

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

## **INDEX**

|                                                                                                                                      | <b>Page</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Decision and Order of the SCWCC dated January 14, 2015                                                                               | 1           |
| Appellate Panel Decision and Order of the SCWCC dated October 12, 2015                                                               | 30          |
| Form 50                                                                                                                              | 74          |
| Form 51                                                                                                                              | 75          |
| Transcript of Hearing of Single Commission; September 25, 2014                                                                       | 76          |
| Transcript of Hearing of Full Commission; April 21, 2015                                                                             | 155         |
| Notice of Witnesses and Written Medical Reports to be Introduced as<br>Direct Evidence on Behalf of Appellant and Pre-Hearing Brief  | 173         |
| Notice of Witnesses and Written Medical Reports to be Introduced as<br>Direct Evidence on Behalf of Respondent and Pre-Hearing Brief | 422         |
| Deposition of Clyde Williams                                                                                                         | 567         |
| Supplemental Notice of Witnesses and Written Medical Reports to be<br>Introduced as Direct Evidence on Behalf of Appellant           | 603         |
| Certificate of Appellant                                                                                                             | 609         |



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:

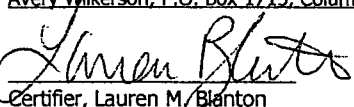
☐ **Mediation**

- ☐ 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 15<sup>th</sup> 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

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

**CHIEF COMPLAINT:** 4/5 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.

|                                                                                                                                   |                                   |                           |                  |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pain Assessment:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A | <b>Location:</b><br><u>dorsus</u> | <b>Rate Scale 0 - 10:</b> | <b>Duration:</b> | <b>Description:</b><br><input type="checkbox"/> Dull/Aching<br><input type="checkbox"/> Shooting/Stabbing<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                    |                       |                        |                      |                      |                   |
|--------------------|-----------------------|------------------------|----------------------|----------------------|-------------------|
|                    |                       |                        |                      |                      |                   |
| 0 HURTS<br>NO HURT | 2 HURTS<br>LITTLE BIT | 4 HURTS<br>LITTLE MORE | 6 HURTS<br>EVEN MORE | 8 HURTS<br>WHOLE LOT | 10 HURTS<br>WORST |

© 2006 Mosby

|                                                                                                                                                                                                                                                                  |                                                                                                       |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Motor Vehicle Accident</b><br><input type="checkbox"/> Driver<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Restrained/Unrestrained<br><input type="checkbox"/> Airbag Deployment Y/N<br><input type="checkbox"/> Police Report Filed Y/N | <b>Mechanism of Injury:</b><br>_____<br>_____<br>_____<br><b>Damage to Vehicle:</b><br>_____<br>_____ | Back  Front<br>Seated (O) Struck (X) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|

|                                                                                                                                                                                                   |                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FAMILY DOCTOR:</b> <u>BRUNSON</u>                                                                                                                                                              | <b>Date of last visit:</b> <u>Oct 2011</u>                                                                                                                    |
| <b>Triage Condition:</b><br><input checked="" type="checkbox"/> Stable<br><input type="checkbox"/> Potentially Unstable<br><input type="checkbox"/> Unstable<br><input type="checkbox"/> Critical | <b>Triage Disposition:</b><br><input type="checkbox"/> Exam Room<br><input checked="" type="checkbox"/> Registration<br><input type="checkbox"/> Waiting Area |
| Religious/cultural beliefs that may affect this visit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                        |                                                                                                                                                               |
| Time to Exam Room: <u>1740</u> Bed # <u>3</u>                                                                                                                                                     |                                                                                                                                                               |

TRIAGE RN: Jamie Hamuth RN Date 1/29/12 Time 1720

**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 \_\_\_\_\_  
☐ Irrigated:  
 size \_\_\_\_\_  
☐ O2  
☐ Meds given:  
None  
☐ Other:

96-344108 P/T-E.R.  
WILLIAMS, LYNDE M 56  
JOKL RUDOLPH  
BRUNSON CH  
01/29/12 B/D 08/19/55

|                      |  |
|----------------------|--|
| Simvastatin 20mg qd. |  |
| lisinopril 10mg qd   |  |
| 2 Potassium 154mg qd |  |
|                      |  |
|                      |  |
|                      |  |
|                      |  |
|                      |  |

[illegible]

248

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 |
|--------|--------|
|        |        |
|        |        |
|        |        |

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

STAFF SIGNATURE/INITIALS

Kay Adams RN

© 1996 - 2008 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

24 Bamberg County Emergency Department  
**EMERGENCY PHYSICIAN RECORD**  
 ♦ General Adult ♦

DATE: 1/21/12 TIME: 1720 ☐ On arrival ROOM: S/bridge EMS Arrival

HISTORIAN: patient spouse paramedics

AGE 56 M / F

HX / EXAM LIMITED BY: \_\_\_\_\_

TRANSFER FROM: \_\_\_\_\_ ☐ see transfer record

**HPI**

chief complaint: med. bleed,  
TI bleed

onset / duration: \_\_\_\_\_ min / hrs / days ago

1 hr ago

| timing:              | severity:       | modifying factors: |
|----------------------|-----------------|--------------------|
| <u>still present</u> | <u>mild</u>     | <u>none</u>        |
| <u>better</u>        | <u>moderate</u> |                    |
| <u>gone now</u>      | <u>severe</u>   |                    |
| <u>worse</u>         | <u>(1/10)</u>   |                    |

context: \_\_\_\_\_

No previous strokes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

quality: \_\_\_\_\_

\_\_\_\_\_

location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recent trauma \_\_\_\_\_

Similar symptoms previously \_\_\_\_\_

\_\_\_\_\_

Recently seen / treated by doctor / hospitalized \_\_\_\_\_

No regular check ups

\_\_\_\_\_



\*005190-R-24-1\*

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 JOKL RIDOL BRUNSON CH -E-  
 BRUNSON CH 01/29/12 B/D 08/19/55

**ROS**

|                        |                                                           |
|------------------------|-----------------------------------------------------------|
| CONST                  | MS / SKIN / LYMPH                                         |
| fever / chills         | calf / leg pain                                           |
| sweating               | neck / back pain                                          |
| recent illness         | joint pain                                                |
| weakness / weight loss | leg / ankle swelling                                      |
| EYES / ENT             | rash                                                      |
| problems with vision   | swollen glands                                            |
| sore throat            |                                                           |
| nasal drainage         | NEURO / PSYCH                                             |
| CVS / RESP             | headache                                                  |
| chest pain             | fainting                                                  |
| shortness of breath    | dizziness                                                 |
| cough                  | tingling                                                  |
| GI / GU                | numbness                                                  |
| abdominal pain         | difficulty walking                                        |
| nausea / vomiting      | difficulty with speech                                    |
| diarrhea               | anxiety / depression                                      |
| black stools           |                                                           |
| problems urinating     |                                                           |
| LNMP                   | <input type="checkbox"/> all systems neg except as marked |
| preg post-menop        |                                                           |

**PAST HX**

|                                |                             |
|--------------------------------|-----------------------------|
| cardiac disease                | hepatitis / HIV             |
| A-Fib angina CHF AMI           | pancreatitis / peptic ulcer |
| <u>hypertension</u>            | diabetes Type 1 Type 2      |
| renal disease                  | diet / oral / insulin       |
| kidney stones                  | CVA / TIA deficit           |
| asthma / COPD                  | seizure disorder            |
| old records ordered / summary: |                             |

MLP

\_\_\_\_\_

\_\_\_\_\_

Surgeries / Procedures none

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

Immunizations: influenza / pneumovax UTD / referred to PCP

|                                           |                       |
|-------------------------------------------|-----------------------|
| Medications <u>none</u> med list reviewed | Allergies <u>NKDA</u> |
| aspirin coumadin clopidogrel NSAID        | see nurses note       |

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL HX** smoker \_\_\_\_\_ drugs \_\_\_\_\_

alcohol (recent / heavy / occasional) \_\_\_\_\_ occupation \_\_\_\_\_

living situation alone family friend group care facility

**FAMILY HX** negative MLP

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

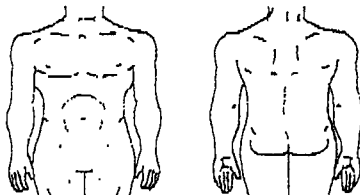
☐ murmur grade 1/6 sys / dias

☐ 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

### KRAYS

CXR Interp. By ☐ me ☐ radiologist ☐ Visualized by me ☐ Discsd w/ radiologist

☐ nml/NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum



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## LABS

### CBC

☒ normal ☐ except

☒ WBC

☒ Hgb

☒ Hct

☒ Platelets

☒ segs

☒ bands

### Chemistries

☒ normal ☐ except

☒ Na

☒ K

☒ CO2

☒ Gluc

☒ BUN

☒ Creat

### CK

☒ normal ☐ except

☒ CKMB

☒ Troponin

☒ PT/PTT

☒ INR

☒ Amylase

☒ Lipase

### UA

☒ normal ☐ except

☒ Cultures sent

☒ blood x

☒ urine

### 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:

☒ antibiotics given

☒ CP/AMI

☒ EKG / ASA / B-Blocker / Thrombolytics / PCI / transfer

☒ CAP

☒ SaO<sub>2</sub> / 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

☒ 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

☒ Chest Pain

☒ precordial / painful respirations

☒ chest wall / discomfort

☒ tightness / pressure / angina

☒ CVA

☒ hemorrhagic

☒ non-hemorrhagic

☒ Pneumonia

☒ Syncope

☒ CONDITION

☒ stable ☐ improved ☐ unchanged

☒ home ☐ transferred ☐ AMA ☐ pt refuses

☒ Time

☒ 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

☒ ID#

☒ MD / DO Sig

☒ ID#

☒ transferred care

☒ MD / DO Sig

☒ ID#

☒ assumed care

☒ Template Complete

☒ See Addendum (Dictated / Template #)

☒ 4 2 8



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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                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• CBC</li> <li>• CBC &amp; Diff.</li> <li>• CMP</li> <li>• BMP</li> <li>• Lytes</li> <li>• Myoglobin</li> <li>• CK</li> <li>• Mg<sup>2+</sup></li> <li>• UHCG</li> <li>• SHCG</li> <li>• Strep Screen</li> <li>• Amylase</li> <li>• Lipase</li> <li>• Troponin I</li> <li>• PT / PTT</li> <li>• Sed Rate</li> <li>• H. Pylori</li> <li>• UA</li> <li>• clean cath dip (ketones)</li> <li>• CSF Protocol</li> <li>• Toxin screen:<br/>urine blood</li> <li>• Drug Levels:<br/>digoxin dilantin ETOH<br/>Tylenol ASA</li> </ul> | <ul style="list-style-type: none"> <li>• Cardiac</li> <li>• Liver</li> <li>• Thyroid<br/>T<sub>4</sub><br/>T<sub>3</sub><br/>TSH</li> </ul>                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>X-RAYS</b> <ul style="list-style-type: none"> <li>• CXR port PA/LAT</li> <li>• Sonogram<br/>pelvic abd biliary renal</li> <li>• KUB flat upright</li> <li>• CT head / abdomen</li> <li>• IVP</li> <li>• C-Spine 2 view</li> <li>• C-Spine 3 view</li> <li>• Acute Abdominal Series</li> </ul> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CARDIORESPIRATORY</b> <ul style="list-style-type: none"> <li>• EKG</li> <li>• HHN with _____</li> <li>• ABG RA/O2</li> <li>• Culture<br/>urine blood x stool</li> <li>• Stool leukocytes</li> <li>• Stool hemoccult</li> </ul>                                                                |

**PLEASE CALL DOCTOR**

Time Ordered Doctor Returned Call

**Initial Nursing Orders**

Noted

- ☐ 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

**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**

Discharge diet: Average  
 as prescribed. Medication  
 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

1 *Rudolf Joki, MD* 2



# Medical Examination Report

## FOR COMMERCIAL DRIVER FITNESS DETERMINATION

430  
753

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

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| <b>2. HEALTH HISTORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |    | Driver completes this section, but medical examiner is encouraged to discuss with driver. |                                     |                                        |  |                          |                                     |                                             |  |                          |                                     |                    |  |                          |                          |                  |  |                          |                                     |                                                             |  |                          |                                     |                                           |  |                          |                                     |                                                               |  |                          |                          |                  |  |                          |                                     |                                                                  |  |                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          |                                    |  |
| <table border="0"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Any illness or injury in last 5 years?</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Head/Brain injuries, disorders or illnesses</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Seizures, epilepsy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Eye disorders or impaired vision (except corrective lenses)</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Ear disorders, loss of hearing or balance</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Heart disease or heart attack; other cardiovascular condition</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">High blood pressure   <input type="checkbox"/> medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Muscular disease</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Shortness of breath</td></tr> </table> | Yes                                 | No | <input type="checkbox"/>                                                                  | <input checked="" type="checkbox"/> | Any illness or injury in last 5 years? |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Head/Brain injuries, disorders or illnesses |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Seizures, epilepsy |  | <input type="checkbox"/> | <input type="checkbox"/> | medication _____ |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Eye disorders or impaired vision (except corrective lenses) |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ear disorders, loss of hearing or balance |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Heart disease or heart attack; other cardiovascular condition |  | <input type="checkbox"/> | <input type="checkbox"/> | medication _____ |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Heart surgery (valve replacement/bypass, angioplasty, 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type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Diabetes or elevated blood sugar controlled by:</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">diet</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">pills</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Insulin</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Nervous or psychiatric disorders, e.g., severe depression</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Loss of, or altered consciousness</td></tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lung disease, emphysema, asthma, chronic bronchitis |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Kidney disease, dialysis |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liver disease |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Digestive problems |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Diabetes or elevated blood sugar controlled by: |  | <input type="checkbox"/> | <input type="checkbox"/> | diet |  | <input type="checkbox"/> | <input type="checkbox"/> | pills |  | <input type="checkbox"/> | <input type="checkbox"/> | Insulin |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nervous or psychiatric disorders, e.g., severe depression |  | <input type="checkbox"/> | <input type="checkbox"/> | Medication _____ |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Loss of, or altered consciousness |  | <table border="0"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Fainting, dizziness</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Stroke or paralysis</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Missing or impaired hand, arm, foot leg, finger, toe</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Spinal injury or disease</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Chronic low back pain</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Regular, frequent alcohol use</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="2">Narcotic or habit forming drug use</td></tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fainting, dizziness |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stroke or paralysis |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Missing or impaired hand, arm, foot leg, finger, toe |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spinal injury or disease |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chronic low back pain |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Regular, frequent alcohol use |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Narcotic or habit forming drug use |  |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Any illness or injury in last 5 years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Head/Brain injuries, disorders or illnesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Seizures, epilepsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Eye disorders or impaired vision (except corrective lenses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Ear disorders, loss of hearing or balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Heart disease or heart attack; other cardiovascular condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Heart surgery (valve replacement/bypass, angioplasty, pacemaker)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| High blood pressure <input type="checkbox"/> medication _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Muscular disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Lung disease, emphysema, asthma, chronic bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Kidney disease, dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Liver disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Digestive problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Diabetes or elevated blood sugar controlled by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Nervous or psychiatric disorders, e.g., severe depression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Loss of, or altered consciousness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Fainting, dizziness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Missing or impaired hand, arm, foot leg, finger, toe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Chronic low back pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                |                                    |  |
| Regular, frequent alcohol use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                |                                    |  |
| Narcotic or habit forming drug use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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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

Adrian 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. 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/ 25      | 20/       | Right Eye <i>~ 70°</i>     |
| Left Eye  | 20/ 25      | 20/       | Left Eye <i>~ 70°</i>      |
| Both Eyes | 20/ 20      | 20/       |                            |

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  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  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<br>12 Feet | Left Ear<br>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: <i>N/A</i> |         |         | Average: |         |         |

**5. BLOOD PRESSURE / PULSE RATE**

Numerical readings must be recorded.

|                |                 |                 |
|----------------|-----------------|-----------------|
| Blood Pressure | Systolic<br>125 | Diastolic<br>80 |
|----------------|-----------------|-----------------|

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

|            |                                                                                   |
|------------|-----------------------------------------------------------------------------------|
| Pulse Rate | 68                                                                                |
|            | <input checked="" type="checkbox"/> Regular<br><input type="checkbox"/> 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  $\leq 181/105$ . Then qualify for 3 mos. only.

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

**GUIDELINES FOR BLOOD PRESSURE EVALUATION**

Within 3 months

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

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

Certify

Annually if acceptable BP is maintained

Biannually

**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 EXAMINATION**Height: 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                                                                                                                                                         | <input type="checkbox"/> New certification<br><input checked="" type="checkbox"/> Recertification<br><input type="checkbox"/> Follow Up | Date of Exam   |
| Williams Clyde Oliver               |                       | 249-04-4888                                          | 8/19/55<br>M/D/Y   | 50  | <input checked="" type="checkbox"/> M<br><input type="checkbox"/> F                                                                                         |                                                                                                                                         | 3-30-06        |
| Address                             | City, State, Zip Code | Work Tel: (800) 868-2601<br>Home Tel: (803) 533-1874 | Driver License No. |     | License Class                                                                                                                                               |                                                                                                                                         | State of Issue |
| 1628 Rowesville Rd                  | Orangeburg SC 29115   |                                                      | 004698827          |     | <input checked="" type="checkbox"/> A <input type="checkbox"/> C<br><input type="checkbox"/> B <input type="checkbox"/> D<br><input type="checkbox"/> Other |                                                                                                                                         | S.C.           |

| 2. HEALTH HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Driver completes this section, but medical examiner is encouraged to discuss with driver. |    |                          |                          |                                                                 |  |                                                                      |  |                                             |  |                                           |  |                                                                                      |  |                                                                    |  |                                                                                        |  |                                           |  |                                                                                           |  |                                                                                        |  |                                           |  |                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Any illness or injury in last 5 years?</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Seizures, epilepsy</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> medication _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Ear disorders, loss of hearing or balance</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> medication _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Muscular disease</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Shortness of breath</td> </tr> </table> |                          | Yes                                                                                       | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any illness or injury in last 5 years? |  | <input type="checkbox"/> Head/Brain injuries, disorders or illnesses |  | <input type="checkbox"/> Seizures, epilepsy |  | <input type="checkbox"/> medication _____ |  | <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) |  | <input type="checkbox"/> Ear disorders, loss of hearing or balance |  | <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition |  | <input type="checkbox"/> medication _____ |  | <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) |  | <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____ |  | <input type="checkbox"/> Muscular disease |  | <input type="checkbox"/> Shortness of breath |  | <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Kidney disease, dialysis</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Liver disease</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Digestive problems</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Diabetes or elevated blood sugar controlled by:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> diet</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> pills</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> insulin</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Medication _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Loss of, or altered consciousness</td> </tr> </table> |  | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis |  | <input type="checkbox"/> Kidney disease, dialysis |  | <input type="checkbox"/> Liver disease |  | <input type="checkbox"/> Digestive problems |  | <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: |  | <input type="checkbox"/> diet |  | <input type="checkbox"/> pills |  | <input type="checkbox"/> insulin |  | <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression |  | <input type="checkbox"/> Medication _____ |  | <input type="checkbox"/> Loss of, or altered consciousness |  | <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Fainting, dizziness</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Stroke or paralysis</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Spinal injury or disease</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Chronic low back pain</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Regular, frequent alcohol use</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Narcotic or habit forming drug use</td> </tr> </table> |  | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Fainting, dizziness |  | <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring |  | <input type="checkbox"/> Stroke or paralysis |  | <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe |  | <input type="checkbox"/> Spinal injury or disease |  | <input type="checkbox"/> Chronic low back pain |  | <input type="checkbox"/> Regular, frequent alcohol use |  | <input type="checkbox"/> Narcotic or habit forming drug use |  |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Any illness or injury in last 5 years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Head/Brain injuries, disorders or illnesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Seizures, epilepsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> medication _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Ear disorders, loss of hearing or balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> medication _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Muscular disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Kidney disease, dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Liver disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Digestive problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Diabetes or elevated blood sugar controlled by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> diet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <input type="checkbox"/> pills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> insulin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <input type="checkbox"/> Medication _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Loss of, or altered consciousness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Fainting, dizziness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Stroke or paralysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Spinal injury or disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Chronic low back pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Regular, frequent alcohol use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Narcotic or habit forming drug use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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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

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  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  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<br><u>10</u> Feet | Left Ear<br><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<br><u>138</u> | Diastolic<br><u>88</u> |
|----------------|------------------------|------------------------|

Driver qualified if  $\leq 140/90$ .

|            |                                                                                   |
|------------|-----------------------------------------------------------------------------------|
| Pulse Rate | <input checked="" type="checkbox"/> Regular<br><input type="checkbox"/> Irregular |
|------------|-----------------------------------------------------------------------------------|

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.<br><u>1.030</u> | PROTEIN<br><u>Neg</u> | BLOOD<br><u>Neg</u> | SUGAR<br><u>Neg</u> |
|----------------|-------------------------|-----------------------|---------------------|---------------------|

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 \_\_\_\_\_ 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 98<sup>3</sup>  
DATE: 10/08 WT: 212 B/P: 130/82  
CC: COV UA - Hemochek - 8kg

5/27/10 200 154/104 T 98<sup>2</sup>  
DATE: 5/27/10 WT: 200 B/P: 154/104  
CC: COV UA hemochek 8kg

1/27/10 213 130/80 T 97<sup>4</sup>  
DATE: 1/27/10 WT: 213 B/P: 130/80  
CC: Fu p labs o HbA1c due to IFG

F-T T 70/1  
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 98<sup>0</sup> 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

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

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

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*

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  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  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<br><u>10</u> Feet | Left Ear<br><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<br><u>140</u> | Diastolic<br><u>90</u> |
|----------------|------------------------|------------------------|

Driver qualified if  $\leq 140/90$ .

|            |                                                                                   |
|------------|-----------------------------------------------------------------------------------|
| Pulse Rate | <input checked="" type="checkbox"/> Regular<br><input type="checkbox"/> 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  
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

TELEPHONE

DATE

MEDICAL EXAMINER'S NAME (PRINT)

MD

DO

CHIROPRACTOR

Physician  
Assistant

Advanced Practice  
Nurse

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

SIGNATURE OF DRIVER

DRIVER'S LICENSE NO.

STATE

ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE

James H. Brunson Jr  
8154 / SC  
1628 Bowesville Rd Orangeburg, SC  
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<br>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<br><br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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 |
|---------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03 21 00

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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<br>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<br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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

Results are Flagged in Accordance with Age Dependent Reference Ranges

ICM Version: 03.21.00

445



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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<br>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<br>1170 Blvd NE Suite A<br>Orangenburg SC 29115-0000<br>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

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WNL

NO CLINICAL REPORT

10-6-58

447

SD





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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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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

Chemistries

|                      |      |             |             |    |
|----------------------|------|-------------|-------------|----|
| 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](http://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 |
|---------------------------|-----------|------------------------|-------------|-----|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00



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Phone: 800-762-4344

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

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

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<br>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<br>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<br>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 |
|---------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

|                             |              |           |    |
|-----------------------------|--------------|-----------|----|
| 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 | 3336 |

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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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.

01

Written Authorization

Written Authorization Received.

Authorization received from KIM KUCK RN 07-28-2010

Logged by Hazel Vinson

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

DIRECTOR: William F Hancock MD

8-4-10 LMTCB. JN

|                           |           |                        |             |     |
|---------------------------|-----------|------------------------|-------------|-----|
| Pat Name: WILLIAMS, CLYDE | Pat ID: - | Spec #: 204-078-3210-1 | Seq #: 3336 | 453 |
|---------------------------|-----------|------------------------|-------------|-----|

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*  
*Px 302.9*

*8676*  
*ON*  
*7/27*

|                                                  |                            |                            |                           |                  |
|--------------------------------------------------|----------------------------|----------------------------|---------------------------|------------------|
| SPECIMEN<br>204-078-3210-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 1        |
| ADDITIONAL INFORMATION                           |                            |                            |                           | SS#: ***-**-4888 |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |                  |
| PATIENT NAME<br>WILLIAMS, CLYDE                  |                            | SEX<br>M                   | AGE(YR./MOS.)<br>54 / 11  |                  |
| PT. ADDR.: 532 OAKLAND RD<br>Cope SC 29038-0000  |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>7/23/2010 11:48       | DATE RECEIVED<br>7/23/2010 | DATE REPORTED<br>7/24/2010 | TIME<br>6:36              | 3299             |

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

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

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](http://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 |
|---------------------------|-----------|------------------------|-------------|-----|

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/km

Patient Name Clyde Williams  
 ID# 8676 DOB 8/19/55  
 Operator J. Moore  
 Date 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%

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

532

532

532

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 declare that the information provided is true and accurate. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's signature.

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.

8.17.10

  
Driver's Signature

8.17.60  
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)

BP Conchuallo

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  $\geq 5$  ft., with or without hearing aid, or b) average hearing loss in better ear  $\leq 40$  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<br>10 Feet | Left Ear<br>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<br>130 | Diastolic<br>80 |
|----------------|-----------------|-----------------|

Driver qualified if  $\leq 140/90$ .

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

|                                                                                                          |                   |                  |
|----------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182788772                                                                  |                   |                  |
| PHYSICIAN ID.<br>BRUNSON JJ                                                                              | NPI<br>1689642514 | PATIENT ID.<br>- |
| ACCOUNT: J H Brunson<br><br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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          | 4.3  | 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 |
|---------------------------|-----------|------------------------|-------------|-----|

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

# 50110

1/25/11 205

180/100 T 97.9

FU p labs

1/ CS + cal. med week MRI

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

3/1 TUE 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/c. Dr. Brunson / Kim Rucker

2/24/11 206 140/98 T 97.9

140/90

FU OV

3/31/11 Wgt 204 BP 120/80 Temp 98.0 HbA1c done U. 3

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

4/1/11 207 139/74 97.6 Pulse 70  
\* too soon for HbA1c  
CC: COV, UVA, colonoscopy 6/10

130/90

4/20/11 202 140/100 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, DABVP - Called them they will see Pt  
on 6-22-11 then Direct Med. Care office - N. Charleston. Between  
the hrs of 8-10 Pt. notified of this as well, as Pt's employer  
Pamela Gin. Pt. also given bill info to take to her -  
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

4/28/11 Rx to Walgreens 301. Viagra 100mg #10 AS directed v S

102

RBS 520

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 | SC            | 29038-0000          |
| Cope                     |               |                     |
| 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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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 |
|---------------------|-----|-------|-----------|----|

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 |
|---------------------------|------|-------|------------|----|

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 |
|-----------------------|-----------|------------------------|-------------|-----|

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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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](http://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 |
|--------------------------|-----------|------------------------|-------------|-----|

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  | 6731 |
|-------------------------|---------------|---------------|-------|------|
| 6/03/2011 10:20         | 6/03/2011     | 6/05/2011     | 15:36 |      |

| 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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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 m<sup>2</sup> (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m<sup>2</sup> 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 |
|--------------------------|-----------|------------------------|-------------|-----|

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<br>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<br><br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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 |
|--------------------------|-----------|------------------------|-------------|-----|

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

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

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

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 m<sup>2</sup> (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m<sup>2</sup> 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 |
|---------------------------|-----------|------------------------|-------------|-----|

Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03.26.00



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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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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 |
|---------------------------|-----------|------------------------|-------------|-----|

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 |
|--------------------------|-----------|------------------------|-------------|

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 2<sup>ND</sup> degree  
radial aspect has 3<sup>RD</sup> 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.

Physical: 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 -  
3<sup>RD</sup> degree radial aspect about 5" long about diameter of wrist + 4" wide.

He 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 1<sup>st</sup> - with some small areas  
2<sup>ND</sup> - hyperpigmented skin is intact.

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

Diagnosis: 2<sup>ND</sup> + 3<sup>RD</sup> degree burns R wrist

Treatment: Id burn in Texas; Meds as per ER Texas, Vicodin prn pain;  
rep Wnt 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. Lilleville 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 |
|----------------------|------------------|----------------|-------|

**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  $\leq 1.005$   
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<br>284-174-0129-0                       | TYPE<br>S                   | PRIMARY LAB<br>BN           | REPORT STATUS<br>COMPLETE | Page #: 1 |
| ADDITIONAL INFORMATION SS#: ***-**-4888          |                             |                             |                           |           |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                             |                             |                           |           |
| PATIENT NAME<br><b>WILLIAMS, CLYDE</b>           |                             | SEX<br>M                    | AGE(YR./MOS.)<br>.56 / 1  |           |
| PT. ADDR.: 532 OAKLAND RD<br>Cope SC 29038-0000  |                             |                             |                           |           |
| DATE OF COLLECTION TIME<br>10/11/2011 7:21       | DATE RECEIVED<br>10/11/2011 | DATE REPORTED<br>10/13/2011 | TIME<br>6:36              | 8072      |
| TEST                                             |                             | RESULT                      |                           |           |

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



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

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

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

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  | 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 | mmol/L | 134 - 144  | 01 |
| Potassium, Serum      | 3.9 | mmol/L | 3.5 - 5.2  | 01 |
| > Chloride, Serum     | 89  | 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 |
|---------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

486

309



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| 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 |
|--------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03 26 01

487

310

\* 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

Page 1 of 3  
(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

Page 2 of 3  
(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

Page 3 of 3  
(End of Report)



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

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<br>Cope SC 29038-0000 |               |                     |
| 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<br>Orangeburg SC 29115-0000 |            |             |
| ACCOUNT NUMBER: 39092523                         |            |             |

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

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 |
|---------------------------|-----------|------------------------|-------------|-----|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01



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

|                                                                                                          |                   |                  |
|----------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182700695                                                                  |                   |                  |
| PHYSICIAN ID.<br>BRUNSON JJ                                                                              | NPI<br>1689642514 | PATIENT ID.<br>- |
| ACCOUNT: J H Brunson<br><br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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<br>1447 York Court, Burlington, NC 27215-3361 | DIRECTOR: William F Hancock MD |
|-----------------------------------------------------------------------------|--------------------------------|

|                          |           |                        |             |
|--------------------------|-----------|------------------------|-------------|
| Pat Name: WILLIAMS,CLYDE | Pat ID: - | Spec #: 048-174-0165-0 | Seq #: 9261 |
|--------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

ICM Version: 03 26 0

492

315

\* 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

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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

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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.



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

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

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

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

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 |
|---------------------------|-----------|------------------------|------------|-----|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

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

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

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

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<br>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 |
|---------------------------|-----------|------------------------|------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03 26 01

497

320

\* 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).PrescriptionsOrdered

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 MedicationsDocumented

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

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Printed on: 08/08/2014 11:09 EDT

Page 1 of 3  
(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

Page 2 of 3  
(Continued)



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

Phone: 800-762-4344

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

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

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

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 |

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

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 #: |
|----------------|------|-------------|---------------|---------|
| 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<br>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<br><br>1170 Blvd NE Suite A<br>Orangeburg SC 29115-0000<br>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

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.26.01



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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<br>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

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

Page 1 of 3  
(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<br>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<br>Orangeburg SC 29115-0000 |            |             |
| ACCOUNT NUMBER: 39092523                         |            |             |

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

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 |
|----------------|-----|---|-----------|----|

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 |
|---------------------------|-----------|------------------------|-------------|

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<br>025-174-0041-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 2        |
| ADDITIONAL INFORMATION                           |                            |                            |                           | SS#: ***-**-4888 |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |                  |
| PATIENT NAME<br><b>WILLIAMS,CLYDE</b>            |                            | SEX<br>M                   | AGE(YR./MOS.)<br>57 / 5   |                  |
| PT. ADD.: 532 OAKLAND RD<br>Cope SC 29038-0000   |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>1/25/2013 7:10        | DATE RECEIVED<br>1/25/2013 | DATE REPORTED<br>1/26/2013 | TIME<br>8:10              | 2334             |

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

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

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<br>1447 York Court, Burlington, NC 27215-3361 | DIRECTOR: William F Hancock MD |
|-----------------------------------------------------------------------------|--------------------------------|

|                          |           |                        |             |
|--------------------------|-----------|------------------------|-------------|
| Pat Name: WILLIAMS,CLYDE | Pat ID: - | Spec #: 025-174-0041-0 | Seq #: 2334 |
|--------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

LCM Version: 03/26/01

508

351

\* 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.



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

Phone: 800-762-4344

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

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

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

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 |
|------------------|-------|---|-----------|----|

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 |
|--------------------------|-----------|------------------------|-------------|

511

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01 - 4



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Phone: 800-762-4344

| 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<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>ORANGEBURG SC 29118-0000 |            |             |
| ACCOUNT NUMBER: 39092523                                                                                |            |             |

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

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 |
|---------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03 26 01

512

235

\* 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

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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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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 |
|------|--------|--------|-----|
|------|--------|--------|-----|

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 |
|------------------|-----|-----|-----------|----|

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 |
|-----------------------------|-----|-------|-----------|----|

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 |
|---------------------------|-----------|------------------------|-------------|-----|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03 26 01

340



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<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>ORANGEBURG SC 29118-0000 |            |             |
| ACCOUNT NUMBER: 39092523                                                                                |            |             |

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

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 |
|--------------------------|-----------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

TCM Version: 03 26 01

518

341

\* 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)



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

|                                                  |                            |                            |                           |           |
|--------------------------------------------------|----------------------------|----------------------------|---------------------------|-----------|
| SPECIMEN<br>036-174-0334-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 1 |
| ADDITIONAL INFORMATION SS#: ***-**-4888          |                            |                            |                           |           |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |           |
| PATIENT NAME<br>WILLIAMS,CLYDE                   |                            | SEX<br>M                   | AGE(YR./MOS.)<br>58 / 5   |           |
| PT. ADDR.: 532 OAKLAND RD<br>Cope SC 29038-0000  |                            |                            |                           |           |
| DATE OF COLLECTION TIME<br>2/05/2014 7:50        | DATE RECEIVED<br>2/05/2014 | DATE REPORTED<br>2/06/2014 | TIME<br>6:36              | 5053      |

|                                                                                                         |                   |                  |
|---------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182719714                                                                 |                   |                  |
| PHYSICIAN ID.<br>DIXON W                                                                                | NPI<br>1710987185 | PATIENT ID.<br>- |
| ACCOUNT: RMC Primary Care<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>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      |    |
| > | 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

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:

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

522

345



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

|                                                  |                            |                            |                           |                  |
|--------------------------------------------------|----------------------------|----------------------------|---------------------------|------------------|
| SPECIMEN<br>036-174-0334-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 2        |
| ADDITIONAL INFORMATION                           |                            |                            |                           | SS#: ***-**-4888 |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |                  |
| PATIENT NAME<br>WILLIAMS, CLYDE                  |                            | SEX<br>M                   | AGE(YR./MOS.)<br>58 / 5   |                  |
| PT. ADD.: 532 OAKLAND RD<br>Cope SC 29038-0000   |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>2/05/2014 7:50        | DATE RECEIVED<br>2/05/2014 | DATE REPORTED<br>2/06/2014 | TIME<br>6:36              | 5053             |

|                                                                                                         |                   |                  |
|---------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182719714                                                                 |                   |                  |
| PHYSICIAN ID.<br>DIXON W                                                                                | NPI<br>1710987185 | PATIENT ID.<br>- |
| ACCOUNT: RMC Primary Care<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>ORANGEBURG SC 29118-0000 |                   |                  |
| ACCOUNT NUMBER: 39092523                                                                                |                   |                  |

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

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<br>1447 York Court, Burlington, NC 27215-3361 | DIRECTOR: William F Hancock MD |
|-----------------------------------------------------------------------------|--------------------------------|

|                           |           |                        |             |
|---------------------------|-----------|------------------------|-------------|
| Pat Name: WILLIAMS, CLYDE | Pat ID: - | Spec #: 036-174-0334-0 | Seq #: 5053 |
|---------------------------|-----------|------------------------|-------------|

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

523  
LCM Version: 03.26.01

246



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

Phone: 800-762-4344

Dixon  
Call  
Missed appt.  
on  
11/31/14

|                                                  |                            |                            |                           |               |
|--------------------------------------------------|----------------------------|----------------------------|---------------------------|---------------|
| SPECIMEN<br>036-174-0334-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 1     |
| ADDITIONAL INFORMATION                           |                            |                            |                           | SS#: ***-4888 |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |               |
| PATIENT NAME<br>WILLIAMS, CLYDE                  |                            | SEX<br>M                   | AGE(YR./MOS.)<br>58 / 5   |               |
| PT. ADDR.: 532 OAKLAND RD<br>Cope SC 29038-0000  |                            |                            |                           |               |
| DATE OF COLLECTION TIME<br>2/05/2014 7:50        | DATE RECEIVED<br>2/05/2014 | DATE REPORTED<br>2/06/2014 | TIME<br>6:36              | 5053          |

|                                                                                                         |                   |                  |
|---------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182719714                                                                 |                   |                  |
| PHYSICIAN ID.<br>DIXON W                                                                                | NPI<br>1710987185 | PATIENT ID.<br>- |
| ACCOUNT: RMC Primary Care<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>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   | 5.9 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 |
|----------------|-------|-----------|----|

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 |
|------------------|-----------|-----------|

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 |
|---------------------------|-----------|------------------------|-------------|-----|

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.



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

|                                                  |                            |                            |                           |                  |
|--------------------------------------------------|----------------------------|----------------------------|---------------------------|------------------|
| SPECIMEN<br>036-174-0334-0                       | TYPE<br>S                  | PRIMARY LAB<br>BN          | REPORT STATUS<br>COMPLETE | Page #: 2        |
| ADDITIONAL INFORMATION                           |                            |                            |                           | SS#: ***-**-4888 |
| FASTING: Y<br>PHONE: 803-535-4588 DOB: 8/19/1955 |                            |                            |                           |                  |
| PATIENT NAME<br><b>WILLIAMS, CLYDE</b>           |                            | SEX<br>M                   | AGE(YR./MOS.)<br>58 / 5   |                  |
| PT. ADD.: 532 OAKLAND RD<br>Cope SC 29038-0000   |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>2/05/2014 7:50        | DATE RECEIVED<br>2/05/2014 | DATE REPORTED<br>2/06/2014 | TIME<br>6:36              | 5053             |

|                                                                                                                                     |                   |                  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|
| CLINICAL INFORMATION<br>CD- 20182719714                                                                                             |                   |                  |
| PHYSICIAN ID.<br>DIXON W                                                                                                            | NPI<br>1710987185 | PATIENT ID.<br>- |
| ACCOUNT: RMC Primary Care<br>Dr James H Brunson Jr<br>3000 St Matthews Road<br>ORANGEBURG SC 29118-0000<br>ACCOUNT NUMBER: 39092523 |                   |                  |

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

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<br>1447 York Court, Burlington, NC 27215-3361 | DIRECTOR: William F Hancock MD |
|--------------------------------------------------------------------------------|--------------------------------|

|                           |           |                        |             |
|---------------------------|-----------|------------------------|-------------|
| Pat Name: WILLIAMS, CLYDE | Pat ID: - | Spec #: 036-174-0334-0 | Seq #: 5053 |
|---------------------------|-----------|------------------------|-------------|

525

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.

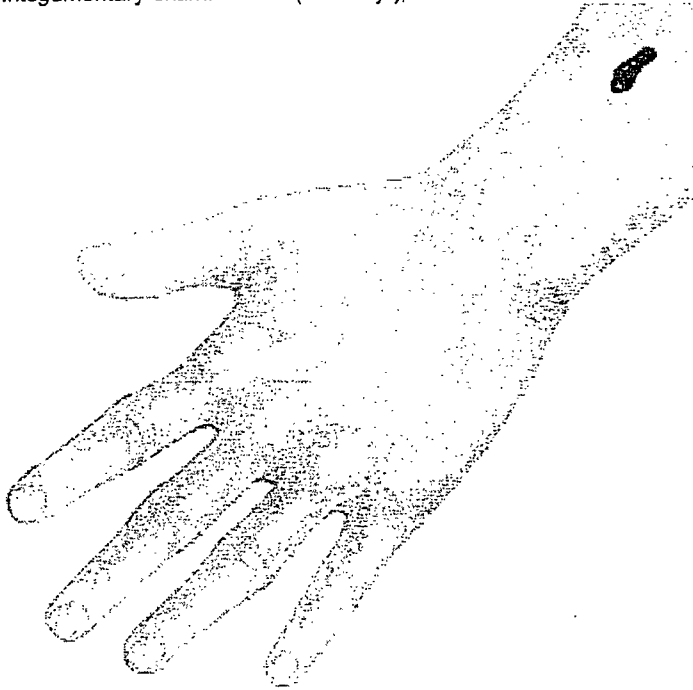
**Gastrointestinal:** Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

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

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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

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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.

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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

Page 1 of 1  
(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

Page 1 of 1  
(End of Report)

\* 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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Page 1 of 5  
(Continued)

\* 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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Page 2 of 5  
(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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Page 3 of 5  
(Continued)

\* 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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Page 4 of 5  
(Continued)

\* 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

Page 1 of 2  
(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.

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Printed on: 08/08/2014 10:59 EDT

Page 2 of 2  
(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.

Printed by: Coleman, Amy E  
Printed on: 08/08/2014 10:54 EDT

Page 1 of 1  
(End of Report)

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

Page 1 of 1  
(End of Report)

\* 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

Page 1 of 1  
(End of Report)

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

Page 1 of 1  
(End of Report)

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

Page 1 of 2  
(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 loosing weight as he has a poor appetite despite megace 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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Page 1 of 6  
(Continued)

\* 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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Page 2 of 6  
(Continued)

\* 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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Page 3 of 6  
(Continued)

\* 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

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Page 4 of 6  
(Continued)

\* 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 EDTPage 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)

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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)**

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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

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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)**

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Printed by: Coleman, Amy E  
Printed on: 08/08/2014 10:01 EDT

Page 1 of 2  
(Continued)

Phone Message/Call

Williams, Clyde - 0000353850

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)

386<sup>562</sup>

**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 hemicraniectomy 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

Lanier & Burroughs, LLC.  
Lewis C. Lanier, Esq.  
250 Gibson Street  
P.O. Box 2789  
Orangeburg, SC 29116  
803-937-4199  
WWW.LANDBLAWFIRM.COM  
REPRESENTING THE CLAIMANT/EMPLOYEE

Willson, Jones, Carter & Baxley, P.A.  
Anne Veatch Noonan, Esq.  
421 Wando Park Boulevard, Suite 100  
Mt. Pleasant, SC 29464  
www.wjcbllaw.net  
EMScnn@wjllaw.net  
REPRESENTING THE EMPLOYER/INSURER

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23  
24  
25

## INDEX

## PAGE

|                                            |    |
|--------------------------------------------|----|
| STIPULATIONS . . . . .                     | 4  |
| DIRECT EXAMINATION BY MS. NOONAN . . . . . | 4  |
| CROSS-EXAMINATION BY MR. LANIER . . . . .  | 34 |
| REPORTER CERTIFICATE . . . . .             | 36 |

## 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.                                     | ) | <b>SUPPLEMENTAL</b>                 |
|                                        | ) | <b>NOTICE OF WITNESSES AND</b>      |
|                                        | ) | <b>WRITTEN MEDICAL REPORTS</b>      |
|                                        | ) | <b>TO BE INTRODUCED AS DIRECT</b>   |
|                                        | ) | <b>EVIDENCE ON BEHALF OF</b>        |
|                                        | ) | <b>THE EMPLOYEE, CLYDE WILLIAMS</b> |
| 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 |

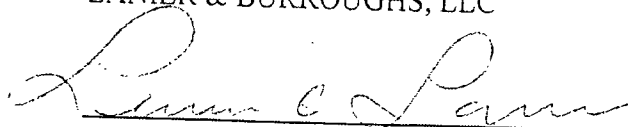
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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.

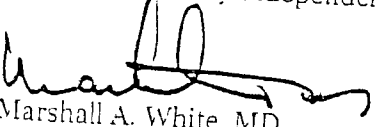
Physical examination of Mr. Williams otherwise reveals him to have skull defects related to surgical interventions. He has a large craniotomy scar on the right side of his head. He sits quietly, and volunteers minimal amounts of information. He appears to be mildly sedated. He sits with his mouth in 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.

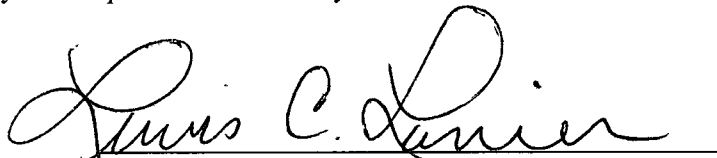
This concludes my independent medical evaluation for Clyde Williams.

  
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.

LANIER & BURROUGHS, LLC

Lewis C. Lanier, Esquire

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**RECEIVED**

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SC Court of Appeals