L	97 - 108	01
Carbon Dioxide, Total	21	mmol/L	20 - 32	01
Calcium, Serum	9.8	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.6	g/dL	6.0 - 8.5	01
Albumin, Serum	4.4	g/dL	3.5 - 5.5	01

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 031-174-2406-0	Seq #: 9098
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

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Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
031-174-2406-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME		SEX	AGE(YR./MOS.)		
WILLIAMS,CLYDE		M	56 / 5		
PT. ADD.: 532 OAKLAND RD					
Cope		SC	29038-0000		
DATE OF COLLECTION TIME		DATE RECEIVED	DATE REPORTED	TIME	
1/31/2012	10:15	1/31/2012	2/01/2012	6:36	9098

CLINICAL INFORMATION		
CD- 20182700269		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Globulin, Total	2.2 g/dL	1.5 - 4.5	
A/G Ratio	2.0	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	75 IU/L	25 - 150	01
AST (SGOT)	14 IU/L	0 - 40	01
ALT (SGPT)	18 IU/L	0 - 55	01
Lipid Panel			
> Cholesterol, Total	241 H mg/dL	100 - 199	01
> Triglycerides	792 H mg/dL	0 - 149	01
> HDL Cholesterol	28 L mg/dL	>39	01
Comment			
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Calc	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
Amylase, Serum	39 U/L	31 - 124	01

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 031-174-2406-0	Seq #: 9098
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03 26 01

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 16 February 2012 14:09 EST
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr, James H on 16 February 2012 14:11 EST
Verified by: Brunson-Jr, James H on 16 February 2012 14:16 EST
Encounter info: 1000432017, RMC PrimCare Annex, Clinic Outpatient, 02/16/2012 - 02/16/2012

*** Final Report *****SOAP Note: Simple ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000432017
Age: 56 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr, James H

Subjective

Chief complaint CHIEF COMPLAINT.

02/16/2012 14:00 EST fu labs

The patient is in the followup on his blood sugars. He thought he was on a good diet but he well the computer and he stated the on diabetic diet some more and his family was overdoing things with the starches he is now off the starches completely and his sugars are really been very good according to what he is brought in by a random sugar was checked in the office and at 68 the Ceftin and he states he is not having any hypoglycemic episodes. He has had to get some glasses for far vision he's not going to get a very expensive. As he knows he'll need to be changed again soon.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsOrdered

Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 6 tab
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

AndroGel 5 g/packet: 1 packet, Daily
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Problem List:All Problems

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

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(Continued)

* Final Report *

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective**VS/Measurements****Vital Signs**

02/16/2012 14:00 EST	Temperature Oral	36.5 DegC	
	Systolic Blood Pressure	110 mmHg	
	Diastolic Blood Pressure	70 mmHg	
	Mean Arterial Pressure, Cuff		83 mmHg

, Measurements from flowsheet : Measurements

02/16/2012 14:00 EST	Height/Length Measured	175 cm
	Height/Length Dosing	175 cm
	Usual Height	175 cm
	Weight Measured	81.75 kg
	BSA Measured	1.99 m2
	Body Mass Index Measured	26.69 kg/m2

General he's alert oriented in no distress with about 15 min. discussing his sugars diet hypoglycemia and had a lot of things along those lines.

Results Review

He'll continue his same medicines at this time but he will be on particular alert for any hypoglycemic episodes. I guess send him a CMP for T and a lipid panel be done in the next few days and that and to get this panel done fasting. I'll plan to see him in about 1 month but he will be again a tickly alert hypoglycemic symptoms and will stop his diabetic medicine if he has any this until he can talk to me which we hope he can continue to maintain a good diet and will hold and we'll see where we stand in about one month of Protonix and check fasting sugars about 3 times a week and postprandial sugars about 3 times a week should be adequate to get beyond what we need he will not be due for a hemoglobin A1c until sometime in April.

Impression and Plan**Assessment and Plan:**

Diagnosis: Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical), Hypertension (ICD9 401.9, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Outpatient:

labs now and call. fu ov 1 month (Ordered): 02/16/2012 14:10 EST, fu, labs now and call. fu ov 1 month, Diabetes mellitus type II

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

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(Continued)

* Final Report *

Lipid Panel Req (Ordered): 02/16/2012 14:10 EST, Diabetes mellitus type II
CMP Req (Ordered): 02/16/2012 14:10 EST, Diabetes mellitus type II

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

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(End of Report)



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Phone: 800-762-4344

* HbA1c v. ed ~~01/31/12~~ 01/31/12
6.6

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
048-174-0165-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#: ***-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	56 / 5

PT. ADD.: 532 OAKLAND RD	SC	29038-0000
Cope		

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
2/17/2012 7:26	2/17/2012	2/18/2012	6:36	9261

CLINICAL INFORMATION		
CD- 20182700695		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A		
Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

> Glucose, Serum	123	mg/dL	65 - 99	01
BUN	14	mg/dL	6 - 24	01
Creatinine, Serum	0.97	mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	87	mL/min/1.73	>59	
eGFR If African Am	100	mL/min/1.73	>59	
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	14		9 - 20	
Sodium, Serum	140	mmol/L	134 - 144	01
Potassium, Serum	4.1	mmol/L	3.5 - 5.2	01
Chloride, Serum	105	mmol/L	97 - 108	01
Carbon Dioxide, Total	22	mmol/L	20 - 32	01
Calcium, Serum	9.7	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.1	g/dL	6.0 - 8.5	01
Albumin, Serum	4.1	g/dL	3.5 - 5.5	01
Globulin, Total	2.0	g/dL	1.5 - 4.5	
A/G Ratio	2.1		1.1 - 2.5	
Bilirubin, Total	0.2	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	58	IU/L	25 - 150	01
AST (SGOT)	14	IU/L	0 - 40	01
ALT (SGPT)	20	IU/L	0 - 55	01

Lipid Panel

Cholesterol, Total	142	mg/dL	100 - 199	01
Triglycerides	141	mg/dL	0 - 149	01
> HDL Cholesterol	39	mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal	28	mg/dL	5 - 40
LDL Cholesterol Calc	75	mg/dL	0 - 99

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 048-174-0165-0	Seq #: 9261	491
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 048-174-0165-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS,CLYDE		SEX M	AGE(YR./MOS.) 56 / 5	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 2/17/2012 7:26	DATE RECEIVED 2/17/2012	DATE REPORTED 2/18/2012	TIME 6:36	9261
TEST		RESULT		LIMITS LAB

CLINICAL INFORMATION CD- 20182700695		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.
Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	DIRECTOR: William F Hancock MD
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Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 048-174-0165-0	Seq #: 9261
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Results are Flagged in Accordance with Age Dependent Reference Ranges

ICM Version: 03 26 0

492

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 22 March 2012 14:34 EDT
Result status: Modified
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr, James H on 22 March 2012 14:38 EDT
Verified by: Brunson-Jr, James H on 22 March 2012 14:38 EDT
Encounter info: 1000444034, RMC PrimCare Annex, Clinic Outpatient, 03/22/2012 - 03/22/2012

*** Final Report *****Document Contains Addenda****SOAP Note: Simple ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000444034
Age: 56 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr, James H

Subjective

Chief complaint 03/22/2012 14:20 EDT one month follow up

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsOrdered

Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 6 tab
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

AndroGel 5 g/packet: 1 packet, Daily
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Problem List:All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

Page 1 of 3
(Continued)

* Final Report *

Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective**VS/Measurements****Vital Signs**

03/22/2012 14:20 EDT	Temperature Oral	36.7 DegC	
	Peripheral Pulse Rate	77 bpm	
	Systolic Blood Pressure	124 mmHg	
	Diastolic Blood Pressure	80 mmHg	
	Mean Arterial Pressure, Cuff		95 mmHg

Measurements from flowsheet : Measurements

03/22/2012 14:20 EDT	Usual Height	175 cm
	Weight Measured	81.80 kg
	Weight Dosing	81.80 kg

Impression and Plan**Assessment and Plan:**

Diagnosis: Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical), Hypertension (ICD9 401.9, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Outpatient:

2mos. labs and fu ov . (Ordered): 03/22/2012 14:35 EDT, fu, 2mos. labs and fu ov ., Diabetes mellitus type II

PowerOrders.

Outpatient:

Lipid Panel Req (Ordered): 03/22/2012 14:38 EDT, Diabetes mellitus type II

CMP Req (Ordered): 03/22/2012 14:38 EDT, Diabetes mellitus type II

Hgb A1C Req (Ordered): 03/22/2012 14:38 EDT, Diabetes mellitus type II

Addendum by Brunson-Jr, James H on 22 March 2012 14:43 EDT (Verified)

The patient is here for followup office visit and a blood sugar check. He continued to do a good job with his diet at home. His sugar here is 75 at this time and it's 2:30 in the afternoon. He's got some pain in the area of the right scapula. He needs something for sleep. Exam generally he is alert oriented and in no distress HEENT is normal lungs are clear heart: Sinus rhythm at the right scapula seems to have some pain in present over it and I do not feel anything abnormal. Plan will be to send him for chest x-ray and a right scapula x-ray and call with the report. If it is normal I don't limit is anything else we need to do at this point in time. We do note he is a cigarette smoker and I do want to get a look at the chest to make sure it's clear. In regards to his sugar is to continue with a good diet and excellent exercise and lifestyle modifications and I've asked him to check a few fasting sugars and a few to walk one to 2 hour after meal sugars will plan in 2 months to get CMP 14 hemoglobin A1c and lipids. I will give him Ativan 1 mg #60 one to 2 at bedtime for sleep number and 3 refills. He will call me before the followup in 2

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

Page 2 of 3
(Continued)

* Final Report *

months if there are problems noted in the interim.

Addendum by Brunson-Jr, James H on 22 March 2012 16:38 EDT (Verified)

The chest x-ray and the x-ray of the scapula are normal. We will and plan the patient of this and we do not really recommend anything else diagnostically to be done at this time but we will certainly on ask him to let us know should any sort of mass or growth detected back then we can certainly pursue this further but at this point in time with a normal chest x-ray and a normal scapula I think we will just have him watch it for the time being he seemed to be comfortable with this plan with up when we discussed this earlier.



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

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SPECIMEN 139-174-0221-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				SS#: ***-**-4888
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 56 / 8	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 5/18/2012 7:43	DATE RECEIVED 5/18/2012	DATE REPORTED 5/19/2012	TIME 6:37	110

CLINICAL INFORMATION CD- 20182703098		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

Glucose, Serum	94	mg/dL	65 - 99	01
BUN	23	mg/dL	6 - 24	01
Creatinine, Serum	1.04	mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	80	mL/min/1.73	>59	
eGFR If African Am	92	mL/min/1.73	>59	
> BUN/Creatinine Ratio	22	H	9 - 20	
Sodium, Serum	142	mmol/L	134 - 144	01
Potassium, Serum	4.1	mmol/L	3.5 - 5.2	01
Chloride, Serum	104	mmol/L	97 - 108	01
Carbon Dioxide, Total	23	mmol/L	20 - 32	01
Calcium, Serum	9.6	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.5	g/dL	6.0 - 8.5	01
Albumin, Serum	4.3	g/dL	3.5 - 5.5	01
Globulin, Total	2.2	g/dL	1.5 - 4.5	
A/G Ratio	2.0		1.1 - 2.5	
Bilirubin, Total	0.2	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	53	IU/L	25 - 150	01
AST (SGOT)	20	IU/L	0 - 40	01
ALT (SGPT)	19	IU/L	0 - 55	01

Lipid Panel

Cholesterol, Total	134	mg/dL	100 - 199	01
Triglycerides	108	mg/dL	0 - 149	01
HDL Cholesterol	44	mg/dL	>39	01

Comment

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

VLDL Cholesterol Calc	22	mg/dL	5 - 40
LDL Cholesterol Calc	68	mg/dL	0 - 99

Hemoglobin Alc

> Hemoglobin Alc	5.8	H	4.8 - 5.6	01
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Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive

01

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 139-174-0221-0	Seq #: 110	496
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 139-174-0221-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 56 / 8	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 5/18/2012 7:43	DATE RECEIVED 5/18/2012	DATE REPORTED 5/19/2012	TIME 6:37	110

CLINICAL INFORMATION CD- 20182703098		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01

Ambig Abbrev LP Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	DIRECTOR: William F Hancock MD
---	--------------------------------

Handwritten signature

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 139-174-0221-0	Seq #: 110
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Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03 26 01

497

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Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 22 May 2012 14:24 EDT
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr, James H on 22 May 2012 14:27 EDT
Verified by: Brunson-Jr, James H on 22 May 2012 14:31 EDT
Encounter info: 1000468654, RMC PrimCare Annex, Clinic Outpatient, 05/22/2012 - 05/22/2012

*** Final Report ***

SOAP Note: Simple *

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000468654
Age: 56 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr, James H

Subjective

Chief complaint CHIEF COMPLAINT.
05/22/12 13:57 EDT follow up after labs
He'll follow labs. Review of systems is unremarkable or unchanged. He continues to see his Worker's Comp. physician regarding the burns on the arm.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).

Prescriptions

Ordered

Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, or as directed, 90 tab, PRN: | for anxiety
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 6 tab
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

Documented Medications

Documented

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily
AndroGel 5 g/packet: 1 packet, Daily
Viagra 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet, extended release: 500 mg, 1 tab, Oral, Daily

Problem List:

All Problems

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

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(Continued)

* Final Report *

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective**VS/Measurements****Vital Signs**

05/22/12 13:57 EDT	Temperature Oral	36.7 DegC	
	Peripheral Pulse Rate	62 bpm	
	Systolic Blood Pressure	122 mmHg	
	Diastolic Blood Pressure	82 mmHg	
	Mean Arterial Pressure, Cuff		95 mmHg

Measurements from flowsheet : Measurements

05/22/12 13:57 EDT	Usual Height	175 cm
	Weight Measured	81.40 kg
	Weight Dosing	81.40 kg

Lungs clear heart normal sinus rhythm there is some tenderness in the right shoulder.

Impression and Plan**Assessment and Plan:**

Diagnosis: Hypertension (ICD9 401.9, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical),
Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical).

Orders**PowerOrders.****Evaluation and Management:**

Office Visit Level 3 Est (Completed)

Outpatient:

cov and labs 4 mos. (Ordered): 05/22/12 14:25 EDT, fu, cov and labs 4 mos., Hypertension
T4, TSH Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
Lipid Panel Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
CBC with Diff Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
CMP Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
PSA Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
Urine Non-Automated with Microscopy Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II
Hgb A1C Req (Ordered): 05/22/12 14:25 EDT, Hypertension | Hyperlipidemia | Diabetes mellitus type II

Labs and followup in 4 months as noted above. He will see his Worker's Comp. physician about the right arm. He apparently some EMG studies pending. If they feel that the shoulder situation and scapula situation are not work related that he will contact me and I will probably go ahead and get an MRI scan of the right shoulder and evaluated further from there. Otherwise I'll see him in 4 months as noted above. Also he'll be sent in by his company for a DOT exam in the next month or 2.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:09 EDT

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(Continued)



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

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SPECIMEN 265-174-0104-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ****-4888 FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 57 / 1	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 9/21/2012 7:27	DATE RECEIVED 9/21/2012	DATE REPORTED 9/22/2012	TIME 6:36	1255

CLINICAL INFORMATION CD- 20182706365		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: JH Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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CBC/Diff Ambiguous Default

WBC	8.4	x10E3/uL	4.0 - 10.5	01
RBC	5.16	x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.9	g/dL	12.6 - 17.7	01
Hematocrit	44.5	%	37.5 - 51.0	01
MCV	86	fL	79 - 97	01
MCH	28.9	pg	26.6 - 33.0	01
MCHC	33.5	g/dL	31.5 - 35.7	01
RDW	14.6	%	12.3 - 15.4	01
Platelets	207	x10E3/uL	140 - 415	01
Neutrophils	55	%	40 - 74	01
Lymphs	29	%	14 - 46	01
Monocytes	10	%	4 - 13	01
Eos	5	%	0 - 7	01
Basos	1	%	0 - 3	01
Neutrophils (Absolute)	4.6	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.4	x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.8	x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.4	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0	%	0 - 2	01
Immature Grans (Abs)	0.0	x10E3/uL	0.0 - 0.1	01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/ Technical Services Department to clarify the test order. We appreciate your business.

Comp. Metabolic Panel (14)

>	Glucose, Serum	120	mg/dL	65 - 99	01
	BUN	22	mg/dL	6 - 24	01
	Creatinine, Serum	1.19	mg/dL	0.76 - 1.27	01
	eGFR If NonAfricn Am	67	mL/min/1.73	>59	
	eGFR If Africn Am	78	mL/min/1.73	>59	
	BUN/Creatinine Ratio	18		9 - 20	
	Sodium, Serum	138	mmol/L	134 - 144	01
	Potassium, Serum	4.1	mmol/L	3.5 - 5.2	01
	Chloride, Serum	104	mmol/L	97 - 108	01
	Carbon Dioxide, Total	24	mmol/L	20 - 32	01

MB

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 265-174-0104-0	Seq #: 1255
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
265-174-0104-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	57 / 1
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
9/21/2012 7:27	9/21/2012	9/22/2012 6:36 1255

CLINICAL INFORMATION

CD- 20182706365

PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

Hemoglobin Alc
Hemoglobin Alc 5.5 % 4.8 - 5.6 01

Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Prostate-Specific Ag, Serum
Prostate Specific Ag, Serum 1.6 ng/mL 0.0 - 4.0 01
Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Ambig Abbrev CMP14 Default 01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default 01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 265-174-0104-0	Seq #: 1255	501
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Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03.26.01



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
265-174-0104-0	S	BN	COMPLETE	3

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	57 / 1

PT. ADD.: 532 OAKLAND RD
Cope SC 29038-0000

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME
9/21/2012	7:27	9/21/2012	9/22/2012	6:36 1255

CLINICAL INFORMATION		
CD- 20182706365		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Hemoglobin Alc
Hemoglobin Alc 5.5 % 4.8 - 5.6 01

Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Prostate-Specific Ag, Serum
Prostate Specific Ag, Serum 1.6 ng/mL 0.0 - 4.0 01
Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Ambig Abbrev CMP14 Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: WILLIAMS,CLYDE Pat ID: - Spec #: 265-174-0104-0 Seq #: 1255

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

ICM Version: 03.26.01

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 24 September 2012 12:19 EDT
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr MD, James H on 24 September 2012 12:22 EDT
Verified by: Brunson-Jr MD, James H on 24 September 2012 12:28 EDT
Encounter info: 1000509602, RMC PrimCare Annex, Clinic Outpatient, 09/24/2012 - 09/24/2012

*** Final Report *****SOAP Note: Simple ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000509602
Age: 57 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr MD, James H

Subjective

Chief complaint CHIEF COMPLAINT.

09/24/2012 11:54 EDT COV; urine done @ lab; EKG; hemoocult

the patient is an hot office visit and to review labs. He is doing reasonably well but continues to be followed for his Worker's Compensation injury. I am uninvolved with that. Otherwise review of systems remains stable already sees be doing a good job with his blood sugars and he has had no trouble with hypoglycemia he does a pretty good job of eating a meal in the middle of the day if he does not eat a meal and level of the day there may be some problems.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsOrdered

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab
Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, or as directed, 90 tab, PRN: | for anxiety
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab

Problem List:All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:08 EDT

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(Continued)

* Final Report *

Objective**VS/Measurements****Vital Signs**

09/24/2012 11:54 EDT Temperature Oral 36.7 DegC
Systolic Blood Pressure 120 mmHg
Diastolic Blood Pressure 80 mmHg
Mean Arterial Pressure, Cuff 93 mmHg

Measurements from flowsheet : Measurements

09/24/2012 11:54 EDT Height/Length Measured 180 cm
Height/Length Dosing 180 cm
Weight Measured 84.20 kg
Weight Dosing 84.20 kg
BSA Measured 2.05 m2
Body Mass Index Measured 25.99 kg/m2

general he is alert and oriented HEENT are normal neck is normal carotids normal with no bruits lungs are clear to auscultation heart normal sinus rhythm with no murmur gallop or rub abdomen normal GU normal rectal normal prostate normal smooth no nodules stool is brown heme negative extremities normal skin normal neurologic: Normal.

Results Review**General results**Interpretation:

the 12-lead EKG is normal.

Impression and Plan**Assessment and Plan:**

Diagnosis: Long-Term (Current) Use of Other Medications (ICD9 V58.69, Billing Diagnosis, Medical), Hypertension (ICD9 401.9, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical), Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical).

Orders**PowerOrders.****Evaluation and Management:**

Office Visit Level 4 Est (Completed)

Outpatient:

labs and fu ov 4 mos. (Ordered): 09/24/2012 12:21 EDT, fu, labs and fu ov 4 mos., Long-Term (Current) Use of Other Medications

Lipid Panel Req (Ordered): 09/24/2012 12:21 EDT, Long-Term (Current) Use of Other Medications | Hypertension | Hyperlipidemia | Diabetes mellitus type II

CMP Req (Ordered): 09/24/2012 12:21 EDT, Long-Term (Current) Use of Other Medications | Hypertension | Hyperlipidemia | Diabetes mellitus type II

Hgb A1C Req (Ordered): 09/24/2012 12:21 EDT, Long-Term (Current) Use of Other Medications | Hypertension | Hyperlipidemia | Diabetes mellitus type II

#1 he'll continue his same medicines #2 Will plan labs and followup for once #3 he is up-to-date with colonoscopies.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:08 EDT

Page 2 of 3
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 27 December 2012 08:58 EST
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr MD, James H on 27 December 2012 09:00 EST
Verified by: Brunson-Jr MD, James H on 27 December 2012 09:00 EST
Encounter info: 1000663981, RMC PrimCare Annex, Clinic Outpatient, 12/27/2012 - 12/27/2012

*** Final Report ***

SOAP Note: Simple *

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000663981
Age: 57 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr MD, James H

Subjective

Chief complaint 12/27/2012 8:48 EST DOT PE .

Health Status

Allergies: .

Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).

Prescriptions

Ordered

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab
Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, or as directed, 90 tab, PRN: | for anxiety
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab

Problem List: .

All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Objective

VS/Measurements

Vital Signs

12/27/2012 8:48 EST Peripheral Pulse Rate 72 bpm

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:08 EDT

Page 1 of 2
(Continued)

* Final Report *

Measurements from flowsheet : Measurements

12/27/2012 8:48 EST	Height/Length Measured	175 cm
	Height/Length Dosing	17.65 cm
	Weight Measured	86.63 kg
	Weight Dosing	86.63 kg
	BSA Measured	2.05 m2
	Body Mass Index Measured	28.29 kg/m2

Impression and Plan

Assessment and Plan:

Diagnosis: Health exam - school, employment (ICD9 V70.5, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

DOT Exam (Completed)

the patient is here for the department of transportation exam this was accomplished it was recorded on the appropriate forms and those can be reviewed for documentation of visit in the chart.



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

OK
1/28

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
025-174-0041-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS, CLYDE	M	57 / 5
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
1/25/2013 7:10	1/25/2013	1/26/2013 8:10 2334

CLINICAL INFORMATION		
CD- 20182709577		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson 1170 Blvd NE Suite A Orangeburg SC 29115-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

Glucose, Serum	99	mg/dL	65 - 99	01
BUN	21	mg/dL	6 - 24	01
> Creatinine, Serum	1.29H	mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	61	mL/min/1.73	>59	
eGFR If Africn Am	71	mL/min/1.73	>59	
BUN/Creatinine Ratio	16		9 - 20	
Sodium, Serum	140	mmol/L	134 - 144	01
Potassium, Serum	3.9	mmol/L	3.5 - 5.2	01
Chloride, Serum	105	mmol/L	97 - 108	01
Carbon Dioxide, Total	23	mmol/L	20 - 32	01
Calcium, Serum	9.6	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.4	g/dL	6.0 - 8.5	01
Albumin, Serum	4.5	g/dL	3.5 - 5.5	01
Globulin, Total	1.9	g/dL	1.5 - 4.5	
A/G Ratio	2.4		1.1 - 2.5	
Bilirubin, Total	0.3	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	53	IU/L	25 - 150	01
AST (SGOT)	18	IU/L	0 - 40	01
ALT (SGPT)	16	IU/L	0 - 44	01

Lipid Panel

Cholesterol, Total	126	mg/dL	100 - 199	01
Triglycerides	135	mg/dL	0 - 149	01
HDL Cholesterol	40	mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal	27	mg/dL	5 - 40
LDL Cholesterol Calc	59	mg/dL	0 - 99

Hemoglobin Alc

Hemoglobin Alc	5.5	%	4.8 - 5.6	01
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Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive

01
W
M

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 025-174-0041-0	Seq #: 2334
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03 26 01

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
025-174-0041-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	57 / 5
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED TIME
1/25/2013 7:10	1/25/2013	1/26/2013 8:10 2334

CLINICAL INFORMATION		
CD- 20182709577		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: J H Brunson		
1170 Blvd NE Suite A Orangeburg SC 29115-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	DIRECTOR: William F Hancock MD
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Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 025-174-0041-0	Seq #: 2334
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Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03/26/01

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 28 January 2013 14:30 EST
Result status: Auth (Verified)
Result title: SOAP Note: Simple *
Performed by: Brunson-Jr MD, James H on 28 January 2013 14:34 EST
Verified by: Brunson-Jr MD, James H on 28 January 2013 14:34 EST
Encounter info: 1000597555, RMC PrimCare Annex, Clinic Outpatient, 01/28/2013 - 01/28/2013

*** Final Report *****SOAP Note: Simple ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000597555
Age: 57 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Brunson-Jr MD, James H

Subjective

Chief complaint 01/28/2013 14:14 EST fu labs
the patient is here to followup on labs. This is a significant improvement from his situation at this time last year when his blood sugar was running about 500 his numbers look good we'll have to keep a close watch on the creatinine which is 1.29.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected).PrescriptionsPrescribed

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab
Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, or as directed, 90 tab, PRN: | for anxiety
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab

Problem List:All Problems

Long-Term (Current) Use of Other Medications / V58.69 / Confirmed
Hypertension / 401.9 / Confirmed
Hyperlipidemia / 272.4 / Confirmed
Diabetes mellitus type II / 250.00 / Confirmed
Health exam - school, employment / V70.5 / Confirmed
Primary hypogonadism / 257.2 / Confirmed

Objective**VS/Measurements**

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 1 of 2
(Continued)

* Final Report *

Vital Signs

01/28/2013 14:14 EST

Temperature Oral	36.5 DegC
Systolic Blood Pressure	126 mmHg
Diastolic Blood Pressure	79 mmHg
Mean Arterial Pressure, Cuff	95 mmHg

, Measurements from flowsheet : Measurements

01/28/2013 14:14 EST

Height/Length Measured	175 cm
Height/Length Dosing	175 cm
Weight Measured	84.9 kg
Weight Dosing	84.9 kg
BSA Measured	2.03 m2
Body Mass Index Measured	27.72 kg/m2

lungs clear heart normal sinus rhythm blood pressures about the same as recorded by nurse.

Impression and Plan

Assessment and Plan:

Diagnosis: Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical), Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical), Hypertension (ICD9 401.9, Billing Diagnosis, Medical), Long-Term (Current) Use of Other Medications (ICD9 V58.69, Billing Diagnosis, Medical).

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Outpatient:

labs and followup of his visit in 4 months. (Ordered): 01/28/2013 14:33 EST, fu, labs and followup of his visit in 4 months., Hypertension

Lipid Panel Req (Ordered): 01/28/2013 14:33 EST, Hypertension | Hyperlipidemia | Diabetes mellitus type II | Long-Term (Current) Use of Other Medications

CMP Req (Ordered): 01/28/2013 14:33 EST, Hypertension | Hyperlipidemia | Diabetes mellitus type II | Long-Term (Current) Use of Other Medications

Hgb A1C Req (Ordered): 01/28/2013 14:33 EST, Hypertension | Hyperlipidemia | Diabetes mellitus type II | Long-Term (Current) Use of Other Medications

#1 same medicines

#2 labs and followup in 4 months.



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SPECIMEN 144-174-0108-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS,CLYDE		SEX M	AGE(YR./MOS.) 57 / 9	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 5/24/2013 7:11	DATE RECEIVED 5/24/2013	DATE REPORTED 5/25/2013	TIME 6:36	3282

CLINICAL INFORMATION CD- 20182712875		
PHYSICIAN ID. BRUNSON JJ	NPI 1689642514	PATIENT ID. -
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

> Glucose, Serum	100 H	mg/dL	65 - 99	01
> BUN	26 H	mg/dL	6 - 24	01
Creatinine, Serum	1.17	mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	69	mL/min/1.73	>59	
eGFR If African Am	80	mL/min/1.73	>59	
> BUN/Creatinine Ratio	22 H		9 - 20	
Sodium, Serum	137	mmol/L	134 - 144	01
Potassium, Serum	4.1	mmol/L	3.5 - 5.2	01
Chloride, Serum	101	mmol/L	97 - 108	01
Carbon Dioxide, Total	24	mmol/L	20 - 32	01
Calcium, Serum	9.4	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.6	g/dL	6.0 - 8.5	01
Albumin, Serum	4.3	g/dL	3.5 - 5.5	01
Globulin, Total	2.3	g/dL	1.5 - 4.5	
A/G Ratio	1.9		1.1 - 2.5	
Bilirubin, Total	0.3	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	56	IU/L	25 - 150	01
AST (SGOT)	21	IU/L	0 - 40	01
ALT (SGPT)	18	IU/L	0 - 44	01

Lipid Panel

Cholesterol, Total	137	mg/dL	100 - 199	01
Triglycerides	103	mg/dL	0 - 149	01
HDL Cholesterol	47	mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal	21	mg/dL	5 - 40
LDL Cholesterol Calc	69	mg/dL	0 - 99

Hemoglobin Alc

> Hemoglobin Alc	5.8 H	%	4.8 - 5.6	01
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Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Ambig Abbrev CMP14 Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 144-174-0108-0	Seq #: 3282
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Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03.26.01 - 4



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SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
144-174-0108-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-4888

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME		SEX	AGE(YR./MOS.)	
WILLIAMS,CLYDE		M	57 / 9	
PT. ADD.: 532 OAKLAND RD				
Cope		SC	29038-0000	
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/24/2013 7:11	5/24/2013	5/25/2013	6:36	3282

CLINICAL INFORMATION		
CD- 20182712875		
PHYSICIAN ID.	NPI	PATIENT ID.
BRUNSON JJ	1689642514	-
ACCOUNT: RMC Primary Care		
Dr James H Brunson Jr		
3000 St Matthews Road		
ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN	LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361		

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 144-174-0108-0	Seq #: 3282
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03 26 01

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* Final Report *

Result type: Office/Clinic Note-Physician
Result date: 28 May 2013 11:30 EDT
Result status: Auth (Verified)
Result title: General Complaint *
Performed by: Davis MD, Yvonne J on 28 May 2013 11:32 EDT
Verified by: Davis MD, Yvonne J on 28 May 2013 11:52 EDT
Encounter info: 1000691995, RMC PrimCare Annex, Clinic Outpatient, 05/28/2013 - 05/28/2013

*** Final Report *****General Complaint ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000691995
Age: 57 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Davis MD, Yvonne J

Chief Complaint**CHIEF COMPLAINT**

05/28/2013 11:19 EDT fu labs

History of Present Illness

Here for f/u labs, pt feels well, Checks fbs 3x/wk this month has been ranging from~ 78-118. Denies chest pain, SOB, peripheral edema. Takes Ativan bid-tid prn for anxiety

Review of Systems**Constitutional:** No fever, No chills.**Eye:** No recent visual problem, No icterus, No blurring, No visual disturbances.**Ear/Nose/Mouth/Throat:** No ear pain.**Respiratory:** No shortness of breath, No cough, No sputum production, No wheezing.**Cardiovascular:** No chest pain, No peripheral edema, No syncope.**Gastrointestinal:** No nausea, No vomiting, No diarrhea, No constipation, No heartburn, No abdominal pain.**Genitourinary:** No dysuria, No hematuria, No change in urine stream.**Endocrine:** Excessive thirst, Polyuria, Cold intolerance, Heat intolerance, Excessive hunger.**Musculoskeletal:** Negative.**Integumentary:** Negative.**Neurologic:** Negative.**Health Status****Allergies:**Allergic Reactions (Selected)

No known allergies.

Allergies (1) Active

No known allergies

None Documented

Current medications: (Selected),Prescriptions

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 1 of 4
(Continued)

* Final Report *

Prescribed

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab
Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, or as directed, 90 tab, PRN: | for anxiety
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab.

Home Medications (6) Active

fenofibrate 1 cap, Oral, Daily, 30 cap
glimepiride 2 mg 1 tab, Oral, Daily, 30 tab
hydrochlorothiazide-lisinopril 1 tab, Oral, Daily, 30 tab
lorazepam 1 mg 1 tab, Oral, TID, 90 tab
metformin 500 mg 1 tab, Oral, Daily, 30 tab
simvastatin 1 tab, Oral, qHS, 30 tab

Problem List:All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed.

Active Problems (6)

Diabetes mellitus type II (250.00)
Health exam - school, employment (V70.5)
Hyperlipidemia (272.4)
Hypertension (401.9)
Long-Term (Current) Use of Other Medications (V58.69)
Primary hypogonadism (257.2)

HistoriesPast Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure History:

No active procedure history items have been selected or recorded.

Social HistoryAlcohol

01/31/2012 Frequency: 1-2 times per month

Type: Beer

Use: Current

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 2 of 4
(Continued)

* Final Report *

Employment/School

01/31/2012 Status:

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

01/31/2012 Tobacco use per day: 20

Use: Current every day smoker

Physical Examination**VS/Measurements****Vital Signs**

05/28/2013 11:19 EDT

Temperature Oral 36.7 DegC

Peripheral Pulse Rate 62 bpm

Systolic Blood Pressure 118 mmHg

Diastolic Blood Pressure 80 mmHg

Mean Arterial Pressure, Cuff 93 mmHg

Measurements from flowsheet : Measurements

05/28/2013 11:19 EDT

Height/Length Measured 170 cm

Height/Length Dosing 170 cm

Weight Measured 81.4 kg

Weight Dosing 81.4 kg

BSA Measured 1.96 m2

Body Mass Index Measured 28.17 kg/m2

General: Alert and oriented, No acute distress.**Neck:** Supple, Non-tender, No carotid bruit, No jugular venous distention, No lymphadenopathy, No thyromegaly.**Respiratory:** Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.**Cardiovascular:** Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, No edema.**Health Maintenance****Health Maintenance**

Pending (in the next year)

Due

Colorectal Screening due 05/28/13 and every 5 year

Diabetes Screening due 05/28/13 and every 5 year

Lipid Screening due 05/28/13 and every 2 year

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDTPage 3 of 4
(Continued)

* Final Report *

MMR Vaccine Dose 1 due 05/28/13 One-time only
Prostate Cancer Screening due 05/28/13 and every 1 year
Tetanus Vaccine due 05/28/13 and every 10 year

Due In Future

Influenza Vaccine not due until 09/01/13 and every 1 year

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 01/28/13. Satisfied by Brunson-Jr MD, James H
Diabetes Screening on 09/24/12. Satisfied by Brunson-Jr MD, James H
Lipid Screening on 01/28/13. Satisfied by Brunson-Jr MD, James H
Lipid Screening on 09/24/12. Satisfied by Brunson-Jr MD, James H

Impression and Plan

Diagnosis

Diabetes mellitus type II (ICD9 250.00, Billing Diagnosis, Medical).

Course: stable, will continue with present meds.

Diagnosis

Hyperlipidemia (ICD9 272.4, Billing Diagnosis, Medical).

Course: Stable continue with present meds/regimen.

Diagnosis

Hypertension (ICD9 401.9, Billing Diagnosis, Medical).

Course: Stable continue with present meds/regimen.

Orders

PowerOrders.

Evaluation and Management:

Office Visit Level 3 Est (Completed)

Outpatient:

Lipid Panel Req (Ordered)

PSA Req (Ordered)

Microalbumin Req (Ordered)

Hgb A1C Req (Ordered)

Comprehensive Metabolic Panel Req (Ordered)

f/u in 4mos with labs (Ordered): 05/28/2013 11:40 EDT, f/u in 4mos with labs, f/u in 4mos with labs, Hypertension

Diagnosis

Smoker: smoking cessation advised.



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
268-174-1234-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#: ***-**-4888
Client Req #: 201827163090
FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME SEX AGE(YR./MOS.)
WILLIAMS,CLYDE M 58 / 1

PT. ADD.: 532 OAKLAND RD
Cope SC 29038-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
9/25/2013 8:36	9/25/2013	9/26/2013	6:37	4192

CLINICAL INFORMATION
CD- 20182716309

PHYSICIAN ID.	NPI	PATIENT ID.
DAVIS Y	1639107162	-

ACCOUNT: RMC Primary Care
Dr James H Brunson Jr
3000 St Matthews Road
ORANGEBURG SC 29118-0000
ACCOUNT NUMBER: 39092523

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

Glucose, Serum	95	mg/dL	65 - 99	01
> BUN	27	H mg/dL	6 - 24	01
Creatinine, Serum	1.11	mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	73	mL/min/1.73	>59	
eGFR If Africn Am	84	mL/min/1.73	>59	
> BUN/Creatinine Ratio	24	H	9 - 20	01
Sodium, Serum	143	mmol/L	134 - 144	01
Potassium, Serum	4.4	mmol/L	3.5 - 5.2	01
Chloride, Serum	102	mmol/L	97 - 108	01
Carbon Dioxide, Total	25	mmol/L	19 - 28	01
Calcium, Serum	9.9	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.4	g/dL	6.0 - 8.5	01
Albumin, Serum	4.3	g/dL	3.5 - 5.5	01
Globulin, Total	2.1	g/dL	1.5 - 4.5	
A/G Ratio	2.0		1.1 - 2.5	
Bilirubin, Total	0.2	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	55	IU/L	44 - 102	01
AST (SGOT)	15	IU/L	0 - 40	01
ALT (SGPT)	16	IU/L	0 - 44	01

Lipid Panel

Cholesterol, Total	140	mg/dL	100 - 199	01
Triglycerides	124	mg/dL	0 - 149	01
HDL Cholesterol	42	mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal	25	mg/dL	5 - 40
LDL Cholesterol Calc	73	mg/dL	0 - 99

Hemoglobin Alc

> Hemoglobin Alc	5.7	H %	4.8 - 5.6	01
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Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Prostate-Specific Ag, Serum

Prostate Specific Ag, Serum	2.4	ng/mL	0.0 - 4.0	01
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Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 268-174-1234-0	Seq #: 4192	517
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Results are Flagged in Accordance with Age Dependent Reference Ranges

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LCM Version: 03 26 01

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
268-174-1234-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-4888
Client Req #: 201827163090

FASTING: Y
PHONE: 803-535-4588 DOB: 8/19/1955

PATIENT NAME	SEX	AGE(YR./MOS.)
WILLIAMS,CLYDE	M	58 / 1

PT. ADD.: 532 OAKLAND RD
Cope SC 29038-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
9/25/2013 8:36	9/25/2013	9/26/2013	6:37	4192

CLINICAL INFORMATION		
CD- 20182716309		
PHYSICIAN ID.	NPI	PATIENT ID.
DAVIS Y	1639107162	-
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Microalbumin, Random Urine

Microalbumin, Urine 4.6 ug/mL 0.0 - 17.0 01

Ambig Abbrev CMP14 Default 01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Q1 Good

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 268-174-1234-0	Seq #: 4192
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03 26 01

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 27 September 2013 09:38 EDT
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr., Woodward Rion on 27 September 2013 09:50 EDT
Verified by: Dixon Jr., Woodward Rion on 27 September 2013 09:50 EDT
Encounter info: 1000782614, RMC PrimCare Annex, Clinic Outpatient, 09/27/2013 - 09/27/2013

*** Final Report *****General Exam ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1000782614
Age: 58 years Sex: Male DOB: 08/19/55
Associated Diagnoses: None
Author: Dixon Jr., Woodward Rion

Chief Complaint

09/27/13 09:18 EDT fu labs
fu labs

Review of Systems

Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Current medications: (Selected),Prescriptions*Prescribed*

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 1 of 3
(Continued)

* Final Report *

Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, do not refill before:8/27/13, 90 tab, PRN: | for anxiety
Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab
fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab
metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab

Home Medications (6) Active

Amaryl 2 mg oral tablet 2 mg = 1 tab, Oral, Daily
Ativan 1 mg oral tablet 1 mg = 1 tab, PRN, Oral, TID
fenofibrate 134 mg oral capsule 1 cap, Oral, Daily
hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet 1 tab, Oral, Daily
metformin 500 mg oral tablet 500 mg = 1 tab, Oral, Daily
Zocor 40 mg oral tablet 1 tab, Oral, qHS

Problem list:All Problems

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Histories**Family History:**

Cataract
Mother
Heart attack
Sister
Alzheimer's disease
Mother

Procedure history:

No active procedure history items have been selected or recorded.

Physical Examination**VS/Measurements****Vital Signs**

09/27/13 09:18 EDT	Temperature Oral	36.8 DegC
	Peripheral Pulse Rate	84 bpm
	Systolic Blood Pressure	100 mmHg
	Diastolic Blood Pressure	60 mmHg
	Mean Arterial Pressure, Cuff	73 mmHg

, Measurements from flowsheet : Measurements

09/27/13 09:18 EDT	Height/Length Measured	170 cm
	Weight Measured	79.9 kg
	Weight Dosing	79.9 kg

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 2 of 3
(Continued)

* Final Report *

BSA Measured 1.94 m2
Body Mass Index Measured 27.65 kg/m2

General: Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.

HENT: Normocephalic, Tympanic membranes are clear.

Neck: Supple.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm.

Gastrointestinal: Soft, Non-tender.

Genitourinary: No costovertebral angle tenderness.

Lymphatics: No lymphadenopathy neck, axilla, groin.

Musculoskeletal: Normal range of motion.

Integumentary: Warm, Dry.

Neurologic: Alert, Oriented.

Cognition and Speech: Oriented, Speech clear and coherent.

Review / Management

Results review: Interpretation: Normal results, Consistent with previous results.

Impression and Plan

Diagnosis

Long-Term (Current) Use of Other Medications (ICD9 V58.69, Discharge, Medical).

Continued arterial hypertension (ICD9 401.9, Discharge, Medical).

Combined hyperlipidemia (ICD9 272.2, Discharge, Medical).

Controlled diabetes mellitus type II without complication (ICD9 250.00, Discharge, Medical).

Anxiety (ICD9 300.00, Discharge, Medical).

Plan: He is going to follow up in 4 months for a physical and continue his present medications with out change..

Patient Instructions: Counseled: Patient, Regarding diagnosis, Regarding treatment, Diet, Activity, Verbalized understanding.

Orders

Order Profile (Selected).

Outpatient Orders

Completed

Office Visit Level 3 Est:

Ordered

Comprehensive Metabolic Panel Req:

Follow Up Appointment Req:

Hgb A1C Req:

Lipid Panel Req:

Uric Acid (Blood) Req:

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:04 EDT

Page 3 of 3
(End of Report)



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 036-174-0334-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ***-**-4888				
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS,CLYDE		SEX M	AGE(YR./MOS.) 58 / 5	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 2/05/2014 7:50	DATE RECEIVED 2/05/2014	DATE REPORTED 2/06/2014	TIME 6:36	5053

CLINICAL INFORMATION CD- 20182719714		
PHYSICIAN ID. DIXON W	NPI 1710987185	PATIENT ID. -
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
Comp. Metabolic Panel (14)			
Glucose, Serum	98 mg/dL	65 - 99	01
> BUN	26 H mg/dL	6 - 24	01
Creatinine, Serum	1.12 mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	72 mL/min/1.73	>59	
eGFR If African Am	83 mL/min/1.73	>59	
> BUN/Creatinine Ratio	23 H	9 - 20	01
> Sodium, Serum	146 H mmol/L	134 - 144	01
Potassium, Serum	4.3 mmol/L	3.5 - 5.2	01
Chloride, Serum	107 mmol/L	97 - 108	01
Carbon Dioxide, Total	26 mmol/L	19 - 28	01
Calcium, Serum	9.2 mg/dL	8.7 - 10.2	01
> Protein, Total, Serum	5.91 g/dL	6.0 - 8.5	01
Albumin, Serum	3.9 g/dL	3.5 - 5.5	01
Globulin, Total	2.0 g/dL	1.5 - 4.5	
A/G Ratio	2.0	1.1 - 2.5	
Bilirubin, Total	0.2 mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	50 IU/L	39 - 117	01
AST (SGOT)	16 IU/L	0 - 40	01
ALT (SGPT)	12 IU/L	0 - 44	01
Lipid Panel			
Cholesterol, Total	133 mg/dL	100 - 199	01
Triglycerides	106 mg/dL	0 - 149	01
> HDL Cholesterol	39 L mg/dL	>39	01
Comment			01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Calc	21 mg/dL	5 - 40	
LDL Cholesterol Calc	73 mg/dL	0 - 99	
Hemoglobin Alc			
Hemoglobin Alc	5.6 %	4.8 - 5.6	01
Increased risk for diabetes: 5.7 - 6.4			
Diabetes: >6.4			
Glycemic control for adults with diabetes: <7.0			
Uric Acid, Serum	4.0 mg/dL	3.7 - 8.6	01
Please Note:			01
Therapeutic target for gout patients: <6.0			
Ambig Abbrev CMP14 Default			01
A hand-written panel/profile was received from your office. In			
Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 036-174-0334-0	Seq #: 5053

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 036-174-0334-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 58 / 5	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 2/05/2014 7:50	DATE RECEIVED 2/05/2014	DATE REPORTED 2/06/2014	TIME 6:36	5053

CLINICAL INFORMATION CD- 20182719714		
PHYSICIAN ID. DIXON W	NPI 1710987185	PATIENT ID. -
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01

Ambig Abbrev LP Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	DIRECTOR: William F Hancock MD
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Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 036-174-0334-0	Seq #: 5053
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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LCM Version: 03.26.01

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

*Dixon
Call
Missed appt.
on
11/31/14*

SPECIMEN 036-174-0334-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS, CLYDE		SEX M	AGE(YR./MOS.) 58 / 5	
PT. ADDR.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 2/05/2014 7:50	DATE RECEIVED 2/05/2014	DATE REPORTED 2/06/2014	TIME 6:36	5053

CLINICAL INFORMATION CD- 20182719714		
PHYSICIAN ID. DIXON W	NPI 1710987185	PATIENT ID. -
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000		
ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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Comp. Metabolic Panel (14)

	Glucose, Serum	98 mg/dL	65 - 99	01
>	BUN	26 H mg/dL	6 - 24	01
	Creatinine, Serum	1.12 mg/dL	0.76 - 1.27	01
	eGFR If NonAfrican Am	72 mL/min/1.73	>59	
	eGFR If African Am	83 mL/min/1.73	>59	
>	BUN/Creatinine Ratio	23 H	9 - 20	01
>	Sodium, Serum	146 H mmol/L	134 - 144	01
	Potassium, Serum	4.3 mmol/L	3.5 - 5.2	01
	Chloride, Serum	107 mmol/L	97 - 108	01
	Carbon Dioxide, Total	26 mmol/L	19 - 28	01
	Calcium, Serum	9.2 mg/dL	8.7 - 10.2	01
>	Protein, Total, Serum	5.9 L g/dL	6.0 - 8.5	01
	Albumin, Serum	3.9 g/dL	3.5 - 5.5	01
	Globulin, Total	2.0 g/dL	1.5 - 4.5	
	A/G Ratio	2.0	1.1 - 2.5	
	Bilirubin, Total	0.2 mg/dL	0.0 - 1.2	01
	Alkaline Phosphatase, S	50 IU/L	39 - 117	01
	AST (SGOT)	16 IU/L	0 - 40	01
	ALT (SGPT)	12 IU/L	0 - 44	01

Lipid Panel

	Cholesterol, Total	133 mg/dL	100 - 199	01
	Triglycerides	106 mg/dL	0 - 149	01
>	HDL Cholesterol	39 L mg/dL	>39	01

Comment

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

VLDL Cholesterol Cal	21 mg/dL	5 - 40
LDL Cholesterol Calc	73 mg/dL	0 - 99

Hemoglobin Alc

Hemoglobin Alc	5.6 %	4.8 - 5.6	01
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Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Uric Acid, Serum	4.0 mg/dL	3.7 - 8.6
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Please Note:

Therapeutic target for gout patients: <6.0

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In

Pat Name: WILLIAMS, CLYDE	Pat ID: -	Spec #: 036-174-0334-0	Seq #: 5053	524
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Results are Flagged in Accordance with Age Dependent Reference Ranges

11/14 Pt. notified. Given appt. Continued on Next Page

LCM Version: 03.26.01 347

*3.7 8.6 01
Labs are ok.
He wants
to be scheduled
for the exam.*



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 036-174-0334-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				SS#: ***-**-4888
FASTING: Y PHONE: 803-535-4588 DOB: 8/19/1955				
PATIENT NAME WILLIAMS,CLYDE		SEX M	AGE(YR./MOS.) 58 / 5	
PT. ADD.: 532 OAKLAND RD Cope SC 29038-0000				
DATE OF COLLECTION TIME 2/05/2014 7:50	DATE RECEIVED 2/05/2014	DATE REPORTED 2/06/2014	TIME 6:36	5053

CLINICAL INFORMATION CD- 20182719714		
PHYSICIAN ID. DIXON W	NPI 1710987185	PATIENT ID. -
ACCOUNT: RMC Primary Care Dr James H Brunson Jr 3000 St Matthews Road ORANGEBURG SC 29118-0000 ACCOUNT NUMBER: 39092523		

TEST	RESULT	LIMITS	LAB
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accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: 01 BN LabCorp Burlington	DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361	

Pat Name: WILLIAMS,CLYDE	Pat ID: -	Spec #: 036-174-0334-0	Seq #: 5053
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.26.01 248

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 25 February 2014 09:27 EST
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr. MD, Woodward Rion on 25 February 2014 09:55 EST
Verified by: Dixon Jr. MD, Woodward Rion on 25 February 2014 13:57 EST
Encounter info: 1001003714, RMC PrimCare Annex, Clinic Outpatient, 02/25/2014 - 02/25/2014

*** Final Report *****General Exam ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001003714
Age: 58 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Dixon Jr. MD, Woodward Rion

Visit Information

Colonoscopy 4 years ago was + for benign polyp.

Chief Complaint

02/25/2014 08:48 EST COV - medication refills - problems sleeping (Modified)
Diabetes and HTN follow up.

History of Present Illness

Has been doing fine with no changes except for not being able to sleep more than 6 hours with out ativan.

Review of Systems

Constitutional: Negative.

Eye: Wears glasses., No recent visual problem, No visual disturbances.

Ear/Nose/Mouth/Throat: Negative except as documented in history of present illness, No decreased hearing, No nasal congestion, No sore throat.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Musculoskeletal: Negative.

Integumentary: Skin lesion, Left arm red area from trauma..

Neurologic: Negative.

Psychiatric: Sleeping problems, No attention disorder, No memory difficulties.

Health Status

Allergies: ,

Allergic Reactions (Selected)

No known allergies

Allergies (1) Active Reaction

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:03 EDT

Page 1 of 5
(Continued)

* Final Report *

No known allergies

None Documented

Current medications: (Selected),PrescriptionsPrescribed

Amaryl 2 mg oral tablet: 2 mg, 1 tab, Oral, Daily, 30 tab

Ativan 1 mg oral tablet: 1 mg, 1 tab, Oral, TID, do not refill before:8/27/13, 90 tab, PRN: | for anxiety

Zocor 40 mg oral tablet: 1 tab, Oral, qHS, 30 tab

fenofibrate 134 mg oral capsule: 1 cap, Oral, Daily, 30 cap

hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet: 1 tab, Oral, Daily, 30 tab

metformin 500 mg oral tablet: 500 mg, 1 tab, Oral, Daily, 30 tab

Home Medications (6) Active

Amaryl 2 mg oral tablet 2 mg = 1 tab, Oral, Daily

Ativan 1 mg oral tablet 1 mg = 1 tab, PRN, Oral, TID

fenofibrate 134 mg oral capsule 1 cap, Oral, Daily

hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet 1 tab, Oral, Daily

metformin 500 mg oral tablet 500 mg = 1 tab, Oral, Daily

Zocor 40 mg oral tablet 1 tab, Oral, qHS

Problem list:All Problems

Anxiety / ICD-9-CM 300.00 / Confirmed

Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed

Health exam - school, employment / ICD-9-CM V70.5 / Confirmed

Hyperlipidemia / ICD-9-CM 272.4 / Confirmed

Hypertension / ICD-9-CM 401.9 / Confirmed

Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed

Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Histories**Family History:**

Cataract

Mother

Heart attack

Sister

Alzheimer's disease

Mother

Procedure history:

skin grafts.

varicose veins.

Social History**Alcohol**

01/31/2012 Frequency: 1-2 times per month

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:03 EDT

Page 2 of 5
(Continued)

* Final Report *

Type: Beer
Use: Current

Employment/School
01/31/2012 Status:

Exercise
09/27/2013 Risk Assessment: Occasional exercise

Home/Environment
01/31/2012 Alcohol abuse in household: No
Feels unsafe at home: No
Lives with: Spouse
Living situation: Home/Independent
Safe place to go: Yes
Smoker in household: No
Substance abuse in household: No

Tobacco
01/31/2012 Tobacco use per day: 20
Use: Current every day smoker

Physical Examination**VS/Measurements****Vital Signs**

02/25/2014 08:48 EST	Temperature Oral	36.8 DegC	
	Peripheral Pulse Rate	63 bpm	
	Systolic Blood Pressure	122 mmHg	
	Diastolic Blood Pressure	70 mmHg	
	Mean Arterial Pressure, Cuff		87 mmHg

, Measurements from flowsheet : Measurements

02/25/2014 08:48 EST	Height/Length Measured	170 cm
	Height/Length Dosing	170 cm
	Weight Measured	79.6 kg
	Weight Dosing	76.6 kg
	BSA Measured	1.94 m2
	Body Mass Index Measured	27.54 kg/m2

General: Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva, Vision unchanged.

HENT: Normocephalic, Tympanic membranes are clear, Normal hearing, Oral mucosa is moist.

Neck: Supple, Non-tender, No carotid bruit, No lymphadenopathy, No thyromegaly.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, Good pulses equal in all extremities, No edema.

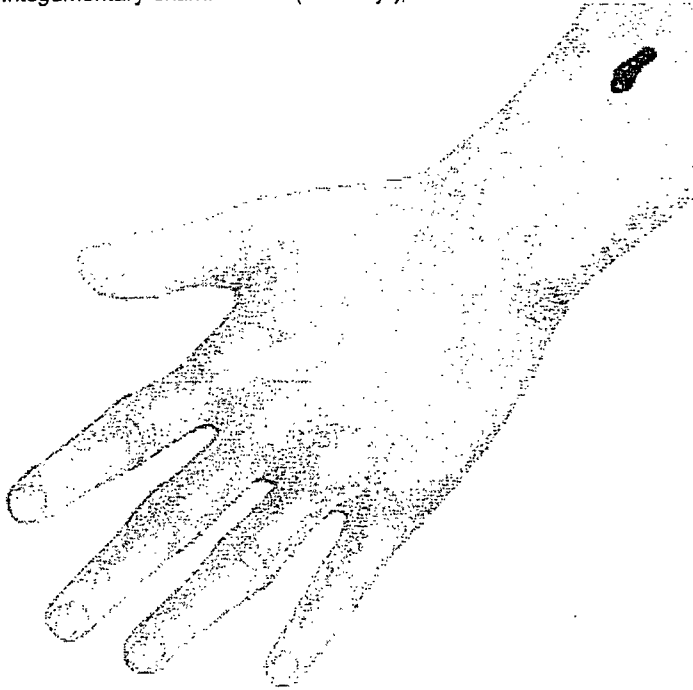
Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Amy E
: 11:03 EDT

Page 3 of 5
(Continued)

* Final Report *

Genitourinary: No costovertebral angle tenderness.
Lymphatics: No lymphadenopathy neck, axilla, groin.
Musculoskeletal: Normal range of motion, Normal strength, No tenderness.
Integumentary: Warm, Dry.
Integumentary exam: Lesion (Primary), .



adam.com

Neurologic: Alert, Oriented.
Cognition and Speech: Speech clear and coherent.
Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment, Non-suicidal.

Health Maintenance

Health Maintenance

Pending (in the next year)

OverDue

- Influenza Vaccine due 09/01/13 and every 1 year

Due

Colorectal Screening due 02/25/14 and every 5 year

Diabetes Screening due 02/25/14 and every 5 year

Lipid Screening due 02/25/14 and every 2 year

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:03 EDT

Page 4 of 5
(Continued)

* Final Report *

Prostate Cancer Screening due 02/25/14 and every 1 year
Tetanus Vaccine due 02/25/14 and every 10 year

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion
Diabetes Screening on 05/28/13. Satisfied by Davis MD, Yvonne J
Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion
Lipid Screening on 05/28/13. Satisfied by Davis MD, Yvonne J
Prostate Cancer Screening on 05/28/13. Satisfied by Davis MD, Yvonne J

Review / Management

Results review: Interpretation: Labs unremarkable.

Impression and Plan

Diagnosis

Anxiety (ICD9 300.00, Discharge, Medical).
Diabetes mellitus type II (ICD9 250.00, Discharge, Medical).
Hyperlipidemia (ICD9 272.2, Discharge, Medical).
Hypertension (ICD9 401.9, Discharge, Medical).
Long-Term (Current) Use of Other Medications (ICD9 V58.69, Discharge, Medical).

Course: Progressing as expected.

Plan: He would like to come off of his diabetes meds. I have told him to try but he is going to have to watch his carbs very closely.

Continue other meds except ativan which I have changed to xanax..

Patient Instructions: Counseled: Patient.

Orders

Order Profile (Selected).

Outpatient Orders

Order

Comprehensive Metabolic Panel Req:
Follow Up Appointment Req:
Hgb A1C Req:
Lipid Panel Req:
Office Visit Level 4 Est:
PSA Req:

Prescriptions

Prescribe

Xanax 1 mg oral tablet: See Instructions, 1-2 at bedtime prn insomnia, 60 tab, PRN, for anxiety

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:03 EDT

Page 5 of 5
(End of Report)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 14 February 2014 11:31 EST
Result status: Auth (Verified)
Result title: Lab results
Performed by: Kuck RN, Kimberly J on 14 February 2014 11:34 EST
Verified by: Kuck RN, Kimberly J on 14 February 2014 11:34 EST
Encounter info: 1000782614, RMC PrimCare Annex, Clinic Outpatient, 09/27/2013 - 09/27/2013

*** Final Report ***

Patient notified of labs ok. Rescheduled missed appointment from 1/31/14 for follow up until 2/25/14 @ 8:45am.
Patient verbalized understanding.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:03 EDT

Page 1 of 1
(End of Report)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 07 May 2014 13:03 EDT
Result status: Auth (Verified)
Result title: HOME CARE
Performed by: Browning, Amanda T on 07 May 2014 13:14 EDT
Verified by: Browning, Amanda T on 07 May 2014 13:14 EDT
Encounter info: 1001074505, RMC PrimCare Annex, Clinic Outpatient, 05/12/2014 - 05/12/2014

*** Final Report ***

Angie from RMC HOME CARE called

Plan of care

Nursing to follow : 2 times a week for 1 week .
1 time a week for 4 weeks

Home Health Aid : 1 time this week
2 x for 2 weeks
1 x for 2 weeks

PT , OT and Speech to Evaluate

Angie can be reached at 860-4298

Printed by: Coleman, Amy E
Printed on: 08/08/2014 11:00 EDT

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(End of Report)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 08 May 2014 15:13 EDT
Result status: Auth (Verified)
Result title: Speech Evaluation
Performed by: Browning, Amanda T on 08 May 2014 15:17 EDT
Verified by: Browning, Amanda T on 08 May 2014 15:17 EDT
Encounter info: 1001074505, RMC PrimCare Annex, Clinic Outpatient, 05/12/2014 - 05/12/2014

*** Final Report ***

Message left through Answering service from Rebecca Easterling 803-682-2371

Pt received a a speech evaluation today and he is being placed in speech therapy 2x /week for six weeks

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Printed on: 08/08/2014 10:59 EDT

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* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 12 May 2014 10:37 EDT
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr. MD, Woodward Rion on 12 May 2014 10:52 EDT
Verified by: Dixon Jr. MD, Woodward Rion on 13 May 2014 07:48 EDT
Encounter info: 1001074505, RMC PrimCare Annex, Clinic Outpatient, 05/12/2014 - 05/12/2014

*** Final Report *****General Exam ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001074505
Age: 58 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Dixon Jr. MD, Woodward Rion

Chief Complaint

05/12/2014 09:55 EDT Hospital Follow up, Damage to Frontal Lobe per MUSC, fell at work.

History of Present Illness

Fell at work and damaged his skull and he has just been released from rehab. He had surgery for frontal lobe injury and he is getting PT and OT at home. He is 100% disabled and has lost 36 pounds and now he is not diabetic and his blood pressure is low on lisinopril 2.5 mg.

Review of Systems

Constitutional: Weakness, Fatigue, Decreased activity, Loss of appetite, Weight loss.

Eye: Recent visual problem.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Hematology/Lymphatics: Negative.

Endocrine: Negative.

Immunologic: Negative.

Integumentary

Neurologic: Cognitive impairment, Dizziness, Loss of coordination.

Psychiatric: Anxiety, Behavioral changes, Change in personality, Irritability.

Eating disorder: Anorexia.

Health Status**Allergies:**

Allergic Reactions (Selected)

No known allergies

<u>Allergies (1) Active</u>	<u>Reaction</u>
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* Final Report *

No known allergies

None Documented

Current medications: (Selected),PrescriptionsPrescribed

Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 60 cap
OxyCODONE 5 mg oral tablet: 10 mg, 2 tab, Oral, q6hr Interval, 60 tab, PRN: for pain
Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab
lisinopril 5 mg oral tablet: 2.5 mg, 0.5 tab, Oral, Daily, 15 tab
thiamine 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 30 tab, PRN: for dizziness
simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab

Home Medications (7) Active

Colace 100 mg oral capsule 100 mg = 1 cap, Oral, BID
lisinopril 5 mg oral tablet 2.5 mg = 0.5 tab, Oral, Daily
meclizine 25 mg oral tablet 25 mg = 1 tab, PRN, Oral, TID
OxyCODONE 5 mg oral tablet 10 mg = 2 tab, PRN, Oral, q6hr Interval
Pepcid 20 mg oral tablet 20 mg = 1 tab, Oral, BID
simvastatin 40 mg oral tablet 40 mg = 1 tab, Oral, qHS
thiamine 100 mg oral tablet 100 mg = 1 tab, Oral, Daily

Problem list:All Problems

Right frontal lobe punctate hemorrhage / ICD-9-CM 431 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed
Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hypernatremia / SNOMED CT 65987013 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
HTN - Hypertension / SNOMED CT 2164904016 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Dysphagia / SNOMED CT 67950018 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Craniotomy / SNOMED CT 42508011 / Confirmed
Cerebral edema / SNOMED CT 4508017 / Confirmed
Anxiety / ICD-9-CM 300.00 / Confirmed
Agitation / SNOMED CT 40616016 / Confirmed
Acute respiratory failure / SNOMED CT 109173011 / Confirmed

Histories**Family History:**

Cataract
Mother
Heart attack
Sister

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(Continued)

* Final Report *

Alzheimer's disease
Mother

Procedure history:

skin grafts.
varicose veins.

Social History**Alcohol**

01/31/2012 Frequency: 1-2 times per month

Type: Beer

Use: Current

Employment/School

01/31/2012 Status:

Exercise

09/27/2013 Risk Assessment: Occasional exercise

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

01/31/2012 Tobacco use per day: 20

Use: Current every day smoker

Physical Examination**VS/Measurements****Vital Signs**

05/12/2014 09:55 EDT

Temperature Oral 36.4 DegC

Peripheral Pulse Rate 91 bpm

Systolic Blood Pressure 110 mmHg

Diastolic Blood Pressure 80 mmHg

Mean Arterial Pressure, Cuff 90 mmHg

, Measurements from flowsheet : Measurements

05/12/2014 09:55 EDT

Height/Length Measured 173 cm

Height/Length Dosing 173 cm

Weight Measured 66.7 kg

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* Final Report *

Weight Dosing	66.7 kg
BSA Measured	1.79 m2
Body Mass Index Measured	22.29 kg/m2

General: Alert and oriented, Mild distress.

Ambulation status: Assistive devices (Cane).

Appearance: Malnourished, Underweight, Unkempt.

Behavior: Anxious, Agitated.

Eye: Normal conjunctiva.

HENT: Normal hearing.

Neck: No lymphadenopathy.

Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm.

Musculoskeletal: Mobility/ gait: Able to walk with a cane.

Psychiatric:

Mood and affect: Flat, Withdrawn.

Behavior: Compulsive, Restless.

Judgment: Not appropriate in social situations.

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Colorectal Screening due 05/12/14 and every 5 year

Diabetes Screening due 05/12/14 and every 5 year

Lipid Screening due 05/12/14 and every 2 year

Prostate Cancer Screening due 05/12/14 and every 1 year

Tetanus Vaccine due 05/12/14 and every 10 year

Due In Future

Influenza Vaccine not due until 09/01/14 and every 1 year

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Diabetes Screening on 05/28/13. Satisfied by Davis MD, Yvonne J

Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 05/28/13. Satisfied by Davis MD, Yvonne J

Prostate Cancer Screening on 05/28/13. Satisfied by Davis MD, Yvonne J

Review / Management

Documentation reviewed: Records from referring physician, Reviewed prior records, Flowsheet.

Impression and Plan

Diagnosis

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* Final Report *

Anorexia/Loss of appetite (ICD9 783.0, Billing Diagnosis, Medical).
Craniotomy (ICD9 V45.89, Billing Diagnosis, Medical).
Long-Term (Current) Use of Other Medications (ICD9 V58.69, Billing Diagnosis, Medical).
Primary hypogonadism (ICD9 257.2, Billing Diagnosis, Medical).
Right frontal lobe punctate hemorrhage (ICD9 431, Billing Diagnosis, Medical).
Hypertension (ICD9 401.9, Billing Diagnosis, Medical).

Course: Unchanged.

Plan: I am going to start him on some megace to try to help him get his appetite back and gain some weight. He will continue with PT and OT. His wife will let me know if he becomes too aggressive and we all try some anxiolitics., They will limit the use of meclizine to only as needed..

Patient Instructions: Counseled: Patient, Spouse, Regarding diagnosis, Regarding treatment, Regarding medications, Diet, Activity, Smoking cessation, Verbalized understanding.

Orders

Order Profile (Selected).

Outpatient Orders*Ordered*

Follow Up Appointment Req:

Completed

Office Visit Level 3 Est:

Prescriptions*Prescribed*

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety

Megace 40 mg/mL oral suspension: 800 mg, 20 mL, Oral, BID, 1200 mL

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness

Documented Medications*Documented*

simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab

Discontinued

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, PRN: for anxiety

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 30 tab, PRN: for dizziness

Result type: Phone Message/Call
Result date: 20 May 2014 14:21 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Weatherford LPN, Pamela A on 20 May 2014 14:21 EDT
Encounter info: 1001074505, RMC PrimCare Annex, Clinic Outpatient, 05/12/2014 - 05/12/2014

Document Contains Addenda

From: Weatherford LPN, Pamela A
To: Dixon Jr. MD, Woodward Rion;
Sent: 05/20/2014 14:21:32 EDT
Subject: Physician Office/Clinic Message

Caller is: () Patient () Mother () Father () Pharmacy (XX) Other: Home Health Nurse Connie

Patient's Physician:

Chief Complaint: Home Health Nurse Connie called stated pt fell in bathroom today and only has a abrasion of forearm.

Advice/Action:

() OK to leave message on voice mail
() Patient told to expect return call: () today () tomorrow () next work day
() Patient's email
() Other: 803-682-2227 Call back phone until:
Call back phone # later:

Addendum by Weatherford LPN, Pamela A on 20 May 2014 14:50:47 EDT (Verified)

From: Weatherford LPN, Pamela A

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:59 EDT

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(Continued)

Phone Message/Call

Williams, Clyde - 0000353850

To: Easterlin LPN, Kayla R;
Sent: 05/20/2014 14:50:47 EDT
Subject: FW: Physician Office/Clinic Message

Addendum by Easterlin LPN, Kayla R on 20 May 2014 14:53:20 EDT (Verified)

From: Easterlin LPN, Kayla R
To: Weatherford LPN, Pamela A;
Sent: 05/20/2014 14:53:20 EDT
Subject: RE: Physician Office/Clinic Message

Connie called back stated that pts blood sugar was 221 today. He has been eating a lot of sweets today and hasn't been checking his sugars daily. Nurse told him he needed to cut back on his sweets and check his blood sugars at least one time a day.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:59 EDT

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(End of Report)

Result type: Phone Message/Call
Result date: 30 May 2014 09:56 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Kuck RN, Kimberly J on 30 May 2014 09:56 EDT
Encounter info: 1001088953, RMC PrimCare Annex, Clinic Outpatient, 05/20/2014 - 05/20/2014

Document Contains Addenda

From: Kuck RN, Kimberly J
To: Dixon Jr. MD, Woodward Rion;
Sent: 05/30/2014 09:56:38 EDT
Subject: Physician Office/Clinic Message

Patient's wife called stating patient needs letter from you stating he is disabled and is unable to work due to his traumatic brain injury.

Addendum by Dixon Jr. MD, Woodward Rion on 01 June 2014 16:14:55 EDT (Verified)

From: Dixon Jr. MD, Woodward Rion
To: Kuck RN, Kimberly J , RN;
Sent: 06/01/2014 16:14:55 EDT
Subject: RE: Physician Office/Clinic Message

OK if you will type it up I'll sign it.

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Result type: Phone Message/Call
Result date: 02 June 2014 12:07 EDT
Result status: Auth (Verified)
Result title: Physician Office/Clinic Message
Performed by: Weatherford LPN, Pamela A on 02 June 2014 12:07 EDT
Encounter info: 1001088953, RMC PrimCare Annex, Clinic Outpatient, 05/20/2014 - 05/20/2014

From: Weatherford LPN, Pamela A
To: Dixon Jr. MD, Woodward Rion;
Sent: 06/02/2014 12:07:56 EDT
Subject: Physician Office/Clinic Message

Caller is: (X) Patient () Mother () Father () Pharmacy () Other:

Patient's Physician:

Chief Complaint: Patient needs referral to psychiatrist. Would like drJuneja in Columbia

Advice/Action:

() OK to leave message on voice mail
() Patient told to expect return call: () today () tomorrow () next work day
() Patient's email
() Other:

Call back phone # now: until:

Call back phone # later:

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:54 EDT

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* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 02 June 2014 09:17 EDT
Result status: Auth (Verified)
Result title: Disable Note for Medicaid
Performed by: Weatherford LPN, Pamela A on 02 June 2014 09:21 EDT
Verified by: Weatherford LPN, Pamela A on 02 June 2014 09:21 EDT
Encounter info: 1001088953, RMC PrimCare Annex, Clinic Outpatient, 05/20/2014 - 05/20/2014

*** Final Report ***

To whom it may concern:

Mr. Clyde Williams is disabled and unable to work due to injury at work. If you have any questions please call 803-395-2576.

Woodward Dixon, MD
Primary Care- Annex
3000 St. Matthews Road
Orangeburg, SC 29115

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:54 EDT

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Phone Message/Call

Williams, Clyde - 0000353850

Result type: Phone Message/Call
Result date: 12 June 2014 15:37 EDT
Result status: Auth (Verified)
Result title: Physician Office/Clinic Message
Performed by: Kuck RN, Kimberly J on 12 June 2014 15:37 EDT
Encounter info: 1001105969, RMC PrimCare Annex, Clinic Outpatient, 06/11/2014 - 06/11/2014

From: Kuck RN, Kimberly J
To: Dixon Jr. MD, Woodward Rion;
Sent: 06/12/2014 15:37:05 EDT
Subject: Physician Office/Clinic Message

Profee ask that you complete office visit note and enter office visit levl on 6/11/14 visit for this patient.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:16 EDT

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Result type: Phone Message/Call
Result date: 16 June 2014 14:18 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Looper, Hazel W on 16 June 2014 14:18 EDT
Encounter info: 1001105969, RMC PrimCare Annex, Clinic Outpatient, 06/11/2014 - 06/11/2014

Document Contains Addenda

From: Looper, Hazel W
To: Weatherford LPN, Pamela A;
Sent: 06/16/2014 14:18:30 EDT
Subject: Physician Office/Clinic Message

Caller is: () Patient () Mother () Father () Pharmacy () Other:

Patient's Physician:

Chief Complaint: A referral was given to me for Phy. Therapy. Am I suppose to schedule it or was this for you to send somewhere?

Advice/Action:

- () OK to leave message on voice mail
- () Patient told to expect return call: () today () tomorrow () next work day
- () Patient's email
- () Other:

Call back phone # now: until:

Call back phone # later:

Addendum by Weatherford LPN, Pamela A on 16 June 2014 14:25:13 EDT (Verified)

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:16 EDT

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(Continued)

From: Weatherford LPN, Pamela A
To: Looper, Hazel W;
Sent: 06/16/2014 14:25:13 EDT
Subject: RE: Physician Office/Clinic Message

Already done

Addendum by Looper, Hazel W on 16 June 2014 16:20:07 EDT (Verified)

From: Looper, Hazel W
To: Weatherford LPN, Pamela A;
Sent: 06/16/2014 16:20:07 EDT
Subject: RE: Physician Office/Clinic Message

Thanks

Result type: Phone Message/Call
Result date: 23 June 2014 11:53 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Easterlin LPN, Kayla R on 23 June 2014 11:53 EDT
Encounter info: 1001105969, RMC PrimCare Annex, Clinic Outpatient, 06/11/2014 - 06/11/2014

Document Contains Addenda

From: Easterlin LPN, Kayla R
To: Dixon Jr. MD, Woodward Rion;
Sent: 06/23/2014 11:53:57 EDT
Subject: Physician Office/Clinic Message

Caller is: (x) Patient wife

Called saying that his tramadol is not working. Was wondering if you could call something else in for pain?
Thanks.

Addendum by Dixon Jr. MD, Woodward Rion on 23 June 2014 16:46:08 EDT (Verified)

From: Dixon Jr. MD, Woodward Rion
To: Easterlin LPN, Kayla R;
Sent: 06/23/2014 16:46:08 EDT
Subject: RE: Physician Office/Clinic Message

needs to come back in

Addendum by Easterlin LPN, Kayla R on 24 June 2014 08:57:24 EDT (Verified)
made aware.

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 30 June 2014 15:06 EDT
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr. MD, Woodward Rion on 30 June 2014 15:25 EDT
Verified by: Dixon Jr. MD, Woodward Rion on 30 June 2014 20:18 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

*** Final Report *****General Exam ***

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001116970
Age: 58 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Dixon Jr. MD, Woodward Rion

Chief Complaint

06/30/2014 14:51 EDT RMC Follow up ER, c/o HA

History of Present Illness

Frontal lobe injury which has caused chronic pain in the head where the surgery was. The tramadol does not seem to be working for him anymore. He has stopped the klonopin which has helped with the violent out breaks. He has been losing weight as he has a poor appetite despite megeace daily.

Review of Systems

Constitutional: Weakness, Fatigue.

Eye: Negative.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Hematology/Lymphatics: Negative.

Endocrine: Negative.

Neurologic: Altered mental status, Confusion, Cognitive impairment, Headache, Loss of coordination, Memory loss, Speech problems, Tremor.

Psychiatric: Anxiety, Depression.

Health Status

Allergies: ,

Allergic Reactions (Selected)

No known allergies

Allergies (1) Active

Reaction

No known allergies

None Documented

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Printed on: 08/08/2014 10:15 EDT

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* Final Report *

Current medications: (Selected),PrescriptionsPrescribed

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety
Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 60 cap
Megace 40 mg/mL oral suspension: 800 mg, 20 mL, Oral, BID, 1200 mL
OxyCODONE 5 mg oral tablet: 10 mg, 2 tab, Oral, q6hr Interval, 60 tab, PRN: for pain
Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab
Topamax 25 mg oral tablet: 25 mg, 1 tab, Oral, BID, 60 tab
meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness
propranolol 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab
simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab
thiamine 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 30 tab
tramadol 50 mg oral tablet: 50 mg, 1 tab, Oral, q6hr Interval, 120 tab

Documented MedicationsDocumented

Misc Prescription: info from meds list in computer, pt states no changes
megestrol 40 mg/mL oral suspension: See Instructions

Home Medications (13) Active

ALPRAZolam 1 mg oral tablet 1 - 2 tabs, PRN, Oral, qHS
Colace 100 mg oral capsule 100 mg = 1 cap, Oral, BID
meclizine 25 mg oral tablet 25 mg = 1 tab, PRN, Oral, TID
Megace 40 mg/mL oral suspension 800 mg = 20 mL, Oral, BID
megestrol 40 mg/mL oral suspension See Instructions

Misc Prescription

OxyCODONE 5 mg oral tablet 10 mg = 2 tab, PRN, Oral, q6hr Interval
Pepcid 20 mg oral tablet 20 mg = 1 tab, Oral, BID
propranolol 20 mg oral tablet 20 mg = 1 tab, Oral, BID
simvastatin 40 mg oral tablet 40 mg = 1 tab, Oral, qHS
thiamine 100 mg oral tablet 100 mg = 1 tab, Oral, Daily
Topamax 25 mg oral tablet 25 mg = 1 tab, Oral, BID
tramadol 50 mg oral tablet 50 mg = 1 tab, Oral, q6hr Interval

Problem list:All Problems

Acute respiratory failure / SNOMED CT 109173011 / Confirmed
Agitation / SNOMED CT 40616016 / Confirmed
Anxiety / ICD-9-CM 300.00 / Confirmed
Cerebral edema / SNOMED CT 4508017 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Dysphagia / SNOMED CT 67950018 / Confirmed
Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Craniotomy / SNOMED CT 42508011 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Hypernatremia / SNOMED CT 65987013 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed

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* Final Report *

HTN - Hypertension / SNOMED CT 2164904016 / Confirmed
Migraine / SNOMED CT 63055014 / Confirmed
Right frontal lobe punctate hemorrhage / ICD-9-CM 431 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Histories**Family History:**

Cataract
Mother
Heart attack
Sister
Alzheimer's disease
Mother

Procedure history:

skin grafts.
varicose veins.

Social History**Alcohol**

06/20/2014 Risk Assessment: Denies Alcohol Use

Employment/School

01/31/2012 Status:

Exercise

09/27/2013 Risk Assessment: Occasional exercise

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

05/27/2014 Risk Assessment: No Risk

Physical Examination**VS/Measurements****Vital Signs**

06/30/2014 14:51 EDT

Temperature Oral

36.4 DegC

Peripheral Pulse Rate

67 bpm

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Printed on: 08/08/2014 10:15 EDT

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* Final Report *

Systolic Blood Pressure 108 mmHg
Diastolic Blood Pressure 70 mmHg
Mean Arterial Pressure, Cuff 83 mmHg

Measurements from flowsheet : Measurements
06/30/2014 14:51 EDT

Height/Length Measured 173 cm
Height/Length Dosing 173 cm
Weight Measured 66.0 kg
Weight Dosing 66.0 kg
BSA Measured 1.78 m2
Body Mass Index Measured 22.05 kg/m2

General: Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Vision unchanged.

HENT: Normocephalic, Normal hearing, Oral mucosa is moist, No pharyngeal erythema, No sinus tenderness.

Neck: Supple, Non-tender, No carotid bruit, No lymphadenopathy, No thyromegaly.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds.

Genitourinary: No costovertebral angle tenderness.

Lymphatics: No lymphadenopathy neck, axilla, groin.

Musculoskeletal:

Mobility/ gait: Able to walk with a walker, Unsteady.

Lower extremity exam: Lower leg (Bilateral, No edema, Strength 3 /5).

Neurologic: Alert.

Orientation: Oriented X 4.

Coordination: Gait (Circumducted).

Deep tendon reflexes: Bilateral, Knee, 2+.

Abnormal movements: Upper extremity, Lower extremity, Tremor.

Cognition and Speech: Articulation and speech: Dysphasia, Slow paced.

Psychiatric: Cooperative.

Mood and affect: Flat, Withdrawn.

Behavior: Relaxed.

Judgment: Not able to make sensible decisions.

Abnormal / Psychotic thoughts: Preoccupation with violence.

Thought process: Flight of ideas.

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Colorectal Screening due 06/30/14 and every 5 years

Tetanus Vaccine due 06/30/14 and every 10 years

Due In Future

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:15 EDT

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* Final Report *

Influenza Vaccine not due until 09/01/14 and every 1 years

Prostate Cancer Screening not due until 02/25/15 and every 1 years

Satisfied (in the past 1 year)Satisfied

Diabetes Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Prostate Cancer Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Review / Management**Documentation reviewed:** Reviewed prior records, Flowsheet, Reviewed home medications.**Impression and Plan****Diagnosis**

Anxiety.

Hyperlipidemia.

HTN - Hypertension.

Migraine.

Right frontal lobe punctate hemorrhage.

Course: Worsening, Unchanged.**Plan:** Stop propranolol and stat losartan because of the low BP and heart rate. We will restart PT and OT and start ensure or boost for weight gain in combination wit megace. He willl also dc klonopin and use xanax for anxiety as the klonopin was causing violent behavior., Refill all prescriptions for 90 days and start fentanyl patches for pain..**Patient Instructions:** Counseled: Patient, Family, Spouse, Regarding diagnosis, Regarding treatment, Regarding medications, Diet, Activity, Smoking cessation, Verbalized understanding.**Orders**

Order Profile (Selected).

Outpatient OrdersCompleted

Referral Req:

Order

Follow Up Appointment Req:

Office Visit Level 4 Est:

PrescriptionsPrescribed

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety

Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 180 cap

Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 180 tab

Topamax 25 mg oral tablet: 25 mg, 1 tab, Oral, BID, 180 tab

fentanyl 50 mcg/hr transdermal film, extended release: 1 patch, TransDermal, q72hr, 10 patch

hydrochlorothiazide-losartan 12.5 mg-50 mg oral tablet: 1 tab, Oral, Daily, 90 tab

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness

Incomplete

Vitamin B-100 oral tablet:

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:15 EDT

Page 5 of 6
(Continued)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 01 July 2014 11:32 EDT
Result status: Auth (Verified)
Result title: Phone call
Performed by: Weatherford LPN, Pamela A on 01 July 2014 11:34 EDT
Verified by: Weatherford LPN, Pamela A on 01 July 2014 11:34 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

*** Final Report ***

message left from RMC Home Health Rebecca Patient fell at 5am no injury, no pain.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:15 EDT

Page 1 of 1
(End of Report)

Result type: Phone Message/Call
Result date: 03 July 2014 11:43 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Weatherford LPN, Pamela A on 03 July 2014 11:43 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

Document Contains Addenda

From: Weatherford LPN, Pamela A
To: Dixon Jr. MD, Woodward Rion;
Sent: 07/03/2014 11:43:35 EDT
Subject: Physician Office/Clinic Message

Caller is: () Patient () Mother () Father () Pharmacy (XX) Other: **Rebecca RMC Home HEalth**

Patient's Physician:

Chief Complaint: Rebecca speech therapy fro RMC HHome HEalth called stated patient is having swallowing problems and needs referral for ENT. He is also having chest and stomach pain and is wondering if new medication is causing this reaction.

Advice/Action:

- () OK to leave message on voice mail
- () Patient told to expect return call: () today () tomorrow () next work day
- () Patient's email
- () Other:

Call back phone # now: until:

Call back phone # later:

Addendum by Dixon Jr. MD, Woodward Rion on 03 July 2014 14:00:20 EDT (Verified)

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:07 EDT

Page 1 of 2
(Continued)

From: Dixon Jr. MD, Woodward Rion
To: Weatherford LPN, Pamela A;
Sent: 07/03/2014 14:00:20 EDT
Subject: RE: Physician Office/Clinic Message

Done. Did you feed my babies?

Addendum by Weatherford LPN, Pamela A on 03 July 2014 14:56:38 EDT (Verified)

OF COURSE!!

Addendum by Weatherford LPN, Pamela A on 03 July 2014 16:17:59 EDT (Verified)

Spoke with Dr. Dixon D/C fentanyl patch start phenergan 25mg 1 tab q 6 hours PRN for nausea. Tramadol refilled for pain.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:07 EDT

Page 2 of 2
(End of Report)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 08 July 2014 16:55 EDT
Result status: Auth (Verified)
Result title: Potassium
Performed by: Weatherford LPN, Pamela A on 08 July 2014 16:58 EDT
Verified by: Weatherford LPN, Pamela A on 08 July 2014 16:58 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

*** Final Report ***

Patient to take Potassium for 5 days then get potassium checked, req has been ordered.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:03 EDT

Page 1 of 1
(End of Report)

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 08 July 2014 13:54 EDT
Result status: Modified
Result title: Phone call
Performed by: Weatherford LPN, Pamela A on 08 July 2014 14:01 EDT
Verified by: Weatherford LPN, Pamela A on 08 July 2014 14:01 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

*** Final Report ***
Document Contains Addenda

Patient wife called stated he went to MUSC last night b/c tempal was sinking in. They took a xray, and CT. She also stated they gave him Kdur 20Meq. 5 pills with 11 refills and directions are to take daily. MUSC was called and faxed request for record for 7/7/14 to be faxed to Primary Care. Attn: Doris fax843-792-7292.

Addendum by Weatherford LPN, Pamela A on 08 July 2014 16:41 EDT (Verified)
Got records from MUSC. Dr. Dixon to review and prescribe potassium if needed.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:03 EDT

Page 1 of 1
(End of Report)

Result type: Phone Message/Call
Result date: 10 July 2014 08:15 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Weatherford LPN, Pamela A on 10 July 2014 08:15 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

Document Contains Addenda

From: Weatherford LPN, Pamela A
To: Dixon Jr. MD, Woodward Rion;
Sent: 07/10/2014 08:15:25 EDT
Subject: Physician Office/Clinic Message

Caller is: ☐ Patient ☐ Mother ☐ Father ☐ Pharmacy ☐ Other:

Patient's Physician:

Chief Complaint: Does patient need to be on Kdur? He currently is taking 1 tab daily five days a week. If he needs to be on it please send RX to Walgreens JCC

Advice/Action:

- ☐ OK to leave message on voice mail
☐ Patient told to expect return call: ☐ today ☐ tomorrow ☐ next work day
☐ Patient's email
☐ Other:

Call back phone # now: until:
Call back phone # later:

Addendum by Dixon Jr. MD, Woodward Rion on 10 July 2014 13:23:55 EDT (Verified)

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:03 EDT

Page 1 of 2
(Continued)

Consult Requests

Williams, Clyde - 0000353850

Result type: Consult Requests
Result date: 10 July 2014 10:36 EDT
Result status: Auth (Verified)
Result title: Dysphagia
Performed by: Looper, Hazel W on 10 July 2014 10:37 EDT
Verified by: Looper, Hazel W on 10 July 2014 10:37 EDT
Encounter info: 1001012509, RMC PrimCare Annex, Prereg

Pat. referred to Dr. Cassone - appt. is 7/15/14 @ 10:00. Pat. aware of appt. date and time.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:02 EDT

Page 1 of 1
(End of Report)

Phone Message/Call

Williams, Clyde - 0000353850

Result type: Phone Message/Call
Result date: 11 July 2014 10:48 EDT
Result status: Auth (Verified)
Result title: Physician Office/Clinic Message
Performed by: Fogle LPN, Amanda J on 11 July 2014 10:48 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

From: Fogle LPN, Amanda J
To: Dixon Jr. MD, Woodward Rion;
Sent: 07/11/2014 10:48:01 EDT
Subject: Physician Office/Clinic Message

Caller is: ☐ Patient ☐ Mother ☐ Father ☐ Pharmacy ☐ Other:

Patient's Physician:

Chief Complaint: His wife called and said that he has been having diarrhea for 4 straight days. He is eating & drinking well but he is having diarrhea several times daily. He is having abdominal pain but she says it is the same pain he has been having since his accident, so it is nothing new for him. She wants to stop his colace bid for now and give him OTC diarrhea medication. I told her if he continues with diarrhea after she does this, to take him to ER if it is over the weekend or call back on Monday. She verbalized understanding. His daughter who is a nurse will be with them over the weekend as well.

Advice/Action:

- ☐ OK to leave message on voice mail
- ☐ Patient told to expect return call: ☐ today ☐ tomorrow ☐ next work day
- ☐ Patient's email
- ☐ Other:

Call back phone # now: until:
Call back phone # later:

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:02 EDT

Page 1 of 1
(End of Report)

Result type: Phone Message/Call
Result date: 18 July 2014 10:15 EDT
Result status: Modified
Result title: Physician Office/Clinic Message
Performed by: Weatherford LPN, Pamela A on 18 July 2014 10:15 EDT
Encounter info: 1001136961, RMC PrimCare Annex, Clinic Outpatient, 07/16/2014 - 07/16/2014

Document Contains Addenda

From: Weatherford LPN, Pamela A
To: Dixon Jr. MD, Woodward Rion;
Sent: 07/18/2014 10:15:59 EDT
Subject: Physician Office/Clinic Message

Caller is: (XX) Patient () Mother () Father () Pharmacy () Other:

Patient's Physician:

Chief Complaint: Wife called stated patient has left ankle swelling x 2days no pain, do you want to put him on anything?

Advice/Action:

() OK to leave message on voice mail
() Patient told to expect return call: () today () tomorrow () next work day
() Patient's email
() Other:

Call back phone # now: until:

Call back phone # later:

Addendum by Dixon Jr. MD, Woodward Rion on 18 July 2014 16:03:23 EDT (Verified)

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:01 EDT

Page 1 of 2
(Continued)

From: Dixon Jr. MD, Woodward Rion
To: Weatherford LPN, Pamela A;
Sent: 07/18/2014 16:03:23 EDT
Subject: RE: Physician Office/Clinic Message

Elevate left leg and wrap with an ace bandage.

Printed by: Coleman, Amy E
Printed on: 08/08/2014 10:01 EDT

Page 2 of 2
(End of Report)

386⁵⁶²

PAUL B. PRITCHARD, III, M.D.
939 Scotland Drive, Mount Pleasant, SC 29464
ppritchard@gmail.com
843-367-8122

MEDICAL RECORD REVIEW

Clyde Williams
D.O.B.: August 19, 1955

September 11, 2014

This medical review was done at the request of Ms. Ann Veatch Noonan of Willison Jones Carter & Baxley, P.A. of 421 Wando Park Boulevard, Mount Pleasant, SC 29464 and is based upon review of records supplied by Ms. Noonan.

My professional credentials are as follows:

Education:

A.B. (chemistry), Duke University
M.D., Medical University of South Carolina

Training:

Internship, Department of Internal Medicine, University of Virginia, 1970
Residency, Department of Neurology, University of Virginia, 1973
Fellowship, Harvard Medical School, 1974

Medical licensure: South Carolina

Board certification:

Neurology, 1975
Clinical Neurophysiology, 1984

Current position: Professor of Neurology, Medical University of South Carolina

Records reviewed:

1. Orangeburg County EMS.
2. Orangeburg Regional Medical Center.
3. Life Net (air transport).
4. Palmetto Health - Richland Memorial Hospital.
5. Medical University Hospital.
6. Rehabilitation records, Orangeburg Regional Medical Center.
7. Records from primary physicians, including CDL exams from Dr. Brunson.
8. Deposition, Mr. Clyde Williams
9. Photographs of Mr. Williams obtained at the scene of his injury.

Medical Record Review
Clyde Williams
Page 2

Summary of the medical history

Mr. Williams is a 59 year old man who was found unconscious adjacent to his truck in a service station on March 27, 2014. He was evaluated at the scene by EMS and transported to the emergency room at Palmetto Health – Richland Memorial Hospital that day. Diagnostic studies demonstrated bilateral intracranial hemorrhage, including bilateral subdural hematomas and a basilar skull fracture. A suspicion of arteriovenous malformation in brain was raised, and for that reason he was transferred to Medical University Hospital for subspecialty neurosurgical care. As cerebral edema progressed, a right hemispherectomy was performed to relieve the increased intracranial pressure.

Neurological recovery began in the hospital, and he was transferred to the rehabilitation center at The Regional Medical Center, Orangeburg, where he attained substantial neurological recovery.

Review of his records prior to his head injury of August 17 shows that he had a longstanding history of hypertension and diabetes mellitus, type 2. Mr. Williams himself provided additional history through his recent deposition testimony of September 2, 2014 in which he recounted the circumstances of his fall. He testified that he was refueling his vehicle and washing the windshield, initially on the passenger side. Suddenly he found himself soaked and lying on the concrete. In addition, he noted that he was "hazy" and "light-headed." He did not observe any injury at that point. Mr. Williams then proceeded to the driver's side of the vehicle to wash that side of the windshield, after which he does not recall anything further until he was under medical care. Photos of the scene show him lying on the concrete on the driver's side of the truck. He remained unresponsive when EMS arrived on the scene.

Neurological assessment

Mr. Williams suffered a serious head injury in March 27, 2014 which subsequent medical evaluation showed to include a basilar skull fracture with intracranial hemorrhage. He required craniectomy to combat the consequent cerebral edema, and he required additional inpatient rehabilitation after his hospital discharge.

As to the circumstances in which Mr. Williams incurred the head injury, his deposition testimony and medical records prior to March 27, 2014 are revealing in that he actually lost consciousness at the scene of the accident not once but twice. Working on the passenger side of the vehicle, he lost consciousness, fell to the concrete, and described himself as "wet, hazy, and lightheaded." At that point he noted no physical injury

Medical Record Review
Clyde Williams
Page 3

Mr. Williams was subsequently found unconscious and bleeding from his injury on the driver's side of the vehicle.

The initial loss of consciousness had no relationship to physical trauma, and the circumstances are more consistent with syncope, for which his prior history of type 2 diabetes and hypertension put him at risk. Although he finally moved to the driver's side of the vehicle to wash the windshield on that side, the photos show the window washing equipment in place and not on the concrete where he lay. Based on the circumstances of his past medical history with ongoing treatment of hypertension and diabetes at the time of his injury and the account Mr. Williams provided, it is my conclusion that he had two syncopal events which caused his fall and the head injury.

I offer these opinions within a reasonable degree of medical certainty, based on my review of the records, Mr. Williams' account from his deposition, my education and training in neurology, and my 40 years of experience as a clinical neurologist.

Sincerely,

PB Pritchard III MD

Paul B. Pritchard, III, MD, FAAN



STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

COUNTY OF KERSHAW

CLYDE WILLIAMS,	)	WCC FILE NO.
	)	1403134
CLAIMANT,	)	
	)	
-VS-	)	
	)	
BOWMAN GIN COMPANY,	)	
	)	DEPOSITION OF
EMPLOYER,	)	CLYDE WILLIAMS
	)	
and	)	
	)	
AMERICAN INTERSTATE INSURANCE	)	
COMPANY	)	
	)	
CARRIER.	)	

Deposition of CLYDE WILLIAMS, a witness called by Counsel on behalf of the EMPLOYER/INSURER, pursuant to the applicable provisions of the South Carolina Rules of Civil Procedure, taken before Timothy Robinton, a Professional Court Reporter and Notary Public in and for the State of South Carolina, on Tuesday, September 2, 2014, at the Law office of Lanier & Burroughs, 250 Gibson Street, Orangeburg, South Carolina, commencing at the hour of 1:00 p.m.

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APPEARANCES

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REPRESENTING THE EMPLOYER/INSURER

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EXHIBITS

[NONE]

LEGEND OF THE TRANSCRIPT

dashes [--]	intentional or purposeful interruption
[ph]	denotes phonetically written
[sic]	written as said

1 S T I P U L A T I O N S

2 It is hereby stipulated and agreed by counsel
3 for the respective parties that the Witness will
4 waive the reading and signing of the deposition
5 transcript,

6
7 Whereupon,

8 CLYDE WILLIAMS,
9 having been first duly sworn,
10 was examined and testified as follows:

11
12 DIRECT EXAMINATION

13 BY MS. NOONAN:

14 Q. Mr. Williams, my name is Anne Noonan and we
15 actually met before; I represent Bowman Gin Company in
16 your worker's compensation claim.

17 A. Okay.

18 Q. Key things to remember and I know you've done this
19 before, cause I did it to you. You can take a break at
20 anytime, let us know if you need a break.

21 A. All right.

22 Q. Try and wait 'til I complete my question, before
23 you start to answer and then I'll do the same when
24 you're answering. And also try to give a verbal
25 response, instead of shaking your head or uhh-uh or uhn

1 -uh. Okay?

2 A. Okay.

3 Q. At any point you do not understand my question,
4 tell me that you do not understand my question, I will
5 rephrase it for you. Okay?

6 A. Okay.

7 Q. All right, sir, if you would please state your full
8 name for the record.

9 A. Clyde Oliver Williams.

10 Q. Okay. How old are you?

11 A. Fifty-nine.

12 Q. And your date of birth?

13 A. August 19, 1955.

14 Q. And what is your current address?

15 A. 532 Oaklen Road, Coke, South Carolina.

16 Q. And how long have you lived there?

17 A. I guess, about 12 years.

18 Q. And your wife lives there with you?

19 A. Right.

20 Q. And what's your wife's name?

21 A. Anita Faye Williams.

22 Q. You say, Anita?

23 A. Anita.

24 Q. Okay. And you have children that still live there?

25 A. No.

1 Q. Okay. Your children are grown?

2 A. Yes.

3 Q. Okay. And how many children do you have?

4 A. Altogether we have 9 children.

5 Q. And that's your brady bunch children there from two
6 different marriages?

7 A. Two different marriages.

8 Q. Okay. How many children do you personally have?

9 A. One.

10 Q. Just one, okay. Have you ever served in the
11 military?

12 A. Yes.

13 Q. Okay. And what branch was that?

14 A. U.S. Army.

15 MS. NOONAN: And I know, let me just go
16 ahead and say this, Lewis, I hope you don't
17 mind.

18 Q. You're looking at me crazy like I already know all
19 this, cause I have deposed you before.

20 A. Right.

21 Q. But I'm still just getting it to put on the record.
22 Okay?

23 A. Okay.

24 Q. All right. You just gave me that look like you
25 know I served in the army. So it's just creating a

1 whole new record for this case. Okay?

2 A. Okay.

3 Q. And how long did you serve in the army?

4 A. Nine months, I guess.

5 Q. Were you a pfc first class?

6 A. Yes.

7 MS. NOONAN: Do you care if I lead him on
8 anything I need to know.

9 MR. LANIER: No.

10 Q. Okay. How far did you go in school?

11 A. A year and a half for college.

12 Q. And which college was it?

13 A. Well, back then it was called Brunsonwick Junior
14 College, they've changed the name though.

15 Q. Brunsonwick Junior College?

16 A. Right.

17 Q. And that was in Georgia?

18 A. Brunsonwick, Georgia, yeah.

19 Q. And you studied -- Did you study general studies?

20 A. I was studying nursing.

21 Q. Studying what, I'm sorry?

22 A. Nursing.

23 Q. Oh. Nursing. And you didn't complete a degree, is
24 that right?

25 A. No. Me and biology just didn't get along.

1 Q. All right. Let's talk about your medical history.

2 Before this happened to you in March of 2014, you were

3 taking medication for diabetes type two?

4 A. Right.

5 Q. Were you also taking medication for hypertension

6 too?

7 A. Right.

8 Q. Is there anything else that you were taking

9 medication for on a regular basis?

10 A. I don't remember now. Not on a regular basis.

11 THE COURT REPORTER: Did you hear his
12 answer?

13 MS. NOONAN: No, I didn't. I sorry.

14 THE COURT REPORTER: He said, "Not on a
15 regular basis."

16 Q. I'm sorry. I thought -- you were looking at your
17 fingers so I thought you were counting --

18 A. No, I was thinking. No, not that I can remember,
19 No.

20 Q. Okay. See I do have a hearing problem in my left
21 ear so, I'm sorry. I'll pay more closer attention.

22 A. I have one in my right ear so.

23 Q. Okay. So you were on medication for hypertension,
24 diabetes, were you on anything for your heart, anything
25 that you can recall?

1 A. Not on a regular basis I wasn't. No, nothing that
2 I remember
3 Q. I think they were just trying to rule out any heart
4 issues --
5 A. Right.
6 Q. -- because you sister had issues.
7 A. Yes.
8 Q. Okay. Did you ever stop smoking?
9 A. Yes.
10 Q. All right. I have your family physician as Dr.
11 Brunson, is that right?
12 A. Use to be, but it's not now.
13 Q. Who is it now?
14 A. Dr. Dixon.
15 Q. All right. Who's Dr. Dixon with?
16 A. With Orangeburg Hospital.
17 Q. Do you mean your doctor since this accident?
18 A. Dr. Brunson.
19 MR. LANIER: I could probably help you with
20 that, if you don't mind.
21 MS. NOONAN: Okay.
22 MR. LANIER: Dr. Brunson left his practice
23 and went to work for Zeus. Which the Frank
24 Tourville Corporation. He's sort of like
25 the company doctor. And Dr. Dixon came in

1 and took over Dr. Brunson's practice at the
2 same, but he's now housed in the hospital.

3 MS. NOONAN: Okay. So that's RMC Primary
4 Care?

5 MR. LANIER: Correct.

6 MS. NOONAN: Thank you.

7 Q. And your prescription's that you got from RMC
8 primary care that you had before the accident did you
9 get those filled at Walgreens?

10 A. Correct.

11 Q. And which Walgreens was that?

12 A. I guess Broaden and 301.

13 MR. LANIER: He said Broaden and 301, I
14 don't know if that is correct or not.

15 Q. Is that an address here in Orangeburg?

16 A. Yeah.

17 Q. On 301 somewhere?

18 A. Correct.

19 Q. Have you had any car accidents that you have been
20 involved in where you needed medical treatment?

21 A. Not where I needed medical treatment, no.

22 Q. And this is your second workers' compensation
23 claim, is that right?

24 A. Correct.

25 MS. NOONAN: xx mind me doing this?

1 MR. LANIER: I'm sure.

2 MS. NOONAN: Okay.

3 Q. Have you had any workmans' compensation claim,
4 other than the burns and this one?

5 A. No.

6 Q. Okay. Have you had any other types of injuries on
7 the job that you did not report as workmans'
8 compensation?

9 A. No.

10 Q. Okay. Have you been involved in any lawsuits where
11 someone sued you or you sued them? And that doesn't
12 have anything to do with this claim.

13 A. No.

14 Q. All right. Have you ever been arrested?

15 A. Yes.

16 Q. Okay. Have you been arrested since -- what arrest
17 did you have?

18 A. Breaking and entering back in 1971, I think it was
19 '71. '70 to '71.

20 Q. Is that your only one?

21 A. Correct.

22 Q. Since that last time you and I spoke, you haven't
23 been arrested?

24 A. No, no, same thing as last time.

25 Q. Okay. All right. If you would I just like to run

1 through your work history. Did you do high school, then
2 Navy, then nursing school?

3 A. Not Navy.

4 Q. I'm sorry Army.

5 A. High school, college -- high school, Army then
6 college.

7 Q. And when you stopped taking the classes at
8 Brunswick Junior College. What was your first full-time
9 job?

10 A. Construction.

11 Q. How long did you do construction?

12 A. Pretty much through my first marriage, so I did go
13 to work for a grocery company for awhile and became a
14 assistant store manager.

15 Q. You were an assistant store manager for the
16 grocery?

17 A. Right.

18 Q. How many years did you do construction?

19 A. Twelve, I guess. Twelve, thirteen somewhere in that
20 neighborhood.

21 Q. And did you have all kinds of different jobs in
22 construction?

23 A. Pretty much yes.

24 Q. You started kinda like a gopher?

25 A. Yes.

1 Q. Got everything --
2 A. Started as a labor and moved on up.
3 Q. -- okay. What was your final job in construction?
4 A. Carpentry.
5 Q. How long did you work for the grocery store?
6 A. About three, three and half years.
7 Q. Okay. And what did you do after that?
8 A. Got divorced and moved to Orangeburg and became
9 involved in driving a truck.
10 Q. That's when you got your CDL?
11 A. Right.
12 Q. What was your first full-time job as a truck
13 driver?
14 A. There's a company here in Orangeburg called Land
15 Lake, I got hired by them, they trained me to become a
16 truck driver and I got my CDL while I was employed by
17 Land Lake and I had my CDL since then, I've only been a
18 truck driver.
19 Q. How long did you work for Land Lake?
20 A. Probably a year and a half, maybe two, but they
21 went out of business.
22 Q. Who did you work for next?
23 A. A company that hauls waste, hazardous waste only in
24 Walterboro and was like a temporary job, I worked for
25 them probably maybe a year if that long. I work for a

1 guy in Monks Corner, South Carolina, J.R. Holland
2 hauling flatbed, I worked for him for about three years
3 or two years, somewhere about, but me and his son a had
4 a falling out. His son like to drive BMW's and he
5 wanted you to go out of town, he had weekends off as
6 long as he had his weekend off, so we had a fallen out.

7 Came to work for Bowman Gin and I have been there
8 ever since.

9 Q. Now at Bowman Gin, you would pick up a certain load
10 from a local company, is that right?

11 A. I would pick up and Gulbardscn, yes.(as spoken)

12 Q. And how do you -- do you know how spell that?

13 A. Yeah.

14 Q. For the record how do spell that?

15 A. Bow -- oh Gulbardscn, I suck, excuse me -- G-U-L-B-
16 R-A-N-D-S-C-N.

17 Q. G-U-L-B-R-A-N-D-S-C-N?

18 A. Right.

19 Q. All right. So you would pick up your load from
20 them --

21 A. Right.

22 Q. -- for Bowman Gin.

23 A. Right.

24 Q. Okay. And let me ask you this. Is your -- I just
25 don't want to harass you about a bunch of questions if

1 something you don't recall.

2 A. Okay.

3 Q. I know this happened to you on March 27th, do you
4 have all your memory before that day?

5 A. I have a good part of it.

6 Q. A good part of it?

7 A. Right.

8 Q. Okay. Do you remember the morning of March 27th?

9 A. I know some of it.

10 Q. Okay. And then, like when does your memory start
11 back? How much of your memory are you missing?

12 A. I remember that morning leaving the house and
13 driving to Gulbrandsen and picking up a trailer and
14 driving to Love's and going to the fuel island and
15 starting to fuel and opening the hood to the truck and
16 climbing up on the tires, to starting washing the
17 windshield and then from being all wet and I was
18 thinking "what in the hell" and then I remember climbing
19 on the other side of the truck on the tire and washing
20 that side of the windshield and that was the last thing
21 I remember.

22 Q. Do you remember that day at the hospital or is --

23 A. No.

24 Q. -- it weeks later?

25 A. It's days later.

1 Q. Days later. Okay. That's what I was trying to get

2 at. Okay. Then let's go back to March 27th.

3 A. Okay.

4 Q. All right. Now, let me ask you about your

5 medication.

6 A. Okay.

7 Q. Because before this happened to you on March 27th,

8 you asked to go off your diabetes medication with your

9 primary care doctor, do you remember that?

10 A. Right.

11 Q. Did you go off of it?

12 A. Yeah.

13 Q. Okay.

14 A. With his permission, of course.

15 Q. Right. Right. And I saw that he just said you

16 needed to control how you eat --

17 A. All my --

18 Q. Did you --

19 A. All my blood sugar was uniform state to where it

20 was staying level. So we both agreed that as long as my

21 diet stayed as it was and my exercise stayed as it was,

22 it would be okay.

23 Q. Did you go off your hypertension medicine too or

24 just the diabetes?

25 A. Just diabetes.

1 Q. Just diabetes. Had you tried that in the past, to
2 go off of it?

3 A. From time to time, yes.

4 Q. And what happened in the past when you went off
5 your diabetes medicine?

6 A. Nothing.

7 Q. You had no side effects?

8 A. No. I'd go off it like for three or four days at a
9 time in the past. As long as my blood sugar stayed low
10 and my blood pressure stayed normal, I was fine.

11 Q. Okay. In the past when you tried to go off it, did
12 you have any dizzy spells or anything like that?

13 A. No.

14 Q. Okay. And since you -- I think, you went off of it
15 in February, or after your February 25th visit with Dr.
16 Brunson, did you have any problems or notice anything,
17 like with dizziness?

18 A. Only problem I had, was after my accident I was in
19 the hospital they kept trying to give me my -- give me
20 shots in the stomach and I had reactions to it.

21 Q. Okay. But I mean before the accident happened,
22 between February 25th and March 27th, before the
23 accident, did you notice any problems since you went off
24 your diabetes medicine?

25 A. No.

1 Q. Did you notice any problems with light-headedness
2 or anything like that?

3 A. No.

4 Q. Okay. Have you had any fainting problems?

5 A. No.

6 Q. Okay. Now, you mentioned you remember the morning
7 of March 27th.

8 A. Right.

9 Q. Okay. When you pulled in were you -- you were
10 talking about the Love's?

11 A. Loves.

12 Q. Gas station at Loves? Okay. Now, you went in paid
13 -- you filled up and went in and paid for your gas, is
14 that right?

15 A. You put --

16 Q. Okay. Tell me what happen then.

17 A. You put your card into fuel -- fuel tank, punch in
18 your code, each truck has a different code for the fuel
19 card to work. I punched -- I put the card in, punched
20 in the code, the pump came on. I started filling it up,
21 while the fuel was running I was washing the windshield.

22 Q. Okay. Did you go in to buy anything then, that you
23 paid for?

24 A. No.

25 Q. Cause at one point I thought someone from the gas

1 station said you went in the store and paid for
2 something?

3 A. I went -- I went, I think, I bought a couple of
4 bananas when I went in. Cause the tank wouldn't take
5 the card to start off with, and she authorized the card
6 to work.

7 Q. Okay. So went in bought some snack stuff ?

8 A. Things for the road.

9 Q. Okay. Then you came back out after that?

10 A. Correct.

11 Q. Okay. Then what happened after that?

12 A. That's when I started fueling and cleaning the
13 windshield.

14 Q. Okay. And what is the last thing you remember?

15 A. Being wet.

16 Q. What do you mean being wet?

17 A. I remember climbing up on the tires, washing the
18 windshield and I got wet. I was very wet. And I was
19 thinking what the hell. Then I went to the other side
20 of the truck got up on that tire and washed that side of
21 the windshield.

22 Q. Is that the driver's side or the passenger's side?

23 A. That would be driver's side. You always do the
24 passenger's side first.

25 Q. Okay.

1 A. I do.

2 Q. And after you started washing the driver's side
3 windshield what happened?

4 A. I don't remember from that point on.

5 Q. Okay. When did you remember that you had been
6 washing the windows; because when you were asked about
7 that at the hospital, you said you didn't know?

8 A. I didn't know.

9 Q. When did you remember that?

10 A. I don't really remember when I remember it.

11 Q. Is this something that your wife told you you were
12 doing?

13 A. I might have been, because she -- she got a phone
14 call that I was hurt and she knew I left to go to work,
15 so -- I couldn't -- she might have told me I was -- if I
16 asked her if I was sitting up, you know, when asked to
17 contact her -- I can't say if I actually remember
18 that.(as spoken)

19 Q. Okay. So if you're not sure if you actually
20 remember it, is it -- do you know when like you actually
21 have your own actual memories of that morning?

22 A. Of the fuel?

23 Q. Yeah. Being at the gas station, being at Love's?

24 A. No, I remember it. I remember being there. I just
25 remember leaving there.

1 Q. Okay.

2 A. I remember getting out, you know, getting stuff,
3 fuel and doing windows, I just don't remember leaving
4 there.

5 Q. Okay. Well, I'm asking you, because they asked you
6 this many times after the accident and you did not
7 remember washing your windshield.

8 A. Right.

9 Q. But your wife told everybody that you had been
10 washing the windshield.

11 A. Right.

12 Q. So is that your actual memory or is that what your
13 wife told you, you were doing?

14 A. I remember. I remember going there my area --
15 every time I go to a truck stop to get fuel I always
16 wash my windshield, I mean, that's what I do.

17 Q. Right. And I understand that, I'm trying figure
18 out find out on this particular morning you actually
19 recall doing that. I know you do it all the time in the
20 past and I know that people told you that what's you
21 were doing. But, do you actually remember doing that?

22 A. I remembering opening the hood and getting up on
23 the tire with the windshield scrubber, I remember that
24 part.

25 Q. Okay. When did you get that memory back, because

1 before you did not have that memory?

2 A. Before we landed in the XX, trying -- trying to
3 figure out why it happened.

4 Q. Okay. When would that have been?

5 A. That would been in the hospital in Charleston, I
6 thought I was in the hospital in Orangeburg. So, they
7 told me in Charleston.

8 Q. Do you recall when you got your memory back while
9 you were in the hospital in Charleston?

10 A. It's been a couple of days now I don't remember
11 exactly when, it's been a couple of days because xx
12 already been down there. I thought I was at the
13 Orangeburg Hospital, I didn't even know I was in
14 Charleston.

15 Q. Okay. And if you have your memory back from that,
16 that morning where you were washing the windshield, what
17 were you washing them with?

18 A. With a scrubber from the truck stop they have a
19 scrubber with a handle -- long handle where you can
20 reach the windshield pretty good, I'm a short man, I
21 still can't reach my windshield all the way, but I get -
22 -

23 Q. But, those scrubbers have a really long pole on
24 them?

25 A. Right.

1 Q. Okay. So why would you have climbed on the truck?
2 A. So I can reach all of the windshield, I still can't
3 reach all of the windshield, because from one end to the
4 other side, for me to get to this end of the windshield
5 to the middle part I gotta be on the tire jack to get
6 all the way to the middle or little bit past the middle,
7 then I get on the other tire a can reach past the middle
8 and come over all the way to the end to that
9 side(witness demonstrating).
10 Q. Okay. In the memory that you have now doing that,
11 were you holding the scrubber in your hands?
12 A. I hold the handle.
13 Q. You hold the handle, the really long ones with the
14 brush on the end?
15 A. Right.
16 Q. When you up on top of the car?
17 A. On the xx -- I mean, on the tire.
18 Q. Tire. I'm sorry.
19 A. Yeah.
20 Q. To get to the top of the windshield, I'm sorry.
21 A. Yeah.
22 Q. Is that the very last thing you remember?
23 A. Yes. That's the last thing I remember that
24 morning.
25 Q. Do you remember falling at all or anything like --

1 A. I remember being wet, I don't remember falling, I
2 remember "how in the hell did I get wet". I don't know
3 how I got wet.

4 Q. -- well did -- did you say you couldn't figure out
5 why you were wet, when you were at the passenger-side
6 then you went around --

7 A. It was the passenger side, yeah.

8 Q. -- okay. So you couldn't figure why you were wet
9 on the passenger-side and switch sides to do the other
10 one?

11 A. Right. Cause, I could tell that side it didn't
12 have any soap on it, so I knew I hadn't washed it yet.

13 Q. Do you know why you wouldn't understand or wouldn't
14 know why you were wet?

15 A. No.

16 Q. What part of you is wet?

17 A. What part of me wasn't wet. I was wet pretty much
18 all over.

19 Q. Like all your clothes were wet?

20 A. Yes.

21 Q. Was it like water or was it cleaning solutions for
22 the --

23 A. It was just like -- just like I was just been
24 doused in water.

25 Q. Okay. So while you were washing the passenger-side

1 of the car, did you look around and try to figure out
2 how you were wet?

3 A. No, no because the reason I was wet I wasn't even
4 on the tire on was down on the ground, fallen on the
5 concrete.

6 Q. That was after washing the -- I'm sorry I'm not
7 trying to confuse you on this. Okay. So you were on
8 top of the passenger-side tire?

9 A. On the passenger tire washing the windshield.

10 Q. Were you wet at that point?

11 A. No.

12 Q. Then you got down?

13 A. No, I didn't even know I got down, I was down on
14 the concrete like in a sitting position and all --
15 laying down and I was all wet. I said "Well damn" and I
16 got up and went around to the driver-side and climb up
17 on the tire and start washing the other side.

18 Q. Okay. So let me back up.

19 A. Okay.

20 Q. So you were washing the passenger-side and you
21 don't know how you got down that time?

22 A. No. I have no idea how I got down.

23 Q. All of a sudden you were sitting on the ground on
24 the passenger-side?

25 A. Pretty much laying down, yeah.

1 Q. This is not the side that you were -- you hit your
2 head and --

3 A. This is the side I hit my head the first time, yes.
4 (witness gesturing).

5 Q. Okay. This is -- you are on the passenger-side on
6 the ground, I'm sorry I didn't know anything about this
7 one --

8 A. I know.

9 Q. -- so you are on the passenger-side sitting on the
10 ground, when you realize that you are sitting on the
11 ground?

12 A. Right.

13 Q. And all of you is wet?

14 A. Yes.

15 Q. And you have no idea how you were soaked wet?

16 A. No.

17 Q. Was it raining?

18 A. No.

19 Q. Okay. And you get up from the passenger-side and
20 do what?

21 A. I walk around the front of the truck to the driver
22 tire climbed up on it start washing the driver-side and
23 that was the last thing I remember.

24 Q. Okay. When you realize that you were sitting on
25 the ground on the passenger-side, was there anything

1 else wrong with you other than being soaked wet?

2 A. Everything was kind of hazy.

3 Q. Did you have any injuries or any problems?

4 A. I was like light-headed, hazy, you know what I

5 mean, I hadn't had any problem that I can tell

6 physically.

7 Q. Was there like a hose around, like a water hose?

8 A. No.

9 Q. Trying to figure out how you got wet.

10 A. No.

11 Q. There was no hose around?

12 A. The bucket was turned over on that side of the --

13 the fuel island. The bucket was turned upside down,

14 but, I mean, it was soapy water or something.

15 Q. So you were -- so okay, it was water from the

16 bucket then?

17 A. Well,

18 Q. You think?

19 A. Yeah, I think, the majority of it was beside me.

20 Told me to me hang on I'll come back and help you. Of

21 course, me being me, stubborn, said, "No, I'll get it."

22 And I went around the other side started washing that

23 side of the windshield.

24 Q. Who was the driver on the other side --

25 A. I don't know, I don't have any idea.

1 Q. Do you know what company he was with?

2 A. No.

3 Q. When you say sitting on the ground, were your legs

4 like out in front of you, and you were sitting on your

5 butt?

6 A. Almost. Almost. Yeah. Well, I was more like

7 laying down instead of sitting there, I should say,

8 maybe.

9 Q. Like laying all the way down like you do in a bed?

10 A. Yeah, but I was more like laying on my side.

11 Q. And you have no recollection of how you got off the

12 tire on the passenger's side?

13 A. No.

14 Q. And you have no recollection how you got off the

15 tire on the driver's side?

16 A. None. None what-so-ever.

17 Q. Okay. Let's go off the record for a second.

18 (OFF THE RECORD)

19 BY MS. NOONAN:

20 Q. Other than the other truck driver, was there anyone

21 else there that would have seen your falls or you

22 washing the windshields?

23 A. I know if anyone would have seen me, I mean, the

24 fuel island was full so, I mean, there was a lot of

25 trucks there. I don't know if anyone saw me. I mean, I

1 don't see why they weren't, but I don't know that they
2 did.

3 Q. Is the only person that you know that saw you was
4 sitting on the ground on the passenger side --

5 A. Right.

6 Q. -- by the truck driver?

7 A. That's the only one I know. Is him that I know
8 about.

9 Q. But you don't know --

10 A. No.

11 Q. -- who he was or what company he was driving for?

12 A. No, I don't.

13 Q. Okay. And then the next thing you know is you're
14 in a hospital in Charleston, though you thought you were
15 in Orangeburg?

16 A. Right.

17 Q. Okay.

18 A. And then I thought I was in Columbia. So

19 Q. Okay. Are there any other witnesses to your
20 accident?

21 A. None that I am aware of. No.

22 Q. Okay. Have you talked to anybody else that would
23 have seen it or would have known what happened?

24 A. No.

25 Q. Okay. Let's talk about how you're doing now.

- 1 A. Okay.
- 2 Q. And I know, obviously, you suffered a severe head
3 injury.
- 4 A. Yes.
- 5 Q. But how are you like on a daily basis now; describe
6 your day for me how about that, it might be easier?
- 7 A. Some days are wonderful; some days are just totally
8 disastrous. I can remember taking my medication some
9 days. Some days I'll take it, fifteen minutes later,
10 I'm asking my wife where my medication is, cause I don't
11 remember taking it. I -- I -- she helps me get dressed
12 some days.
- 13 Q. She's; your wife?
- 14 A. Yeah, my wife.
- 15 Q. Okay.
- 16 A. She pretty much takes care of me. I mean,
17 literally, I mean, just everything. Basic needs, you
18 know. She does what I need -- that I don't remember to
19 do. She ask me about going to the bathroom and
20 everything; she helps me with everyday life.
- 21 Q. And are you walking with some type of assisted --
- 22 A. (Witness raises cane)
- 23 Q. -- cane. Is it --
- 24 A. It's a cane.
- 25 Q. It's just a one prong cane on the bottom?

1 A. I have another one. It's kind of like a hybrid,
2 it's got two wheels, it has a seat on it.

3 Q. You got a serious one?

4 A. Oh, yes.

5 Q. Okay. Which one do you use normally?

6 A. The cane when I can. If it's going to be a short
7 visit and I'm going to some place where there's going to
8 be chairs. I use the other one like if the wife wants
9 to go grocery shopping or whatever. So if I get tired I
10 can park it somewhere. It's got brakes on it and I'll
11 seat down on the thing, the seat on it, and set the
12 brake.

13 Q. Are you having issues with your balance?

14 A. Yes, I get real -- I get real dizzy headed a lot
15 and lose my balance easily.

16 Q. Are you having any headaches?

17 A. Constantly.

18 Q. What are you taking for that, for headaches, do you
19 know?

20 A. Hydrocodone. There two more different kinds. I
21 wish my wife was in here, because she got a list of my
22 medications. She always has it with her, but I -- I
23 don't remember what all of it is.

24 Q. And that's fine. Are you having any other problems
25 other than the headaches, dizziness, the memory?

1 A. I still take blood pressure medicine, I got low
2 potassium, I got low vitamin D and B, I think, that's
3 all, I think.

4 Q. But you're not a diabetic anymore, right?

5 A. No. No, cause like I said they were giving me
6 shots at the hospital for my diabetes and I was having
7 -- and it was putting me in aftershocks.

8 Q. That's the only good thing that came from this?

9 A. That's the only thing that came out of it.

10 Q. Okay.

11 A. So I'm not diabetic anymore. Well, actually two
12 things, two good things came out of it. Cause I don't
13 smoke anymore either.

14 Q. Have you filed for Social Security Disability or do
15 you know?

16 A. No. No, I haven't.

17 Q. Okay. And have you at any point since this
18 accident filed for unemployment benefits?

19 A. No.

20 Q. Have you been involved in any subsequent or later
21 injuries or accidents of any kind? I know you're
22 shaking your head, you have to say yes or no though.

23 A. I have a --

24 Q. Has anything else bad happened to you since March
25 27th?

1 A. No.

2 Q. And physically how are you doing?

3 A. As long as I try and get a little exercise everyday

4 and stay on my little diet, everything's okay

5 physically, but I have to stay on my diet strictly and

6 have to exercise everyday, you know, to stay. I have to

7 have someone to walk with me in case I get light-headed

8 -- and just don't want to fall. See I live in the

9 country and it might be an hour or two before someone

10 was to come by, so that's why I have to have someone to

11 walk with me.

12 Q. Are you still having problems swallowing,

13 swallowing or has that gone away?

14 A. Yes, it ain't gonna be going no where.

15 Q. Is it swallowing anything, even like small pills

16 and stuff, or food?

17 A. Anything.

18 Q. Anything. Do you have people coming in providing

19 home health care?

20 A. I did, but we got over all that. I passed all

21 that.

22 Q. Okay.

23 A. Now, He -- when I went to see Dr. -- last week he

24 ordered more physical work for me. And I've been coming

25 out here to the hospital, I can't think of what's it

1 called. You know what it's called over there?

2 Q. The Orangeburg Hospital?

3 A. The Orangeburg Hospital. Yeah I been going over
4 there for six weeks of physical therapy, over there.

5 Q. So you're still doing that?

6 A. Well, I'll start -- I got to get that lined up now.

7 Q. Okay.

8 MS. NOONAN: I don't have anything else.

9 MR. LANIER: I just have a few.

10 CROSS-EXAMINATION

11 BY MR. LANIER:

12 Q. Normally, when you go to Love's truck stop, is
13 there an island attendant, a gas pump island attendant
14 there?

15 A. They, usually, have someone there who cleans the
16 pumps, but, as far as, one that helps you do your truck,
17 no.

18 Q. Okay.

19 A. He takes care of the pumps, as far as , keeping
20 them clean, but you do your own.

21 Q. Have you had other bits of memory come back since
22 the March accident?

23 A. I really can't say that I have.

24 Q. Okay. And you said that when this memory came back
25 you were in bed in Charleston at the hospital?

1 A. The hospital. Yeah, the hospital.

2 MR. LANIER: Nothing further.

3 MS. NOONAN: That's it. You did great.

4 *

5 Deposition concluded at 1:45 p.m.

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1
2 STATE OF SOUTH CAROLINA

3 CERTIFICATE

4 Be it known that I, Timothy Robinton, a
5 Professional Court Reporter and Notary Public, did have
6 CLYDE WILLIAMS, appear before me on Tuesday, September
7 2, 2014, at 1:00 p.m., at the Law office of Lanier &
8 Burroughs, 250 Gibson Street, Orangeburg, South
9 Carolina;

10 That the witness was duly sworn under pains
11 and penalties of perjury to testify the truth, the whole
12 truth, and nothing but the truth;

13 That the foregoing pages constitute a true
14 and accurate transcription of the testimony given at
15 that time and place aforesaid to the best of my skill
16 and ability;

17 I further certify that I am not counsel or
18 kin to any of the parties to this cause of action, nor
19 am I interested in any matter of its outcome.

20 In Witness whereof, I have hereunto set my
21 hand and this 3rd Day of September 2014.
22
23

24 Timothy M. Robinton,
25 Notary Public For South Carolina
My Commission Expires May 1, 2023

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Clyde Williams	)	W.C.C. FILE 1403134
	)	03/27/2014
Employee / Claimant,	)	
	)	
v.	)	SUPPLEMENTAL
	)	NOTICE OF WITNESSES AND
	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS DIRECT
	)	EVIDENCE ON BEHALF OF
	)	THE EMPLOYEE, CLYDE WILLIAMS
Bowman Gin Company	)	
Employer	)	
and	)	
	)	
American Interstate Insurance Company,	)	
Carrier	)	
	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, BOWMAN GIN COMPANY,
AND THEIR ATTORNEY, ANNE VEATCH NOONAN, ESQUIRE:

YOU ARE HEREBY NOTIFIED that the Employee, Clyde Williams, pursuant to the provisions of the South Carolina Workers' Commission Act and South Carolina Code § 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Employee, Clyde Williams, to wit:

PHYSICIAN/DOCUMENTS	DATE OF REPORT	PAGE
1. Orangeburg EMS	03/27/14	1
2. Rocky Mountain Holdings Invoice	03/27/14	5
3. Palmetto Health Richland Emergency Room	03/27/14	6
4. Medical University of South Carolina	03/27/14-04/17/14	27
5. Report of Woodward Dixon	06/02/14	164
6. Medical Records of Woodward Dixon, MD	05/12/14-08/12/14	165
7. Deposition of Thad Wimberly	07/14/14	192

8. Deposition of Harry Wimberly	07/14/14	221
9. (2) photographs of Claimant		246
10. IME Report of Marshall Allyn White, MD	09/04/14	247

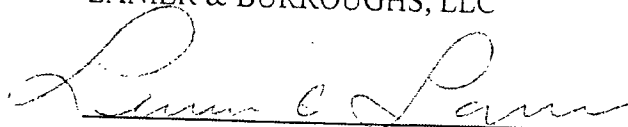
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer.

1. Clyde Williams
2. Faye Williams
3. Marshall Allyn White, MD

LANIER & BURROUGHS, LLC



Lewis C. Lanier, Esquire
 ATTORNEY FOR THE EMPLOYEE
 250 Gibson Street
 PO Drawer 2789
 Orangeburg, SC 29116
 (803) 268-9800

Dated: 9-19-14

Date: 4 September 2014

Patient Name: Williams, Clyde
Date of Accident: 03/27/2014

INDEPENDENT MEDICAL EVALUATION

History: Mr. Williams is a 59-year-old male patient who was in a very serious accident at a gas station on 03/27/2014. Mr. Williams was fueling up his 18-wheel truck and washing the windows on the truck when he apparently fell from the truck, striking his head on the concrete bolster protecting the pumps. The patient was rendered unresponsive. He was noted by other witnesses to be in and out of consciousness. Emergency medical services were called, and a helicopter was dispatched to the scene, where he was transferred to Palmetto Richland Hospital in Columbia, South Carolina. There was some suspicion at that time that he may have had a heart attack, but this was shown not to be the case. It was determined that he had a very serious neurosurgical emergency that required him to be flown to The Medical University of South Carolina for definitive treatment of injuries, and he was hospitalized in Charleston for 33 days.

EMS reports indicate that they were dispatched to the Love's Fuel Station at Highway 301 and I-26. EMS noted that the patient was not responding to anyone. The patient was placed in a cervical collar and loaded onto a stretcher. LifeNet had already been alerted prior to their arrival. The patient was noted to be in and out of consciousness. His pupils were pinpoint and sluggish to react to light. The patient was placed in full spinal precautions, including cervical collar, long spine board with straps and head block. They indicate the patient at times was able to answer some questions, but not fully aware. The patient was turned over to the paramedic flight crew and transported to Palmetto Richland E.R.

At Richland Memorial Hospital, a neurosurgical consultation was obtained with Dr. Skarli, who reported the CT head findings, which included extensive fracture of the skull base and occiput, an intraparenchymal contusion involving the right and left frontal and subcoronal cortex, a thin rim of subdural hematoma over the tentorium, and other incidental findings. No evidence of acute stroke was noted. His assessment was skull fracture, intraparenchymal contusion and subdural hematoma. The patient was placed on anticonvulsant medications. It was determined in Columbia that there was the possibility that the patient had an arteriovenous malformation, and because they questioned whether or not the AVM was the cause of his initial bleed and fall, they felt that referral to MUSC would be important in the event that vascular neurosurgical intervention would be needed to deal with the consequences of a bleeding AVM. It was eventually determined that this patient in fact did not have an AVM, and that all of the pathology was the result of head trauma.

Emergency room records from Palmetto Richland indicate that the patient fell from his truck about six to eight feet. It is reported that he was found unconscious, and was unconscious for 5-10 minutes following the impact. The patient was complaining of head and neck pain. Intracranial hemorrhage, skull fracture and concussion were diagnosed. A CT angiography of

the brain and neck following the injury showed no evidence of vascular abnormalities, such as AVMs. No arterial dissections or other risks for ischemic infarction were noted.

Admission note at the The Medical University of South Carolina indicates that Mr. Williams was transferred in from an outside hospital, that he had a large, right frontal contusion, and then underwent a CT angiography that was negative for vessel abnormalities. Active problems included acute cerebral hemorrhage, cerebral edema, brain compression and acute respiratory failure. Once arriving at The Medical University, urgent decompressive craniotomy was undertaken. While at The Medical University recovering from his emergent neurosurgery, Mr. Williams continued to have a variety of complications, including hyponatremia associated with SIADH, respiratory failure, pneumonia. It is important to note that at Palmetto Richland the patient was simply noted to have an intraparenchymal contusion involving the right and left frontal and subcoronal cortex; however, at The Medical University the craniotomy was performed because of the presence of a right frontal hematoma. This indicates that the blood in the right frontal lobe developed after initial presentation, and was associated with deterioration in his neurologic status as he was being transported to The Medical University.

Following Mr. Williams' stay at The Medical University, he was transferred back to his home town of Orangeburg, South Carolina, and was admitted for rehabilitation. Problems identified were acute respiratory failure, pneumonia, hyponatremia, dysphasia, agitation, hypertension, diabetes, hyperlipidemia and left hemiparesis. Rehab history and physical recounts a 58-year-old male patient with hypertension, diabetes and hyperlipidemia who fell from a semi, with multiple skull fractures, bifrontal contusion, left frontal hematoma with intracerebral hemorrhage, and left temporal contusion. The patient's mental status rapidly decompensated, and required intubation and mechanical ventilation. He was transported to The Medical University, where he received a right craniotomy and evacuation of a right frontal hematoma. His hospital course was complicated by pneumonia, hyponatremia and agitation. His behavior was described as agitated, with intermittent mood outbursts, and he was placed on Seroquel while at The Medical University. He continued to have sequelae of closed-head injury, including impaired cognition, poor safety awareness and mood swings. He required assistance with mobility and activities of daily living. Mr. Williams was at The Regional Medical Center in rehab for 11 days. He was making therapeutic progress, such that he was able to go home with wife after approximately 11 days, and home health physical therapy was begun.

Mr. Williams continued to have problems with agitation and confusion at home. He remained on sedative-type medications. He also was on pain medications. A series of medications were tried, including morphine patches for pain, in addition to Klonopin. The Klonopin, in particular, made him wild, and he began to experience severe agitation and delusional thought. He attempted to stab his wife, and attempted to set her on fire. He locked her out of the house, and this prompted readmission to The Medical University of South Carolina in July of 2014, where he was admitted with the diagnosis of traumatic brain injury, various medical problems and hemorrhagic stroke. He was observed at The Medical University and his medications were changed around, with some improvement in his behavior.

I had an opportunity to evaluate Clyde Williams on 09/04/2014 with his wife, Anita, being present. I was able to review an extensive number of records from The Regional Medical Center in Orangeburg, as well as The Medical University of South Carolina. I reviewed radiographic reports chronicling the development of his intracranial pathology through the two surgeries that were performed for decompression and drainage of blood. At no point was there any illness or lesion identified, other than the traumatic brain injuries that were associated with hemorrhagic contusion, skull fracture, etc. There was absolutely no evidence of any lesion that would have

bled and led to Mr. Williams falling, and there was certainly no evidence of ischemic infarction that would have led to a fall, with head trauma. In fact, all neurosurgical and neurological lesions identified are traumatic in nature. There is no indication in the record that Mr. Williams had a myocardial infarction or cardiac arrhythmia. Mr. Williams provides no history of seizure disorder or paroxysms of loss of consciousness, such as syncope. In fact, Mr. Williams reports that he has never lost consciousness in his life. Mr. Williams maintained a commercial driver's license that would not be granted if this in fact were the case.

Unfortunately, Mr. Williams has continued to exhibit signs of severe traumatic brain injury, and continues to have significant behavioral and cognitive abnormalities that require significant medication. His wife reports that he has a very unreliable memory. He may meet someone, and then hours or days later completely forget that he met the person. Mr. Williams provides inaccurate history regarding events surrounding his medical care, and cannot be relied upon to provide accurate testimony. He exhibits signs of frontal-lobe dysfunction, with a very flat affect, which is interspersed by lack of emotional control. His wife reports that he may experience anxiety, as well as episodes of inappropriate anger, and at other times episodes of crying, suggesting a pseudobulbar-type affect.

I was able to substantiate that he is on a large number of medications. He is currently on the following medications that are directly attributable to his brain trauma:

1. Hydrocodone.
2. Meclizine.
3. Zyprexa.
4. Melatonin.
5. Imitrex.
6. Topamax.
7. Tramadol.
8. Carisoprodol.
9. Alprazolam.

It is noteworthy that Mr. Williams has no prior history of an anxiety disorder or mental illness that would require the use of sedatives.

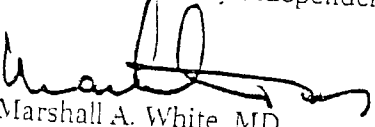
Physical examination of Mr. Williams otherwise reveals him to have skull defects related to surgical interventions. He has a large craniotomy scar on the right side of his head. He sits quietly, and volunteers minimal amounts of information. He appears to be mildly sedated. He sits with his mouth in an open position, staring straight ahead. Pupils are equal and reactive. Visual fields are grossly full. He has upper and lower dentures. His face is symmetric. His tongue is midline. Palate elevates bilaterally. He speaks with a wispy, soft voice. He otherwise appears to be cognitively slowed. He ambulates with a cane. He has weakness of a 4+/5 nature on the left side, evidenced by the need to use a cane, and pronator drift in the left upper extremity. Disidiadochokinesia is noted on the left side. He has a slight circumduction to his gait on the left side.

A 30-point Mini Mental Status was performed, and his performance was reasonable, except when it came to recall. He was only able to recall one of three items at five minutes.

It is my opinion, to a reasonable degree of medical certainty, that Mr. Williams suffered a traumatic head injury on the day of the event at the gas station in Orangeburg, South Carolina. His injuries are consistent with a severe brain trauma associated with skull fracture, hemorrhagic contusions, and traumatic intraparenchymal hemorrhage evolving following the

fall over several hours. This required urgent neurosurgical intervention at The Medical University of South Carolina. At no point were vascular lesions or other pathology found to explain the intracranial events or a cause for loss of consciousness leading to the trauma. I further opine that Mr. Williams has suffered severe physical brain damage of a permanent nature that would render him totally incapable of work as a result of emotional, cognitive and physical problems arising out of these injuries. These opinions are stated most probably, and to a reasonable degree of medical certainty. Mr. Williams is now six months beyond the time of his injury, and it is unlikely that any substantial improvement in his condition will occur, although some modest improvement, less than 10%, could occur up until a year's time. This minimum amount of improvement, if it should occur, would not be sufficient to change his prognosis regarding work, and he certainly will have ongoing physical, psychological and cognitive disability. Mr. Williams has continued behavioral abnormalities that require him to have attendant care on a 24/7 basis for his own safety, as he has continued to do unusual things, such as putting cans of tuna and metal in the microwave and other dangerous activities. In fact, his wife will not let him near the kitchen because of the danger of him setting the house on fire. To be clear, Mr. Williams will never return to gainful employment.

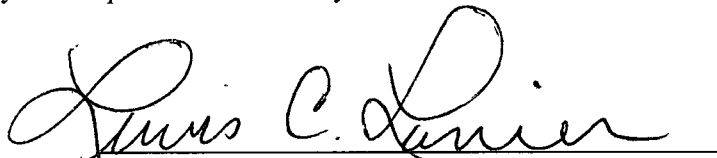
This concludes my independent medical evaluation for Clyde Williams.


Marshall A. White, MD

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

April 14, 2016

A handwritten signature in black ink, appearing to read "Lewis C. Lanier", is written over a horizontal line.

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