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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM KERSHAW COUNTY
Court of Common Pleas

DeAndrea G. Benjamin, Circuit Court Judge
Diane S. Goodstein, Circuit Court Judge

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SC Court of Appeals

Consolidated Cases For Trial

Case No.: 2010-CP-28-322
Case No. 2010-CP-28-323

Jamie Curley, Plaintiff,

v.

SCENT Land Holdings, LLC, Amy Puchalski, and Robert Puchalski, Defendants and Dr. Orville Dyce, Plaintiff,

v.

South Carolina ENT, Allergy & Sleep Medicine, P.A., Amy Puchalski, and Robert Puchalski, Defendants

Of Whom Jamie Curley, and Dr. Orville Dyce are the Respondents/Appellants,

And

SCENT Land Holdings, LLC, Amy Puchalski and Robert Puchalski, South Carolina ENT, Allergy & Sleep Medicine, P.A. are the Appellants/Respondents.

RECORD ON APPEAL VOL. XIV

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HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Jennifer Wiggins Date of Birth: 2-21-70

Address: 1220 Club Ct. Hartsville SC 29550

Phone Number: 843-383-8598 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

803-408-3299
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☒ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

ORVILLE DYCE MD, FAAOA
Board Certified ENT & Sleep Medicine
Subspecialty Certified Allergy

696 Medical Park Drive
Hartsville, SC 29550
843-383-5312
Fax 843-656-1213

110-A Doctors Drive
Cheraw, SC 29520

HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartville ENT

Address: 1690 Medical Park Dr. Hartville SC

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify): _____
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Jennifer D. Wiggins — Signature of Patient

10-18-13 — Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Jennifer G. Wiggins — Name of Patient (Please Print)

Patient is:
- [ ] Minor
- [ ] Disabled
- [ ] Incompetent
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Executor of Estate of Deceased
- [ ] Authorized Legal Personal Representative
- [ ] Legal Guardian
- [ ] Power of Attorney for Health Care

_____ Signature of Witness

_____ Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

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JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (37) Female
Visit Date: 28.Dec.2007 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr John Ropp, MD

INSURANCE INFORMATION
Pri Ins Company: United Healthcare
Pri Ins Policy #: 976475359
Pri Ins Group #: 185060

PROBLEM LIST
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.70 Otalgia
Location: bilateral
461.9 Acute sinusitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.2 Cough
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today because I have been diagnosed with having blood blisters on my eardrums from Dr. Ropp. I have also had my left eardrum rupture in the past. I have hearing loss and some pain in my ears. I also have had a cough for two and a half weeks and I have completed a Z-pack and am on a Hydrocodone cough syrup. Dr. Ropp has called in another antibiotic but I haven't picked it up yet and am unsure of what it is. I also take antibiotics 3-4 times a year for sinus infections. I have also been told that I snore loud and I have trouble going to sleep and staying asleep. Dr. Roppp sent me here to be evaluated.

HPI:
S1: Evaluation of an ear symptom: Ears stopped up.
Location: Ears stopped up.
Quality: Aching and stopped up.
Severity: Moderate.
Timing: This has been a problem for two weeks. The patient does not know how quickly or in what manner the problem developed. There is no specific time when it is worse. It is not a recurrent problem.
Aggravating factors: none.
Relieving factors: none.
Associated manifestations:
- otalgia in both ears equally. The discomfort is characterized as aching, sharp, and shooting. The pain severity is 5 (scale of 1-10).
- hearing loss of another form on both sides equally.
- frequent nasal congestion.
- allergies.

Previous tests/evaluations: none.
Previous treatment: Prescription medication Zithromax (effectiveness: no effect).
Previous medical opinion: none.
S2: Evaluation of snoring.
Witness to sleep behavior: unspecified.
Sleep and work history: Sleep habits - The patient is considered to be a morning person.
Quality: with possible apnea.
Severity: loud enough to disturb others sleeping in the same room.
Timing: for an unknown period of time.
Predisposing factors: none identified.
Setting in which it first occurred: none identified.
Aggravating factors: none.
Relieving factors: none.

Associated manifestations: none.
Previous tests/evaluations: none.
Previous treatment: none.

REVIEW OF SYSTEMS

See HPI.
Ears, Nose, Mouth, and Throat: See chart below.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	?hydrocdone cough sryup, prn ?OTC sinus medication, qd Effexor (uncertain of dosage), qd
Medication Allergies:	**Aspirin**: nausea/vomiting/diarrhea
Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** Formaldehyde and hair dye, nickel, perfumes. **Not allergic to contrast agent.** **Insect bite or sting allergies:** none. **Allergy skin tests** have not been done. **Allergy blood tests** have not been done. **Allergy shots** have not been taken. **Treatment for food allergy** has not been taken.
Past Health History:	Has never been diagnosed with a significant problem.
Surgeries and Hospitalizations:	**Previous surgery:** none. **Previous non-surgical hospitalizations:** Concussion.
Serious Injuries:	**Head Injury:** associated with concussion.
Family History:	**Parents' Health Status:** Mother: is in good health. Father: health status is unknown. **Endocrine:** Diabetes after age 18 - brother(s).
Social History:	**Current tobacco usage:** • Cigarettes - Started smoking cigarettes at age 13. Currently smokes an average of 1/2 pack per day. **Second-hand smoke exposure:** Patient is exposed to second-hand smoke at home. **Provider has reviewed current medications, medication allergies, and PFSH/ROS information**

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting: Radial Pulse: rate (rate per minute): Respirations: rate:; regular. Temperature: orally. Height: 64 inches. Weight: 146 pounds.
General appearance: Well developed, well nourished and groomed.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
Otoscopic exam: hemorrhagic TM with thick mucoid fluid on the left and similar findings on the right.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: Normal nasal septum.
Turbinates and middle meatus - inferior turbinates ***hypertrophied +3***.
Nasal airway ***obstructed*** bilaterally.
Rhinorrhea - left side, mucopurulent, flowing from middle meatus. Normal vestibular skin. Normal mucosa with no swelling, polyps, active bleeding or evidence of bleeding.
Lips, Teeth and Gums: Teeth - edentulous with dentures.

Oral Cavity and Oropharynx: Right tonsil - 2+. Left tonsil - same as right tonsil. Soft palate normal. Posterior pharynx

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normal. Oral mucosa with normal color and moisture. No oral or oropharyngeal mucosal lesions.
Base of tongue, Pharyngeal walls, Vallecula and Pyriform Sinuses: Normal.
Larynx: *edema* moderate; see procedure note.
Nasopharynx examination: Mucosa ***swollen and erythematous***. Adenoids ***inflamed and swollen***; **see procedure note**.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL: No masses, normal contour.

LYMPH NODES:
Normal neck lymph nodes.
Normal axillae lymph nodes.

MUSCULOSKELETAL: Normal gait. Station normal.

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC: Normal mental status, judgment, insight.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

31231 Nasal endoscopy
Date: 28.Dec.2007; Location: office
Modifiers: -59 Distinct Procedural Service
- The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.

31575 Laryngoscopy
Date: 28.Dec.2007; Location: office
Modifiers: -59 Distinct Procedural Service
- The patient's nasal cavity was topically treated with anaesthetic and phenylephrine. A flexible endoscopy was then transnasally introduced into the endolarynx with salient findings described in the impression.

ASSESSMENT

CURRENT PROBLEMS

381.81 Eustachian Tube Dysfunction
Location: bilateral
388.70 Otalgia
Location: bilateral
461.9 Acute sinusitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.2 Cough

Location: bilateral

PRESCRIPTIONS

NEW

Cipro (Ciprofloxacin HCl Tab 750 MG (Base Equiv)), one tab PO BID for Persisent otitis externa or ear drainage for 2 weeks (quantity: 0) (special instructions: As directed), subs OK, refills: 1 , prescribed on 28.Dec.2007 by Orville Dyce, MD

Medrol (Pak) (Methylprednisolone Tab 4 MG Dose Pack), Take as directed for Swelling for 7 days (quantity: 1) (special instructions: Take as directed), subs OK, refills: Dr. authorization required, prescribed on 28.Dec.2007 by Orville Dyce, MD

PLAN

Comments: Orville Dyce, MD.

Impression: Ms. Wiggins presented today with a persistent cough for a duration of three weeks with subjectively decreased hearing loss for two weeks. She reported mild left sided otalgia. Otoscopic examination revealed hemorrhagic TM's bilaterally with thick mucoid fluid on the left and similar findings on the right. Oral examination revealed 2+ tonsils. Nasal endoscopy revealed turbinate hypertrophy bilaterally with pus on the left flowing through the middle meatus (culture taken). There was swelling around the adenoids. Laryngoscopy revealed laryngeal edema. There were no masses or polyps noted. The findings are consistent with Bullous Myringitis which can be caused by Strep Pneumo vs. Mycoplasma. I will start her on a nasal saline irrigation, Cipro and a Medrol Dose Pak. She will return in one month for reevaluation and culture results.

COMMUNICATIONS

Consultation Visit- Dyce
John Ropp, MD
Consultation Visit- Dyce
John Ropp, MD

Electronically signed by Orville Dyce, MD on 02.Jun.2008 08:39 AM

ICD CODE SUMMARY

388.70 Otalgia
786.2 Cough
478.19 Nasal obstruction
381.81 Eustachian Tube Dysfunction

CPT CODE SUMMARY

31231 Nasal endoscopy
Modifiers: **-59** Distinct Procedural Service
Reason: **381.81** Eustachian Tube Dysfunction
31575 Laryngoscopy
Modifiers: **-59** Distinct Procedural Service
Reason: **786.2** Cough
99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **478.19** Nasal obstruction
Reason: **388.70** Otalgia

NON-BILLABLE CPT CODES

No non-billable CPT codes selected for this visit

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SCENT DEF Exhibit 146

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (37) Female
Visit Date: 28.Jan.2008 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my ear pain and cough. Both have gotten better but I still cough a little. I am also having right sided throat pain. I am here to go over culture results.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.70 Otalgia
Location: bilateral
461.9 Acute sinusitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Wiggins returns today for review of culture results obtained on previous visit. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia for two weeks. Today she reported a right sided sore throat. Nasal culture obtained on previous visit was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro. Otoscopic examination on previous visit revealed hemorrhagic TM's bilaterally with thick mucoid fluid on the left and similar findings on the right. Today she is only noted to have a bilateral TM retraction. Nasal endoscopy revealed marked turbinate congestion/edema and +2 adenoid with no mucopus, polyps, or masses. There was also edema around her throat. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy performed on previous visit revealed laryngeal edema. At this time, she will begin Singulair and Nasonex. In addition, she was also instructed to gargle with a salt water solution. She will return in six weeks for reevaluation.

On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Electronically signed by Orville Dyce, MD on 02.Jun.2008 08:58 AM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (38) Female
Visit Date: 10.Mar.2008 at Hartsville-2

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up for ear pain and cough. My ears are not bothering me but the cough seems to be a little worse. I have noticed since using the Singulair and Nasonex the lymph node behind my ear has gotten smaller.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Post Nasal Drainage
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
530.81 esophageal reflux
Location: bilateral
786.2 Cough
Location: bilateral

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Wiggins presented today for follow up on her ears. She reported her otalgia has improved however, she continues to have intermittent sharp pain. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia for two weeks. Nasal culture obtained on previous visit was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination revealed moderate to severe TM retraction (L>R). Nasal endoscopy preformed on previous visit revealed marked turbinate congestion/edema and +2 adenoid with no mucopus, polyps, or masses. There was also edema around her throat. She will continue Singulair and Nasonex. At this time, I recommend bilateral PET placement. She will return in six weeks for reevaluation and audiogram.

On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

TESTS AND PROCEDURES
TO BE SCHEDULED
69433 PET, topical phenol anesthesia
To be scheduled: Location: office
Modifiers: -RT Right side
69433 PET, topical phenol anesthesia
To be scheduled: Location: office
Modifiers: -LT Left side

Electronically signed by Orville Dyce, MD on 02.Jun.2008 09:13 AM

SCENT DEF Exhibit 146

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (38) Female
Visit Date: 29.Aug.2008 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to my ears itching. This has been going on for three weeks now and is bad. I feel my nasal allergies and ear pain are better.

ASSESSMENT
CURRENT PROBLEMS
380.22 Pruritus, External Ear
Location: bilateral
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.70 Otalgia
Location: bilateral
477.8 Allergic rhinitis

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Wiggins presented today for follow up on her ears. She reported persistent itchy ears (R>L) for a three week duration which has improved in the last couple of days. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia for two weeks. Nasal culture obtained on previous visit was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination revealed moderate to severe TM retraction (L>R). There is some white residue in the right EAC which was removed today. Nasal endoscopy preformed in the past revealed marked turbinate congestion/edema and +2 adenoid with no mucopus, polyps, or masses. There was also edema around her throat. She will continue Singulair and Nasonex. I will also start her on Dermotic drops for atrophic otitis external. At this time, I recommend bilateral PET placement. She will return in one month for reevaluation.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Electronically signed by Orville Dyce, MD on 15.Sep.2008 08:53 AM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (40) Female
Visit Date: 16.Apr.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to itchy ears and ear pain. I am also having some sinus issues.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
389.10 Hearing Loss, Sensorineural
Location: right
389.21 Hearing loss: Mixed hearing loss, unilateral
Location: left
473.9 Recurrent Sinusitis
477.8 Allergic rhinitis

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms Wiggins presented today for follow up on her ears. She reported persistent itchy ears (R>L), which has improved minimally in the last couple of days. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia for two weeks. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination revealed left TM retraction. Of note, oral exam revealed bilateral tonsils present (R>L). Nasal endoscopy revealed marked turbinate congestion/edema and #2 adenoid with no mucopus, polyps, or masses. I feel her symptoms are likely related to Eustachian tube dysfunction in the setting of allergic rhinitis. Treatment options discussed included observation vs allergy testing and CT scan of the sinuses with pharmacotherapy vs PET placement. At this time, she will be scheduled for allergy testing and CT scan. She will also begin taking Flonase and Singulair. I will maximize that therapy with MedrolDose Pak. She will follow up when testing is complete.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

TESTS AND PROCEDURES
TO BE SCHEDULED
70486 CT Scan, Maxillofacial Area; w/o Contrast Matl
To be scheduled; Location:
Modifiers: -TC Technical component.
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled; Location: office
94640 Nebulizer Apparatus
To be scheduled; Location: office
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office
J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
To be scheduled; Location:

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce. MD on 20.Apr.2010 08:29 AM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (40) Female
Visit Date: 17.May.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies and to go over my CT scan and allergy test. My allergies are doing no better.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
477.8 Allergic rhinitis
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Wiggins presented today for review of her CT scan and allergy test results. She continues to report persistent itchy ears (R>L), which has improved minimally in the last couple of days. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia. Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination revealed left TM retraction. Of note, oral exam revealed bilateral tonsils present (R>L). Nasal endoscopy performed on previous visit revealed marked turbinate congestion/edema and +2 adenoid with no mucopus, polyps, or masses. I feel her symptoms are likely related to Eustachian tube dysfunction in the setting of allergic rhinitis. Treatment options discussed included: observation vs. avoidance vs. immunotherapy vs. PET placement. At this time, she will continue Flonase and Singulair. I will maximize her treatment with immunotherapy and she will return in three months for reevaluation.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Stephanie Tetterton, PA-C
Electronically signed by Robert Puchalski, M.D., FAAOA on 29.Jul.2010 09:18 AM

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SCENT DEF Exhibit 146

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (40) Female
Visit Date: 23.Aug.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr.John Ropp, MD
Requesting: Dr.John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies and my allergy shots. My allergies are doing about the same. I am doing well with the allergy injections.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
478.19 Nasal obstruction
Location: bilateral
786.2 Cough
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Wiggins presented today in the midst of immunotherapy. She started immunotherapy on 5.24.10 and denied any adverse reactions. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia. Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination was normal. Nasal endoscopy performed on previous visit revealed marked turbinate congestion/edema and +2 adenoids with no mucopus, polyps, or masses. At this time, she will continue Flonase (PRN), Zyrtec, and immunotherapy. She will return in four months for reevaluation.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Electronically signed by Robert Puchalski, M.D., FAAOA on 06.Sep.2010 11:05 PM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (40) Female
Visit Date: 14.Sep.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to a possible ruptured ear drum that occurred Wednesday night. At first the drainage was clear, but by the next day it was bloody. I also feel that I have I have a sinus infection. I was on Azithromycin, but it hasn't helped.

ASSESSMENT
CURRENT PROBLEMS
388.70 Otalgia
Location: left
461.9 Acute sinusitis
Location: right
381.01 Serous Otitis Med., Acute
Location: left
388.60 Other disorders of ear: Otorrhea, unspecified
Location: left

PLAN
Comments: Stephanie Tetterton, PA-C/ Macy Vidrine, MD.
Impression: Ms Wiggins presented today for evaluation of her ears. She reported that she felt her left ear drum rupture two days ago and has been taking azithromycin with no improvement. Otoscopic exam was normal on the right and revealed a very erythematous right TM. There is no obvious perforation, however there is minimal otorrhea noted on exam today, which was removed under binocular microscopy. Nasal endoscopy revealed exudate of the adenoid pad in the setting of mucopus extruding through the right nasal cavity. Culture was collected in the office today. At this time, she will begin Prednisone, Augmentin, Ciprodex and Lortab. She will follow up in two weeks for reevaluation and culture review.

Of note, Ms Wiggins presented today in the midst of immunotherapy. She started immunotherapy on 5.24.10 and denied any adverse reactions. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia. Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination was normal. Nasal endoscopy performed on previous visit revealed marked turbinate congestion/edema and +2 adenoids with no mucopus, polyps, or masses. At this time, she will continue Flonase (PRN), Zyrtec, and immunotherapy. She will return in four months for reevaluation.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Electronically signed by Stephanie Tetterton, PA-C on 16.Sep.2010 03:29 PM

5342
SCENT DEF Exhibit 146

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (40) Female
Visit Date: 27.Sep.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my left ear and my sinus infection. My left ear is doing better, but it still hurts from time to time. I guess my sinuses are doing better.

ASSESSMENT
CURRENT PROBLEMS
380.22 Pruritus, External Ear
Location: bilateral
388.60 Other disorders of ear: Otorrhea, unspecified
Location: left
461.9 Acute sinusitis
Location: right
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Wiggins presented today for reevaluation of her ears and sinus infection. She reported significant improvement since last visit. Otoscopic examination was normal on the right and revealed slight residue of the left EAC. Nasal endoscopy revealed resolution of the mucopus. At this time, she will follow up in six weeks for reevaluation.

Of note, Ms Wiggins presented today in the midst of immunotherapy. She started immunotherapy on 5.24.10 and denied any adverse reactions. She originally presented with a persistent cough for a duration of three weeks with subjectively decreased hearing loss and left sided otalgia. Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07). Otoscopic examination was normal. Nasal endoscopy performed on previous visit revealed marked turbinate congestion/edema and +2 adenoids with no mucopus, polyps, or masses. At this time, she will continue Flonase (PRN), Zyrtec, and immunotherapy. She will return in four months for reevaluation.

Of historical note:
On a separate note, she presented today for follow up on her cough. She reported no improvement since last visit. Oral examination revealed 2+ tonsils with tonsilliths on the right. Laryngoscopy preformed on previous visit revealed laryngeal edema. At this time, I will start her on Nexium and Azmacort. I will reevaluate on her return visit.

Of historical note:
On a separate issue, physical examination revealed a 1cm lymph node of the post auricular anterior border on the left. At this time, I will continue to observe and may consider obtaining a CT scan in the future.

Electronically signed by Stephanie Tetterton, PA-C on 06.Oct.2010 10:34 AM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (41) Female
Visit Date: 18.Jul.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. I am doing well with the shots and not having any problems with my allergies today.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms Wiggins presented in the midst of immunotherapy. She began immunotherapy on 5.24.10. She reported improvement in symptoms since beginning injections and denied any adverse reactions. Physical examination revealed no palpable lymphadenopathy. Otoscopic examination revealed both TMs are intact in the absence of fluid. Anterior rhinoscopy revealed no mucopus. Nasal endoscopy performed on previous visit revealed marked turbinate congestion/edema and +2 adenoids with no mucopus, polyps, or masses. At this time, she will continue Flonase (PRN) and immunotherapy and shee will return in four months for reevaluation.

Of historical note, Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07).

Electronically signed by Robert Puchalski, M.D., FAAOA on 18.Jul.2011 02:15 PM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (41) Female
Visit Date: 23.Nov.2011 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today for evaluation of severe cough with worsening nasal congestion and colored drainage. This has been going on for about two weeks. The coughing has caused me to be hoarse.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
477.8 Allergic rhinitis
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms Wiggins presented for evaluation of increased nasal congestion with cough, sore throat and discolored nasal drainage. Of note, she is in the midst of immunotherapy(5.24.2010). She has audible hoarseness today and has used nasal steroid sprays with no improvement. Physical examination revealed no palpable lymphadenopathy. Otoscopic examination revealed bilateral retractions with fluid present on the right. Tuning fork exam revealed bone conduction greater than air conduction on the right with Weber lateralizing to the right. Anterior rhinoscopy revealed no mucopus. Nasal endoscopy revealed nasal septal deviation to the right with yellow mucopus noted on the right, which was cultured. At this time, she will continue Flonase (PRN) and immunotherapy. In addition, she will begin taking Tussionex, Avelox and Prednisone. She will follow up for reevaluation and culture review in one week.

Of historical note, Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07).

Electronically signed by Oliver Simmons, MD on 09.Dec.2011 08:14 PM

JENNIFER WIGGINS Patient ID: 245-35-9354
DOB: 21.Feb.1970 (41) Female
Visit Date: 05.Dec.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr John Ropp, MD
Requesting: Dr John Ropp, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow-up on my sinus infection and review my culture. I am still having a cough and hoarseness. The colored drainage has improved after a course of Avelox and oral steroids.

ASSESSMENT
CURRENT PROBLEMS
461.9 Acute sinusitis
Location: right
478.19 Nasal obstruction
Location: bilateral
530.81 esophageal reflux
Location: bilateral
786.2 Cough
Location: bilateral
784.49 Hoarseness
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms Wiggins presented for review of culture results. She originally presented with nasal congestion with cough, sore throat and discolored nasal drainage. She reported improvement in colored drainage and nasal congestion after course of Avelox and Prednisone. Culture taken on previous visit revealed oropharyngeal flora. There was no evidence of a fungal element. She continues to report sore throat and hoarseness. She reported tobacco smoke exposure and alcohol consumption (12 per week/beer). Of note, she is in the midst of immunotherapy (5.24.2010). Cervical examination revealed fullness with no evidence of an palpable mass. Oral examination revealed no evidence of abnormalities. Otoscopic examination revealed bilateral retractions with fluid present on the right. Anterior rhinoscopy revealed no mucopus. Nasal endoscopy performed on previous visit revealed nasal septal deviation to the right with yellow mucopus. Laryngoscopy revealed bilateral true vocal cord with moderate interarytenoid pachydermia. There was no masses or ulcerations. At this time, she will continue Flonase (PRN), immunotherapy, and I will maximize her therapy with Nexium. I have offered a CT scan of the neck due to neck fullness in the setting of tobacco and alcohol consumption.

Of historical note, Allergy testing performed on 4.30.10 demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, cockroach and TOE. Foods: pecan (2+) and apple (4+). CT scan of the sinus performed on 4.30.10 revealed mild mucosal thickening of the middle and inferior turbinate on the left. Nasal culture obtained in the past was positive for Haemophilus influenzae and Staphylococcus which was sensitive to Cipro (12-28-07).

TESTS AND PROCEDURES
TO BE SCHEDULED
70491 CT Scan Neck; w/Contrast
To be scheduled; Location:

Electronically signed by Robert Puchalski, M.D., FAAOA on 09.Dec.2011 05:56 PM

ennifer Wiggins DOB: 21.Feb.1970 (43)
udiogram: 16 Apr 2010

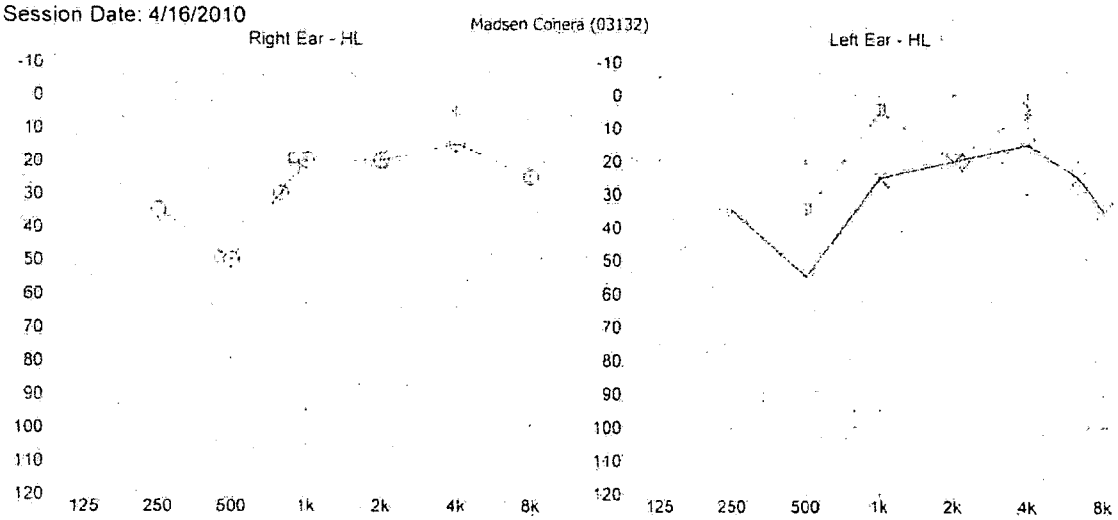
Madonne Morgan, Au.D., F-AAA
Jennifer Wilk, Au.D., CCC-A
Nicole Fruth, Au.D., CCC-A
Kristen Evans, AuD Extern
Angie Vincent, Certified Technician

Carolina Hearing Institute

Robert Puchalski, MD
Orville Dyce, MD
Chad Gunnlaugsson, MD
D. Macy Vidrine, MD
Supriti Paul, MD
Stephanie Tetterton, PA-C
Danielle Makeupson, PA-C

Client Name: JENNIFER WIGGINS
Birth Date: 2/21/1970
Session Date: 4/16/2010

Madsen Conera (03132)



AC:
BC:
SF:
SF,A:
Masking Levels

80 50

AC:
BC:
SF:
SF,A:
Masking Levels

80 50

	Right	Masking	Left	Masking
PTA (A):	30 dB		33 dB	
SRT:	DNT		DNT	

Unaided Recognition Score:

	Right	Level	Masking	Binaural	Level	Level	Left	Level	Level
	100 %	65 dB	Excellent Discrim				100 %	65 dB	Excellent Discrim

Case History: History of HL _____ Tinnitus NC Noise Exposure: (Y) N Dizziness: Y (N)

Results:

R- Mild Sloping to Moderate Rising to Normal to Borderline Normal SNHL

L - Mild Sloping to Moderate Rising to Normal Sloping to Mild Mixed HL for 250 and 1000 HZ

Recommendations:

Retest PRN Medical Consult HL Consult ABR VNG Sp/Lang Eval Other _____

Tymps- Type As in the Right - Type C -181 in the Left (AV)

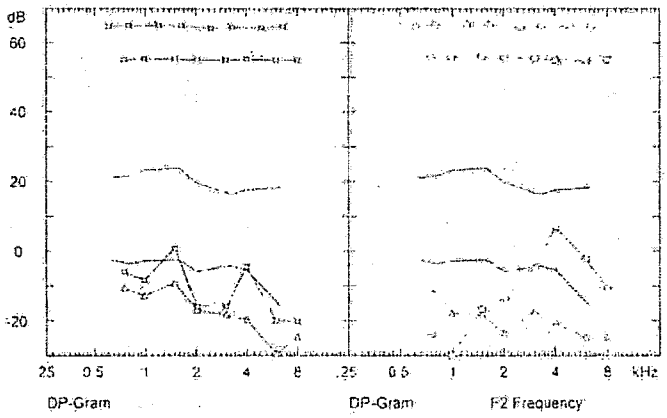
5347

ennifer Wiggins DOB: 21.Feb.1970 (43)
)AE only 16.Apr.2010

BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 2

Carolina Hearing Institute
696 Medical Park
Hartsville, SC 29550
843-857-4355

	Lastname	Firstname	Ear	Date	Protocol
o	WIGGINS	JENNIFER	Right	16-Apr-10	750-8000 Hz Diagnostic Test - High Noise
x	WIGGINS	JENNIFER	Left	16-Apr-10	750-8000 Hz Diagnostic Test - High Noise



WIGGINS JENNIFER:
Right: 16-Apr-10: -: 750-8000 Hz Diagnostic Test - High Noise: 10D16D03.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.9	55.0	6516	7969	7206	-10.6	-24.9	14.3
64.9	54.9	4922	6000	5434	-2.4	-25.1	22.7
64.9	55.1	3281	3984	3616	6.9	-20.5	27.4
64.7	55.6	2484	3000	2730	-4.9	-17.4	12.5
65.4	55.7	1641	2016	1818	-13.6	-23.7	10.1
65.5	55.8	1219	1500	1352	-16.9	-18.5	1.6
65.5	55.8	797	984	886	-30.5	-17.8	-12.7
64.9	55.8	609	750	676	-23.9	-10.9	-13.0

WIGGINS JENNIFER:
Left: 16-Apr-10: -: 750-8000 Hz Diagnostic Test - High Noise: 10D16D04.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.9	55.2	6516	7969	7206	-20.4	-24.8	4.4
64.7	55.2	4922	6000	5434	-20.0	-29.5	9.5
64.6	55.5	3281	3984	3616	-4.6	-19.7	15.1
64.4	55.0	2484	3000	2730	-16.0	-18.4	2.4

RT - Page 2 of 2

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
65.0	55.0	1641	2016	1818	-15.9	-17.1	1.2
65.0	55.5	1219	1500	1352	0.8	-9.3	10.1
65.1	55.3	797	984	886	-8.3	-13.0	4.7
64.8	55.2	609	750	676	-5.9	-10.6	4.7

Jennifer Wiggins–DOB–21 Feb 1970 (43)
IDT and Food–30 Apr 2010

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
								5.19.10	8.4.10	11.1.10	1.31.11	4.19.11
A	Sycamore					5		–	–	–		–
B	White Oak			5	6	7		2	1	C	C	C
C	White Hickory			5	6	7		2	1	C	C	C
D	American Elm			5	6	7		2	1	C	C	C
E	Eastern Cottonwood			5	6	7		2	1	C	C	C
F	Mountain Cedar					5		–	–	–		X
G	Boxelder			5	6	7		2	1	C	C	C
H	White Ash					5		–	–	–		X
I	Pine			5	6	7		2	1	C	C	C
J	River Birch			5	6	7		2	1	C	C	C
K	Timothy			5	6	7		2	1	C	C	C
L	Johnson			5	6	7		2	1	C	C	C
M	Bermuda			5	6	7		2	1	C	C	C
N	Bahia					5		–	–	–		X
O	Lambsquarter			5	6	7		2	1	C	C	C
P	English Plaintain	5	6	7				4	3	2	1	C
Q	Short Ragweed	5	6	7				4	3	2	1	C
R	Sheep Sorrel			5	6	7		2	1	C	C	C
S	Mugwort			5	6	7		2	1	C	C	C
T	Pigweed			5	6	7		2	1	C	C	C
U	Alternaria Alternata			5	6	7		2	1	C	C	C
V	Aspergillus Mix					5		–				X
W	Fusarium Mix					5						X
X	Cladosporium(Hormo)					5						X
Y	Mucor Mix			5	6	7		3	2	1	C	C
Z	Penicillium Mix					5		–	–	–		X
AA	Pulluria Pullulans			5	6	7		2	1	C	C	C
BB	Johnson Grass Smut					5		–	–	–		X
CC	Stemph. Solani			5	6	7		2	1	C	C	C
DD	D. Pteronyssus					5						X
EE	D. Farinae					5						X
FF	Cockroach Mix	5	6	7				4	3	2	1	C
GG	Cat					5						X
HH	Dog					5						X
II	T.O.E. Mold Mix			5	6	7		2	1	C	C	C
JJ	Horse											
KK	Feather Mix											
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Jennifer Wiggins

Date: 4.30.10

Controls:
+ = 7
= 5
Gly= 0

R. Puchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidnne, MD
S. Tetterton, PA-C
D. Makeupson, PA-C

Treatment:
~~Immunotherapy~~ W H P C
Avoidance
Pharmacotherapy with _____

Tetterton

5349

ennifer Wiggins DOB: 21.Feb.1970 (43)
DT and Food 30.Apr.2010

Jennifer Wiggins
4.30.10

Patient Mixing Log
The Sinus and Allergy Center

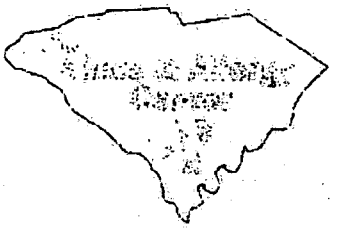
start M

	ANTIGEN	last mix	Vial Set	Vial Set	Vial Set	Vial Set	Vial Set	Vial Set	Vial Set
		7.13.11	10.17.11						
A	Sycamore	X 1	X 1						
B	White Oak	C	C						
C	White Hickory	C	C						
D	American Elm	C	C						
E	Eastern Cottonwood	C	C						
F	Mountain Cedar	X	X						
G	Boxelder	C	C						
H	White Ash	X	X						
I	Pine	C	C						
J	River Birch	C	C						
K	Timothy	C 1	C 1						
L	Johnson	C	C						
M	Bermuda	C	C						
N	Bahia	X	X						
O	Lambsquarter	C 1	C 1						
P	English Plaintain	C 2	C 2						
Q	Short Ragweed	C	C						
R	Sheep Sorrel	C	C						
S	Mugwort	C	C						
T	Pigweed	C	C						
U	Alternaria Alternata	C 2	C 2						
V	Aspergillus Mix	X	X						
W	Fusarium Mix								
X	Cladosporium(Hormo)								
Y	Mucor Mix	C	C						
Z	Penicillium Mix	X	X						
AA	Pullularia Pullulans	C	C						
BB	Johnson Grass Smut	X	X						
CC	Stemph. Solani	C	C						
DD	D. Pteronyssus	X	X						
EE	D. Farinae								
FF	Cockroach Mix	C 2	C 2						
GG	Cat	X	X						
HH	Dog								
II	T.O.E. Mold Mix	C 2	C 2						
JJ	Horse								
KK	Feather Mix								
LL	Rabbit								
MM	Hamster								
	Fire Ant								

Dr. Puchalski
Dr.Vidrine
Dr. Simmons
Dr. Battiata
S. Tetterton, PA-C
D. Makupson, PA-C

m

5350



FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	4
11) Pecan	2	26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Jennifer Wiggins

Date: 4-30-10

Jennifer Wiggins DOB: 21.Feb.1970 (43)
Spirometry Report 30.Apr.2010

Spirometry Report
Puritan Bennett Renaissance II
S/N: G080700523
Version: 1.1.13

Session Date: 30APR2010
Session Time: 01:40PM
Last Cal Check: 30APR2010

BEST 3 FVC/FVL REPORT

ID: 23434
Name: WIGGINS;JENNIFER
Gender: FEMALE
Medication:
Dosage:

Height: 64" Physician:
Age: 40YRS Technician:
Weight: 146LBS
Smoker: 24YRS, 15 Pack Yrs
Ethnicity/Correction: CAUCASIAN 100.00

Sensor Code: 656001
Temperature: 22F
Barometric Press: 760mmHg
BTPS Correction: 1.106
Normals: NHANES III

Clinical Format: PRFMID - 01:46PM
Best Criteria:

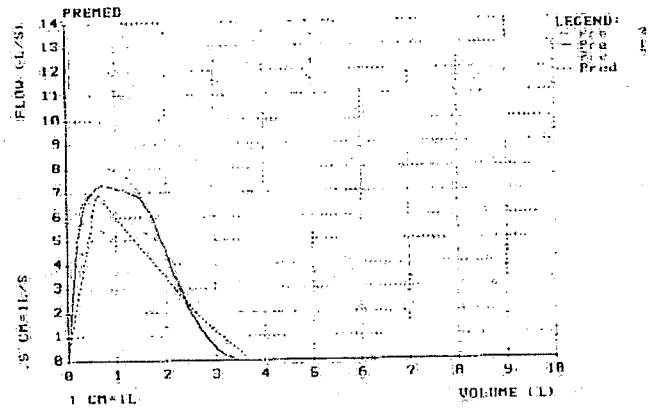
* Indicates Best Value
VAL

MEASUREMENT	QC		%Pred			Pred	LLN
FVC (L)	A		93			3.72	3.02
FEV1 (L)	A	*	100			3.03	2.44
FEV1%			107			82	73
FEF25-75 (L/S)		*	141			3.14	
PEF(L/S)		*	113			7.00	
FET (S)		A					

BEST FEV1%

Report Summary:
Pre Med: Tests 3 Acceptable 3 Reproducible 2 FVC VAR: 3ML FEV1 VAR: 3ML PEF VAR: 621ML/S

ATS Interpretation: PRFMID - Normal Spirometry
Lung Age: 40 YRS COPD Risk 12 If stop smoking: 8%
Comment:



1) Normal
2) Normal/mild restrictive
3) Revesible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post	
FVC	3.72	3.47		Location: WAYNESVILLE
FEV1	3.03	3.04		Followup Date:
FEV1/FVC	82 %	Pad 88 %	%	Phys. Signature: DVORAK
				Date Interpreted: 5/4/10

5352

SCENT DEF Exhibit 146

12/21/2011 PALMETTO HEALTH RICHLAND, COLUMBIA, SC CLIENT REPORT
06:39 PAUL L. GUERRY, MD DIRECTOR OF PATHOLOGY PAGE

NAME: WIGGINS,JENNIFER *PATIENT DISCHARGED* DOB:02/21/1970
H# : DK8-52933 LOC: DK8 AGE: 41Y SEX: F
ACCT: 4818654061 DR: TETTERTON,STEPHANIE RM#:

W5416 COLL: 11/23/2011 00:00 REC: 11/23/2011 22:47 PHYS: TETTERTON,STEPH

CULT,FUNGUS OTHER

SPECIMEN DESCRIPTION	NASOPHARYNGEAL
SPECIAL REQUESTS	R NASAL
CULTURE	NO FUNGUS ISOLATED AFTER 27 DAYS
REPORT STATUS	PENDING

WIGGINS,JENNIFER END OF REPORT PAGE

11/25/2011 PALMETTO HEALTH RICHLAND, COLUMBIA, SC CLIENT REPORT
08:38 PAUL L. GUERRY, MD DIRECTOR OF PATHOLOGY PAGE

NAME: WIGGINS,JENNIFER *PATIENT DISCHARGED* DOB:02/21/1970
H# : DK8-52933 LOC: DK8 AGE: 41Y SEX: F
ACCT: 4818654061 DR: TETTERTON,STEPHANIE RM#:

W5415 COLL: 11/23/2011 00:00 REC: 11/23/2011 22:46 PHYS: TETTERTON,STEPH

CULT NP

SPECIMEN DESCRIPTION	NASOPHARYNGEAL
SPECIAL REQUESTS	RIGHT
CULTURE	MIXED OROPHARYNGEAL FLORA
REPORT STATUS	FINAL 11/25/2011

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway, Hartsville, SC, 29550
Harold N. Wheeler, M.D., Pathologist

PATIENT: WIGGINS, JENNIFER
I.D.#: 2829622
DISCHARGED: 09/14/10
MRN: 0000076789 LOCATION: OP--
DOB: 02/21/1970 AGE: 40 SEX: F
ORDERED BY: PUCHALSKI, ROBERT

MICROBIOLOGY

SOURCE: NASAL right
ORDER#: I9140190
ANTIBIOTICS AT COLLECTION :
ORDER ENTRY COMMENTS:
COLLECTED: 09/14/10 11:14
RECEIVED : 09/14/10 11:14

CULTURE RESPIRATORY ■ FINAL 09/16/10 08:00

09/15/10 PRELIMINARY: ORG #1: SCANT GROWTH OF Staphylococcus aureus, sensitivities to follow.
ORG #2: SCANT GROWTH OF Coagulase negative staphylococcus, SUSCEPTIBILITY TESTING NOT INDICATED.
09/16/10 FINAL: ORG #1: SCANT GROWTH OF Staphylococcus aureus.
ORG #2: SCANT GROWTH OF Coagulase negative staphylococcus, SUSCEPTIBILITY TESTING NOT INDICATED.

GRAM STAIN ■ FINAL 09/15/10 07:36

09/15/10 RARE WHITE BLOOD CELLS
RARE EPITHELIAL CELLS
NO ORGANISMS SEEN

ISOLATES AND SENSITIVITY RESULTS

Organism 01 Staphylococcus aureus 09/16/10 07:46 PLS
Organism 02 Coagulase negative Staphylococcus 09/15/10 11:14 PLS

Organism / Antibiotic	Org# 01 MIC	INTERP
Cefoxitin Screen	neg	-
Inducible Clindamycin Resi	pos	+
Tigecycline	<=0.12	S
Moxifloxacin(Avelox)	<=0.25	S
TETRACYCLINE	>=16	R
GARAMYCIN (GENTAMYCIN)	<=0.5	S
TRIMETH/SULFA (BACTRIM)	<=10	S
CIPROFLOXACIN (CIPRO)	<=0.5	S
CLINDAMYCIN (CLEOCIN)	<=0.25	R
VANCOMYCIN	1	S
ERYTHROMYCIN (ILOTYSON,ILO	>=8	R
OXACILLIN	0.5	S
PENICILLIN	>=0.5	R
RIFAMPIN (RIFADIN)	<=0.5	S

S = Susceptible I = Intermediate R = Resistant Blank = NA or not defined in NCCLS guidelines

KEY FOR RESULTS: ■ - NEW RESULT
ATT.PHYS.: PUCHALSKI, ROBERT
ADM.DATE: 09/14/10
MRN: 0000076789 LOCATION: OP--
PATIENT : WIGGINS, JENNIFER

MICROBIOLOGY

PRINTED: 09/16/10 08:00 AUTO 1 PAGE: 1 of 1

SCENT DEF Exhibit 146

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
363-326-0060-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-9354

OPT LEFT NASAL CAVITY SRC:LS

FASTING: N
DOB: 2/21/1970

PATIENT NAME	SEX	AGE(YR./MOS.)
WIGGINS,JENNIFER	F	37 / 10

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
12/28/2007	18:03	12/29/2007	1/29/2008	0:05	4189

CLINICAL INFORMATION
WHEELER H CD- 20120925261

PHYSICIAN ID.	NPI	PATIENT ID.
DYCE		245359354

ACCOUNT: Carolina Pines Regional Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER: 39713405

TEST	RESULT	LIMITS	LAB
Fungus Culture With Stain			
Fungus Stain	Final report		01
Result 1	Yeasts observed		01
Fungus (Mycology) Culture	Final report		01
Result 1			01
No yeast or mold isolated after 4 weeks.			

LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

Pat Name: WIGGINS,JENNIFER | Pat ID: 245359354 | Spec #: 363-326-0060-0 | Seq #: 4189

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.20.00

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway, Hartsville, SC, 29550
Harold N. Wheeler, M.D., Pathologist

PATIENT: WIGGINS, JENNIFER
I.D.#: 2748153
DISCHARGED: 12/28/07
MRN: 0000076789 LOCATION: OP--
DOB: 02/21/1970 AGE: 37 SEX: F
ORDERED BY: DYCE, ORVILLE

M I C R O B I O L O G Y

SOURCE: NASAL left nasal cavity
ORDER#: F6280244
ANTIBIOTICS AT COLLECTION :
ORDER ENTRY COMMENTS:
COLLECTED: 12/28/07 15:09
RECEIVED : 12/28/07 15:09

CULTURE MISCELLANEOUS - CANCELLED 12/28/07 15:07
- cancelled on 12/28/07 15:07 by HLJ
incorrect test ordered

CULTURE RESPIRATORY ■ FINAL 01/01/08 12:18
12/29/07 PRELIMINARY: NO GROWTH
12/30/07 PRELIMINARY: Scant growth of Probable staphylococcus species, further identification to follow.
12/31/07 PRELIMINARY: ORG.#1= SCANT GROWTH OF Coagulase negative staphylococcus.
ORG.#2= VERY SCANT GROWTH OF GRAM NEGATIVE COCCOBACILLUS, further identification to follow.
01/01/08 FINAL: ORG.#1= SCANT GROWTH OF Coagulase negative staphylococcus.
ORG.#2= VERY SCANT GROWTH OF HAEMOPHILUS INFLUENZAE, BETA LACTAMASE NEGATIVE

GRAM STAIN ■ FINAL 12/29/07 11:00
12/29/07 RARE GRAM POSITIVE COCCI

ISOLATES AND SENSITIVITY RESULTS

Organism 01 Coagulase negative Staphylococcus 12/31/07 10:05 LRD
THIS STAPHYLOCOCCUS SPECIES DOES NOT DEMONSTRATE INDUCIBLE CLINDAMYCIN RESISTANCE IN VITRO.
Organism 02 Haemophilus influenzae 01/01/08 12:47 LRD

Organism / Antibiotic	Org# 01 MIC	INTERP
Moxifloxacin(Avelox)	<=0.25	S
TETRACYCLINE	2	S
GARAMYCIN (GENTAMYCIN)	<=0.5	S
TRIMETH/SULFA (BACTRIM)	160	R
CIPROFLOXACIN (CIPRO)	<=0.5	S
CLINDAMYCIN (CLEOCIN)	<=0.25	S
VANCOMYCIN	2	S
ERYTHROMYCIN (ILOTYSON,ILO	>=8	R
OXACILLIN	>=4	R
PENICILLIN	>=0.5	R

..... continued on the next page .....

KEY FOR RESULTS: ■ - NEW RESULT

ATT.PHYS.: DYCE, ORVILLE
ADM.DATE: 12/28/07
MRN: 0000076789 LOCATION: OP--
PATIENT : WIGGINS, JENNIFER

M I C R O B I O L O G Y

5357

SCENT DEF Exhibit 146

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway, Hartsville, SC, 29550
Harold N. Wheeler, M.D., Pathologist

PATIENT: **WIGGINS, JENNIFER** MRN: 0000076789 LOCATION: OP--
I.D.#: 2748153 DOB: 02/21/1970 AGE: 37 SEX: F
DISCHARGED: 12/28/07 ORDERED BY: DYCE, ORVILLE

M I C R O B I O L O G Y

SOURCE: **NASAL left nasal cavity** COLLECTED: 12/28/07 15:09
ORDER#: **F6280244** RECEIVED : 12/28/07 15:09
ANTIBIOTICS AT COLLECTION :
ORDER ENTRY COMMENTS:

Organism / Antibiotic	Org# 01 MIC	INTERP
RIFAMPIN (RIPADIN)	<=0.5	S

S = Susceptible I = Intermediate R = Resistant Blank = NA or not defined in NCCLS guidelines

KEY FOR RESULTS: * - NEW RESULT

ATT.PHYS.: DYCE, ORVILLE MRN: 0000076789 LOCATION: OP--
ADM.DATE: 12/28/07 PATIENT : WIGGINS, JENNIFER

M I C R O B I O L O G Y

5358

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway, Hartsville, SC, 29550
Harold N. Wheeler, M.D., Pathologist

PATIENT: **WIGGINS, JENNIFER** MRN: **0000076789** LOCATION: **OP--**
I.D.#: **2748153** DOB: **02/21/1970** AGE: **37** SEX: **F**
DISCHARGED: **12/28/07** ORDERED BY: **DYCE, ORVILLE**

M I C R O B I O L O G Y

SOURCE: **NASAL left nasal cavity** COLLECTED: **12/28/07 15:09**
ORDER#: **F6280244** RECEIVED : **12/28/07 15:09**
ANTIBIOTICS AT COLLECTION :
ORDER ENTRY COMMENTS:

CULTURE MISCELLANEOUS - CANCELLED 12/28/07 15:07
- cancelled on 12/28/07 15:07 by HLJ
incorrect test ordered

CULTURE RESPIRATORY * FINAL 12/31/07 09:57
12/29/07 **PRELIMINARY: NO GROWTH**
12/30/07 **PRELIMINARY: Scant growth of Probable staphylococcus species, further identification to follow.**
12/31/07 **FINAL: SCANT GROWTH STAPHYLOCOCCUS EPIDERMIDIS.**

GRAM STAIN * FINAL 12/29/07 11:00
12/30/07 **RARE GRAM POSITIVE COCCI**

ISOLATES AND SENSITIVITY RESULTS

Organism 01 Staphylococcus epidermidis 12/31/07 08:07 ABB
THIS STAPHYLOCOCCUS SPECIES DOES NOT DEMONSTRATE INDUCIBLE CLINDAMYCIN RESISTANCE IN VITRO.

Organism / Antibiotic	Org# 01 MIC	INTERP
Moxifloxacin(Avelox)	<=0.25	S
TETRACYCLINE	2	S
GARAMYCIN (GENTAMYCIN)	<=0.5	S
TRIMETH/SULFA (BACTRIM)	160	R
CIPROFLOXACIN (CIPRO)	<=0.5	S
CLINDAMYCIN (CLEOCIN)	<=0.25	S
VANCOMYCIN	2	S
ERYTHROMYCIN (ILOTYSON,ILO	>=8	R
OXACILLIN	>=4	R
PENICILLIN	>=0.5	R
RIFAMPIN (RIFADIN)	<=0.5	S

S - Susceptible I - Intermediate R - Resistant Blank = NA or not defined in NCCLS guidelines

KEY FOR RESULTS: * - NEW RESULT

ATT.PHYS.: DYCE, ORVILLE MRN: 0000076789 LOCATION: OP--
ADM.DATE: 12/28/07 PATIENT : WIGGINS, JENNIFER

M I C R O B I O L O G Y

PRINTED: 12/31/07 09:57 AUTO ! PAGE: 1 of 1

5359

SCENT DEF Exhibit 146

Jennifer Wiggins DOB: 21.Feb.1970 (43)
fungus culture 23.Nov.2011

11/30/2011 06:39 PALMETTO HEALTH RICHLAND, COLUMBIA, SC
PAUL L. GUERRY, MD DIRECTOR OF PATHOLOGY
CLIENT REPORT PAGE

NAME: WIGGINS,JENNIFER *PATIENT DISCHARGED* DOB:02/21/1970
H# : DK8-52933 LOC: DK8 AGE: 41Y SEX: F
ACCT: 4818654061 DR: TETTERTON,STEPHANIE RM#:

W5416 COLL: 11/23/2011 00:00 REC: 11/23/2011 22:47 PHYS: TETTERTON,STEPH

CULT,FUNGUS OTHER

SPECIMEN DESCRIPTION	NASOPHARYNGEAL
SPECIAL REQUESTS	R NASAL
CULTURE	NO FUNGUS ISOLATED AFTER 6 DAYS
REPORT STATUS	PENDING

WIGGINS,JENNIFER END OF REPORT PAGE

5360

SCENT DEF Exhibit 146



696 Medical Park Drive
Hartsville, SC 29550
Phone: 843-857-4355
Fax: 843-857-0105
www.southcarolinaent.com

Patient: Wiggins, Jennifer
DOB: 02-21-70
Date of Procedure/Interpretation: 04-30-10

History:

CT Scan of the Paranasal Sinuses

Findings: The paranasal sinuses are clear. No air fluid levels or significant mucosal disease is seen. The ostiomeatal complexes are normal. There is mild thickening of the mucosa of the middle and inferior turbinate on the left.

IMPRESSION: Mild mucosal thickening of the middle and inferior turbinate on the left. Otherwise negative study.

Sally Regan, M.D.

SR/syf

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Sepia Blackstock Date of Birth: 12-4-75

Address: 812 F St. Hartsville, SC 29550

Phone Number: 843-307-4412 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

Fax: 803-408-3299
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☒ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

ORVILLE DYCE MD, FAAOA
Board Certified ENT & Sleep Medicine
Subspecialty Certified Allergy

696 Medical Park Drive
Hartsville, SC 29550
843-383-5312
Fax 843-656-1213

110-A Doctors Drive
Cheraw, SC 29520

HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville ENT

Address: 1010 Medical Park Dr Hartsville

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify): _____
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Signature of Patient _____ Date 10/11/13

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Name of Patient (Please Print) _____

Patient is:
- [ ] Minor
- [ ] Incompetent
- [ ] Disabled
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Legal Guardian
- [ ] Executor of Estate of Deceased
- [ ] Power of Attorney for Health Care
- [ ] Authorized Legal Personal Representative

Signature of Witness _____ Date _____

SCENT DEF Exhibit 146

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (35) Female
Visit Date: 18.Oct.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Jeri Andrews

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today for reevaluation of my snoring. I do not stop breathing but I do snore loud. I am not tired all the time. I am using my Flonase one spray in the morning and one spray at night.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.

Impression: Ms Blackstock presented today for evaluation of snoring. She denied daytime somnolence and was noted to have an Epworth Score of 3 today. She underwent a sleep study in 11.2009, which did not demonstrate evidence of obstructive sleep apnea with an AHI of 0.5 and lowest oxygen desaturation of 90%. However, she was only noted to sleep 232 minutes and therefore may not have been an adequate study. She currently has a BMI of 35, but is on a weight loss plan with her primary care physician. A thorough upper airway evaluation revealed:

Nasal cavity: Nasal endoscopy revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion.

Nasopharynx: No significant adenoid tissue.

Oropharynx: Friedman Stage I with 1+ tonsils present.

Hypopharynx: Laryngoscopy revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis.

Larynx: There was evidence of true vocal cord mobility and normal glottic chink.

Her snoring is likely more related to her BMI and nasal obstruction, however given the poor sleep efficiency noted on her 2009 study, I have recommended that she undergo repeat testing. We discussed options including further investigation with a repeat sleep study versus treatment of snoring with an oral appliance and/ or surgical intervention. At this time, she will be scheduled for a repeat sleep study. In addition, she was encouraged to continue her weight loss and diet plan. She was also given a PIF regarding oral appliances and was encouraged to consult her orthodontist prior to purchasing one as she currently has braces.

On a separate note, Ms Blackstock reported frequent nasal congestion and difficulty breathing through her nose as well as sneezing. She currently uses nasal steroid spray with only minimal improvement. Nasal endoscopy revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will be scheduled for further investigation with allergy testing.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will

continue her current medications. She will return in six months for reevaluation.

Of historical note:
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

TESTS AND PROCEDURES
TO BE SCHEDULED
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled; Location: office
94640 Nebulizer Apparatus
To be scheduled; Location: office
J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
To be scheduled; Location:
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95024 Intradermal Test
To be scheduled; Location: office
95810 NPSG
To be scheduled; Location:

Electronically signed by D. Macy Vidrine, M.D., FAAOA on 07.Nov.2011 02:09 PM

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (35) Female
Visit Date: 18.Oct.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Jeri Andrews

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today for reevaluation of my snoring. I do not stop breathing but I do snore loud. I am not tired all the time. I am using my Flonase one spray in the morning and one spray at night.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.

Impression: Ms Blackstock presented today for evaluation of snoring. She denied daytime somnolence and was noted to have an Epworth Score of 3 today. She underwent a sleep study in 11.2009, which did not demonstrate evidence of obstructive sleep apnea with an AHI of 0.5 and lowest oxygen desaturation of 90%. However, she was only noted to sleep 232 minutes and therefore may not have been an adequate study. She currently has a BMI of 35, but is on a weight loss plan with her primary care physician. A thorough upper airway evaluation revealed:

Nasal cavity: Nasal endoscopy revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion.

Nasopharynx: No significant adenoid tissue.

Oropharynx: Friedman Stage I with 1+ tonsils present.

Hypopharynx: Laryngoscopy revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis.

Larynx: There was evidence of true vocal cord mobility and normal glottic chink.

Her snoring is likely more related to her BMI and nasal obstruction, however given the poor sleep efficiency noted on her 2009 study, I have recommended that she undergo repeat testing. We discussed options including further investigation with a repeat sleep study versus treatment of snoring with an oral appliance and/ or surgical intervention. At this time, she will be scheduled for a repeat sleep study. In addition, she was encouraged to continue her weight loss and diet plan. She was also given a PIF regarding oral appliances and was encouraged to consult her orthodontist prior to purchasing one as she currently has braces.

On a separate note, Ms Blackstock reported frequent nasal congestion and difficulty breathing through her nose as well as sneezing. She currently uses nasal steroid spray with only minimal improvement. Nasal endoscopy revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will be scheduled for further investigation with allergy testing.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will

continue her current medications. She will return in six months for reevaluation.

Of historical note:
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

TESTS AND PROCEDURES
TO BE SCHEDULED
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled; Location: office
94640 Nebulizer Apparatus
To be scheduled; Location: office
J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
To be scheduled; Location:
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95024 Intradermal Test
To be scheduled; Location: office
95810 NPSG
To be scheduled; Location:

Electronically signed by D. Macy Vidrine, M.D., FAAOA on 07.Nov.2011 02:09 PM

SCENT DEF Exhibit 146

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (36) Female
Visit Date: 25.Jan.2012 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies and to go over my allergy retest. I am doing about the same with my allergies. I am still sneezing, having itchy eyes and headaches.

ASSESSMENT

CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN

Comments: Stephanie Tetterton, PA-C.

Impression: Ms Blackstock presented today for review of a recent sleep study performed for further evaluation of snoring. NPSG performed 10.24.2011 revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21. Of note, she underwent a sleep study in 11.2009, which did not demonstrate evidence of obstructive sleep apnea with an AHI of 0.5 and lowest oxygen desaturation of 90%. However, she was only noted to sleep 232 minutes and therefore may not have been an adequate study. She currently has a BMI of 35, but is on a weight loss plan with her primary care physician. A thorough upper airway evaluation at last visit revealed: Nasal cavity: Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. Nasopharynx: No significant adenoid tissue. Oropharynx: Friedman Stage I with 1+ tonsils present. Hypopharynx: Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. Larynx: There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will be scheduled for a CPAP titration study. In addition, she was encouraged to continue her weight loss and diet plan. She will follow up when testing is complete.

On a separate note, Ms Blackstock presented for review of recent allergy testing performed for further evaluation of reported frequent nasal congestion and difficulty breathing through her nose as well as sneezing. Allergy test performed 1.9.2012 revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will be scheduled for immunotherapy. She will follow up in three months for reevaluation.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal lure vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in six months for reevaluation.

Of historical note:
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.

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10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

Electronically signed by Oliver Simmons, MD on 25.Jan.2012 01:36 PM

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SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (36) Female
Visit Date: 07.Mar.2012 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my sleep apnea. I am doing well with my machine and using it every night.

ASSESSMENT

CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN

Comments: Niccole Mount, NP.
Impression: Ms Blackstock presented today for review of CPAP titration and CPAP compliance download. NPSG performed 10.24.2011 revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21. CPAP titration (02.02.12) revealed an optimal setting of 14cm H2O. CPAP compliance download (01/25/12-03/06/12) revealed 76% greater than four hours with an average AHI 0.8 at 14cm H2O. She currently has a BMI of 35, but is on a weight loss plan with her primary care physician. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. There was no significant adenoid tissue. Oral examination revealed a Friedman Stage I with 1+ tonsils present. Hypopharynx: Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will continue CPAP and return in three months for a repeat CPAP download.

On a separate note, Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. She reported mild improvement in symptoms thus far. She is also on Zyrtec. Allergy test performed 1.9.2012 revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will continue immunotherapy, Zyrtec, and Flonase. She will follow up in three months for reevaluation.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in six months for reevaluation.

Of historical note:
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

Electronically signed by Oliver Simmons, MD on 09.Mar.2012 08:30 AM

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (36) Female
Visit Date: 22.Aug.2012 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies. I am doing about the same. I am having a little shortness of breath today.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath
Location: bilateral

PLAN
Comments: Niccole Mount, NP.

Impression: Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. She reported mild improvement in symptoms thus far, however reports shortness of breath today. Auscultation of lungs was normal. Spirometry was normal. Otoscopic examination revealed no abnormalities. Anterior rhinoscopy revealed turbinate hypertrophy with contact to the medial septum on the left. There was clear rhinorrhea. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will continue immunotherapy, Flonase and restart Zyrtec. She will follow up in three months for reevaluation.

Not discussed today:
Ms Blackstock presented in the midst of using CPAP with no complaints. CPAP compliance download (03/07/12-07/01/12) revealed 94% greater than four hours with an average AHI 0.5 at 14cm H2O. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. There was no significant adenoid tissue. Oral examination revealed a Friedman Stage I with 1+ tonsils present. Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will continue CPAP and return in three months for a repeat CPAP download.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in six months for reevaluation.

Of historical note:
10/24/11: NPSG revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21.
02/02/12: CPAP titration revealed an optimal setting of 14cm H2O.
01/09/12: Allergy test revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal.
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust,

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cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

Electronically signed by Oliver Simmons, MD on 30.Aug.2012 02:00 PM

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SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (36) Female
Visit Date: 02.Oct.2012 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy and my sleep issues.

ASSESSMENT
CURRENT PROBLEMS
530.81 Esophageal Reflux
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.

Impression: Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. She reported mild improvement in symptoms thus far. She receives immunotherapy at Care South in Hartsville. Auscultation of lungs was normal. Spirometry was normal. Otoscopic examination revealed no abnormalities. Anterior rhinoscopy revealed turbinate hypertrophy with contact to the medial septum on the left. There was clear rhinorrhea. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will continue immunotherapy, Flonase and Zyrtec. She will follow up in three months for reevaluation.

on a separate note, Ms Blackstock presented in the midst of using CPAP with no complaints. Her epworth score today was 15. CPAP compliance download (07/01/12-10/01/12) revealed 94% greater than four hours with an average AHI 0.5 at 14cm H2O. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate-severe turbinate congestion. There was no significant adenoid tissue. Oral examination revealed a Friedman Stage I with 1+ tonsils present. Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will continue CPAP and return in three months for a repeat CPAP download.

Of note, Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in three months for reevaluation.

Of historical note:
10/24/11: NPSG revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21.
02/02/12: CPAP titration revealed an optimal setting of 14cm H2O.
01/09/12: Allergy test revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal.
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.

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2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

Electronically signed by Robert Puchalski, M.D., FAAOA on 05.Oct.2012 05:27 PM

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (37) Female
Visit Date: 08.Jan.2013 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy and my sleep issues. I am doing well with my shots and CPAP and feel they are beneficial.

ASSESSMENT

CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN

Medical Advice:
- Continue allergy injections. Counseled to increase activity. Counseled to reduce weight.

Schedule Follow-up: in 3 months.
Type of follow-up visit: treatment follow-up. Compliance documentation.
Comments: Bob Kabakjian PAC. Bob Kabakjian PAC.
Impression: Patient is demonstrating good compliance, tolerance, and is responding well to immune therapy for allergic rhinitis. There have been no complaints of adverse reaction to therapy either local or systemic. Instruction was given to remain on therapy for another three months. During this time the patient will continue to monitor for signs of adverse reaction including rash or swelling. In three months signs of improvement will be monitored including decrease in allergy symptoms, allergy medication use, and/or episodes of recurrent sinusitis. In the interim, patient will continue PRN usage of previously prescribed allergy medications. The patient was also seen for CPAP compliance documentation. The patient presented initially with a sleep study which demonstrates obstructive sleep apnea syndrome (OSAS). Testing performed demonstrated an optimal CPAP setting was 14 cm H20.

Compliance documentation downloaded today was for the time period of 10/1/12 to 1/7/13. It demonstrates a usage greater then 4 hours of 93%. The AHI is 0.6. Average nightly use was 7.4 hours.

Patient instructed to continue CPAP with heated humidification at it's current settings. Scripts were given for new mask and tubing as needed. Compliance tracking will be performed in three months. A repeat split night study will be performed one year from start date to assess effectiveness of therapy.

Electronically signed by Bob Kabakjian, PA-C on 17.Jan.2013 01:19 PM

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SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (37) Female
Visit Date: 16.Apr.2013 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow-up on my immunotherapy and my CPAP. I am doing well at this time.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN
Medical Advice:
- Continue allergy injections. Counseled to increase activity. Counseled to reduce weight.

Schedule Follow-up: in 3 months.
Type of follow-up visit: treatment follow-up. Conipliance documentation. Compliance documentation.
Comments: Bob Kabakjian PAC.

Impression: Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. Patient is demonstrating good compliance, tolerance, and is responding well to immune therapy for allergic rhinitis. There have been no complaints of adverse reaction to therapy either local or systemic. Instruction was given to remain on therapy for another three months. During this time the patient will continue to monitor for signs of adverse reaction including rash or swelling. In three months signs of improvement will be monitored including decrease in allergy symptoms, allergy medication use, and/or episodes of recurrent sinusitis. In the interim, patient will continue PRN usage of previously prescribed allergy medications. Sepia was also seen for CPAP compliance documentation. Testing performed demonstrated an optimal CPAP setting was 14 cm H20. Compliance documentation downloaded today was for the time period of 1/8/13 to 4/15/13. It demonstrates a usage greater then 4 hours of 93%. The AHI is 0.4. Average nightly use was 6.5 hours. Patient instructed to continue CPAP with heated humidification at it's current settings. Scripts were given for new mask and tubing as needed. Compliance tracking will be performed in three months. A repeat split night study will be performed one year from start date to assess effectiveness of therapy. Patient is demonstrating good compliance, tolerance, and is responding well to immune therapy for allergic rhinitis. There have been no complaints of adverse reaction to therapy either local or systemic. Instruction was given to remain on therapy for another three months. During this time the patient will continue to monitor for signs of adverse reaction including rash or swelling. In three months signs of improvement will be monitored including decrease in allergy symptoms, allergy medication use, and/or episodes of recurrent sinusitis. In the interim, patient will continue PRN usage of previously prescribed allergy medications. The patient was also seen for CPAP compliance documentation. The patient presented initially with a sleep study which demonstrates obstructive sleep apnea syndrome (OSAS). Testing performed demonstrated an optimal CPAP setting was 14 cm H20.

Compliance documentation downloaded today was for the time period of 10/1/12 to 1/7/13. It demonstrates a usage greater then 4 hours of 93%. The AHI is 0.6. Average nightly use was 7.4 hours.

Patient instructed to continue CPAP with heated humidification at it's current settings. Scripts were given for new mask and tubing as needed. Compliance tracking will be performed in three months. A repeat split night study will be performed one year from start date to assess effectiveness of therapy. Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. She reported mild improvement in symptoms thus far. She receives immunotherapy at Care South in Hartsville. Auscultation of lungs was normal. Spirometry was normal. Otoscopic examination revealed no abnormalities. Anterior rhinoscopy revealed turbinate hypertrophy with contact to the medial septum on the left. There was clear rhinorrhea. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will continue immunotherapy, Flonase and Zyrtec. She will follow up in three months for reevaluation.

on a separate note, Ms Blackstock presented in the midst of using CPAP with no complaints. Her epworth score today was 15. CPAP compliance download (07/01/12-10/01/12) revealed 94% greater than four hours with an average AHI 0.5 at 14cm H2O. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate-

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severe turbinate congestion. There was no significant adenoid tissue. Oral examination revealed a Friedman Stage I with 1+ tonsils present. Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will continue CPAP and return in three months for a repeat CPAP download.

Of note, Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in three months for reevaluation.

Of historical note:
10/24/11: NPSG revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21.
02/02/12: CPAP titration revealed an optimal setting of 14cm H2O.
01/09/12: Allergy test revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal.
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits. Ms Blackstock presented in the midst of using CPAP with no complaints. CPAP compliance download (03/07/12-07/01/12) revealed 94% greater than four hours with an average AHI 0.5 at 14cm H2O. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. There was no significant adenoid tissue. Oral examination revealed a Friedman Stage I with 1+ tonsils present. Laryngoscopy at last visit revealed moderate tongue base fullness with an open vallecula. There was no evidence of lingual tonsil hypertrophy. There was moderate glossoptosis. There was evidence of true vocal cord mobility and normal glottic chink. At this time, she will continue CPAP and return in three months for a repeat CPAP download.

On a separate note, Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. She reported mild improvement in symptoms thus far, however reports eye itching and watering. Physical examination revealed mild injection of the eyes with no mucoid discharge. Anterior rhinoscopy revealed mild turbinate hypertrophy with no evidence of mucopus or polyps. Nasal endoscopy at last visit revealed no significant nasal septal deviation in the setting of moderate- severe turbinate congestion. At this time, she will continue immunotherapy, Flonase and restart Zyrtec. She will follow up in three months for reevaluation. She may benefit from an allergy eye drop in the future should her eye symptoms fail to improve on current pharmacotherapy therapy.

Of note, ***not discussed today***Ms Blackstock presented today for reevaluation of reflux. She continues to report improvement in her reflux symptoms with Flonase, Pepcid and Protonix. She initially presented with dysphagia in the setting of a persistent globus sensation for a duration of several years. She reported stress seems to increase her symptoms. Anterior rhinoscopy revealed marked congestion with no masses, polyps or mucopus. Mirror examination on previous visit revealed normal ture vocal cord mobility with mild laryngeal edema. Laryngoscopy performed in the past revealed mild interarytenoid pachydermia with post cricoid edema. No masses or polyps seen. At this time, she will continue her current medications. She will return in six months for reevaluation.

Of historical note:
10/24/11: NPSG revealed an AHI of 7 with oxygen desaturation to 85%. She was also noted to have a PLMI of 21.
02/02/12: CPAP titration revealed an optimal setting of 14cm H2O.
01/09/12: Allergy test revealed hypersensitivity to tree, grass, weed, mold, dust, cat, dog, horse, hamster. Food testing

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revealed 4+ sensitivity to pecan and pinto bean. Spirometry was normal.
8.30.10: CT scan of the sinus was negative.
8.11.10: Esophageal dilatation for dysphagia.
8.11.10: Ph Bravo Probe demonstrated a DeMeester score of 20 with 81 reflexes.
11.3.09: Sleep study was negative however did reveal limb movements consistent with her use of Abilify dopaminergic agent since she is currently on Bromocriptine.
10.5.09: Modified barium swallow with esophagram revealed mild spasm of the upper esophageal sphincter.
2.2.09: Allergy testing demonstrated a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE.
11.18.08: Modified barium swallow with esophagram revealed no abnormalities seen with reflux and spasms of the laryngeal esophagus seen on the esophagram.
8.6.07: Thyroid ultrasound revealed multiple small <1cm cysts in the thyroid gland bilaterally.
8.1.07: Thyroid labs were within normal limits.

Electronically signed by Robert Puchalski, M.D., FAAOA on 23.Apr.2013 10:48 AM

SEPIA V. BLACKSTOCK Patient ID: 158-62-7938
DOB: 04.Dec.1975 (37) Female
Visit Date: 07.Oct.2013 at SC EAR NOSE THROAT And FACIAL (WW)

PROVIDER INFORMATION
PCP: Jeri Andrews
Requesting: Dr Emmanuel O. Quaye

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my CPAP compliance and allergy immunotherapy. I am doing well at this time. HS

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN
Medical Advice:
- Continue allergy injections. Counseled to increase activity. Counseled to reduce weight.

Medication Notes: Continue current medications.
Schedule Follow-up: in 3 months.
Type of follow-up visit: treatment follow-up. Compliance documentation.
Comments: Bob Kabakjian PAC.
Impression: Patient is demonstrating good compliance, tolerance, and is responding well to immune therapy for allergic rhinitis. There have been no complaints of adverse reaction to therapy either local or systemic. Since the patient has demonstrated good tolerance and compliance a recommendation was made to consider home immunotherapy. A consultation will be scheduled in the near future for the purposes of education and equipping the patient to perform allergy shots at home. In the interim, patient remain on therapy for another three months. During this time the patient will continue to monitor for signs of adverse reaction including rash or swelling. Ms. Blackstock also was seen for CPAP compliance documentation. Testing performed demonstrated an optimal CPAP setting was 14 cm H20. Compliance documentation downloaded today was for the time period of 4/16/13-10/6/13. It demonstrates a usage greater then 4 hours of 94%. The AHI is 1.0. Average nightly use was 6:48. Patient instructed to continue CPAP with heated humidification at it's current settings. Scripts were given for new mask and tubing as needed. Compliance tracking will be performed in three months. A repeat split night study will be performed one year from start date to assess effectiveness of therapy.

Of historic note:
Ms Blackstock presented in the midst of immunotherapy. She began therapy on 02.06.12. Patient is demonstrating good compliance, tolerance, and is responding well to immune therapy for allergic rhinitis. There have been no complaints of adverse reaction to therapy either local or systemic. Instruction was given to remain on therapy for another three months. During this time the patient will continue to monitor for signs of adverse reaction including rash or swelling. In three months signs of improvement will be monitored including decrease in allergy symptoms, allergy medication use, and/or episodes of recurrent sinusitis. In the interim, patient will continue PRN usage of previously prescribed allergy medications. Sepia was also seen for CPAP compliance documentation. Testing performed demonstrated an optimal CPAP setting was 14 cm H20. Compliance documentation downloaded today was for the time period of 1/8/13 to 4/15/13. It demonstrates a usage greater then 4 hours of 93%. The AHI is 0.4. Average nightly use was 6:5 hours. Patient instructed to continue CPAP with heated humidification at it's current settings. Scripts were given for new mask and tubing as needed. Compliance tracking will be performed in three months. A repeat split night study will be performed one year from start date to assess effectiveness of therapy.

Electronically signed by Oliver Simmons, MD on 14.Oct.2013 08:29 AM

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INNOVATIVE SLEEP SOLUTIONS

TITRATION REPORT

Patient:	Blackstock, Sepia	**Study Date:**	2/2/2012
Age:	36 yr	**DOB:**	12/4/1975
Sex:	F	**Referring Physician:**	Vidrine
Race:	AA	**Patient Account #:**	C2012031
Height:	63 inches	**Epworth Sleepiness:**	6
Weight:	201 lbs	**Study Technologist:**	
BMI:	35.60	**Neck Size**	15.5 inches

MEDICATIONS:

Ventolin, Atorvastatin, Famotidine, Abilify

TECHNOLOGIST/TECHNICIAN COMMENTS:

Pressure was started at 5 cm and increased up to a final pressure of 15 cm CPAP. Tech attempted to use bi-level to see if this improved patient snoring, however there was no improvement so tech adjusted back to CPAP. There was no pressure which eliminated patient's very loud snoring. Patient did not have any Hypopneas, Apneas or RERA's at the final pressure. Sleep efficiency was 88% and the AHI for the night was 0.0.

PROCEDURE

Polysomnography was conducted on the night of 2/2/2012. The following parameters were monitored: frontal, central and occipital EEG, electrooculogram (EOG), submentalis EMG, nasal and oral airflow, anterior tibialis EMG, body position and electrocardiogram. Additionally, thoracic and abdominal movements were recorded by inductance plethysmography. Oxygen saturation (SpO2) was monitored using a pulse oximeter. The tracing was scored using 30 second epochs. Hypopneas were scored per AASM definition VIII.4.A (4% desaturation).

SLEEP ARCHITECTURE

Lights Out Time: 11:01:35 PM	Lights On Time: 5:10:35 AM
Total Recording Time (Min.): 369.0	# of REM Episodes: 1

	Time (min.)	% of Total Sleep Time	Normal %
N1 (Drowse)	45.0	13.9	5-10%
N2 (Mod. Depth)	232.0	71.5	45-55%
N3 (Slow Wave)	26.5	8.2	0-15%
REM (Dream)	20.5	6.3	17-28%
Total Sleep Time (Min.)	**323.0**	100%	>360 Min.
Latency to Sleep Onset	**3.0**		<30 Min.
Latency to N2	1.5		< 10 Min. from onset
Latency to REM Sleep	171.5		80-110 Min. (approx)
Wake After Sleep Onset	43.0		
Sleep Efficiency*	**87.5%**		>85-90%

RESPIRATORY SUMMARY

	By Sleep Stage		By Position		
	NREM	REM	Supine	Non-Supine	TOTAL
Sleep Time (Min.)	303.5	20.5	292.8	30.20	323.0
APNEA					
Obstructive	0	0	0	0.00	0
Mixed	0	0	0	0.00	0
Central	0	0	0	0.00	0
Total Apnea	0	0	0	0.00	0
Apnea Index	0.0	0.0	0.0	0.00	0.0
HYPOPNEA	0	0	0	0.00	0
Total Apneas and Hypopneas	0	0	0	0.00	0

AASM Accredited Center

Innovative Sleep Solutions
1110 Broad St. Ste D - Camden, SC 29020
PH (803) 432-6756 - FAX (803) 432-6768

Newly Opened Location

Innovative Sleep Solutions
710 Rabon Rd. Ste 203 Columbia, SC 29203
PH (803) 432-6756 - FAX (803) 432-6768

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AHI*	0.0	0.0	0.0	0.00	0.0
Flow Limitation Events (RERA)	7	0	6	1.00	7
RDI*	1.4	0.0	1.2	1.99	1.3

CHEYNE STOKES: **None observed during study.**

SATURATION LEVELS

Time Between	NREM (minutes)	REM (minutes)	WAKE (minutes)	TIB (minutes)
90+%	293.40	5.30	40.90	339.60
80-89%	0.00	0.00	0.00	0.00
70-79%	0.00	0.00	0.00	0.00
60-69%	0.00	0.00	0.00	0.00
<60%	0.00	0.00	0.00	0.00
SaO2@ Nadir	95%			

EVENT DURATIONS

	Average (seconds)	Maximum (seconds)
Apnea	0.0	0.0
Hypopnea	0.0	0.0

CARDIAC SUMMARY

Average Heart Rate During Sleep: 72.3 bpm.
Highest Heart Rate During Sleep: 122 bpm
Highest Heart Rate During Recording (TIB): 138 bpm

CARDIAC OBSERVATIONS

Type	Yes	No	Rate / Duration
Bradycardia:		✓	Lowest HR Scored: N/A
Unclassified Tachycardia:		✓	Highest HR Scored: N/A
Sinus Tachycardia During Sleep:		✓	Highest HR Scored: N/A
Narrow Complex Tachycardia:		✓	Highest HR Scored: N/A
Wide Complex Tachycardia:		✓	Highest HR Scored: N/A
Asystole:		✓	Longest Pause: N/A
Atrial Fibrillation:		✓	Duration Longest Event: N/A

PLM SUMMARY

	TOTAL
Total Number of Periodic Limb Movements	
Periodic Limb Movement Index	/hr
Total Periodic Limb Movement Arousals	
Periodic Limb Movement Arousal Index	/hr

SLEEP FRAGMENTATION SUMMARY

	# of Arousals	Arousal Index
Respiratory Arousals	3	0.6
Limb Movement Arousals	0	0.0
Spontaneous Arousals	78	14.5
Total Arousals	140	26.0
Number of Awakenings	25	

SNORE SUMMARY

# of Snores during sleep time	295
Snore Index	54.80/hr

ADDITIONAL COMMENTS:

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SCENT DEF Exhibit 146

TITRATION TABLES

CPAP/BiLevel Respiratory Table – order by Titration level

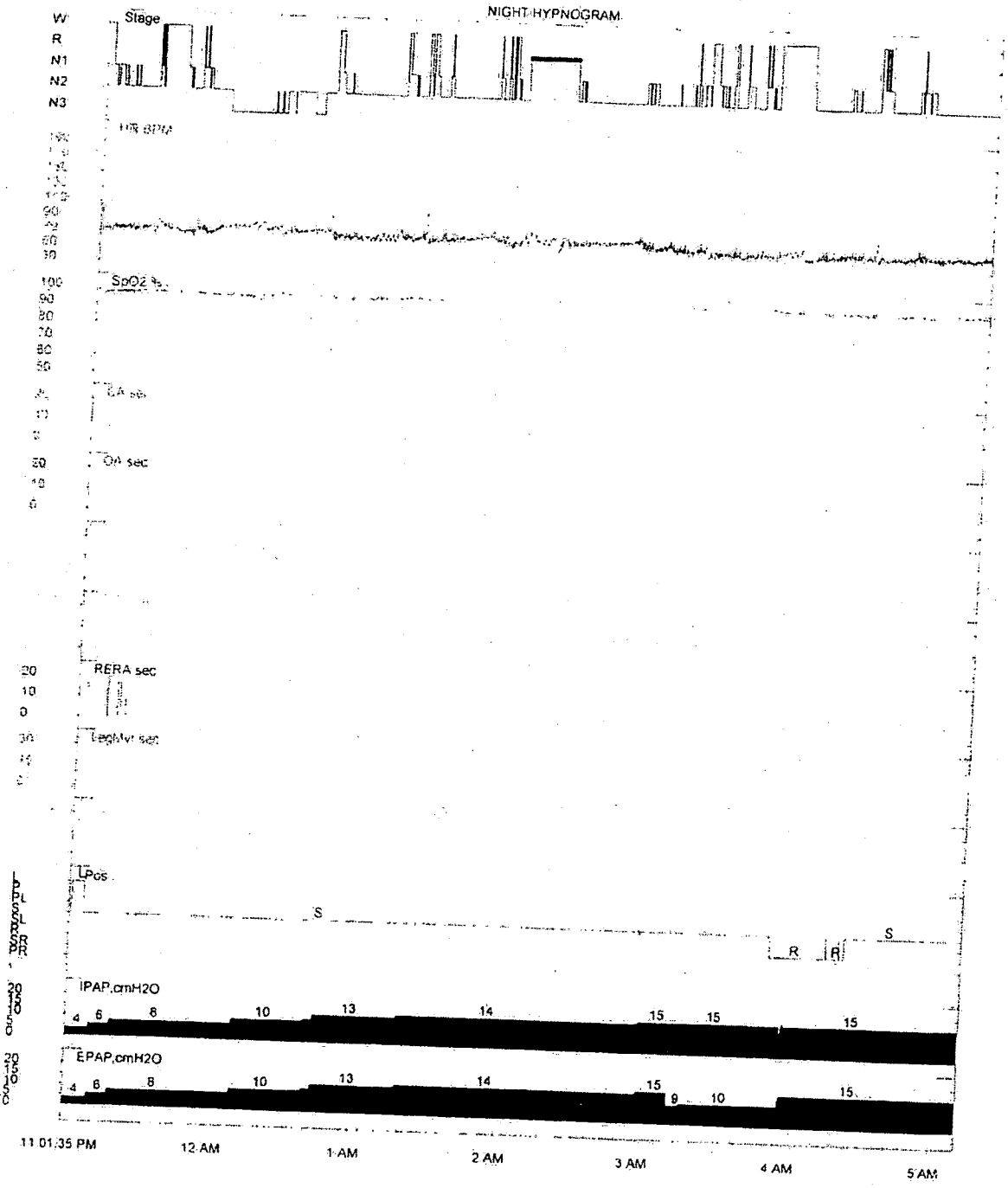
IPAP	EPAP	Total Sleep Time (minutes)	NREM Time (minutes)	REM Time (minutes)	Number Hypopneas	Number Central Apneas	Number Obstructive Apneas	Number Mixed Apneas	AHI	Flow Limitation Event	RDI	REM SpO2 Nadir	NREM SpO2 Nadir	Sleep SpO2 Nadir
4	4	6.7	6.7	0.0	0	0	0	0	0.0	1	9.0		96	96
6	6	8.3	8.3	0.0	0	0	0	6	0.0	4	28.9		96	96
8	8	38.1	38.1	0.0	0	0	0	0	0.0	2	3.1		95	95
10	10	27.3	27.3	0.0	0	0	0	0	0.0	0	0.0		97	97
11	11	3.5	3.5	0.0	0	0	0	0	0.0	0	0.0		97	97
13	13	30.8	30.8	0.0	0	0	0	0	0.0	0	0.0		97	97
14	14	92.3	76.8	20.5	0	0	0	0	0.0	0	0.0		97	97
15	9	1.9	1.9	0.0	0	0	0	0	0.0	0	0.0	100	98	98
15	10	24.9	24.9	0.0	0	0	0	0	0.0	0	0.0		100	97
15	15	82.0	82.0	0.0	0	0	0	0	0.0	0	0.0		98	98
													97	97

CPAP/BiLevel Sleep Fragmentation Table – order by Titration level

IPAP	EPAP	Respiratory Arousal	Respiratory Arousal Index	Limb Movement Arousals	Limb Movement Arousal Index	Spontaneous Arousals	Spontaneous Arousal Index	Total Arousals	Total Arousal Index
4	4	1	9.0	0	0.0	3	26.9	5	44.8
6	6	4	28.9	0	0.0	0	0.0	5	36.1
8	8	2	3.1	0	0.0	8	12.6	15	23.6
10	10	0	0.0	0	0.0	3	6.6	10	22.0
11	11	0	0.0	0	0.0	0	0.0	1	17.1
13	13	0	0.0	0	0.0	7	13.6	18	35.1
14	14	0	0.0	0	0.0	27	16.6	30	18.5
15	9	0	0.0	0	0.0	2	63.2	2	63.2
15	10	0	0.0	0	0.0	5	12.0	12	28.9
15	15	0	0.0	0	0.0	10	7.3	22	16.1

Patient: Blackstock, Sepia

Date: 2/2/2012



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Sepia V. Blackstock DOB: 04.Dec.1975 (37)
Audio on 06 Jan 2009

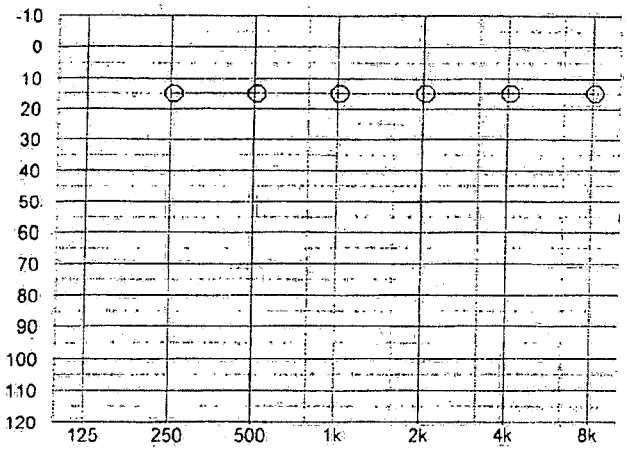
CLARITY HEARING CENTER
Clarity Hearing & Balance Center
Madonna Morgan, AuD
Angie Vincent, Certified Technician
Alison Langley, Stacy Maxwell, Patty Creel; Audiology Technician

A Department of
South Carolina ENT, Allergy and Sleep Medicine
Robert Puchalski, MD
Orville Dyce, MD
Chad Gunnlaugsson, MD
D. Macy Vidrine, MD
Stephanie Tetterton, PA-C

Session Date: 1/6/2009
Client Name: SHEREEN SEPITKO
Birth Date: 11/26/1968

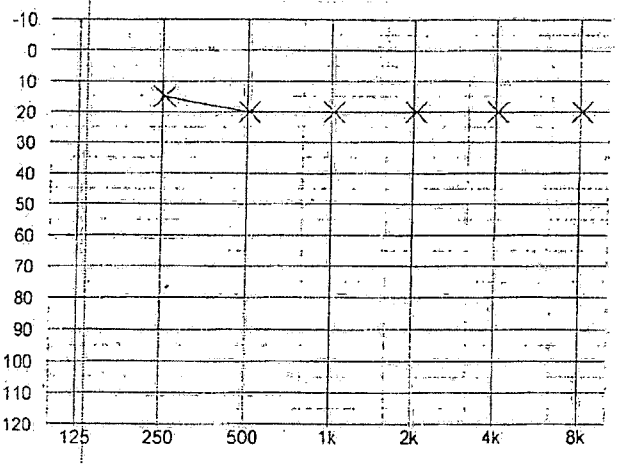
Aurical Audiometer

Right Ear - HL



AC: WNL
BC:
SF:
SF,A:
Masking Levels

Left Ear - HL



AC: WNL
BC:
SF:
SF,A:
Masking Levels

	Right		Left	
PTA (A):	15 dB		20 dB	
	Right	Masking	Left	Masking
SRT:	DNT		SRT: DNT	

Unaided Discrimination:

Right	Level	Masking	Binaural Level	Masking	Left	Level	Masking
100 %	40 dB	Excellent			100 %	40 dB	Excellent

Tinnitus (R) (L)
Known Hearing Loss R L
Dizziness ____
Noise Exposure ____
Family History ____
Speech/Lang. Delay ____

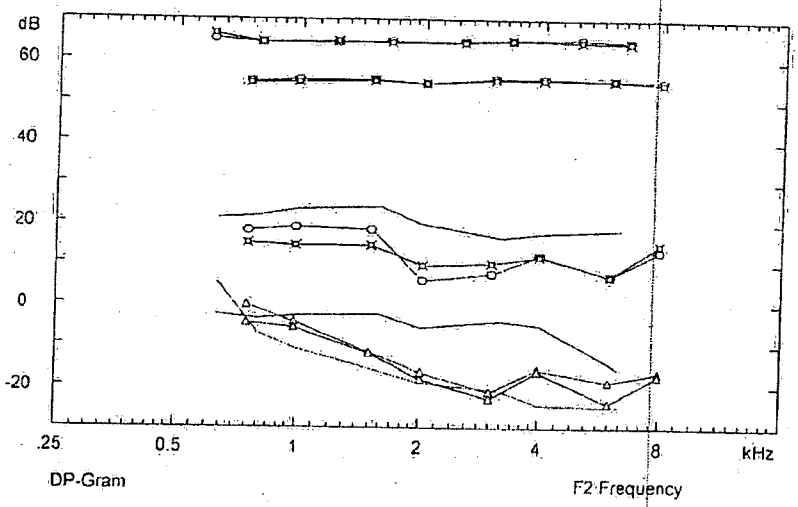
Recommendations:
__ Retest As needed
__✓ Medical Follow-up
___ Hearing Aid Evaluation
___ ENG Testing
___ ABR Testing
___ Hearing Protection
___ Speech/Lang Evaluation
___ Preferential Classroom Seating
___ Other

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BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 2

South Carolina E.N.T.
Providence Northeast MOB, Suite 340
Columbia, SC 29203
803-736-3277

	Lastname	Firstname	Ear	Date	Protocol
o	SEPITKO	SHEREEN	Right	06-Jan-09	750-8000 Hz Diagnostic Test
x	SEPITKO	SHEREEN	Left	06-Jan-09	750-8000 Hz Diagnostic Test



SEPITKO SHEREEN:
Right: 06-Jan-09: -: 750-8000 Hz Diagnostic Test: 09A06D02.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.7	55.0	6516	7969	7206	13.0	-16.8	29.8
65.0	55.4	4922	6000	5434	6.9	-19.0	25.9
64.8	55.6	3281	3984	3616	11.8	-15.9	27.7
64.5	55.6	2484	3000	2730	7.5	-21.5	29.0
64.5	54.6	1641	2016	1818	5.8	-16.9	22.7
64.3	55.4	1219	1500	1352	18.3	-12.0	30.3
64.4	55.3	797	984	886	19.0	-4.4	23.4
65.1	54.7	609	750	676	18.0	-0.4	18.4

SEPITKO SHEREEN:
Left: 06-Jan-09: -: 750-8000 Hz Diagnostic Test: 09A06D03.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.4	54.5	6516	7969	7206	14.7	-17.5	32.2
64.6	55.3	4922	6000	5434	6.9	-24.4	31.3
64.8	55.5	3281	3984	3616	11.6	-16.6	28.2
64.2	55.4	2484	3000	2730	9.9	-23.2	33.1

Cons. Ltr
W Med.

X

5385

RT - Page 2 of 2

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.4	54.6	1641	2016	1818	9.3	-18.4	27.7
64.6	55.2	1219	1500	1352	14.4	-12.3	26.7
64.3	54.7	797	984	886	14.5	-6.0	20.5
66.2	54.5	609	750	676	15.1	-4.7	19.8

Sepia V. Blackstock DOB: 04.Dec.1975 (37)
Audio only 06 Jan 2009

SCENT DEF Exhibit 146

Sepia V. Blackstock DOB: 04 Dec 1975 (37)
IDT and Food 02 Feb 2009

Sinus & Allergy Center

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore			5	5	5						
B	White Oak			1	1	1						
C	White Hickory			1	1	1						
D	American Elm			1	1	1						
E	Eastern Cottonwood			5	6	7						
F	Mountain Cedar			5	5	5						
G	Boxelder			5	7	9						
H	White Ash			5	7	9						
I	Pine			5	5	5						
J	River Birch			5	5	5						
K	Timothy			5	7	9						
L	Johnson			5	7	9						
M	Bermuda		7	9	11							
N	Bahia			5	7	9						
O	Lambsquarter			5	7	9						
P	English Plaintain			5	7	9						
Q	Short Ragweed			5	6	7						
R	Sheep Sorrel			5	6	7						
S	Mugwort			5	7	9						
T	Pigweed			5	7	9						
U	Alternaria Alternata			5	5	5						
V	Aspergillus Mix			5	5	5						
W	Fusarium Mix			7	9	11						
X	Cladosporium(Hormo)			7	9	11						
Y	Mucor Mix			5	6	7						
Z	Penicillium Mix			5	6	7						
AA	Pulluria Pullulans			5	6	7						
BB	Johnson Grass Smut			5	6	7						
CC	Stemph. Solani			5	5	5						
DD	D. Pteronyssus			5	6	7						
EE	D. Farinae			5	7	9						
FF	Cockroach Mix			5	6	7						
GG	Cat			5	6	7						
HH	Dog			7	9	11						
II	T.O.E. Mold Mix			7	9	11						
JJ	Horse											
KK	Feather Mix											
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Sepia Rawlins Blackstock
Date: 2-2-09

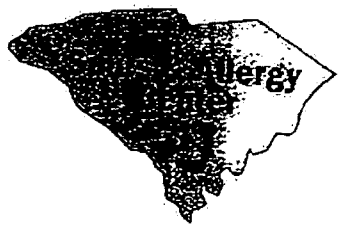
Controls:
+ = 7
- = 5
Gly= 0

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with Nasonex

Dr Robert Puchalski
Dr Orville Dyce
Dr Chad Gunnlaugsson
Dr. D. Macy Vidrine
Stephanie Tetterton,PA-C

5388

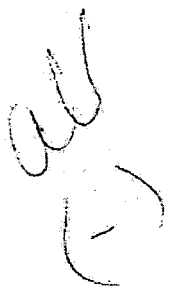
SCENT DEF Exhibit 146



FOOD ALLERGY PANEL

1) Egg _____
2) Shrimp _____
3) Tuna _____
4) Lemon _____
5) Pineapple _____
6) Tomato _____
7) Coffee _____
8) Mushroom _____
9) Wheat _____
10) Milk _____
11) Pecan _____
12) Peanut _____
13) Pork _____
14) Chicken _____
15) Beef _____

16) Pinto Bean _____
17) Onion _____
18) Soy _____
19) Potato _____
20) Corn _____
21) Chocolate _____
22) Banana _____
23) Strawberry _____
24) Orange _____
25) Apple _____
26) Cantaloupe _____
27) String Bean _____
28) Cucumber _____
29) Carrot _____
30) Squash _____



3 or 4 = AVOID
2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Sepia Blackstock
Date: 2-2-09

Robert Puchalski, M.D., FAAOA
Orville Dyce, M.D.
Macy Vidrine, M.D.
Chad Gunnlaugsson, M.D.

SCENT DEF Exhibit 146

Sepia V. Blackstock DOB: 04.Dec.1975 (37)
Spirometry Report 24.Apr.2012

Spirometry Report

Puritan-Bennett Renaissance II
S/N: G070701885
Version: 1.1.11

Session Date: 22AUG2012
Session Time: 03:21PM
Last Cal Check: 24APR2012

BEST 3 FVC/FVL REPORT

ID: 20431
Name: SEPIA BLACKSTOCK
Gender: FEMALE
Medication:
Dosage:

Height: 64" Physician:
Age: 36YRS Technician:
Weight: 201LBS
Smoker: NO
Ethnicity/Correction: AFRICAN AMERICAN 80.0%

Sensor Code: 051605
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: NHANESIII

Clinical Format: PREMED - 03:24PM
Best Criteria:

* Indicates Best Value
VAL

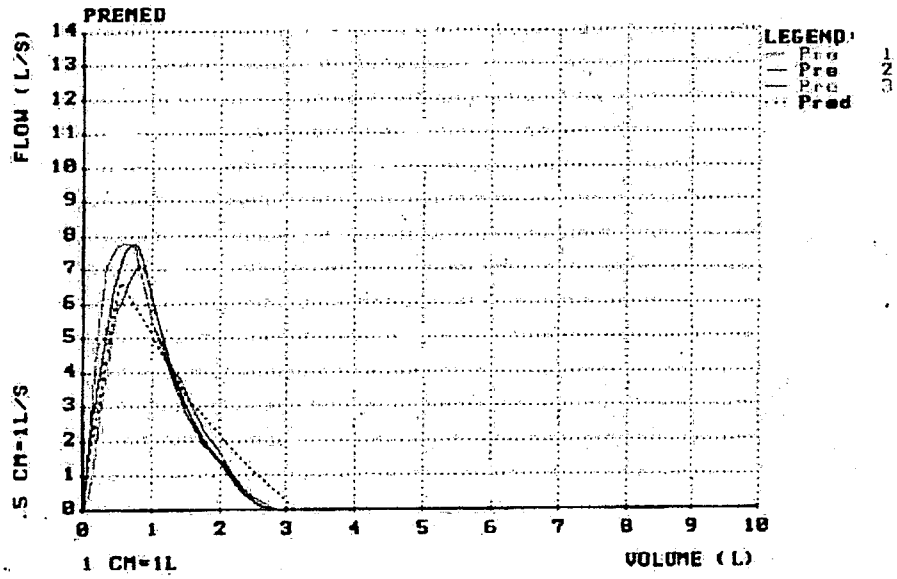
< Indicates Below LLN

MEASUREMENT	Trial 1	%Pred	Trial 2	Trial 3	Pred	LLN
FVC (L)	2.86*	90	2.85	2.81	3.16	2.45
FEV1 (L)	2.43*	92	2.37	2.38	2.64	2.03
FEV1%	85	101	83	85	84	74
FEF25-75 (L/S)	2.98*	99	2.64	2.75	2.99	
PEF(L/S)	7.29*	107	7.82	7.86	6.75	
FET (S)	4.06*		7.53	3.53		

BEST FEV1% 85*

Report Summary:
Pre Med: Tests 3 Acceptable 1 Reproducible 2 FVC VAR: 9ML FEV1 VAR: 55ML PEF VAR: 574ML/S

ATS Interpretation: PREMED - Normal Spirometry
Comment:



1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	3.16	2.86	
FEV1	2.64	2.43	
FEV1/FVC	84 %	85 %	%

Location: Wyatt
Follow-up Date: 8-22-12
Phys Signature:
Date Interpreted: 8/22/12

Page 1 of 1

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SCENT DEF Exhibit 146

Sepia V. Blackstock DOB: 04.Dec.1975 (37)
Spirometry Report 24Apr.2012

Spirometry Report

Puritan-Bennett Renaissance II
S/N: G070701885
Version: 1.1.11

Session Date: 22AUG2012
Session Time: 03:21PM
Last Cal Check: 24APR2012

BEST 3 FVC/FVL REPORT

ID:	20431	Height:	64"	Physician:	
Name:	SEPIA BLACKSTOCK	Age:	36YRS	Technician:	
Gender:	FEMALE	Weight:	201LBS		
Medication:		Smoker:	NO		
Dosage:		Ethnicity/Correction:	AFRICAN AMERICAN 80.0%		

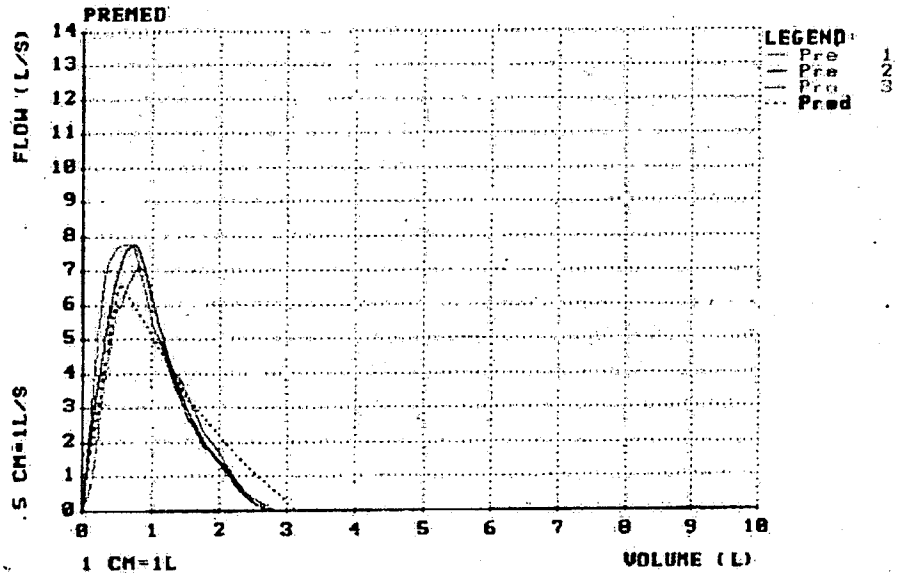
Sensor Code:	051605	Clinical Format:	PREMED - 03:24PM
Temperature:	72F	Best Criteria:	VAL
Barometric Press:	760mmHg	* Indicates Best Value	< Indicates Below LLN
BTPS Correction:	1.104		
Normals:	NHANESIII		

MEASUREMENT	Trial 1	%Pred	Trial 2	Trial 3	Pred	LLN
FVC (L)	2.86*	90	2.85	2.83	3.16	2.45
FEV1 (L)	2.43*	92	2.37	2.30	2.64	2.03
FEV1%	85	101	83	85	84	74
FEF25-75 (L/S)	2.98*	99	2.64	2.75	2.99	
PEF(L/S)	7.24*	107	7.82	7.60	6.75	
FET (S)	4.08*		7.53	7.57		

BEST FEV1% 85*

Report Summary:
Pre Med: Tests 3 Acceptable 1 Reproducible-2 FVC VAR: 9ML FEV1 VAR: 55ML PEF VAR: 574ML/S

ATS Interpretation: PREMED - Normal Spirometry
Comment:



1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	3.16	2.86	
FEV1	2.64	2.43	
FEV1/FVC	84 %	85 %	%

Location: Lugoff
Follow-up Date:
Phys Signature:
Date Interpreted:

5391

SCENT DEF Exhibit 146

Algorithm

Name Sepia Blackstock

Date 2-2-09

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC Ratio

	Predicted		Pre	Post	
FVC	3.16		2.63		
FEV1	2.106		2.48		
FEV1/FVC	84 %		94 %		%

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0

Restrictive Pattern

Refer to Pulmonary for PFT's

FVC normal or decreased FEV1 decreased

Absolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increase in FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

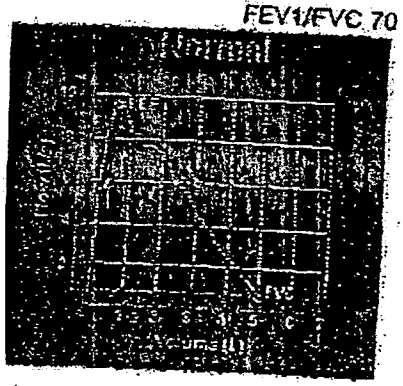
FVC normal, FEV 1 normal absolute FEV1/FVC >0.7

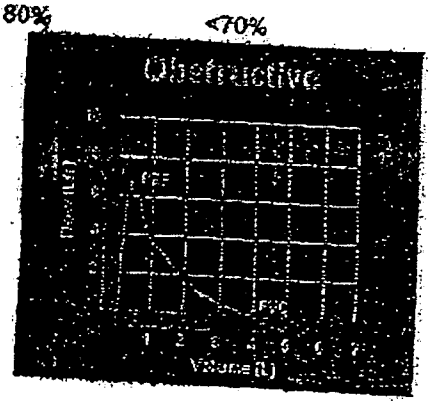
Normal Spirometry

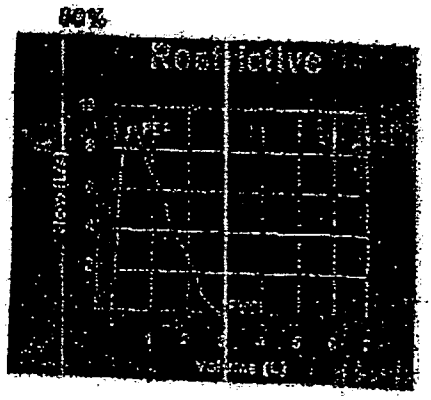
(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Normals:

asures:		normal	abnormal	no broncodilator if:
lume	FVC	80%		100%
ec	FEV1	80%		100%
	FEV1/FVC 70 - 80%		<70%	80%







1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly reproducible

The Sinus & Allergy Center
1165 HWY 1 South, Ste 300
Lugoff, SC 29078

Physician signature

2/3/09
date

5392

SCENT DEF Exhibit 146

CardioControl PFC (Imported)

Normal Spirometry Report - Roundtree, Sepia 2/2/2009 8:18:50 AM Page 1

Patient Information:

ID:	20431
Name:	Roundtree, Sepia
DOB:	12/4/1975
Height:	64 inch
Gender:	Female
Race:	Black
Packs / Day:	----------
Smoke Years:	----------
Cooperation:	----------

Test Information:

Test Type:	FVC
Pre Time:	8:23 AM
Post time:	-
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex)	1.11 / 1.00
Last Calibration:	11/19/2008 8:22:32 AM
Device Info:	1.6.0.489

Test Results:

FEV1%Pred:	93 %	
FEV1%:	94%	
Improvement:	-	
FEV1 Pre / Post Var:	44 ml (2 %)	/ -
FVC Pre / Post Var:	78 ml (3 %)	/ -
ATS Reproducibility:	Pre:	Met
	Post:	NOT MET

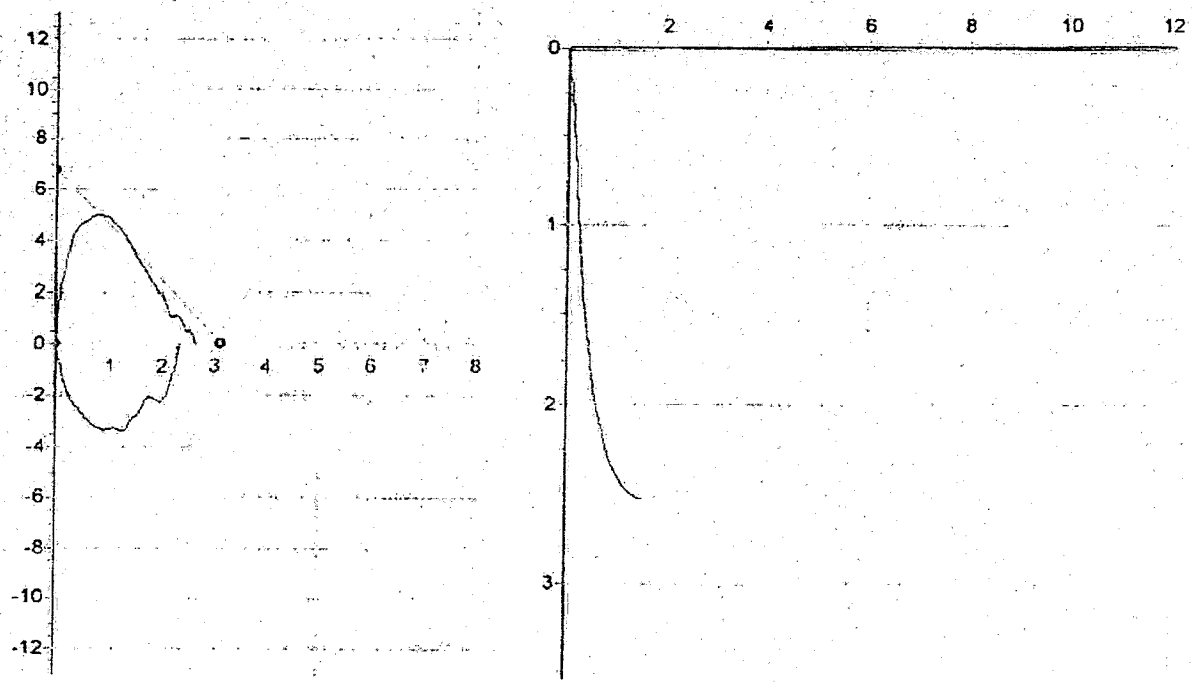
Test Interpretation: UNCONFIRMED REPORT

Pre: FVC= 2.63L FEV1= 2.48L FEV1/FVC= 94.27%
(2/2/2009 8:23:46 AM). Within normal limits

Test Comment:

Parameter	Units	Pred	Best Effort 3. Pre	%Pred	%Change	All Efforts 1. Pre	2. Pre	
FVC	(L)	3.16	2.63	83	-	2.41*	2.55	2.63
FEV1	(L)	2.66	2.48	93	-	2.16	2.43	2.48
FEV1%	(%)	85	94	111	-	90	95	94
PEF	(L/s)	6.76	5.01	84	-	4.57*	5.70	5.01
FEF50	(L/s)	-	3.88	-	-	3.30	3.83	3.88
FEF25-75	(L/s)	3.08	3.52	115	-	2.78		3.52

(*) Means below LLN



– Effort 3 (Pre) – Effort 3 (Pre)

SCENT DEF Exhibit 146

PAB140
8/16/07 11:38:37

Test Results Report
CAROLINA PINES REG MED CENTER
CBC COMPLETE AUTOMATED

Coid: 833
Page: 1

Report Status: COMPLETE

Pat Nbr: 2737879 ROUNDTREE, SEPIA
Req By: 0568 ROPP, JOHN C (III)
Type: LAB Order: 08/01/2007 13:52 1 Result: 08/01/2007 14:33
Physician: UNKNOWN Signature: UNKNOWN

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP,,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : F2010295 RECEIVED : 08/01/2007 14:54

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
WBC	5.5	10 3/uL	3.6-11.1	
RBC	4.35	10 6/uL	3.69-4.87	
HEMOGLOBIN	13.1	g/dL	11.4-14.4	
HEMATOCRIT	39.3	%	33.3-41.4	
MCV	90.4	fL	79.3-94.8	
MCH	30.2	pg	26.8-33.1	
MCHC	33.4	%	33.5-35.5	L
PLATELET COUNT, AUTO	380	10 3/uL	165-353	H
RDW	13.4	%	11.9-15.1	
MPV	7.9	fL	7.5-10.7	
% LYMPHOCYTES	34.3	%	20.5-51.1	
% MONOCYTES	9.0	%	1.7-9.3	
% GRANULOCYTES	54.4	%	43.2-71.5	
% EOSINOPHILS	2	%	1-8	
% BASOPHILS	0.3	%	0.2-1.2	
ABSOLUTE LYMPHOCYTES	1.9	10 3/uL	1.2-3.6	
ABSOLUTE GRANULOCYTES	3.0	10 3/uL	1.8-7.1	

PAB140 Coid: 833
8/16/07 11:38:39 Test Results Report Page: 1
CAROLINA PINES REG MED CENTER
COMPREHENSIVE METABOLIC PANEL

Report status: COMPLETE

Pat Nbr: 2737879 ROUNDTREE, SEPIA
Req By: 0568 ROPP, JOHN C (III)
Type: LAB Order: 08/01/2007 13:52 2 Result: 08/01/2007 15:40
Physician: UNKNOWN Signature: UNKNOWN

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP, ,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : P2010295 RECEIVED : 08/01/2007 15:10

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
GLUCOSE	88	mg/dL	70-110	
BLOOD UREA NITROGEN	12	mg/dL	6-22	
CREATININE SERUM	0.90	mg/dL	0.60-1.50	
CALCIUM	9.3	mg/dL	8.4-10.7	
SODIUM	137	meq/L	135-147	
POTASSIUM	4.0	mEq/L	3.3-5.5	
CHLORIDE	102	meq/L	100-110	
CARBON DIOXIDE	30	mEq/L	24-32	
SGOT	14	U/L	5-40	
ALKALINE PHOSPHATASE	54	U/L	40-130	
BILIRUBIN TOTAL	0.4	mg/dL	0.4-1.7	
PROTEIN TOTAL, SERUM	7.5	g/dL	6.2-8.0	
ALBUMIN SERUM	4.3	g/dL	3.4-5.1	
SGPT	11	U/L	4-40	
ANION GAP	9.0		6.0-20.0	

PAB140 Coid: 833
8/16/07 11:38:46 Test Results Report Page: 1
CAROLINA PINES REG MED CENTER
TSH THYROID STIM HORMONE

Report status: COMPLETE

Pat Nbr: 2737879 ROUNDTREE, SEPIA
Req By: 0568 ROPP, JOHN C (III)
Type: LAB Order: 08/01/2007 13:52 4 Result: 08/01/2007 15:40
Physician: UNKNOWN Signature: UNKNOWN

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP,,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : F2010295 RECEIVED : 08/01/2007 15:10

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
THYROID STIM HORMONE	0.590	uIU/mL	0.340-5.600	

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP,,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : F2010295 RECEIVED : 08/01/2007 15:10

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
T-3 UPTAKE	42	%	32-48	

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP,,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : F2010295 RECEIVED : 08/01/2007 15:10

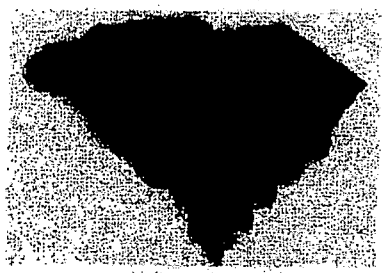
TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
THYROXINE, TOTAL	5.9	MCG/DL	4.5-10.9	

Carolina Pines
1304 W Bobo Newsom Hwy, Hartsville, SC 29550

PATIENT: ROUNDTREE SEPIA MRN: 0000025622 LOC: OP,,
BILL# : 2737879 SEX: F DOB: 12/04/1975
ORDERED BY: ROPP ORDERED : 08/01/2007 13:52
COLLECTED: 08/01/2007 13:55
ORDER : F2010295 RECEIVED : 08/01/2007 14:54

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
SED.RATE, WESTERGREN	10	mm/hr	0-20	

SCENT DEF Exhibit 146



696 Medical Park Drive
Hartsville, SC 29550
Phone: 843-857-4355
Fax: 843-857-0105
www.carolinaent.com

Patient: Roundtree, Sepia
DOB: 12-04-75
Date of Procedure/Interpretation: 08-30-10

History: The patient has a history of reflux, nasal congestion, drainage and headache.

CT Scan of the Sinuses

Technique: High resolution thin cut axial CT was obtained of the paranasal sinuses. Coronal and sagittal reformatted images were performed.

Findings: The sphenoid sinus is clear. The spheno-ethmoidal recesses are patent. The ethmoid sinuses are clear. The frontal sinuses are hypoplastic but open without significant sinus disease. The maxillary sinuses are clear. The infundibula are patent.

IMPRESSION: Negative CT scan of the sinuses.

Sally Regan, M.D.

SR/syf

SCENT DEF Exhibit 146

PAB140
8/16/07 11:36:19

Test Results Report
CAROLINA PINES REG MED CENTER
U/S SOFT TISS HEAD/NECK

Coid: 833
Page: 1

Report Status: COMPLETE

Pat Nbr: 2738189 ROUNDTREE, SEPIA
Req By: 0568 ROPP, JOHN C (III)
Type: RAD Order: 08/06/2007 13:03 071731556 Result: 08/07/2007 09:03
Physician: DAVIS, CHARLES M Signature: DAVIS, CHARLES M

DYSPHAGIA/ENLARGED THYROID
DYSPHAGIA/SNLARGED THYROID
Procedure Acknowledge Date: 08/06/2007 13:03:42
THYROID ULTRASOUND:

INDICATION: 31-year-old, dysphagia, enlarged thyroid.

High resolution real time ultrasound of the thyroid demonstrates right lobe to measure 4.3 x 1.8 x 1.6 cm. Left lobe measures 4.7 x 1.9 x 1.2 cm. The isthmus measures 3 mm. We see areas of decreased echogenicity bilaterally most likely representing small cysts. The largest of these measures approximately 6 mm.

IMPRESSION:
SMALL THYROID CYSTS.

DAVIS CHARLES
Dictated By
DAVIS CHARLES
Reviewed & Signed

CAROLINA PINES

RADIOLOGY REPORT

EXAM DATE: 20/09/1005

ORDERING PHY: ORVILLE H. DYCE MD
ATTENDING PHY:
PATIENT NAME: ROUNDTREE,SEPIA
ROOM: OP BIRTH DATE: 12/04/1975

PT. ACCT. NO.: 2790789
MED REC NUMBER: 25622

HISTORY: 53081/7872/4778/47819/78053
ESOPHAGEAL REFLUX; DYSPHAGIA

BARIUM SWALLOW 10/05/09:

INDICATION: Dysphagia.

PROCEDURE: Air contrast study with two types of barium and EZ Gas.

FINDINGS: The act of swallowing was normal. No nasopharyngeal reflux or aspiration was seen. No mucosal lesion was seen in the esophagus. There was no delay in emptying of the barium into the stomach. Mild to moderate GE reflux was demonstrated with mild spasms of the upper esophageal sphincter.

IMPRESSION:
GERD.

DD: 10/05/2009 00:00 Dictated By: CONNOR, GREGORY S
DT: 10/05/2009 10:25 CMO Signed By: CONNOR, GREGORY S

DATE DICTATED: 10/05/2009
DATE TRANSCRIBED: 10/05/2009
TRANSCRIPTIONIST: CMO

GREGORY S CONNOR
REVIEWED AND SIGNED

PAGE 1 OF 1

SCENT DEF Exhibit 146

CAROLINA PINES

RADIOLOGY REPORT

EXAM DATE: 20/08/1118

ORDERING PHY: ORVILLE H. DYCE MD
ATTENDING PHY:
PATIENT NAME: ROUNDTREE,SEPIA
ROOM: OP BIRTH DATE: 12/04/1975

PT. ACCT. NO.: 2769873
MED REC NUMBER: 25622

HISTORY: 300.11/530.81/787.2
GLOBUS HYSTERICUS
ESOPHAGEAL REFLUX

DOUBLE CONTRAST ESOPHOGRAM:

INDICATION: Dysphagia.

TECHNIQUE: Scout chest x-ray was obtained. Subsequently, double contrast esophagram was performed with high density and low density barium as well as effervescent crystals.

FINDINGS: Evaluation of the pharynx shows no significant abnormality. Evaluation of the esophagus demonstrated normal motility. No hiatal hernia is seen. The patient did have GE reflux noted into the upper thoracic esophagus.

IMPRESSION:
1. EVIDENCE OF GE REFLUX.

OD: 11/18/2008 14:12 Dictated By: REGAN, SALLY W.
DT: 11/18/2008 16:31 CMO Signed By: REGAN, SALLY W.

DATE DICTATED: 11/18/2008
DATE TRANSCRIBED: 11/18/2008
TRANSCRIPTIONIST: CMO

SALLY W. REGAN
REVIEWED AND SIGNED

CAROLINA PINES

RADIOLOGY REPORT

EXAM DATE: 20/09/1005

ORDERING PHY: ORVILLE H. DYCE MD
ATTENDING PHY:
PATIENT NAME: ROUNDTREE,SEPIA
ROOM: OP BIRTH DATE: 12/04/1975

PT. ACCT. NO.: 2790789
MED REC NUMBER: 25622

HISTORY: 53081/7872/4778/47819/78053
ESOPHAGEAL REFLUX; DYSPHAGIA

MODIFIED BARIUM SWALLOW 10/05/09:

INDICATION: Throat spasms, difficulty swallowing.

FINDINGS: Trials of thin and solid materials show no evidence of dysphagia. There is some mild spasm of the upper esophageal sphincter. Reflux was seen during the esophagogram.

IMPRESSION:
GERD. NO DYSPHAGIA SEEN.

DD: 10/05/2009 00:00 Dictated By: CONNOR, GREGORY S
DT: 10/05/2009 10:22 CMO Signed By: CONNOR, GREGORY S

DATE DICTATED: 10/05/2009
DATE TRANSCRIBED: 10/05/2009
TRANSCRIPTIONIST: CMO

GREGORY S CONNOR
REVIEWED AND SIGNED

CAROLINA PINES

RADIOLOGY REPORT

EXAM DATE: 20/08/1118

ORDERING PHY: ORVILLE H. DYCE MD
ATTENDING PHY:
PATIENT NAME: ROUNDTREE,SEPIA
ROOM: OP BIRTH DATE: 12/04/1975

PT. ACCT. NO.: 2769873
MED REC NUMBER: 25622

HISTORY: 300.11/530.81/787.2
GLOBUS HYSTERICUS
ESOPHAGEAL REFLUX

MODIFIED BARIUM SWALLOW WITH SPEECH THERAPY:

INDICATIONS: Dysphagia.

The patient was given thin liquids and mechanical soft diet as well as a marshmallow and evaluated with video fluoroscopy with Speech Therapy present.

FINDINGS: No abnormality is seen of the patient's swallow with liquids or solids.

IMPRESSION:
1. NO ABNORMALITY IS SEEN ON MODIFIED BARIUM SWALLOW.

DD: 11/18/2008 14:12 Dictated By: REGAN, SALLY W.
DT: 11/18/2008 16:31 CMO Signed By: REGAN, SALLY W.

DATE DICTATED: 11/18/2008
DATE TRANSCRIBED: 11/18/2008
TRANSCRIPTIONIST: CMO

SALLY W. REGAN
REVIEWED AND SIGNED

PAGE 1 OF 1

Kershaw County Medical Center

Bravo 48 hour pH Capsule Study

Patient Name: **ROUNDTREE, SEPLA**
Patient ID:
Date of Birth: **12/4/1976**

Physician: **PUCHALSKI, ROBERT**
Ref. Physician:
Technician: **Ellis RN, Tabitha**

Date of Test: **8/11/2010**

Protocol Comments
A Bravo 48-hr pH study was performed. The pH capsule was placed transorally 6 cm above the squamocolumnar junction.

Indications for Test

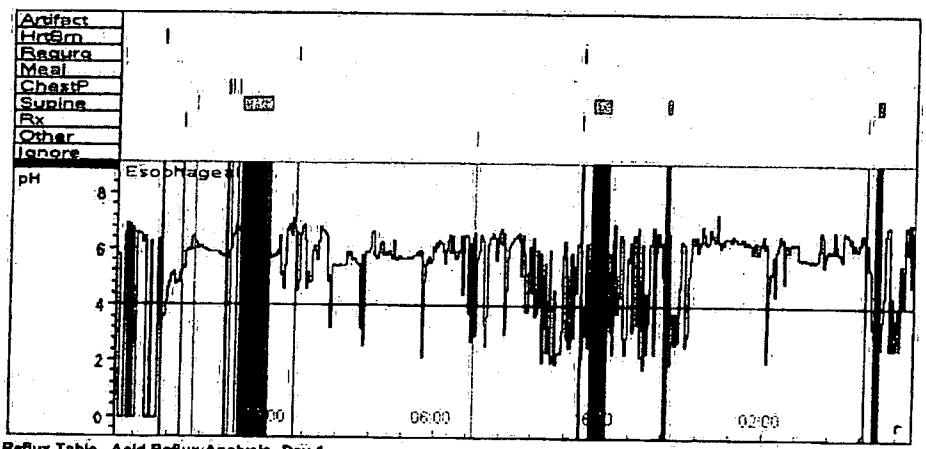
☑ Heartburn ☐ Chest Pain ☐ Nausea ☐ Hoarseness ☑ Dysphagia ☐ Post-Fundoplication
☐ Sore Throat ☐ Wheezing ☐ Chronic Cough ☐ Throat Clearing ☑ Acid Regurg ☐ Post-Myotomy

☐ On Medication **Last PPI Dose**
☐ Off Medication

Dose
NO INFORMATION GIVEN TO ME ON PT HT, WT, IF PT ON OR OFF MEDS

Study Comments

Signature:_____



Reflux Table - Acid Reflux Analysis- Day 1

	Total	Upright	Supine	PostPr	HrtBrn	Regurg	ChestP
Duration of Period (d,hh: mm)	22:39	20:47	01:52	04:00	00:06	00:04	00:06
Number of Refluxes	21	21	0	0	2	0	0
Number of Long Refluxes>5 (min)	1	1	0	0	0	0	0
Duration of longest reflux (min)	12	12	0	0	2	0	0
Time pH <4 (min)	22	22	0	0	4	0	0
Fraction Time pH <4 (%)	1.6	1.8	0.0	0.0	70.0	0.0	0.0

pH NormalFraction of Time Total =< 5.5% Upright=< 8.2% Supine=< 3.0%

DeMeester Score-Acid Reflux Analysis- Day 1
Total score = 6.4 , DeMeester normals less than 14.72 (95th percentile)

SCENT DEF Exhibit 146

Patient Name: **ROUNDTREE, SEPLA**

Reflux Table - Acid Reflux Analysis - Day 2

	Total	Upright	Supine	PostPr	Regurg
Duration of Period (d,hh: mm)	23:00	21:15	01:45	08:00	00:03
Number of Refluxes	60	57	3	40	1
Number of Long Refluxes>5 (min)	2	2	0	2	0
Duration of longest reflux (min)	12	12	3	12	2
Time pH <4 (min)	73	67	6	50	2
Fraction Time pH <4 (%)	5.3	5.3	5.7	10.5	53.3

pH Normal Fraction of Time Total= < 5.5% Upright= < 8.2% Supine= < 3.0%

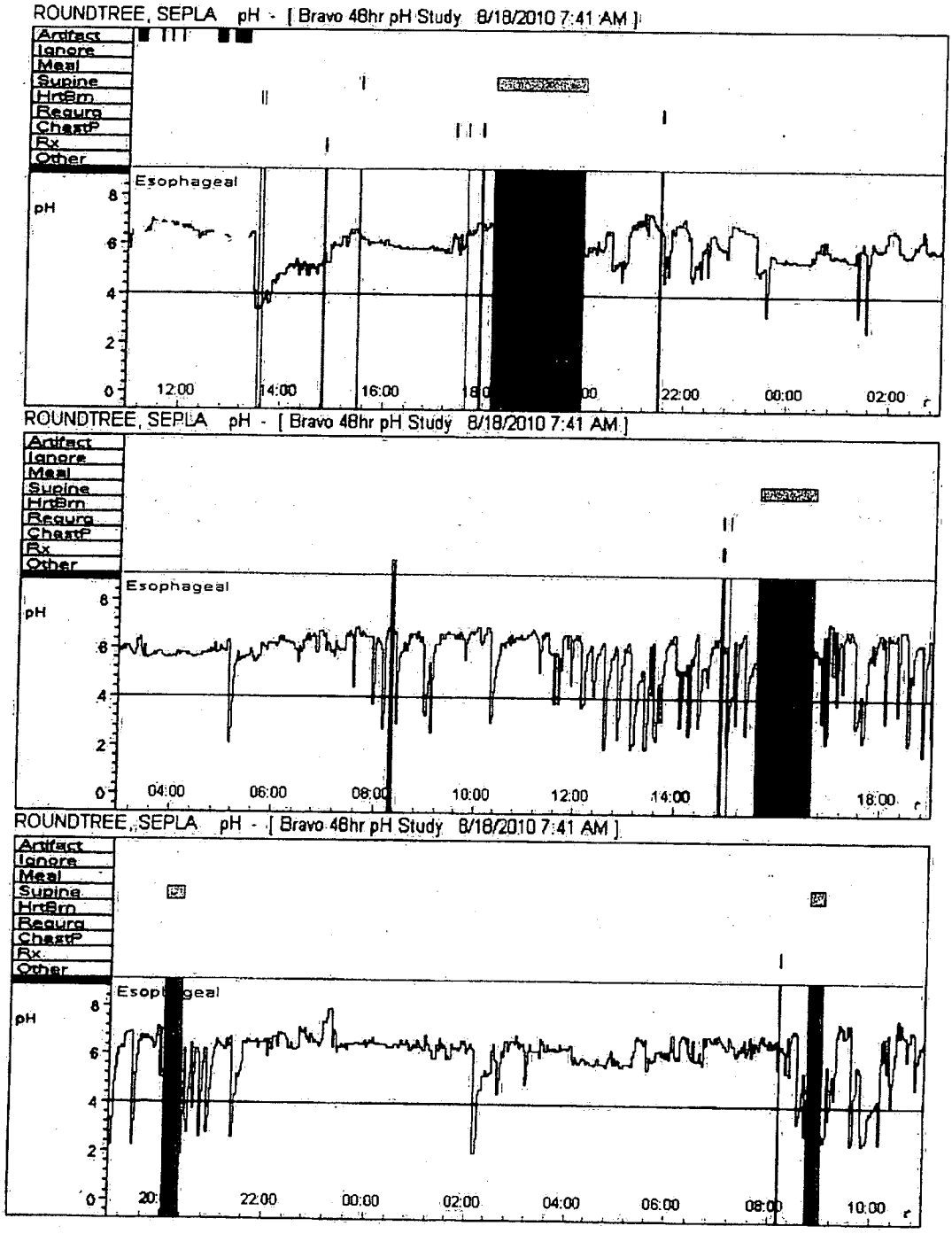
DeMeester Score-Acid Reflux Analysis - Day 2
Total score = 20.3 , DeMeester normals less than 14.72 (95th percentile)

Reflux Table - Acid Reflux Analysis - Total

	Total	Upright	Supine	PostPr	HrtBrn	Regurg	ChestP
Duration of Period (d,hh: mm)	1d, 21:40	1d, 18:03	03:37	12:00	00:06	00:07	00:06
Number of Refluxes	81	78	3	40	2	1	0
Number of Long Refluxes>5 (min)	3	3	0	2	0	0	0
Duration of longest reflux (min)	12	12	3	12	2	2	0
Time pH <4 (min)	95	89	6	50	4	2	0
Fraction Time pH <4 (%)	3.5	3.5	2.8	7.0	70.0	22.9	0.0

DeMeester Score-Acid Reflux Analysis - Total
Total score = 13.3 , DeMeester normals less than 14.72 (95th percentile)

5404


ROUNDTREE, SEPLA pH - [Bravo 48hr pH Study 8/18/2010 7:41 AM]
Artifact
Ignore
Meal
Supine
HrtBrn
Regurg
ChestP
Rx
Other
Esophageal
pH
8
6
4
2
0
12:00
14:00
16:00
22:00
00:00
02:00
ROUNDTREE, SEPLA pH - [Bravo 48hr pH Study 8/18/2010 7:41 AM]
Artifact
Ignore
Meal
Supine
HrtBrn
Regurg
ChestP
Rx
Other
Esophageal
pH
8
6
4
2
0
04:00
06:00
08:00
10:00
12:00
14:00
18:00
ROUNDTREE, SEPLA pH - [Bravo 48hr pH Study 8/18/2010 7:41 AM]
Artifact
Ignore
Meal
Supine
HrtBrn
Regurg
ChestP
Rx
Other
pH
8
6
4
2
0
22:00
00:00
02:00
04:00
06:00
08:00
10:00

KERSHAW COUNTY MEDICAL CENTER

K10000705077 SDC ADM 08/11/10SEX U
ROUNDTREE, SEPLA V
PUCHALSKI, ROBERT MD
MRN AGE 34
DOB 12/04/1975 RACE

OPERATIVE REPORT
LARYNGOSCOPY, BRONCHOSCOPY, ESOPHAGOSCOPY

Date: 8/11/10 Time: 1003

☐ Patient identified in the OR prior to the start of surgery.
☐ Site identified in the OR prior to the start of surgery.

SURGEON: PUCHALSKI ASSISTANT SURGEON: ———

ANESTHESIA: ⊗ General ○ Local ○ Topical

PROCEDURE:
- ○ Direct Laryngoscopy
- ○ Bronchoscopy
- ○ Tracheoscopy
- ⊗ Esophagoscopy
- ○ Laser: CO_2 KTP
- ○ Removal of Foreign Body
- ○ Biopsy
- ○ Culture
- ⊗ Dilatation - To Size: 48 French
- ⊗ Other: pH probe @ 24cm to foley

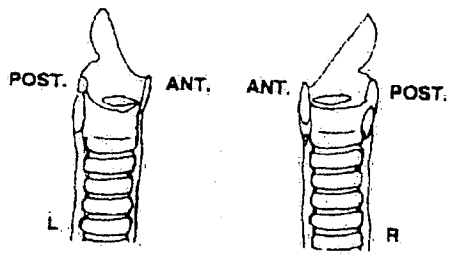
ENDOSCOPE:
- ○ Laryngoscope
- ○ Flexible Bronchoscope
- ○ Rigid Bronchoscope
- ⊗ Rigid Esophagoscope Flex
- (type & size: ———)
- (size: ———)
- (size: ———)
- (size: Olympus 5.2)

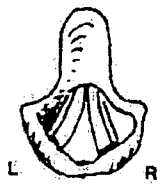
PREOP DX:
- ○ Laryngomalacia
- ○ Tracheomalacia
- ○ Subglottic Stenosis
- ○ Bronchial Foreign Body
- ○ Respiratory distress/stridor
- ○ Esophageal Stricture
- ○ Esophageal Foreign Body
- ○ Caustic Ingestion
- ○ Pneumonia
- ○ Papillomas
- ○ Chronic Tracheostomy
- ○ Vocal Cord Paralysis ○ R ○ L
- ⊗ Other: Dysphagia
- ○ Bilat

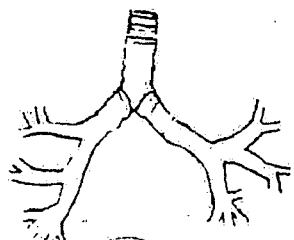
POSTOP DX: ⊗ Same ○ Other: ———

ENDOSCOPIC FINDINGS:

OP/Hypoph:	○ Normal	○ Abnormal (describe): ———
Larynx:	○ Normal	○ Abnormal (describe): ———
Trachea:	○ Normal	○ Abnormal (describe): ———
Bronchi:	○ Normal	○ Abnormal (describe): ———
Esophagus:	○ Normal	⊗ Abnormal (describe): mid esophageal stricture









FLUIDS: ———
SPECIMENS: ———
COMMENTS: ———

ATTENDING SURGEON'S SIGNATURE PRINTED NAME

5406

SCENT DEF Exhibit 146

8433394164

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Blackstock, Sepia	**Date: 10/24/2011**	**Medical Record#: 25622**
AGE: 35	Referring Physician: Dr. Robert Puchalski	Patient Account #: 2863499
Sex: Female	Ht (inches): 63	Weight (lbs): 203
Body Mass Index (kg/m2):	36	(BMI > 28 is considered obese)
Study Technologist: Kristin Weaver		Scoring Technologist: Janice Oeltjenbruns

Indication
The patient is a 35-year-old African-American female with a body mass index of 36, who presents for an evaluation of sleep disordered breathing. She reports loud snoring, sleeping with an open mouth, and waking with a dry mouth. She was found to have an Epworth Score of 7. Her sleep habits allow for moderate sleep hygiene with a typical bedtime of 9:30pm and a typical wake time of 6-7am. She reports a sleep latency of 10 minutes. She reports cataplexy, but denies sleep paralysis and hypnogogic dreaming.

Her past medical history is significant for GERD, pituitary adenoma, hypercholestereolemia, sinus and allergy problems, depression,. She denies tobacco use, caffeine, and alcohol consumption. There is no known family history of sleep problems.

Current Medications Include
Bupap, Estradilol, Abilify, Flonase, Famotidine, Sertraline, Lipitor, and Zyrtec

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 264.5 minutes. The patient demonstrated a sleep latency of 39.5 minutes and a sleep efficiency of 59%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (10%), Stage 2 (78%), Stage 3 (12%), Stage 4 (0%), and REM (0%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 6.8, in the setting of a respiratory disturbance index of 6.8. The REM apnea/hypopnea index was found to be 0.0, and the supine apnea/hypopnea index was found to be 7. The patient had 3 obstructive, 0 mixed, and 1 central apneas. The patient had 26 hypopneas, and 0 flow limitation events (RERA). The average apnea was 18.0 seconds in duration with the longest being 19.0 seconds. The average hypopnea was 23.0 seconds in duration, with the longest being 58.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 85%. The patient's average oxygen saturation during wakefulness was 98%. The patient spent 1% of Total Sleep Time under 90% during this study.

No. 2946 P. 2
Nov. 14. 2011 12:10PM

SCENT DEF Exhibit 146

8433394164

Patient: Blackstock, Sepia **Date: 10/24/2011** **Medical Record#: 25622**

Sleep Fragmentation Summary

The patient was found to have a total of 91 periodic limb movements, yielding a periodic limb movement index of 21. 17 of these periodic limb movements were associated with arousals. There were a total of 55 arousals, 10 of which were respiratory in nature. The respiratory arousal index was found to be 2.

Snoring Report

The patient was found to have 4 snoring episodes, yielding a snoring index of 1.

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 76. There were no significant dysrhytmias noted.

Impressions

1. **Mild sleep disordered breathing.** The patient presented with an apnea/hypopnea index of 7. These respiratory events were associated with desaturations to 85%.
2. **Nocturnal myoclonus.** The patient presents with a periodic limb movement index of 21. This represents an increase from the normal value of 15.

Recommendations

1. **CPAP titration trial to evaluate the patient's response to positive pressure breathing.**
2. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.
3. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Ms. Blackstock was found to haven an elevated body mass index of 36.
4. **If above measures fail, consider initiating dopamine agonist therapy (i.e., Requip),** and titrating as necessary for periodic limb movement disorder.

Dr. Puchalski would like to thank South Carolina ENT for referring this patient to the Sleep Diagnostics Center at Carolina Pines Regional Medical Center. Should you have any questions concerning the interpretation of this study, please contact me at the office or page me directly at 803-424-2176.

This polysomnograph was reviewed by the Medical Director of the CPRMC Sleep Diagnostics Center

Robert Puchalski, MD
Board Certified, Sleep Medicine

E. Cox
11/13/11

Dictation Date: 10/25/11

Nov. 14. 2011 12:10PM No. 2946 P. 3

5408

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SOF

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Blackstock, Sepia **Date: 10/24/2011** **Medical Record#: 25622**

AGE: 35	Referring Physician: Dr. Robert Puchalski	Patient Account #: 2863499
Sex: Female	Ht (inches): 63	Weight (lbs): 203
Body Mass Index (kg/m2): 36	(BMI > 28 is considered obese)	
Study Technologist: Kristin Weaver	Scoring Technologist: Janice Oeltjenbruns	

Indication
The patient is a 35-year-old African-American female with a body mass index of 36, who presents for an evaluation of sleep disordered breathing. She reports loud snoring, sleeping with an open mouth, and waking with a dry mouth. She was found to have an Epworth Score of 7. Her sleep habits allow for moderate sleep hygiene with a typical bedtime of 9:30pm and a typical wake time of 6-7am. She reports a sleep latency of 10 minutes. She reports cataplexy, but denies sleep paralysis and hypnogogic dreaming.

Her past medical history is significant for GERD, pituitary adenoma, hypercholestereolemia, sinus and allergy problems, depression,. She denies tobacco use, caffeine, and alcohol consumption. There is no known family history of sleep problems.

Current Medications Include
Bupap, Estradilol, Abilify, Flonase, Famotidine, Sertraline, Lipitor, and Zyrtec

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 264.5 minutes. The patient demonstrated a sleep latency of 39.5 minutes and a sleep efficiency of 59%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (10%), Stage 2 (78%), Stage 3 (12%), Stage 4 (0%), and REM (0%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 6.8, in the setting of a respiratory disturbance index of 6.8. The REM apnea/hypopnea index was found to be 0.0, and the supine apnea/hypopnea index was found to be 7. The patient had 3 obstructive, 0 mixed, and 1 central apneas. The patient had 26 hypopneas, and 0 flow limitation events (RERA). The average apnea was 18.0 seconds in duration with the longest being 19.0

SCENT DEF Exhibit 146

seconds. The average hypopnea was 23.0 seconds in duration, with the longest being 58.0 seconds.

Oxygen Saturation

The patient's lowest oxygen saturation during this study was 85%. The patient's average oxygen saturation during wakefulness was 98%. The patient spent 1% of Total Sleep Time under 90% during this study.

Sleep Fragmentation Summary

The patient was found to have a total of 91 periodic limb movements, yielding a periodic limb movement index of 21. 17 of these periodic limb movements were associated with arousals.
There were a total of 55 arousals, 10 of which were respiratory in nature. The respiratory arousal index was found to be 2.

Snoring Report

The patient was found to have 4 snoring episodes, yielding a snoring index of 1.

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 76. There were no significant dysrhytmias noted.

Impressions

1. **Mild sleep disordered breathing.** The patient presented with an apnea/hypopnea index of 7. These respiratory events were associated with desaturations to 85%.
2. **Nocturnal myoclonus.** The patient presents with a periodic limb movement index of 21. This represents an increase from the normal value of 15.

Recommendations

1. **CPAP titration trial to evaluate the patient's response to positive pressure breathing.**
2. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.
3. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Ms. Blackstock was found to haven an elevated body mass index of 36.
4. **If above measures fail, consider initiating dopamine agonist therapy (i.e., Requip),** and titrating as necessary for periodic limb movement disorder.

Dr. Puchalski would like to thank South Carolina ENT for referring this patient to the Sleep Diagnostics Center at Carolina Pines Regional Medical Center. Should you have any questions concerning the interpretation of this study, please contact me at the office or page me directly at 803-424-2176.

SCENT DEF Exhibit 146

Sepia V. Blackstock DOB: 04.Dec.1975 (37)
CPAP/BiPAP Retration 08.Mar.2012

Report prepared by: Inurse on 3/7/2012 at 1:32 PM

Statistics

Serial No.: 23111612445
Product: S9 Elite

Sepia Blackstock

1/25/2012 - 3/6/2012

Device Settings		
Therapy Mode: CPAP	Set Pressure: 14.0 cmH2O	EPR: Full_Time
EPR Setting: 3.0 cmH2O		
Leak - L/min		
Median: 0.0	95th Percentile: 0.0	Maximum: 1.2
AHI & AI - Events/hr		
Apnea index: 0.6	AHI: 0.8	Obstructive: 0.6
Central: 0.0	Unknown: 0.0	Hypopnea index: 0.3
Usage		
Used Days >= 4 hrs : 32	Used Days < 4 hrs : 2	% Used Days >= 4 hrs : 76
Days not used: 8	Total days: 42	Median daily usage: 8:19
Total hours used: 259:34	Average daily usage: 6:10	

5411

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INNOVATIVE SLEEP SOLUTIONS

PHYSICIAN'S INTERPRETIVE REPORT

Patient:	Blackstock, Sepia	**Study Date:**	2/2/2012
Age:	36 yr	**DOB:**	12/4/1975
Sex:	F	**Referring Physician:**	Vidrine
Race:	AA	**Patient Account #:**	C2012031
Height:	63 inches	**Epworth Sleepiness:**	6
Weight:	201 lbs	**Study Technologist:**	
BMI:	35.60	**Neck Size**	15.5 inches

Study Type: CPAP Titration

Indication: The patient is a 36 year old African-American female that has a BMI of 36, who underwent NPSG previously at CPRMC in October of 2011. At the time, the patient was found to have an AHI of 7. These respiratory events associated with desaturations to 85%. In addition, she was found to have an elevated periodic limb movement index of 21. The patient now presents for CPAP titration to evaluate response to positive pressure breathing.

Current Medications Include:

Ventolin, Atorvastatin, Famotidine, Abilify

Study Parameters and Quality:

The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 323.0 minutes. The patient demonstrated a sleep latency of 3.0 minutes and a sleep efficiency of 87.5%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: N1 (13.9%), N2 (71.5%), Delta (8.2%), and REM (6.3%).

CPAP/BiPAP Analysis:

The patient was initiated at a setting of 4 cmH2O and increased as indicated throughout the night. Optimal CPAP was obtained at a setting of 14cmH2O. At this setting, the apnea/hypopnea index was found to be 0.0, and the lowest O2 saturation was found to be 98%. The patient was tested for 97 minutes at this setting, with 21 minutes in REM sleep. In addition, the patient did reach the supine position at this setting.

Sleep Fragmentation Summary:
The patient was found to have a total of 0 periodic limb movements, yielding a periodic limb movement index of 0 per hour of sleep. 0 of these periodic limb movements were associated with arousals. There were a total of 140 arousals, 3 of which were respiratory in nature. The respiratory arousal index was found to be 0.6.

Electrocardiographic Analysis:
Electrocardiographic monitoring revealed an average heart rate of 72.3 bpm and a maximum heart rate of 122 bpm. There were no significant dysrhythmias noted.

Impressions:

1. **Mild sleep disordered breathing** as evidenced during the NPSG in October of 2011. The patient was found to have a good response to positive pressure ventilation with an optimal CPAP setting of +14cmH2O. At this setting, the apnea/hypopnea index reduced from 7 to 0.

Recommendations:

1. **CPAP fitting with a ResMed Quattro small full face mask at a setting of +14cmH2O, with heated humidification but no supplemental oxygenation.**
2. **CPAP compliance monitoring with two week and ten week downloads.**
3. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.
4. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Ms. Blackstock was found to have an elevated body mass index of 36.

Robert Puchalski, MD FAAOA
Board Certified, Sleep Medicine
Medical Director, Innovative Sleep Solutions
Dictated on: 2/6/12

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Roundtree, Sepia	**Date: 11/3/2009**	**Medical Record#: 25622**
AGE: 33	Referring Physician: Dr. Dyce	Patient Account #: 2790787
Sex: Female	Ht (inches): 63	Weight (lbs): 194
Body Mass Index (kg/m2):	34	(BMI > 28 is considered obese)
Study Technologist: Lisa Linneen		Scoring Technologist: Janice Oeltjenbruns

Indication
The patient is a 33-year-old African-American female with at body mass index of 34, who presents for evaluation of sleep disordered breathing. She reports nightmares and loud snoring. She was found to have an Epworth Sleepiness Score of 9. Her sleep habits allow for good sleep hygiene with a typical bedtime of 9:45-10:15pm and a wake time of 8am. She reports a sleep latency of 20 minutes. She denies sleep paralysis, hypnogogic dreaming, and cataplexy.

She reports a past medical history significant for depression, GERD, sinus and allergy problems, hypercholesterolemia, anemia, and prolactolemia. She denies tobacco use, alcohol consumption, and caffeine consumption. She reports no known family history of sleep problems.

Current Medications Include
Abilify, Lipitor, Prilosec, Provera, Zoloft, Pepsid, and Nasonex.

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 232 minutes. The patient demonstrated a sleep latency of 135.5 minutes and a sleep efficiency of 50%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (7%), Stage 2 (75%), Stage 3 (13%), Stage 4 (0%), and REM (4%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 0.5, in the setting of a respiratory disturbance index of 1.0. The REM apnea/hypopnea index was found to be 0.0, and the supine apnea/hypopnea index was found to be 1. The patient had 1 obstructive, 0 mixed, and 0 central apneas. The patient had 1 hypopneas, and 2 flow limitation events (RERA). The average apnea was 16.0 seconds in duration with the longest being 16.0 seconds. The average hypopnea was 17.0 seconds in duration, with the longest being 17.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 90%. The patient's average oxygen saturation during wakefulness was 97%. The patient spent 0% of Total Sleep Time under 90% during this study.

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Sleep Fragmentation Summary
The patient was found to have a total of 63 periodic limb movements, yielding a periodic limb movement index of 16. 10 of these periodic limb movements were associated with arousals.
There were a total of 37 arousals, 2 of which were respiratory in nature. The respiratory arousal index was found to be 1.

Snoring Report
The patient was found to have 14 snoring episodes, yielding a snoring index of 4.

Electrocardiographic Analysis
Electrocardiographic monitoring revealed a mean heart rate of 76. There were no significant dysrhytmias noted.

Impressions
1. **Subclinical sleep disordered breathing**. The patient presented with an apnea/hypopnea index of 0.5. These respiratory events were exacerbated by the supine position (supine AHI = 1). In addition, they were associated with desaturations to 90%.
2. **Nocturnal myoclonus**. The patient presents with a periodic limb movement index of 16. This represents an increase from the normal value of 15.

Recommendations
1. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.
2. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Ms. Roundtree was found to have an elevated body mass index of 34.
3. **Consider initiating Dopamine agonist therapy (i.e. Requip),** and titrating as necessary for periodic limb movement disorder.
4. **Should clandestine sleep apnea be suspected, consider a repeat NPSG in the future.**

Dr. Puchalski would like to thank Dr. Dyce for referring this patient to the Sleep Diagnostics Center at Carolina Pines Regional Medical Center. Should you have any questions concerning the interpretation of this study, please contact me at the office or page me directly at 803-424-2176.

This polysomnograph was reviewed by the Medical Director of the CPRMC Sleep Diagnostics Center.

Robert Puchulski, MD
Board Certified, Sleep Medicine
Dictation Date: 11/16/09

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SCENT DEF Exhibit 146

HIPAA FORM

Jamesville, NC

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Marguerite Howle Date of Birth: 1/25/66

Address: 304 Delcan Ln, Hartsville SC.

Home/Business: 339-9061 Alt. Telephone:

I Access Records in Care/Treatment

Authorize the use/disclosure of health information about me as described below:

The following organization is authorized to make the disclosure:

SC ENT

Name of Facility

Address

The type of information to be used or disclosed is as follows (please include dates of service):

Dates of Service:

✓ Complete Medical Record

Abstract of Medical Records (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, ER/Office, Laboratory, X-ray and Imaging reports)

Dates of Service (DOS)
Discharge Summary
Operative Report
Consultation Reports

X-ray and Imaging Results
Progress Notes
Laboratory Test Results
Immunization Records

Other (as specified below)

Laboratory Test Results

Report Status
Client Test Form
Referring Physician Form
Admission Documents
Notification of Admission

Treatment Plan
Medication History
Aftercare Instructions
Psychological Evaluations

Other (as specified below)

Authorizing use of the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

The information I have provided to you from records whose confidentiality may be protected by Federal and/or state law.

HIPAA Form
Version
4/14/2003
90 HIPAA Form Authorization

FROM:Dr Dyce TO:8P18034083298 06/06/2012 17:34:05 #1668 P.001/002

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SCENT DEF Exhibit 146

Page 2 of 2 HIPAA FORM

I understand that your facility may receive compensation for disclosures arising in connection with these uses.

The information may be disclosed to and used by the following individual/organization:

Name: Orville Dyce, MD

Address: Hartsville SC 29550

For the purpose of:

- [x] Further Medical Care
- [ ] Insurance Eligibility/Benefits
- [ ] Insurance/Claim(s) of any nature
- [ ] Legal Investigation or Action
- [ ] Litigation
- [ ] Changing Physicians
- [ ] Other (please specify)

I understand I have the right to review and obtain a copy of any protected health information in the designated record set, you or your business associates maintain. I understand however I am not entitled to review or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a)), and certain other records.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as mentioned in #6 above.

I understand that any information disclosed pursuant to this authorization may be subject to re-disclosure by the receiver and no longer be protected under the terms of this authorization.

I understand that I may revoke this authorization in writing at any time. It is understood that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization expires within 90 days, unless otherwise specified.

Marguerite Howle 6/6/12
Signature of Client Date

If signed by someone other than the patient, describe relationship and authority to do so.

Name of Person Signing Form

Relation to Client:
- [ ] Minor
- [ ] Guardian
- [ ] Parent
- [ ] Conservator
- [ ] Executor of Estate of Deceased
- [ ] Power of Attorney for Health Care
- [ ] Authorized Legal Parental Representative

Tammy Howell 6-6-13
Signature of Witness Date

HIPAA Form
Version
03/4/2003
© HIPAA Help Corporation.

FROM:Dr.Dyce TO:8P1803408329B 06/06/2012 17:34:24 #16686 P.002/002

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 17.Feb.2009 at SOUTH CAROLINA ENT

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans

INSURANCE INFORMATION
Pri Ins Company: Medcost
Pri Ins Policy #: 99005766201

PROBLEM LIST

PRESENT ILLNESS INFORMATION
Chief Complaint: Information not taken this visit
HPI:
S1: Evaluation of nasal congestion.
Location: both sides, with equal intensity.
Severity: moderate.
Timing: This has been a problem for several years. It developed almost instantly. Times when the problem is worse - unspecified.

REVIEW OF SYSTEMS
See HPI. See Chart Summary.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	Astelin (137 MCG/SPRAY), qd Flonase (50 MCG/ACT), qd Singulair (10 MG), qd
Medication Allergies:	No known medication allergies
Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** none. **Contrast agent (dye) allergies:** none. **Insect bite or sting allergies:** none. **Allergy skin tests:** none. **Allergy blood tests:** none. **Allergy shots:** none. **Treatment for food allergy:** none.
Past Health History:	Has never been diagnosed with a significant problem.
Surgeries and Hospitalizations:	**Problems with anesthesia:** none. **Previous surgery: Other surgery:** Apendectomy. **Previous non-surgical hospitalizations:** pregnancy/delivery.
Serious Injuries:	**No serious injuries or accidents.**
Family History:	**Parents' Health Status:** Mother: is in good health. Father: is in good health. **Cardiovascular:** Hypertension - mother.
Social History:	**Current tobacco usage:** none. **Second-hand smoke exposure:** none.

OBJECTIVE
CONSTITUTION: Height: 61 inches. Weight: 110 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

Electronically signed by Orville Dyce, MD on 26.Mar.2009 08:04 AM

ICD CODE SUMMARY
No ICD codes selected for this visit
CPT CODE SUMMARY
No CPT codes selected for this visit
NON-BILLABLE CPT CODES
No non-billable CPT codes selected for this visit

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MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 27.Mar.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my nasal congestion. I recently had allergy testing done and I am here to go over those results. I am still basically about the same.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
478.19 Nasal obstruction
Location: bilateral
786.2 Cough

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented status post allergy testing (03/13/09) and was found to be hypersensitive to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog. She initially presented with nasal congestion, ear pressure, and dizziness. Oral examination revealed 1+ tonsils. Otoscopic examination mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy performed last visit revealed boggy mucosa on the left, nasal septal deviation to the right, and turbinate hypertrophy (R>L). It was difficult to pass the scope, bilaterally. At this time, she will continue her current medication therapy (Flonase, Singulair, and Astelin) and I will maximize her therapy with Proventil (PRN) and Immunotherapy. She will return in three months for reevaluation.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient).

Electronically signed by Stephanie Tetterton, PA-C on 27.Mar.2009 12:32 PM

5419

SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 10.Jul.2009 (visit #2) at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies since starting immunotherapy on 04/10/09. I have not had any reactions to my shots and I am still taking all my meds.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of immunotherapy. She started immunotherapy on 4.10.09. She denied any adverse reactions since starting immunotherapy. Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog. She initially presented with nasal congestion, ear pressure, and dizziness. Oral examination revealed 1+ tonsils. Otoscopic examination mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy revealed narrow nasal valve bilaterally with minimal erythema and a small excoriation on the right nasal septum. There was a nasal septal deviation to the right and turbinate hypertrophy (R>L) with no masses, polyps or mucopus. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and immunotherapy. She was given a patient information form on recurrent nose bleeds. She will return in three months for reevaluation.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient).

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 01.Oct.2009 05:09 PM

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 04.Sep.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to a possible sinus infection. My eyes and nose have been burning and I have been sneezing and having facial pressure all this week with drainage off and on. Last night was really bad for me.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
784.7 Epistaxis
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of immunotherapy with complaints of a possible sinus infection. She started immunotherapy on 4.10.09. She denied any adverse reactions since starting immunotherapy. Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog. She initially presented with nasal congestion, ear pressure, and dizziness. Oral examination revealed 1+ tonsils. Otoscopic examination mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy revealed narrow nasal valve bilaterally with minimal erythema with excoriations present. There was a nasal septal deviation to the right and turbinate hypertrophy (R>L) with no masses, polyps or mucopus. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and Immunotherapy. She was given 1cc Depo-Medrol today for her acute symptoms (Lot 313305661B exp. 07/10). She will return for regularly scheduled allergy follow-up.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient).

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 01.Oct.2009 05:59 PM

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 23.Oct.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies and shots. i am doing really well with both

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Howle presented in the midst of immunotherapy. She started immunotherapy on 4.10.09. She denied any adverse reactions since starting immunotherapy. Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog. She initially presented with nasal congestion, ear pressure, and dizziness. Oral examination revealed 1+ tonsils. Anterior rhinoscopy revealed a nasal septal deviation to the right and a septal hemangioma. Nasal endoscopy performed on previous visit revealed narrow nasal valve bilaterally with minimal erythema with excoriations present. There was a nasal septal deviation to the right and turbinate hypertrophy (R>L) with no masses, polyps or mucopus. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and Immunotherapy. I will schedule her for a home immunotherapy consultation.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient).

Electronically signed by Orville Dyce, MD on 06.Apr.2010 11:20 AM

5422

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 14.Dec.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies. I feel like I have something going on. I am having sinus headaches and congestion. I do feel like the shots are helping me.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented with increased nasal congestion, facial pressure, and headaches for one month duration despite steroid injection. Of note, she is currently in the midst of immunotherapy (04/10/09). Nasal endoscopy revealed a persistent nasal septal deviation in the setting of moderate erythema and turbinate hypertrophy. There was no evidence of mucopus, polyps, or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and Immunotherapy and I will maximize her therapy with a Medrol dose pak. Should she deny improvement I will consider a two week course of antibiotics. She will return at her previously scheduled appointment.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 06.Apr.2010 12:03 PM

5423

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (43) Female
Visit Date: 22.Jan.2010 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. My allergies were giving me some trouble a while back, but it seems to have cleared up.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of immunotherapy (04/10/09). She reported improvement since beginning injections and denied any adverse reactions. Anterior rhinoscopy revealed mild erythema and excoriations. Nasal endoscopy performed last visit revealed a persistent nasal septal deviation in the setting of moderate erythema and turbinate hypertrophy. There was no evidence of mucopus, polyps, or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and Immunotherapy and she will return in three months for reevaluation.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 06.Apr.2010 12:37 PM

5424

SCENT DEF Exhibit 146

TX Result Report

P 1
10/30/2013 22:06
Serial No. A1UD011008537
TC: 271185

Addressee	Start Time	Time	Prints	Result	Note
4326756	10-30 22:05	00:00:56	000/003	No Ans	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

INNOVATIVE SLEEP SOLUTIONS

PATIENT CANCELLATION POLICY

Innovative Sleep Solutions is only capable of seeing 2 patients per night in Camden and 2 patients per night in Columbia. In order to help reduce wait time we have a policy in place that allows patients to call and cancel their appointment and allows us to fill cancellation slots with another patient. However, we must receive the cancellation 24 hours prior to the appointment so we have time to fill the empty slot. We understand things come up but please call our office and let us know if you cannot keep your appointment, we will gladly reschedule you for another time.

Also, keep in mind this is a medical appointment, it has been ordered by your physician due to health reasons. This appointment is critical in diagnosing health problems the physician believes you may be experiencing. If you need to cancel an appointment, please reschedule it to another time that is convenient for you.

I have been informed that the Innovative Sleep Solutions sleep lab is not part of the Kershaw Health system. I have also been informed of the location of the Innovative Sleep Solutions sleep lab where I will be having my study performed. **I understand that I will be billed $150.00 if I fail to attend my sleep study appointment without cancelling my appointment 24 hours ahead of my appointment so that my spot can be filled.** I attest that the contact number given is a valid number where I can be reached directly. I understand that reminder calls will be made to this number and I will not hold Innovative Sleep Solutions at fault for a missed appointment if I fail to attend my appointment.

I have read and/or had the cancellation policy explained to me and I understand that if I do not cancel my appointment within 24 hours prior to the appointment or I fail to keep my appointment I will be billed $150.00.

Scheduler: Cindy Cook Date: 10-29-13 Time: 5:55

Patient name Heather Franklin Date: 10-29-13 Time: 5:55

SM Accredited Center

Innovative Sleep Solutions
10 Broad St, Ste D - Camden, SC 29020
PH (803) 432-6756 - FAX (803) 432-6768

Newly Opened Location

Innovative Sleep Solutions
710 Rabon Rd, Ste 203 - Columbia, SC 29203
PH (803) 736-7577 - Fax (803) 736-7592

5425

A division of South Carolina ENT Allergy & Sleep Medicine

SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (44) Female
Visit Date: 23.Apr.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. My allergies were doing well up until a few weeks ago.

ASSESSMENT
CURRENT PROBLEMS
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.4 Dizziness
Location: bilateral
786.2 Cough

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of immunotherapy (04/10/09). She reported improvement since beginning injections and denied any adverse reactions. Anterior rhinoscopy revealed mild erythema and excoriations. Nasal endoscopy revealed a persistent nasal septal deviation in the setting of slightly discolored mucus draining into the nasopharynx, moderate erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin, Proventil) and Immunotherapy. In addition, I will start her on Xyzal and she will return in three months for reevaluation.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Stephanie Tetterton, PA-C
Orville Dyce, MD

5426

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (44) Female
Visit Date: 23.Jul.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. The end of June and first of July were really tough, I think some of it could be from my Lab dog that has been shedding as well I am wondering if the humidity has an effect on my allergies.

ASSESSMENT
CURRENT PROBLEMS
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Howle presented in the midst of home immunotherapy (04/10/09). She reported mild reactions to higher doses (.50) of immunotherapy. She also reported improvement since beginning injections, however reported a flare up of symptoms within the past couple of weeks. Nasal endoscopy performed on a previous visit revealed a persistent nasal septal deviation in the setting of slightly discolored mucus draining into the nasopharynx, moderate erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin (PRN), Proventil (PRN)) and Immunotherapy. She will return in three months for reevaluation. She will require allergy retesting in

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Electronically signed by Robert Puchalski, M.D., FAAOA on 29.Jul.2010 10:43 AM

5427
SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (44) Female
Visit Date: 27.Oct.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today for follow up on allergies. I have been getting shots regularly and have some redness and swelling at the injection site. I have also been having numbness of my left arm where I had been getting shots.

ASSESSMENT
CURRENT PROBLEMS
473.9 Post Nasal Drainage
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Keri Bryant, PA-C. Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of home immunotherapy (04/10/09). She reported moderate reactions to higher doses (.50) of immunotherapy. She reported improvement since beginning injections however over the past several weeks she reported an increase in headaches, sinus pressure and itchy eyes. Nasal endoscopy revealed a persistent nasal septal deviation in the setting of mild erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin (PRN), Proventil (PRN)) and Immunotherapy. She will return in three months for reevaluation. She will require allergy retesting in March 2011 and she will be scheduled.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

TESTS AND PROCEDURES
TO BE SCHEDULED
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office

Electronically signed by Stephanie Tetterton, PA-C on 04.Nov.2010 08:17 AM

SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (45) Female
Visit Date: 28.Jan.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today for follow up on allergies. I have had a lot of post nasal drainage this month. I have had one sinus infection and was treated with Cipro by my PCP.

ASSESSMENT
CURRENT PROBLEMS
473.9 Recurrent Sinusitis
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of home immunotherapy (04/10/09). She reported improvement since beginning injections however reported an increase in post nasal drainage and a sinus infection that was treated with Cipro since her last visit. Nasal endoscopy performed on previous visit revealed a persistent nasal septal deviation in the setting of mild erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy (Flonase, Singulair, Astelin (PRN), Proventil (PRN)) and Immunotherapy. She will return in three months for reevaluation. She will require allergy retesting in March 2011 and will be scheduled.

Of historical note, CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

TESTS AND PROCEDURES
TO BE SCHEDULED
95027 Allergy Tests, IDT
To be scheduled; Location: office
95004 Allergy Tests (PRICK)
To be scheduled; Location: office

Electronically signed by Stephanie Tetterton, PA-C on 02.Feb.2011 09:08 AM

5429

SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (45) Female
Visit Date: 11.Apr.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies and to go over my allergy retest. My symptoms are much improved.

ASSESSMENT
CURRENT PROBLEMS
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis: Due to other allergen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Howle presented in the midst of home immunotherapy (04/10/09). She reported improvement since beginning injections and denied any adverse reactions. Allergy retesting performed on 3.25.11 demonstrated a hypersensitivity to the following allergens: tree, weed, mold, grass, cat and TOE. Nasal endoscopy performed in the past revealed a persistent nasal septal deviation in the setting of mild erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy only when needed.(Flonase, Singulair, Astelin, Proventil) and Immunotherapy (one year weekly immunotherapy followed by weaning protocol). She will return in six months for reevaluation.

Of historical note:
CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Electronically signed by Robert Puchalski, M.D., FAAOA on 18.Apr.2011 05:22 PM

5430

SCENT DEF Exhibit 146

MARGUERITE M. HOWLE Patient ID: 251-88-4821
DOB: 25.Jan.1966 (45) Female
Visit Date: 21.Oct.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Kenneth C. Evans
Requesting: Dr Kenneth C. Evans

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies. I have not had any large reactions. My nasal congestion has increased just a little but that is normal for this time of year. I have not had any sinus infections.

ASSESSMENT
CURRENT PROBLEMS
473.9 Recurrent Sinusitis
Location: bilateral
477.0 Allergic rhinitis: Due to pollen
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms Howle presented in the midst of home immunotherapy (4.10.2009). She reported improvement since beginning injections and denied any adverse reactions. Allergy retesting performed on 3.25.2011 demonstrated a hypersensitivity to the following allergens: tree, weed, mold, grass, cat and TOE. Nasal endoscopy performed in the past revealed a persistent nasal septal deviation in the setting of mild erythema and turbinate hypertrophy with no mucopus, polyps or masses. At this time, she will continue her current medication therapy only when needed (Flonase, Singulair, Astelin, Proventil) and Immunotherapy (one year weekly immunotherapy followed by weaning protocol). She will return in six months for reevaluation.

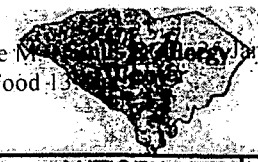
Of historical note:
CT scan of the sinuses (01/29/09) was within normal limits (per report). Prick allergy testing (3-4 years ago) was negative at another physicians office (per patient). Allergy testing (03/13/09) revealed a hypersensitivity to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, and dog.

Electronically signed by Robert Puchalski, M.D., FAAOA on 24.Oct.2011 05:36 PM

5431

SCENT DEF Exhibit 146

Marguerite M... Allergy Jan.1966 (47)
DT and Food 1...



Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1 3.30.09	Vial Set 2 6.2.04	Vial Set 3 9.1.05	Vial Set 4 12.10	Vial Set 5 4.26.10
A	Sycamore											
B	White Oak											
C	White Hickory											
D	American Elm											
E	Eastern Cottonwood											
	Mountain Cedar			5	6	7		2+	1+	C	C	C
G	Boxelder							—	—	—	—	—
H	White Ash			5	6	7		2+	1	C	C	C
	Pine			5	6	7		2+	1	C	C	C
	River Birch				7	9	11	2+	1	C	C	C
	Timothy			5	6	7		2+	1	C	C	C
	Johnson			5	6	7		2+	1	C	C	C
	Bermuda				7	9	11	2+	1	C	C	C
	Bahia			5	6	7		2+	1	C	C	C
	Lambsquarter			7	9	11		2+	1	C	C	C
	English Plaintain			5	6	7		2+	1	C	C	C
	Short Ragweed			5	6	7		2+	1+	C	C	C
	Sheep Sorrel			5	6	7		2+	1+	C	C	C
	Mugwort							—	—	—	—	—
	Pigweed			5	6	7		2+	1	C	C	C
	Alternaria Alternata	5	6	7				2+	1	C	C	C
	Aspergillius Mix							—	—	—	—	—
	Fusarium Mix			5	6	7		2	1	C	C	C
	Cladosporium(Hormo)			5	6	7		2	1	C	C	C
	Mucor Mix			5	6	7		2	1	C	C	C
	Penicillium Mix							—	—	—	—	—
	Pullularia Pullulans			5	6	7		2+	1	C	C	C
	Johnson Grass Smut			5	6	7		2	1	C	C	C
	Stemph. Solani			5	6	7		2	1	C	C	C
	D. Pteronyssus			5	6	7		2+	1+	C+	C+	C+
	D. Farinae											
	Cockroach Mix											
	Cat				7	9	11	2+2	1+2	C+2	C+2	C+2
	Dog				7	9	11	2+2	1+2	C	C	C
	T.O.E. Mold Mix				7	9	11	2+2	1+2	C	C	C
	Horse											
	Feather Mix											
	Rabbit											
	Hamster											
	Fire Ant											

10.9.04 Vials diluted (HC) 7.16.07

Name: Marguerite Margaret Howie
Date: March 13, 09

Controls: + = 7 = 5 Gly= V

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with _____

10 1cc q week

Dr Robert Puchalski
Dr Orville Dyce
Dr Chad Gunnlaugsson
Dr. D. Macy Vidrine
Stephanie Tetterton,PA-C

5432

Marguerite M. Howle DOB: 25.Jan.1966 (47)
DT and Food 13 Mar 2009

Marguerite Howie
start 3/13/2009

Patient Mixing Log
The Sinus and Allergy Center

M5 M6 M7 M8 M9 M

	ANTIGEN	last mix	Vial Set	Vial Set	Vial Set 6	Vial Set	Vial Set	Vial Set	Vial Set
		9.16.10	9.9.10	10.21.10	1.21.11	2.21.11			
A	Sycamore								
B	White Oak								
C	White Hickory								
D	American Elm								
E	Eastern Cottonwood								
F	Mountain Cedar	C+	C+	C	C+	C+			
G	Boxelder	–	–	–	–				
H	White Ash	C	C	C	C	C			
I	Pine	C	C	C	C	C			
J	River Birch	C	C	C	C	C			
K	Timothy	C	C	C	C	C			
L	Johnson	C	C	C	C	C			
M	Bermuda	C	C	C	C	C			
N	Bahia	C	C	C	C	C			
O	Lambsquarter	C	C	C	C	C			
P	English Plaintain	C	C	C	C	C			
Q	Short Ragweed	C	C	C	C	C			
R	Sheep Sorrel	C	C	C2	C2	C2			
S	Mugwort	–	–2	–	–	–			
T	Pigweed	C2	C	C	C	C			
U	Alternaria Alternata	C	C	C	C	C			
V	Aspergillus Mix	–	–	–	–	–			
W	Fusarium Mix	C	C	C	C	C			
X	Cladosporium(Hormo)	C	C	C	C	C			
Y	Mucor Mix	C	C	C	C	C			
Z	Penicillium Mix	–	–	–	–	–			
AA	Pulluria Pullulans	C	C	C	C	C			
BB	Johnson Grass Smut	C	C	C	C	C			
CC	Stemph. Solani	C	C	C	C	C			
DD	D. Pteronyssus	C+	C+	C+	C+	C+			
EE	D. Farinae	\	\	\	X	X			
FF	Cockroach Mix	\2	\2	\2	X2	X2			
GG	Cat	C2	C2	C2	C2	C2			
HH	Dog	C	C	C	C	C			
II	T.O.E. Mold Mix	C	C	C	C	C			
JJ	Horse								
KK	Feather Mix								
LL	Rabbit								
MM	Hamster								
	Fire Ant								

m

Dr. Puchalski
Dr. Dyce
Dr. Gunnlaugsson
Dr. Vidrine
S. Tetterton, PA-C
D. Makupson, PA-C



FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	
11) Pecan		26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

all (-)

3 or 4 = AVOID
2 = ROTATION DIET (every 4-6 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Margaret Howle
Date: 3-13-09

Robert Pickwald, M.D., FAACA
Orville Dyck, M.D.
Macy Vitolins, M.D.
Chad Gunstenson, M.D.
Stephanie Tollerton, PA-C

www.southeastorthoclinic.com

SCENT DEF Exhibit 146

Page 1 of 1
Marguerite M. Howle, DOB: 25.Jan.1966 (47)
2 YR RETEST

2 Year Retest
Testing/Treatment Formula Sheet
The Sinus and Allergy Center

Name: Marguerite Howle
Date: 3.25.2011

	ANTIGEN	2 Year Retest #6	#5	#4	#3	#2	#1	Original Allergy Level	Current Mixing Dose	Vial Set 1	Vial Set 2
									2.21.11		7-29-11
A	Sycamore			5	5	5					
B	White Oak			5	5	5					
C	White Hickory			5	6	(7)				2+	2+
D	American Elm			5	5	5					
E	Eastern Cottonwood			5	5	5					
F	Mountain Cedar			5	6	(7)		2	C	C+	C+
G	Boxelder			5	6	(7)				2+	2+
H	White Ash			5	5	5		2	C		
I	Pine			5	6	(7)		2	C	C+	C+
J	River Birch			5	5	5		3	C		
K	Timothy			5	5	5		2	C		
L	Johnson			5	6	(7)		3	C	C+	C+
M	Bermuda			5	5	5		3	C		
N	Bahia			5	5	5		2	C		
O	Lambsquarter			5	6	(7)		4	C	C+	C+
P	English Plaintain			5	5	5		2	C		
Q	Short Ragweed			5	6	(7)		2	C	C+	C+
R	Sheep Sorrel			5	6	(7)		2	C	C+	C+
S	Mugwort			5	6	(7)				C+	C+
T	Pigweed			5	6	(7)		2	C	C	C
U	Alternaria Alternata			5	5	5		4	C		
V	Aspergillus Mix			5	6	(7)		2	C	C	C
W	Fusarium Mix			5	5	5		2	C		
X	Cladosporium(Hormo)			5	5	5		2	C		
Y	Mucor Mix			5	5	5					
Z	Penicillium Mix			5	5	5					
AA	Pulluria Pullulans			5	6	(7)		2	C	C	C
BB	Johnson Grass Smut			5	6	(7)		2	C	C	C
CC	Stemph. Solani			5	5	5		2	C		
DD	D. Pteronyssus			5	5	5		2	C		
EE	D. Farinae			5	5	5					
FF	Cockroach			5	5	5					
GG	Cat			5	6	(7)		3	C	C	C
HH	Dog			5	5	5		3	C		
II	T.O.E. Mold Mix			5	6	(7)		3	C	C	C
JJ	Horse										
KK	Feather Mix										
LL	Rabbit										
MM	Hamster										
	Fire Ant										

Q-38
Dr. Simons

Continue same sched._____
D/C Immunotherapy._____
Escalate frequency to:_____
Decrease frequency to:_____
Provider:_____

Controls:
+= 7
-= 5
Gly= 6

5435

SCENT DEF Exhibit 146

Iarguerite M. Howle DOB: 25.Jan.1966 (47)
YR RETEST 25.Mar.2011

diluted vials

Patient Mixing Log
The Sinus and Allergy Center

	ANTIGEN	last mix 10.31.11	Vial Set 2 2.10.12	Vial Set	Vial Set	Vial Set	Vial Set	Vial Set	Vial Set
	Sycamore								
	White Oak	2+	2+						
	White Hickory								
	American Elm								
	Eastern Cottonwood	C+	C+						
	Mountain Cedar	2+	2+						
	Boxelder								
	White Ash	C+	C+						
	Pine								
	River Birch								
K	Timothy	C+	C+						
L	Johnson								
M	Bermuda								
N	Bahia								
O	Lambsquarter	C+	C+						
P	English Plaintain								
Q	Short Ragweed	C+ / C2	C+ / C2						
R	Sheep Sorrel	2 / C2	2 / C						
S	Mugwort	2	2						
T	Pigweed	C2	C						
U	Alternaria Alternata	C2	C2						
V	Aspergillus Mix								
W	Fusarium Mix								
X	Cladosporium(Hormo)								
Y	Mucor Mix								
Z	Penicillium Mix	C2	C2						
AA	Pullulria Pullulans	C2	C2						
BB	Johnson Grass Smut								
CC	Stemph. Solani								
DD	D. Pteronyssus								
EE	D. Farinae								
FF	Cockroach Mix	C2	C2						
GG	Cat								
HH	Dog	C2	C2						
II	T.O.E. Mold Mix								
JJ	Horse								
KK	Feather Mix								
LL	Rabbit								
MM	Hamster								
NN	Fire Ant								

Name: Marguerite Howle
Date: 3.25.2011

Marguerite M. Howle DOB: 25.Jan.1966 (47)
YR RETEST 25.Mar.2011

The Sinus & Allergy Center

FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom	2	23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	
11) Pecan		26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	2

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Marguerite Howle

Date: 3.25.2011

S

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5437

SCENT DEF Exhibit 146

Marguerite M. Howle DOB: 25.Jan.1966 (47)
Spirometry Report 25.Mar.2011

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700523
Version: 1.1.11

Session Date: 25MAR2011
Session Time: 07:40AM
Last Cal Check: 25MAR2011

BEST 3 FVC/FVL REPORT

ID: 31902
Name: HOWLE,MARGUERITE M.
Gender: FEMALE
Medication:
Dosage:

Height: 61" Physician:
Age: 45YRS Technician:
Weight: 110LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 459801
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: NHANESIII

Clinical Format: PREMED - 08:07AM
Best Criteria:

* Indicates Best Value
VAL

POSTMED - 08:26AM

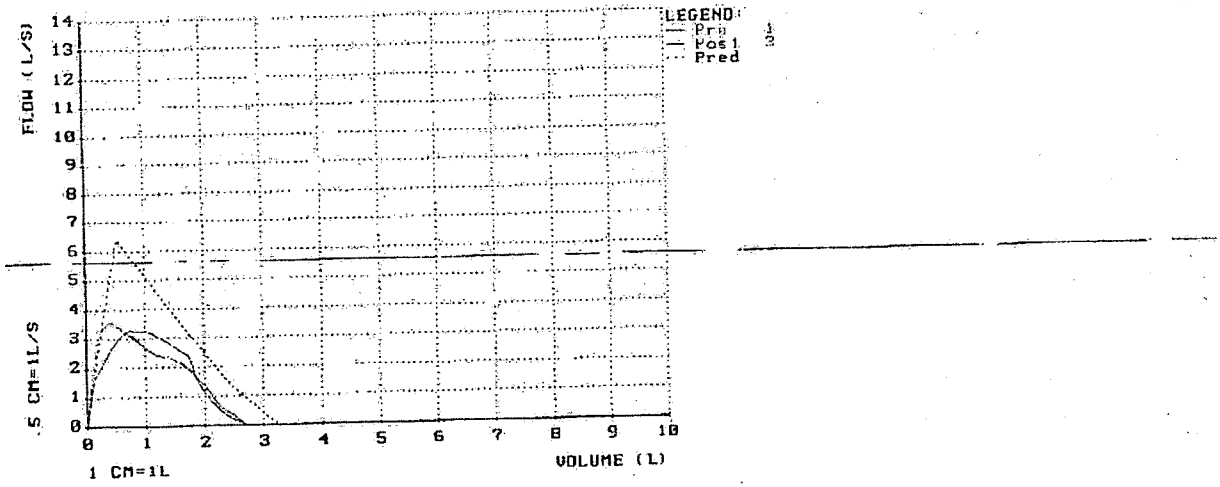
< Indicates Below LLN

MEASUREMENT	QC	Trial 1	%Pred	Trial 3	Trial 2	Pred	LLN	QC	Trial 3	%Pred	Trial 1	Trial 2	%Chg
FVC (L)	F	2.71	82	2.71	2.68*	3.27	2.64	F	2.75	84	2.73	2.80*	1
FEV1 (L)	F	2.68*	83	2.16	2.70 <	2.64	2.11	F	2.71	83	2.22*	2.14	0
FEV1%		81	100	79	85 <	81	71		80	99	81	77	- 1
MEF25-75 (L/S)		2.98*	86	2.03	1.91	2.78			2.12*	76	2.20	1.97	- 10
PEF(L/S)		3.36*	52	3.42	4.86	6.43			3.58*	55	2.84	3.25	6
FET (S)		4.82*		5.83	5.57				4.95*		4.80	5.66	2

BEST FEV1% 86* /S*

Report Summary:
Pre Med: Tests 3 Acceptable 0 Reproducible 1 FVC VAR: 45ML FEV1 VAR: 45ML PEF VAR: 82ML/S
Post Med: Tests 3 Acceptable 0 Reproducible 2 FVC VAR: 52ML FEV1 VAR: 5ML PEF VAR: 747ML/S

AIS Interpretation: PREMED - Normal Spirometry POSTMED - No Sig. Improv. in FVC FEV1
Comment:



1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post	
FVC	3.27	2.71	2.75	
FEV1	2.64	2.20	2.22	
FEV1/FVC	81 %	81 %	80 %	

Location: HAYESVILLE
Followup Date:
Phys. Signature:
Date Interpreted: 3/29/11

5438

SCENT DEF Exhibit 146

*Possible Duplicate.

CardioControl HQ (Imported)
Abnormal Spirometry Report - Howle, Marguerite 3/13/2009 8:03:43 AM

Patient Information:

ID:	31902
Name:	Howle, Marguerite
DOB:	1/25/1966
Height:	61 inch
Gender:	Female
Race:	Caucasian
Packs / Day:	
Smoke Years:	
Cooperation:	

Test Information:

Test Type:	FVC
Pre Time:	8:14 AM
Post time:	8:49 AM
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex)	1.11 / 1.00
Last Calibration:	11/19/2008 8:22:32 AM
Device Info:	1.6.0.489

Test Results:

FEV1 %Pred:	77 %
FEV1%:	84%
Improvement:	2% FVC, 1% FEV1 ((Post - Pre) / Pre) * 100

FEV1 Pre / Post Var:	18 ml (1 %)	/ 120 ml (5 %)
FVC Pre / Post Var:	1 ml (0 %)	/ 136 ml (5 %)
ATS Reproducibility:	Pre:	Met
	Post:	Met

Test interpretation: CONFIRMED REPORT

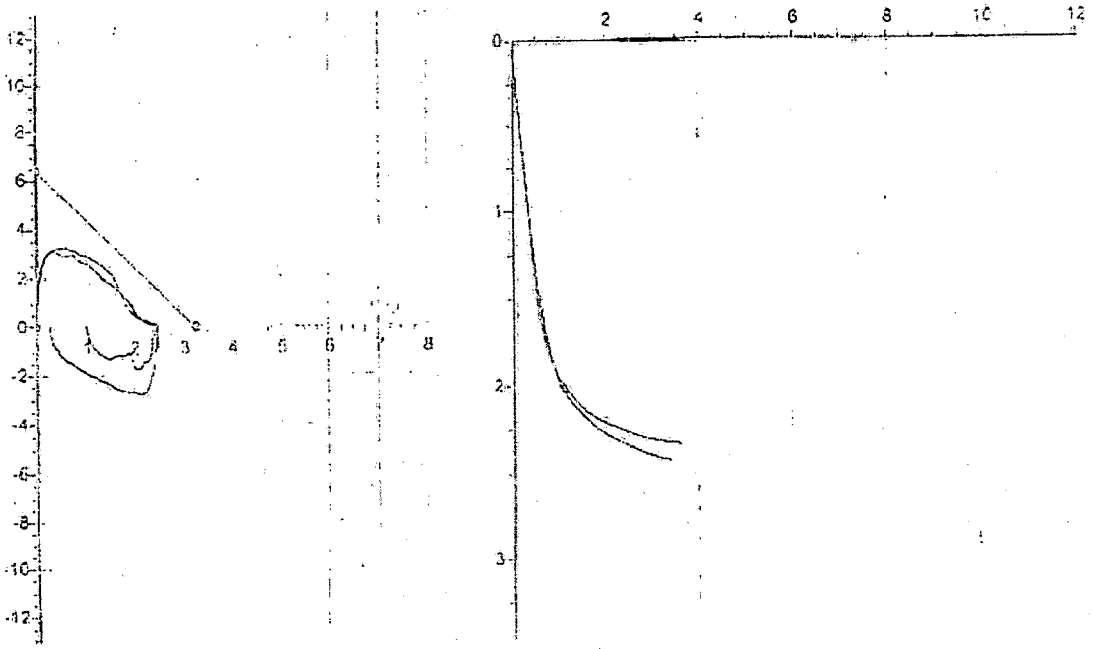
Pre: FVC= 2.40L FEV1= 2.02L FEV1/FVC= 83.84%
(3/13/2009 8:14:23 AM), Mild restriction

Post: 3.40% FVC 0.66% FEV1 -2.64% FEV1/FVC
(3/13/2009 8:49:23 AM), Mild restriction

Test Comment:

Parameter	Units	Pred	Best Effort 1. Pre	%Pred	2. Post	%Pred	%Change	All Efforts 1. Pre	2. Pre	3. Pre	1. Post	2. Post	3. Post
FVC	(L)	3.25	2.40*	75	2.49*	76	2	2.40*	2.40*	2.43*	2.25*	2.49*	2.36*
FEV1	(L)	2.65	2.02*	76	2.03*	77	1	2.02*	2.00*	1.99*	1.80*	2.03*	1.94*
FEV1%	(%)	82	84	102	82	100	-2	84	83	82	80	82	81
PEF	(L/s)	6.42	3.26*	-5*	3.10*	-48	-5	3.26*	3.08*	3.14*	2.64*	3.10*	3.09*
FEF50	(L/s)	-	2.05	-	2.19	-	-17	2.56	2.12	1.54	2.22	2.19	1.49
FEF25-75	(L/s)	2.83	2.33	82	2.01	70	-7	2.33	2.08	1.83	2.16	2.01	1.81

(*) Means below LLN



1) Normal
2) Nonobstructive restrictive
3) Reversible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	3.26	2.40	2.49
FEV1	2.65	2.02	2.03
FEV1/FVC	82%	84%	82%

Location: Harrisville
Follow-up Date: 4/17 @ 12:50
Phys Signature:
Date Interpreted: 4/15/09

Marguerite M. Howle DOB: 25.Jan.1966 (47)
Spirometry Report 13.Mar.2009

Sinus & Allergy Center
Hartsville

Algorithm

Name Margaret Howle
Date March 13, 09

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC ratio

	Predicted	Pre	Post
FVC	3.36	2.40	2.49
FEV1	2.65	2.02	2.03
FEV1/FVC	71 %	84 %	82 %

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0

Restrictive Pattern

Refer to Pulmonary for PFT's

FVC normal or decreased FEV1 decreased
Abslolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increasein FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

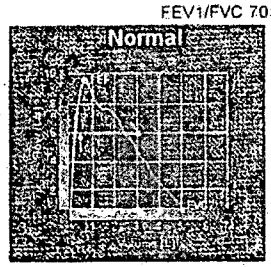
FVC normal, FEV 1 normal absolute FEV1/FVC >0.7

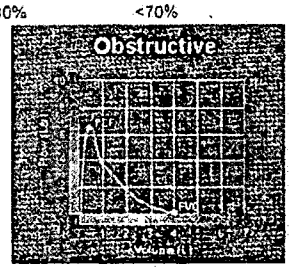
Normal Spirometry

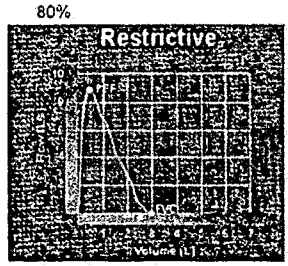
(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Normals:

Measures:		normal	abnormal	no broncodilator if:
Volume	FVC	80%		100%
1sec	FEV1	80%		100%
	FEV1/FVC	70 - 80%	<70%	80%







1) Normal
2) Normal mild restrictive
3) Reversible
4) Obstructive
5) Poorly reproducible

Physician signature

4/14/09
date

5440

SCENT DEF Exhibit 146

CardioControl HQ (Imported)

Abnormal Spirometry Report - Howle, Marguerite 3/13/2009 8:03:43 AM Page 1

Patient Information:

ID:	31902
Name:	Howle, Marguerite
DOB:	1/25/1966
Height:	61 inch
Gender:	Female
Race:	Caucasian
Packs / Day:	----------
Smoke Years:	----------
Cooperation:	----------

Test Information:

Test Type:	FVC
Pre Time:	8:14 AM
Post time:	8:49 AM
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex):	1.11 / 1.00
Last Calibration:	11/19/2008 8:22:32 AM
Device Info:	1.6.0.489

Test Results:

FEV1%Pred:	77 %	FEV1 Pre / Post Var:	18 ml (1 %) / 120 ml (6 %)
FEV1%:	84%	FVC Pre / Post Var:	1 ml (0 %) / 136 ml (5 %)
Improvement:	2% FVC, 1% FEV1 ((Post - Pre) / Pre) * 100	ATS Reproducibility:	Pre: Met
			Post: Met

Test Interpretation: UNCONFIRMED REPORT

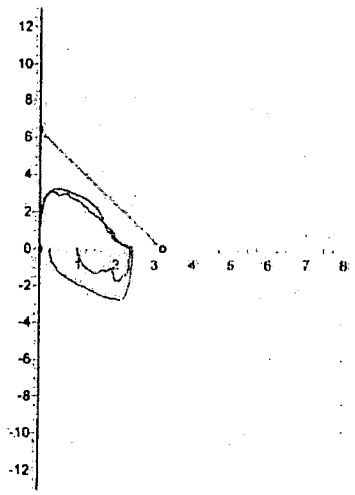
Pre: FVC= 2.40L FEV1= 2.02L FEV1/FVC= 83.84%
(3/13/2009 8:14:23 AM), Mild restriction

Post: 3.40% FVC 0.66% FEV1 -2.64% FEV1/FVC
(3/13/2009 8:49:33 AM), Mild restriction

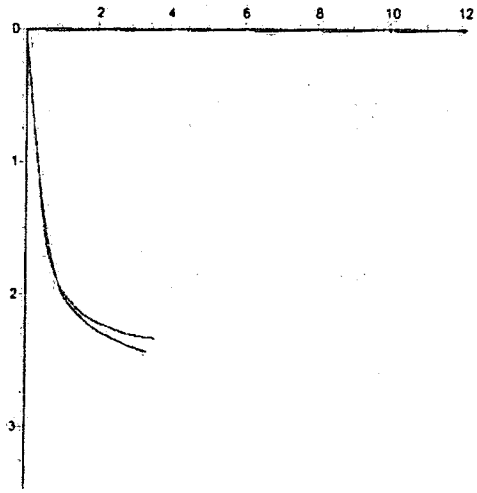
Test Comment:

			Best Effort					All Efforts					
Parameter	Units	Pred	1. Pre	%Pred	2. Post	%Pred	%Change	1. Pre	2. Pre	3. Pre	1. Post	2. Post	3. Post
FVC	(L)	3.26	2.40*	75	2.49*	76	2	2.40*	2.40*	2.43*	2.25*	2.49*	2.35*
FEV1	(L)	2.65	2.02*	76	2.03*	77	1	2.02*	2.00*	1.95*	1.89*	2.03*	1.91*
FEV1%	(%)	82	84	102	82	100	-2	84	83	80	84	82	81
PEF	(L/s)	6.42	3.76*	51	3.10*	48	-6	3.26*	3.26*	3.14*	2.64*	3.10*	3.09*
FEF50	(L/s)	-	2.65	-	2.18	-	-17	2.66	2.17	1.94	2.23	2.18	1.97
FEF25-75	(L/s)	2.83	2.33	82	2.01	76	-7	2.33	2.08	1.83	2.16	2.01	1.81

(*) Means below LLN



– Effort 2 (Post) – Effort 1 (Pre)



– Effort 2 (Post) – Effort 1 (Pre)

Marguerite M. Howle DOB: 25.Jan.1966 (47)
Home Immunotherapy Dosing Sheet 05.Nov.2010



Lugoff 803-408-3277
Hartsville 843-857-4355
Columbia 803-736-3277
Cheraw 843-537-4401

Home Immunotherapy
Maintenance Dosing

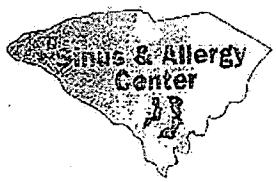
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Marguerite Howle

Date	Vial 1	Arm	Reaction	Vial 2	Arm	Reaction
8-27-10	0.05	R		0.05	L	
9/3	0.25	L		0.25	R	
9/12	0.3	R		0.3	L	
9/20	0.35	L		0.35	R	
9/26	0.4	R		0.4	L	
10/3	0.45	L	Made arm numb	0.45	R	
10/11	0.5	R stomach		0.5	L	
10/19	0.5	L		0.5	R	
10/26	0.5	R		0.5	L	
	Refill 0.5			Refill 0.5		
	0.5			0.5		
	0.5			0.5		

Dime Size Reaction: Give benadryl 1 hour prior to next injection
Quarter Size Reaction: Stay at the same amount next dose
Half-Dollar Reaction: Decrease dose by 0.05 next injection

Marguerite M. Howle DOB: 25.Jan.1966 (47)
Home Immunotherapy Dosing Sheet 26.Aug.2010



Lugoff 803-408-3277
Hartsville 843-857-4355
Columbia 803-736-3277
Cheraw 843-537-4401

Home Immunotherapy
Maintenance Dosing

www.southcarolinaent.com

Marguerite Howle

Date	Vial 1	Arm	Reaction	Vial 2	Arm	Reaction
5/14/10	0.05	R	–	0.05	L	–
5/22/10	0.25	L		0.25	R	
6/1/10	0.3	R		0.3	L	
6/19/10	0.35	L		0.35	R	
6/19/10	0.4	R		0.4	L	
[illegible]	0.45	[illegible]		0.45	[illegible]	
7/5	0.5	R		0.5	L	
7/11	0.5	L		0.5	R	
7/18	0.5	R		0.5	L	
[illegible]	Refill 0.5	L		Refill 0.5	R	
8/5/10	0.5	R		0.5	L	
[illegible]	0.5	L		0.5	R	

Dime Size Reaction: Give benadryl 1 hour prior to next injection
Quarter Size Reaction: Stay at the same amount next dose
Half-Dollar Reaction: Decrease dose by 0.05 next injection

5443

SCENT DEF Exhibit 146

Margüerite M. Howle DOB: 25.Jan.1966 (47)
Home Immunotherapy Dosing Sheet 19.Apr.2010



Lugoff 803-408-3277 x 2219
Hartsville 843-857-4355 x 7103
Columbia 803-736-3277 x 4005
Cheraw 843-537-4401

Maintenance Immunotherapy

Name: Marquerite Howle

Date	Vial 1	Arm	Reaction	Vial 2	Arm	Reaction
1/8/10	0.05	R		0.05	L	
1/27/10	0.25	L		0.25	R	
2/4/10	0.3	R		0.3	L	
2/18/10	2/21/10 0.35	L → R		0.35	R → L	
3/7/10 ~~3/21/10~~	0.4	L	quarter size reaction	0.4	R	
3/14	.4 ~~0.45~~	R		.4 ~~0.45~~	L	
3/22	.4 ~~0.5~~	L		.4 ~~0.5~~	R	
4/2	.45 0.5	R		.45 ~~0.5~~	L	
4/8	.45 0.5	L		.45 ~~0.5~~	R	
4/19	Refill .45 0.5	R		Refill .45 0.5	L	
	0.5			0.5		
	0.5			0.5		

Please call the office for vial refill when you reach the Refill line. You must see your physician prior to vial refil

Please return this form to your allergy nurse.

Dime Size Reaction: Give benadryl 1 hour prior to next injection
Quarter Size Reaction: Stay at the same amount next dose
Half-Dollar Reaction: Decrease dose by 0.05 next injection

www.southcarolinaent.com

SCENT DEF Exhibit 146

Marguerite M. Howle DOB: 25.Jan.1966 (47)
Home Immunotherapy Dosing Sheet 28.Jan.2010

Sinus & Allergy Center

Lugoff 803-408-3277 x 2219
Hartsville 843-857-4355 x 7108
Columbia 803-736-3277 x 4005
Cheraw (843) 537-4401

Home Immunotherapy

Marguerite Howle

already has vials

NAME: Marguerite M. Howle

Date	Vial 1	Arm	Reaction	Vial 2	Arm	Reaction
	0.05			0.05		
	0.1			0.1		
11/16/09	0.15	Right		0.15	Left	
	0.2	L		0.2	R	
	0.25	R		0.25	L	
11/24 11/27	0.3	L R		0.3	R L	
11/30	0.35	L		0.35	R	
12/10	0.4	R		0.4	L	
12/14	0.45	L		0.45	R	
12/18	0.5	R		0.5	L	
12/28	REFILL 0.5	L		0.5	R	
1/5	0.5	R	Red 24 hrs	0.5	L	Red and hot
1/19	.45 ~~0.5~~	L		.45 0.5	R	
	0.5			0.5		

Please call the office for vial refill when you reach the Refill line.
You must see your physician prior to vial refill.

Please return this form to your allergy nurse.

Dime Size Reaction: Give benadryl 1 hour prior to next injection
Quarter Size Reaction: Stay at the same amount next dose
Half-Dollar Reaction: Decrease dose by 0.05 next injection
www.southcarolinasent.com

CAROLINA PINES

EXAM DATE: 20/09/0128

RADIOLOGY REPORT

PT. ACCT. NO.: 2774371
MED REC NUMBER: 56667

ORDERING PHY: KENNETH EVANS
ATTENDING PHY:
PATIENT NAME: HOWLE,MARGUERITE M
ROOM: OP BIRTH DATE: 01/25/1966

HISTORY: SINUSITIS SINUSITIS

SINUS CT 1/28/09:

INDICATION: Sinusitis.

PROCEDURE: 2.5 mm axial cuts were taken. 1.0 mm coronal reconstructions were provided.

FINDINGS: No air fluid level, soft tissue mass, bone destruction, or mucoperiosteal thickening is seen. Mild nasal septal deviation is seen on the right. The ostiomeatal units are open.

IMPRESSION:

NO SINUS PATHOLOGY SEEN.

DD: 01/28/2009 00:00 Dictated By: CONNOR, GREGORY S
DT: 01/28/2009 17:48 SLF Signed By: CONNOR, GREGORY S

DATE DICTATED: 1/28/2009
DATE TRANSCRIBED: 1/28/2009
TRANSCRIPTIONIST: SLF

GREGORY S CONNOR
REVIEWED AND SIGNED

PAGE 1 OF 1

HIPAA FORM 3

{Insert Facility Name}

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Elizabeth A. Johnson Date of Birth: 9.19.69

Address: 1308 Silver Hay Dr

Phone Number: 843-332-7096 Fax Number: _____

☑ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

696 Medical Park Dr Hartsville SC
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral/Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

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HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville ENT

Address: 701 Medical Park Dr. Suite 203 Hartsville SC 29550

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify):
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

X Elizabeth Johnson
Signature of Patient

X 11-2-11
Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Name of Patient (Please Print)

Patient is:
- [ ] Minor
- [ ] Incompetent
- [x] Disabled
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Legal Guardian
- [ ] Executor of Estate of Deceased
- [ ] Power of Attorney for Health Care
- [ ] Authorized Legal Personal Representative

Tammy Amerson
Signature of Witness

11-5-11
Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

SCENT DEF Exhibit 146

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (39) Female
Visit Date: 27.Feb.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless

INSURANCE INFORMATION
Pri Ins Company: Blue Cross Blue Shield
Pri Ins Policy #: UBS139A23550
Pri Ins Group #: 270008M111

PROBLEM LIST
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
527.5 Parotid sialolithiasis
Location: right
784.2 Parotid mass, undetermined type
Location: right

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here due to a stone in my right salivary gland. I have had the stone for five years now and it has increased in size. I am having right sided ear pain and trouble eating from this. Dr. Harless sent me here for evaluation.

HPI:
S1: Evaluation of a right submandibular gland stone.
Diagnosing medical provider: the primary care provider, Dr. Harless.
Symptoms or signs on the right side:
- difficulty chewing.
- pain. Location - ear. Quality - pressure. Severity - 7 (scale of 1-10). Setting in which it occurs - present under all circumstances.

Severity of the tumor or other mass: Functional impairment is moderate - when present it interferes only with some daily activities. General trend in severity - increased in size by less than double since discovery.
Timing: This has been a problem for five years. It developed almost instantly. There is no specific time when it is worse. This is not a recurrent problem; there has been only this one episode or occurrence.
Setting in which it first occurred: none identified.
Aggravating factors: none identified.
Relieving factors: none identified.
Predisposing factors: none identified.
Associated manifestations: none identified.
Previous tests and evaluations: none.
Previous treatment: no treatment has been done.
S2: Evaluation of nasal congestion.
Location: both sides, with equal intensity.
Severity: moderate.
Timing: Duration of current episode - unspecified. It developed almost instantly. There is no specific time when it is worse. This is not a recurrent problem; there has been only this one episode or occurrence.
Setting in which it first occurred: unknown.
Aggravating factors: none.
Relieving factors: none.
Associated manifestations:
- popping in ears.
- postnasal drainage.

REVIEW OF SYSTEMS
See HPI. See Chart Summary.

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The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	Allegra (180 MG), qd Flonase (50 MCG/ACT), qd Necon 0.5/35 (28) (0.5-35 MG-MCG), qd
Medication Allergies:	**Sulfur**: skin/rashes/hives
Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** none. **Contrast agent (dye) allergies:** none. **Allergy skin tests:** were done at an unknown time. Positive tests - tree pollen. **Allergy shots:** • Second course: no details provided. **Treatment for food allergy:** none.
Past Health History:	Has never been diagnosed with a significant problem.
Surgeries and Hospitalizations:	**Problems with anesthesia:** none. **Previous surgery:** none. **Previous non-surgical hospitalizations:** pregnancy/delivery.
Serious Injuries:	**No serious injuries or accidents.**
Family History:	**Parents' Health Status:** Mother: is in good health. Father: is in good health. **Cardiovascular:** Hypertension - father.
Social History:	**Current tobacco usage:** none. **Second-hand smoke exposure:** none. **Provider has reviewed current medications, medication allergies, and PFSH/ROS information**

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting; **Radial Pulse:** rate (rate per minute); **Respirations:** rate:; regular. **Temperature:** orally. Height: 68 inches. Weight: 158 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
External Ear Canals and Tympanic Membranes: Normal.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: Normal septum, turbinates and mucosa.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Normal.
Nasopharynx examination: see procedure note.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

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GASTROINTESTINAL:
Abdomen: No masses observed, normal contour.

LYMPH NODES: Neck Nodes: normal. **Axillary Nodes:** normal.

MUSCULOSKELETAL: Normal gait. Station normal.

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC:
Higher integrative functions: normal level of consciousness, orientation, judgement and insight, memory, mood and affect, language, fund of knowledge and capacity for sustained mental activity.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

31231 Nasal endoscopy
Date: 27.Feb.2009; Location: office

- The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.

ASSESSMENT

CURRENT PROBLEMS

381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
527.5 Parotid sialolithiasis
Location: right
784.2 Parotid mass, undetermined type
Location: right

PRESCRIPTIONS

NEW

Nasonex (Mometasone Furoate Nasal Susp 50 MCG/ACT), 2 sprays to each nares qam for 30 days (quantity: 0) (special instructions: Please use per instruction sheet given in office), subs OK, refills: 3 , prescribed on 27.Feb.2009 by Orville Dyce, MD

PLAN

Comments: Orville Dyce, MD.

Impression: Ms. Johnson presented today with recurrent right facial edema. She was diagnosed with a right parotid stone in 2004 and has been managing it conservatively since then however, she reported an increase in size since 2008. Oral examination revealed 3+ tonsils with tonsilliths present. No parotid stone is palpated, and clear saliva was expressed on salivary massage. She has been given patient information form on the treatment of this condition (NSAIDS, sialogogues, warm compresses) and also given clindamycin. I will have her return for reevaluation. In the interm, I recommend a left parotid sialogram to evaluate for submandibular sialolithiasis. She will also bring a copy of her previous CT scan on her return visit.

On a separate note, she reported ear popping bilaterally. She also reported nasal congestion, itchy watery eyes and sneezing. She is currently taking Allegra with mild improvement. She was allergy tested in the past and had undergone immunotherapy however, she had to discontinue to the expense. Nasal endoscopy revealed a nasal septal deviation to the right, turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I recommend allergy testing

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SCENT DEF Exhibit 146

for further evaluation. I will also start her on Nasonex for eustachian tube dysfunction and nasal congestion. She was given a patient information form on proper use of nasal steroid sprays.

TESTS AND PROCEDURES
TO BE SCHEDULED
Left parotid sialogram
To be scheduled; Location:
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office

PATIENT INFORMATION
NASAL SPRAYS

COMMUNICATIONS
Consultation Visit- Dyce
Dr Michael Harless, MD
Consultation Visit- Dyce
Dr Michael Harless, MD

Electronically signed by Orville Dyce, MD on 16.Mar.2009 11:18 AM

ICD CODE SUMMARY
527.5 Parotid sialolithiasis
784.2 Parotid mass, undetermined type
478.19 Nasal obstruction
381.81 Eustachian Tube Dysfunction
CPT CODE SUMMARY
31231 Nasal endoscopy
Reason: **478.19** Nasal obstruction
99204 New Patient: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **381.81** Eustachian Tube Dysfunction
Reason: **784.2** Parotid mass, undetermined type
Reason: **527.5** Parotid sialolithiasis
NON-BILLABLE CPT CODES
Left parotid sialogram
Reason: **527.5** Parotid sialolithiasis
Reason: **784.2** Parotid mass, undetermined type
95004 Allergy Tests (PRICK) (Quantity: 30)
Reason: **477.8** Allergic rhinitis
95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests (Quantity: 65)
Reason: **477.8** Allergic rhinitis

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ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (39) Female
Visit Date: 02.Mar.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to go over my Sailogram. My throat swelling and pain are the same. My nasal congestion and ear poping are no better.

ASSESSMENT
CURRENT PROBLEMS
471.0 Nasal Polyps
Location: right
527.5 Parotid sialolithiasis
Location: right
784.2 Parotid mass, undetermined type
Location: right

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Johnson presented today for follow up on her recurrent right facial edema and testing results. She was diagnosed with a right parotid stone in 2004 and was managing it conservative since then however, she reported an increase in size since 2008. Right parotid sialogram was independently reviewed and demonstrated multiple calculi in the right parotid duct (3-2-09). A previous CT scan of the face was independently reviewed and demonstrated a 6mm stone on the right and a polyp in the right maxillary sinus (2-24-04). Oral examination revealed 3+ tonsils with tonsilliths present. No stone palpated, and saliva was expressed on salivary massage. She has been given patient information form on the treatment of this condition (NSAIDS, sialogogues, warm compresses) and also given clindamycin. I have discussed options which included: observation vs. excision of the right parotid gland vs. marsupial dilation of the right parotid duct. At this time, I recommend a CT scan of the neck with and without contrast to evaluate for submandibular sialolithiasis in three weeks. She will bring a copy of her CT scan on her return visit.

Of historical note:
On a separate note, she reported ear popping bilaterally. She also reported nasal congestion, itchy watery eyes and sneezing. She is currently taking Allegra with mild improvement. She was allergy tested in the past and had undergone immunotherapy however, she had to discontinue to the expense. Nasal endoscopy revealed a nasal septal deviation to the right, turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I recommend allergy testing for further evaluation. I will also start her on Nasonex for eustachian tube dysfunction and nasal congestion. She was given a patient information form on proper use of nasal steroid sprays.

TESTS AND PROCEDURES
TO BE SCHEDULED
70490 CT Scan Neck; w/o Contrast
To be scheduled; Location:
70491 CT Scan Neck; w/Contrast
To be scheduled; Location:

Electronically signed by Orville Dyce, MD on 16.Mar.2009 11:19 AM

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SCENT DEF Exhibit 146

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (39) Female
Visit Date: 27.Mar.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to go over my CT scan. My neck is still swelling but not as bad. My nasal allergies are the same.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
527.5 Parotid sialolithiasis
Location: right
786.05 Shortness of breath

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Johnson presented today for follow up on her recurrent right facial edema and CT scan results. She was diagnosed with a right parotid stone in 2004 and was managing it conservative since then however, she reported an increase in size since 2008. CT scan of the neck was independently reviewed and demonstrated a persistent stone on the right and a polyp in the right maxillary sinus. Tooth #2 and #3, the root extends very close to the right maxillary sinus above the polyp (3-16-09). Right parotid sialogram was independently reviewed and demonstrated multiple calculi in the right parotid duct (3-2-09). A previous CT scan of the face was independently reviewed and demonstrated a 6mm stone on the right and a polyp in the right maxillary sinus (2-24-04). Oral examination revealed 3+ tonsils with tonsilliths present. No stone palpated, and saliva was expressed on salivary massage. I have discussed options which included: observation vs. excision of the right parotid gland vs. marsupial dilation of the right parotid duct. At this time, she is scheduled at MUSC with Dr. Gillespie on 4-1-09 to evaluate for submandibular sialolithiasis.

On a separate note, she presented today for follow up on her allergy symptoms and allergy test results. She continues to report ear popping bilaterally, nasal congestion, itchy watery eyes and sneezing. She is currently taking Allegra with mild improvement. She was allergy tested in the past and had undergone immunotherapy however, she had to discontinue to the expense. Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09). Nasal endoscopy performed on previous visit revealed a nasal septal deviation to the right, turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her discontinue the Nasonex and start her on Veramyst for eustachian tube dysfunction, nasal congestion and eye symptoms. She will continue the Allegra and I will start her on Singulair. I strongly recommend immunotherapy however she will call the office should she decide to start immunotherapy. I will have her return in three months for reevaluation.

Electronically signed by Orville Dyce, MD on 16.Apr.2009 08:22 AM

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (39) Female
Visit Date: 26.Jun.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies. I started shots sometime in April, but my allergies are doing fine. Dr. Gillespie removed the stone from my salivary gland and I have not had any more facial swelling.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
527.5 Parotid sialolithiasis
Resolved: 26.Jun.2009; Status: resolution noted this visit; Location: right

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Johnson presented today for follow up on her a right parotid stone. She was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

On a separate note, she presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09. She denied any complications or adverse reactions. She reported improvement in her ear popping bilaterally, nasal congestion, itchy watery eyes and sneezing. Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09). Anterior rhinoscopy revealed no excoriations. Nasal endoscopy performed in the past revealed a nasal septal deviation to the right, turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her discontinue the Nasonex and start her on Veramyst for eustachian tube dysfunction, nasal congestion and eye symptoms. She will continue the Allegra, Singulair and immunotherapy. I will have her return in three months for reevaluation.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 01.Oct.2009 04:57 PM

5455

TX Result Report

P 1
10/30/2013 21:37
Serial No. A1UD011008537
TC: 271155

Addressee	Start Time	Time	Prints	Result	Note
18032962623	10-30 21:35	00:01:31	002/002	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

Palmetto Health Surgery Scheduling Electronic/Fax Form
PHB Fax # (803)-296-2623 PHR fax # 296-6067
phsurgeryscheduling@palmettohealth.org

Palmetto Health Baptist ✓ Palmetto Health Richland ___

Desired Surgery Date: 1st Preference Date: 11-5-13 Time: ____ anycase
2nd Preference Date: ____ Time: ____

Surgeon Name: Oliver Simmons Assistant Surgeon Name: ____

SSN #: ____ DOB: 9-11-2010

Patient Name: Last: Penaloza First: Mason MI: ___

Address: 224 Richmond Farm circle City: Lexington State: SC

Zip code: 29072 Phone: 479- 8363 Phone #2 ____

Sex: Male ___ Female ___

Admission Type: Out Pt. ✓ AM Admit ___ 23 Hour Observation ___ In Pt. ___

Pre-Operative Diagnosis: Tongue Tie

Latex Allergy? Yes ___ No ___ Other Allergies ____

Contact/Blood Precautions? ____

Procedure: (please list Entire Procedure including Side (No abbreviations, please)

Excision of Frenum, labial or buccal
Frenulectomy 45 mins

Special needs, any additional information/resources/equipment (cell saver, specialty bed, etc)

Name of Rep: ____

Anesthesia: General ✓ Epidural ___ Spinal ___ Block ___ Local ___
Local w/ standby ___ Choice ___

Surgeon Office Information: Fax #: 865-2301 Phone #: 736-3277
Scheduler Name: Monica
Date/Time Faxed to Palmetto Health: 10-30-13 9:36am

Please do not type in area below

Surgery is Posted For: ____ Time: ____
Posted by: ____
Date/Time Faxed back to Surgeon Office: ____

5456

SCENT DEF Exhibit 146

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (40) Female
Visit Date: 25.Sep.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. My allergies are not good. I have been congested and coughing for a few days.

ASSESSMENT

CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.2 Cough

PLAN

Comments: Orville Dyce, MD.
Impression: Ms. Johnson presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09 and denied any complications or adverse reactions. She reported improvement in her ear popping bilaterally, nasal congestion, itchy watery eyes and sneezing initially however, she reported an increase in her nasal congestion and cough with the season change despite three years of Allegra therapy. Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09). Anterior rhinoscopy revealed no excoriations. Nasal endoscopy revealed a persistent nasal septal deviation to the right, clear thick mucus, mild turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her continue Veramyst, Singulair and immunotherapy. She will start nasal saline irrigations and Xyzal BID and discontinue Allegra. She will return in three months for reevaluation.

Of historical note, she was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

Electronically signed by Orville Dyce, MD on 01.Oct.2009 06:13 PM

5457

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (40) Female
Visit Date: 04.Jan.2010 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. I am having some problems with them today due to the weather and have missed some shots due to us going to Texax and packing in a hurry. I also experience a reaction since my last visit.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Johnson presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09 and denied any complications or adverse reactions. Anterior rhinoscopy revealed no excoriations. Nasal endoscopy performed last visit revealed a persistent nasal septal deviation to the right, clear thick mucus, mild turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her continue her current medication regimen (Veramyst and Singulair) and immunotherapy and she will return in three months for reevaluation.

Of historical note, she was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

Of historical note, Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09).

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 06.Apr.2010 12:19 PM

5458

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (40) Female
Visit Date: 14.Apr.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies. I can tell if I don't use the Singulair because my chest will get congested and I seem to have a harder time breathing. I feel my allergies are doing better.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Johnson presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09 and denied any complications or adverse reactions. Physical examination revealed a rash located on her upper and lower extremities and trunk which she associates with Darier's skin disease. Nasal endoscopy revealed a persistent nasal septal deviation to the right, clear thick mucus, moderate turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her continue her current medication regimen (Veramyst and Singulair) and immunotherapy and she will return in three months for reevaluation.

Of historical note, she was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

Of historical note, Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09).

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 20.Apr.2010 08:26 AM

5459
SCENT DEF Exhibit 146

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (40) Female
Visit Date: 16.Jul.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. I haven't had any reactions since doing the shots at home. My allergies seem to be doing okay. I have had a little drainage and sore throat this week.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
471.0 Nasal Polyps
Location: right
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms Johnson presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09 and denied any complications or adverse reactions. Physical examination revealed a rash located on her upper and lower extremities and trunk which she associates with Darier's skin disease. Nasal endoscopy at last visit revealed a persistent nasal septal deviation to the right, clear thick mucus, moderate turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her continue her current medication regimen (Veramyst and Singulair) and immunotherapy and she will return in three months for reevaluation.

Of historical note, she was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

Of historical note, Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09).

Electronically signed by Robert Puchalski, M.D., FAAOA on 29.Jul.2010 10:35 AM

5460

SCENT DEF Exhibit 146

ELIZABETH A. JOHNSON Patient ID: 463-02-5985
DOB: 19.Sep.1969 (41) Female
Visit Date: 19.Nov.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my allergies. I feel they are doing a little better.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
471.0 Nasal Polyps
Location: right
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Robert Wilson, MD.
Impression: Ms Johnson presented today in the midst of immunotherapy. She started immunotherapy on 4.24.09 and denied any complications or adverse reactions. Physical examination on a previous visit revealed a rash located on her upper and lower extremities and trunk which she associates with Darier's skin disease. Anterior rhinoscopy revealed clear nasal cavities. Nasal endoscopy performed in the past revealed a persistent nasal septal deviation to the right, clear thick mucus, moderate turbinate hypertrophy and erythema with no masses, polyps or mucopus. At this time, I will have her continue her current medication regimen (Veramyst and Singulair) and immunotherapy and she will return in three months for reevaluation.

Of historical note, she was evaluated by Dr. Gillespie and subsequently underwent endoscopic removal of the right salvia gland (5.19.09). She was seen three weeks post operative and released from his care (6.10.09).

Of historical note, Allergy testing demonstrated a hypersensitivity to the following allergens: tree, weed, mold, dust, weed, cockroach, cat, dog and TOE. Foods: tomato (3-23-09).

Electronically signed by Robert Puchalski, M.D., FAAOA on 22.Nov.2010 04:41 PM

Elizabeth A. Johnson DOB: 19.Sep.1969 (44)
IDT and Food 23.Mar.2009

Sinus & Allergy Center

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore			9		13						
B	White Oak					13						
C	White Hickory					13						
D	American Elm					13						
E	Eastern Cottonwood					13						
F	Mountain Cedar				9	11						
G	Boxelder				9	11						
H	White Ash			9	11	13						
I	Pine					13						
J	River Birch					13						
K	Timothy											
L	Johnson	4	4	11								
M	Bermuda											
N	Bahia	9	11	13								
O	Lambsquarter				9	11						
P	English Plaintain			9								
Q	Short Ragweed				9	11						
R	Sheep Sorrel					11						
S	Mugwort					11						
T	Pigweed					11						
U	Alternaria Alternata				9	11						
V	Aspergillus Mix			5	6							
W	Fusarium Mix				9	11						
X	Cladosporium(Hormo)			5		9						
Y	Mucor Mix				9	11						
Z	Penicillium Mix			5		9						
AA	Pullularia Pullulans					9						
BB	Johnson Grass Smut					9						
CC	Stemph. Solani				6							
DD	D. Pteronyssus	9	9	11								
EE	D. Farinae					7						
FF	Cockroach Mix			5	6							
GG	Cat			5		9						
HH	Dog				9	11						
II	T.O.E. Mold Mix			9								
JJ	Horse											
KK	Feather Mix											
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Elizabeth Johnson
Date: 3-23-09

Treatment:
Immunotherapy- W P C
Avoidance
Pharmacotherapy with Allegra, Veramyst, Singulair

Controls
+ = 7
- = 5
Gly= 6

Dr Robert Puchalski
Dr Orville Dyce
Dr Chad Gunnlaugsson
Dr. D. Macy Vidrine
Stephanie Tetterton,PA-C

5462

SCENT DEF Exhibit 146

Sinus & Allergy Center

FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato	2	21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	
11) Pecan		26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

3 or 4 = AVOID
2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Elizabeth Johnson
Date: 3-23-09

Robert Puchalski, M.D., FAAOA
Orville Dyce, M.D.
Macy Vidrine, M.D.
Chad Gunnlaugsson, M.D.
Stephanie Tetterton, PA-C

www.southcarolinaent.com

Elizabeth A. Johnson DOB: 19.Sep.1969 (44)
Spirometry Report 23.Mar.2009

Sinus & Allergy Center
Hartsville

Algorithm

Name Elizabeth Johnson
Date 3-23-09

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC ratio

	Predicted	Pre	Post
FVC	4.18	3.19	3.16
FEV1	± 4.0	2.48	2.49
FEV1/FVC	83 %	78 %	76 %

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0

Restrictive Pattern

Refer to Pulmonary for PFT's

FVC normal or decreased FEV1 decreased Absolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increase in FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

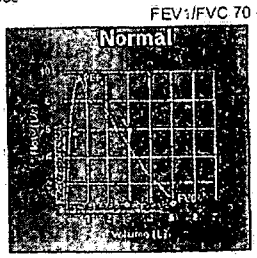
FVC normal, FEV 1 normal absolute FEV1/FVC >0.7

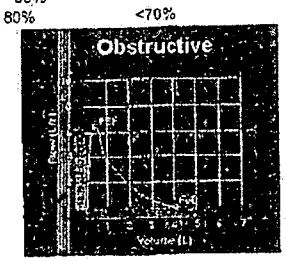
Normal Spirometry

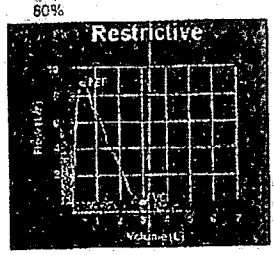
(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Normals:

Measures:		normal	abnormal	no broncodilator il:
Volume	FVC	80%		100%
1sec	FEV1	80%		100%
	FEV1/FVC 70 - 80%		<70%	80%







1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly reproducible

Physician signature

3/31/09
date

Elizabeth A. Johnson DOB: 19.Sep.1969 (44)
Spirometry Report 23.Mar.2009

Sinus & Allergy Center
Hartsville

Algorithm

Name Elizabeth Johnson
Date 3-23-09

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC ratio

	Predicted	Pre	Post
FVC	4.18	3.19	3.16
FEV1	3.40	2.45	2.49
FEV1/FVC	83 %	78 %	76 %

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0

FVC normal or decreased FEV1 decreased

Abslolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increasein FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

FVC normal, FEV 1 normal absolute FEV1/FVC >0.7

Normal Spirometry

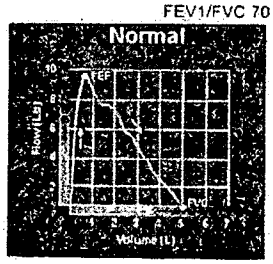
Restrictive Pattern

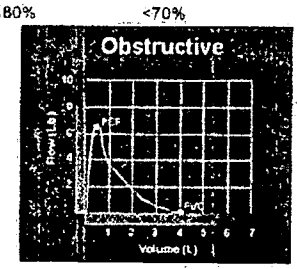
Refer to Pulmonary for PFT's

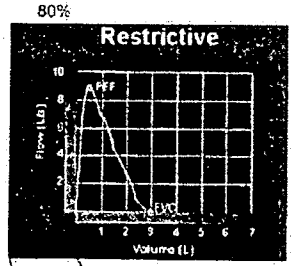
(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Normals:

Measures:		normal	abnormal	no broncodilator if:
Volume	FVC	80%		100%
1sec	FEV1	80%		100%
	FEV1/FVC 70 - 80%		<70%	80%







1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly reproducible

Physician signature

date

5465

CardioControl HQ (Imported)
Abnormal Spirometry Report - Johnson, Elizabeth 3/23/2009 2:05:24 PM Page 1

Patient Information:

ID:	32227
Name:	Johnson, Elizabeth
DOB:	9/19/1969
Height:	66 inch
Gender:	Female
Race:	Caucasian
Packs / Day:	----------
Smoke Years:	----------
Cooperation:	----------

Test Results:

FEV1%Pred:	73 %
FEV1%:	78%
Improvement:	-1% FVC, 0% FEV1 ((Post - Pre) / Pre) * 100

Test Information:

Test Type:	FVC
Pre Time:	2:06 PM
Post time:	2:42 PM
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex)	1.11 / 1.00
Last Calibration:	11/19/2008 8:22:32 AM
Device Info:	1.6.0.489

FEV1 Pre / Post Var:	88 ml (4 %)	/ 3 ml (0 %)
FVC Pre / Post Var:	3 ml (0 %)	/ 1 ml (0 %)
ATS Reproducibility:	Pre:	Met
	Post:	Met

Test Interpretation: UNCONFIRMED REPORT

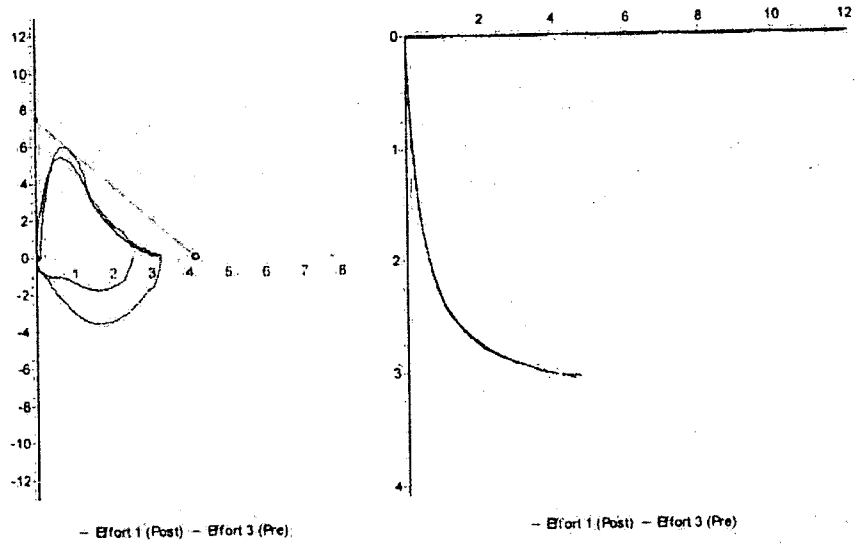
Pre: FVC= 3.19L FEV1= 2.48L FEV1/FVC= 77.78%
(3/23/2009 2:07:43 PM), Mild restriction

Post: -0.98% FVC 0.28% FEV1 1.27% FEV1/FVC
(3/23/2009 2:42:02 PM), Mild restriction

Test Comment:

		Best Effort						All Efforts						
Parameter	Units	Pred	3. Pre	%Pred	1. Post	%Pred	%Change	1. Pre	2. Pre	3. Pre	4. Pre	1. Post	2. Post	3. Post
FVC	(L)	4.18	3.19*	76	3.16*	76	-1	2.83*	3.06*	3.19*	3.19*	3.16*	3.16*	3.14*
FEV1	(L)	3.40	2.45*	73	2.48*	73	0	2.35*	2.39*	2.45*	2.39*	2.49*	2.49*	2.48*
FEV1%	(%)	83	76	94	78	92	-2	84	77	78	75	76	79	79
PEF	(L/s)	7.57	5.47*	72	6.03	80	10	4.44*	4.44*	5.47*	4.63*	6.03	5.71	4.87*
FEF50	(L/s)	-	2.51*	-	2.53	-	18	2.62	2.34	2.51	2.32	2.53	2.66	2.97
FEF25-75	(L/s)	3.39	2.11	62	2.16	67	7	2.41	1.96*	2.11	1.88*	2.15	2.18	2.26

(*) Means below LLN



– Effort 1 (Post) – Effort 3 (Pre)

– Effort 1 (Post) – Effort 3 (Pre)

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway Hartsville, SC 29550
Harold N. Wheeler, M.D., Pathologist

OUTPATIENT REPORT

Patient name: **JOHNSON, ELIZABETH A**
Location: OUT PATIENT
Adm.date: 03/16/09 Surg.date:

M.R.N.: 0000071375 Room:
Billing no.: 2777452
Att.physician: DYCE, ORVILLE
DOB: 09/19/1969 Age: 39 Sex: F

Order Id : H1160292
Date&Time Ordered: 03/16/09 14:19
Requested by : DYCE, ORVILLE

FINAL

DYCE, ORVILLE
WEST WATEREE MEDICAL COM
LUGOFF SC 29078

C H E M I S T R Y

TEST-NAME	RESULT	ABN.	NRML-RANGE	UNITS
SPECIMEN GRN COLLECTED 03/16/09 14:19 BY LKT RECEIVED 03/16/09 14:19 BY LKT				
GENERAL CHEMISTRY OTHER				
BLOOD UREA NITROGEN	12		6-22	mg/dL
CREATININE SERUM	0.71		0.60-1.50	mg/dL
GFR NON-AFRICAN AMERICAN	>60.0		60.0-120.0	mL/min/1.73m2
GFR AFRICAN AMERICAN	>60.0		60.0-120.0	ml/min/1.73m2
URINE CHEMISTRY				
CREATININE SERUM	0.71		0.60-1.50	mg/dL

CAROLINA PINES

RADIOLOGY REPORT EXAM DATE: 20/09/0316

ORDERING PHY: ORVILLE H. DYCE MD
ATTENDING PHY:
PATIENT NAME: JOHNSON,ELIZABETH A
ROOM: OP BIRTH DATE: 09/19/1969

PT. ACCT. NO.: 2777452
MED REC NUMBER: 71375

HISTORY: 471.0, 527.5
EVALUATE FOR MASS

CT SOFT TISSUE NECK WITH AND WITHOUT CONTRAST WITH RECONSTRUCTIONS:

INDICATION: 39 year old. Evaluate for mass right side pain below ear.

TECHNIQUE: Multiple thin section axial images of soft tissue neck were performed prior to and subsequent to intravenous injection of 80 cc of Isovue 370 routine contrast/noncontrast protocol. Sialogram of 3/10/09 was reviewed.

FINDINGS: We see a single calcification measuring approximately 3-4 mm in the right parotid gland. The remainder of the calculi demonstrated on previous study are no longer visible. Just inferior to the right external auditory canal and anterior is a 7 mm node. We see a polypoid mucosal thickening in the inferior right maxillary antrum. Left concha bullosa is seen. No pathologic adenopathy is appreciated.

IMPRESSION:

RIGHT SIALOLITHIASIS.

SINGLE NODE JUST INFERIOR AND ANTERIOR TO THE RIGHT EXTERNAL AUDITORY CANAL.

DD: 03/16/2009 00:00 Dictated By: DAVIS, CHARLES
DT: 03/16/2009 16:24 SLF Signed By: DAVIS, CHARLES

DATE DICTATED: 3/16/2009
DATE TRANSCRIBED: 3/16/2009
TRANSCRIPTIONIST: SLF

CHARLES DAVIS
REVIEWED AND SIGNED

PAGE 1 OF 1

SOUTH CAROLINA ENT
Allergy & Sleep Medicine
1165 Hwy. 1, South, Ste. 300
Lugoff, SC 29078

Phone: 803-408-3277
Fax: 803-408-3299

Patient: Elizabeth Johnson
Account:
Physician: Chad Gunnlauggson, MD

History: chronic sinusitis

COMPLETE SINUSES CT 4-21-10

Multiplane evaluation reveals the frontal sinuses to be clear. Minimal mucosal thickening is noted in the ethmoid air cells and probable small mucus retention cyst in the base of both maxillary sinuses. The sphenoid sinuses are clear with fairly prominent lateral recesses particularly on the left. The left turbinates are minimally prominent. The right turbinates are normal in size. There is minimal deviation of the bony nasal septum to the left and very small Haller cells bilaterally.

IMPRESSION: MINIMAL CHRONIC SINUSITIS AND MINIMAL RHINITIS PARTICULARLY ON THE LEFT AND ANATOMIC ABNORMALITIES AS DESCRIBED ABOVE.

Donald J. Copley, MD
Camden Radiology Associates

DJC/js

HIPAA FORM 3

(Insert Facility Name)

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Joanna Lyn Joyce Date of Birth: 1-22-68

Address: 1423 Winyah Way Hemingway SC 29554

Phone Number: 843-383-0167 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

15 Exchange Dr. Lugoff SC 29078
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

FROM Dr.Dyce TO:8P1803408328 8 01/06/2012 12:00:27 #4248 P.001/008

SCENT DEF Exhibit 146

JOANNA L. JOYCE Patient ID: 249-31-3385
DOB: 22.Jan.1968 (41) Female
Visit Date: 07.Dec.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless

INSURANCE INFORMATION
Pri Ins Company: BLUE CHOICE PPO
Pri Ins Policy #: ZCL51941083

PROBLEM LIST
CURRENT PROBLEMS
380.4 Impacted Cerumen
Location: right
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.70 Otalgia
Location: right
389.10 Hearing Loss, Sensorineural
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to due to right sided ear pain that I have been dealing with for the past month. I went out of town by plane and my ear has also been stopped up since that time. It normally doesn't take this long for it to unstop. Dr. Harless gave me a shot on Friday and normally this will help out with the pressure, but it didn't work. Dr. Harless sent me here for evaluation.

HPI:
S1: Evaluation of otalgia.
Location: the right ear only. The discomfort is focused in the area of the ear, but patient cannot give any further detail. It does not radiate.
Quality: aching.
Severity: 3 (scale of 1-10).
Timing: This has been a problem for one month. It developed steadily over one month. There is no specific time when it is worse. This is not a recurrent problem; there has been only this one episode or occurrence, characterized by intermittent otalgia.
Setting in which it first occurred: unknown.
Aggravating factors: lying down.
Relieving factors: none identified.
Associated manifestations: pressure sensation in the ear. Location - in the right ear only. Severity - 2 (scale of 1-5). Timing - constant without significant fluctuation.
Previous tests and diagnostic procedures: none.
Previous treatment: Prescription medication:
Previous medical opinion: see above.

REVIEW OF SYSTEMS
See HPI. See Chart Summary.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY
Current Medications: Estrostep Fe (1-20/1-30/1-35 MG-MCG)
Sudafed (uncertain of dosage)
Medication Allergies: No known medication allergies
Non-Medication Allergies: **Inhalant allergies:** none.
Food allergies or intolerances: none.

5471

SCENT DEF Exhibit 146

Contact allergies: none.
Contrast agent (dye) allergies: none.
Insect bite or sting allergies: none.
Allergy skin tests: none.
Allergy blood tests: none.
Allergy shots: none.
Treatment for food allergy: none.

Past Health History: Has never been diagnosed with a significant problem.

Surgeries and Hospitalizations:
Problems with anesthesia: none.
Previous surgery:
- **Ears:** bilateral tympanostomy (PE) tubes (more than once) during childhood.
- **Mouth and Throat:** tonsillectomy and adenoidectomy during childhood.
- **Other surgery:** information not provided.

Serious Injuries: **No serious injuries or accidents.**

Family History: **Parents' Health Status:** Mother: is in excellent health. Father: is in excellent health.
No family history of significant or pertinent health problems.

Social History: **Current tobacco usage:** none.
Second-hand smoke exposure: none.
Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting: **Radial Pulse:** rate (rate per minute); **Respirations:** rate:; regular. **Temperature:** orally. Height: 63 inches. Weight: 120 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
External Ear Canals and Tympanic Membranes: Normal.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: Normal septum, turbinates and mucosa.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Normal.
Nasopharynx examination: see procedure note.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL:
Abdomen: No masses observed, normal contour.

LYMPH NODES: Neck Nodes: normal. **Axillary Nodes:** normal.

MUSCULOSKELETAL: Normal gait. Station normal.

5472

SCENT DEF Exhibit 146

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC:
Higher integrative functions: normal level of consciousness, orientation, judgement and insight, memory, mood and affect, language, fund of knowledge and capacity for sustained mental activity.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

31231 Nasal endoscopy
Date: 07.Dec.2009; Location: office
Modifiers: -59 Distinct Procedural Service
- 07.Dec.2009 a nasal septal deviation to the right, moderate turbinate hypertrophy, nasal mucosal edema (R>L), allergy bands and clear mucus with no obstruction of the eustachian tube orifice, mucopus, polyps or masses
- The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.

69210 Removal impacted cerumen
Date: 07.Dec.2009; Location: office
Modifiers: -RT Right side, -59 Distinct Procedural Service
- 07.Dec.2009 cerumen impaction on the right which was removed under binocular microscopy. Following removal, there was a moderate to severe TM retraction in the pars flaccida on the right with fluid but no cholesteatoma, suggesting eustachian tube dysfunction

92557 Basic Comprehensive Audiometry
Date: 07.Dec.2009; Location: office
- 07.Dec.2009 Basic Comprehensive Audiometry revealed a mild rising to normal sloping to moderatesensorineural hearing loss for 250-8000 Hz in the right ear and within nomrla hearing limits in the left ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. The patient denies tinnitus, noise exposure and dizziness. Recommendations- Annual hearing evaluations and medical follow-up as needed. av

92567 Tympanogram
Date: 07.Dec.2009; Location: office
- 07.Dec.2009 Tympanograms are type A in the rigth ear and Ad in the left ear. av

92588 Distortion Product Otoacoustic Emissions, Diagnostic
Date: 07.Dec.2009; Location: office
- 07.Dec.2009 Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-1500 and 2000 Hz in the right ear and are present in the left ear. These findings indicate the presence of a moderate hearing loss in the right ear and are consistent with audiometric findings today. Recommendations- Retest as needed. av

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Date: 07.Dec.2009; Location: office
Modifiers: -59 Distinct Procedural Service
- 07.Dec.2009 (LOT#31307138B EXP11/10)

J1040 Depomedrol IM
Date: 07.Dec.2009; Location: office

J1040 Depomedrol IM
Date: 07.Dec.2009; Location: office

ASSESSMENT

CURRENT PROBLEMS

380.4 Impacted Cerumen
Location: right

381.81 Eustachian Tube Dysfunction
Location: bilateral

388.70 Otalgia
Location: right

389.10 Hearing Loss, Sensorineural
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESCRIPTIONS
NEW
Singulair (Montelukast Sodium Tab 10 MG (Base Equiv)), 1 TAB PO qd for 30 days (quantity: 30), subs OK, refills: 3 , prescribed on 07.Dec.2009 by Orville Dyce, MD
Veramyst (Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY), 2 sprays QD for 30 days (quantity: 1), subs OK, refills: 3 , prescribed on 07.Dec.2009 by Orville Dyce, MD

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Joyce presented today for evaluation of right sided otalgia in the setting of ear pressure/fullness and sensation of fluid in her ear for one month following a flight. She experiences these symptoms every time she flies. She reported treatment with decongestants and steroids resolved her symptoms in the past however, she has had no improvement with this episode. She had bilateral PET placement (five times in the left ear and 2 times on the right) in the past. Otoscopic examination revealed cerumen impaction on the right which was removed under binocular microscopy. Following removal, there was a moderate to severe TM retraction in the pars flaccida on the right with fluid but no cholesteatoma, suggesting eustachian tube dysfunction. The left TM was normal. Basic Comprehensive Audiometry revealed a mild rising to normal sloping to moderate hearing loss for 250-8000 Hz in the right ear and normal hearing in the left ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Tympanograms are type A in the right ear and Ad in the left ear. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-1500 and 2000 Hz in the right ear and are present in the left ear. Nasal endoscopy revealed a nasal septal deviation to the right, moderate turbinate hypertrophy, nasal mucosal edema (R>L), allergy bands and clear mucus with no obstruction of the eustachian tube orifice, mucopus, polyps or masses. At this time, I will prescribe her Veramyst, Singulair and she was given a Depo Medrol injection today (LOT#31307138B EXP11/10). I will also schedule her for allergy testing in the near future. If no improvement, she may benefit from a right PET in the future.

TESTS AND PROCEDURES
TO BE SCHEDULED
69433 PET, topical phenol anesthesia
To be scheduled; Location: office
Modifiers: -RT Right side
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office

PATIENT INFORMATION
Fly and Dive
NASAL SPRAYS

COMMUNICATIONS
Consultation Visit- Dyce
Dr Michael Harless
Consultation Visit- Dyce
Dr Michael Harless

Electronically signed by Orville Dyce, MD on 06.Apr.2010 11:58 AM

ICD CODE SUMMARY
389.10 Hearing Loss, Sensorineural
381.81 Eustachian Tube Dysfunction
477.8 Allergic rhinitis
380.4 Impacted Cerumen
CPT CODE SUMMARY

92588 Distortion Product Otoacoustic Emissions, Diagnostic
Reason: **389.10** Hearing Loss, Sensorineural
92567 Tympanogram
Reason: **389.10** Hearing Loss, Sensorineural
92557 Basic Comprehensive Audiometry
Reason: **389.10** Hearing Loss, Sensorineural
31231 Nasal endoscopy
Modifiers: **-59** Distinct Procedural Service
Reason: **381.81** Eustachian Tube Dysfunction
99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **477.8** Allergic rhinitis
96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Modifiers: **-59** Distinct Procedural Service
Reason: **477.8** Allergic rhinitis
J1040 Depomedrol IM
Reason: **477.8** Allergic rhinitis
J1040 Depomedrol IM
Reason: **477.8** Allergic rhinitis
69210 Removal impacted cerumen
Modifiers: **-59** Distinct Procedural Service, **-RT** Right side
Reason: **380.4** Impacted Cerumen

NON-BILLABLE CPT CODES

95004 Allergy Tests (PRICK) (Quantity: 30)
Reason: **477.8** Allergic rhinitis
95024 Intracutaneous (intradermal) tests w allergenic extracts, immediate type reaction, incl test interpretation & report by a physician, specify number of tests (Quantity: 67)
Reason: **477.8** Allergic rhinitis

5475

SCENT DEF Exhibit 146

JOANNA L. JOYCE Patient ID: 249-31-3385
DOB: 22.Jan.1968 (41) Female
Visit Date: 08.Jan.2010 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up from having an allergy test on 12.14.09. I am glad to say that my right ear cleared up a couple of days after coming here on 12.7.09.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Joyce presented today for review of her allergy test and reevaluation of right sided otalgia in the setting of ear pressure/fullness with a sensation of fluid in her ear. She reported improvement in her symptoms with the Veramyst, Zyrtec and Depo Medrol injection. She experiences these symptoms every time she flies. She had bilateral PET placement (five times in the left ear and 2 times on the right) in the past. Allergy testing performed on 12.14.09 demonstrated a hypersensitivy to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE. Foods: egg, pecan and soy (3+), tomato, mushroom, wheat, milk and apple (2+). Spirometry was normal. Otoscopic examination revealed cerumen impaction on the right which was removed under binocular microscopy. Following removal, there was a moderate to severe TM retraction in the pars flaccida on the right with fluid but no cholesteatoma, suggesting eustachian tube dysfunction. The left TM was normal. Basic Comprehensive Audiometry performed on 12.7.09 revealed a mild rising to normal sloping to moderate hearing loss for 250-8000 Hz in the right ear and normal hearing in the left ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Tympanograms are type A in the right ear and Ad in the left ear. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-1500 and 2000 Hz in the right ear and are present in the left ear. Nasal endoscopy performed on previous visit revealed a nasal septal deviation to the right, moderate turbinate hypertrophy, nasal mucosal edema (R>L), allergy bands and clear mucus with no obstruction of the eustachian tube orifice, mucopus, polyps or masses. At this time, she will continue Veramyst and Zyrtec. She was given a Dex Pak for her up coming flight as well as a fly and dive patient information form. She will return following her trip. If no improvement, she may benefit from a right PET in the future.

Electronically signed by Orville Dyce, MD on 06.Apr.2010 12:24 PM

JOANNA L. JOYCE Patient ID: 249-31-3385
DOB: 22.Jan.1968 (42) Female
Visit Date: 05.Mar.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies. My allergies have been fine and I went on my flight and had no problems with my right ear.

ASSESSMENT
CURRENT PROBLEMS
380.4 Impacted Cerumen
Location: right
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.05 Shortness of breath

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Joyce presented for reevaluation of right sided otalgia in the setting of ear pressure/fullness with a sensation of fluid in her ear. She reported improvement in her symptoms with the Veramyst and Zyrtec. She usually experiences these symptoms when she flies however, she reported significant improvement with the use of the Dex Pak on her recent flight. She had bilateral PET placement (five times in the left ear and 2 times on the right) in the past. Allergy testing performed on 12.14.09 demonstrated a hypersensitivy to the following allergens: tree, grass, weed, mold, dust, cockroach, cat, dog and TOE. Foods: egg, pecan and soy (3+), tomato, mushroom, wheat, milk and apple (2+). Spirometry was normal. Otoscopic examination revealed cerumen impaction on the right which was removed today without complications. Following removal, a moderate to severe TM retraction in the pars flaccida on the right with fluid but no cholesteatoma, suggesting eustachian tube dysfunction. The left TM was normal. Basic Comprehensive Audiometry performed on 12.7.09 revealed a mild rising to normal sloping to moderate hearing loss for 250-8000 Hz in the right ear and normal hearing in the left ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Tympanograms are type A in the right ear and Ad in the left ear. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-1500 and 2000 Hz in the right ear and are present in the left ear. Nasal endoscopy performed on previous visit revealed a nasal septal deviation to the right, moderate turbinate hypertrophy, nasal mucosal edema (R>L), allergy bands and clear mucus with no obstruction of the eustachian tube orifice, mucopus, polyps or masses. At this time, she will continue Veramyst and Zyrtec. I will have her return in four months for reevaluation.

Electronically signed by Orville Dyce, MD on 06.Apr.2010 01:15 PM

5477

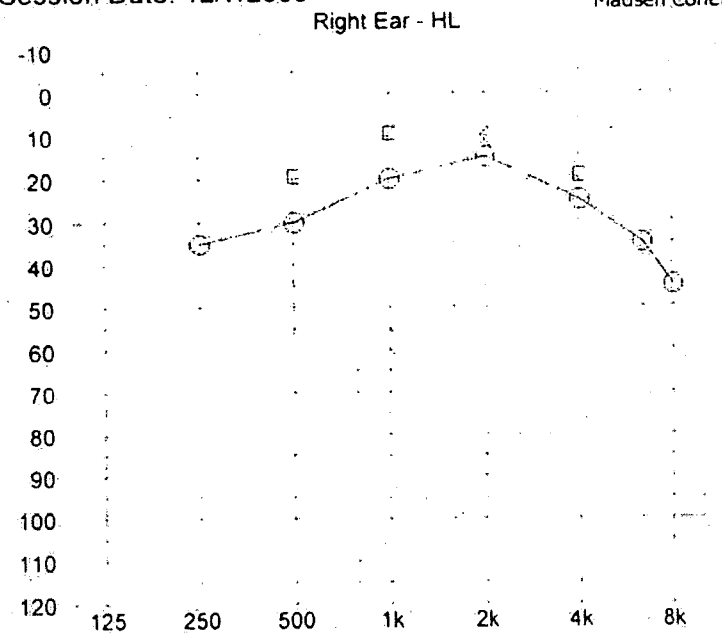
Madonna Morgan, Au.D., F-AAA
Jennifer Wilk, Au.D., CCC-A
Nicole Fruth, Au.D., CCC-A
Kristen Evans, AuD Extern
Angie Vincent, Certified Technician

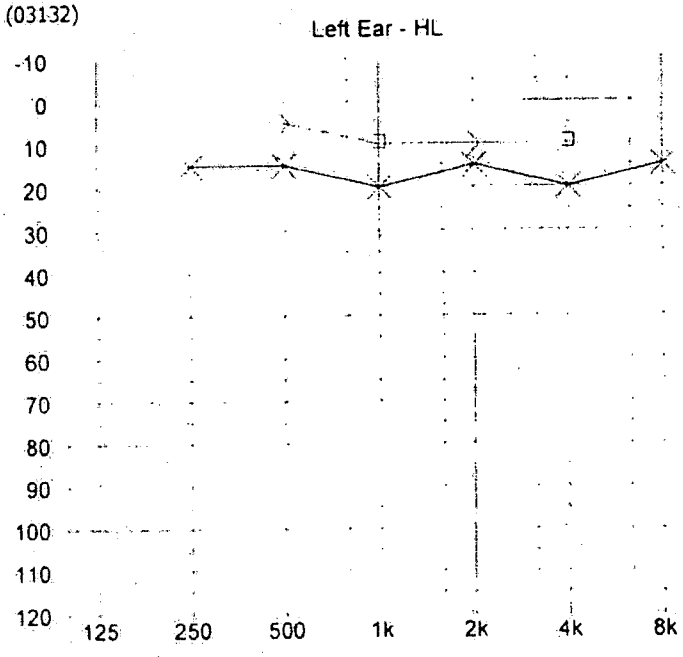
Carolina Hearing Institute
South Carolina ENT & Allergy & Sleep Medicine

Robert Puchalski, MD
Orville Dyce, MD
Chad Gunnlaugsson, MD
D. Macy Vidrine, MD
Stephanie Tetterton, PA-C
Danielle Makeupson, PA-C

Client Name: JOANNA JOYCE
Birth Date: 1/22/1968
Session Date: 12/7/2009

Madsen Conera (03132)





	125	250	500	1k	2k	4k	8k
AC:			45	50		50	
BC:							
SF:							
SF,A:							

Masking Levels

	125	250	500	1k	2k	4k	8k
AC:				50		55	
BC:							
SF:							
SF,A:							

Masking Levels

	Right			Left		
PTA (A):	22 dB			17 dB		
	Right	Masking		Left	Masking	
SRT:	15 dB			5 dB		

Unaided Recognition Score:

Right	Level	Masking	Binaural	Level	Level	Left	Level	Level
100 %	55 dB	40 dB				100 %	45 dB	

Case History: History of HL _____ Tinnitus ND Noise Exposure: Y (N) Dizziness: Y (N)

Results:
R - Mild rising to Normal Sloping to Moderate SNHL
Excellent Discrims

L - WNL - Excellent Discrims.

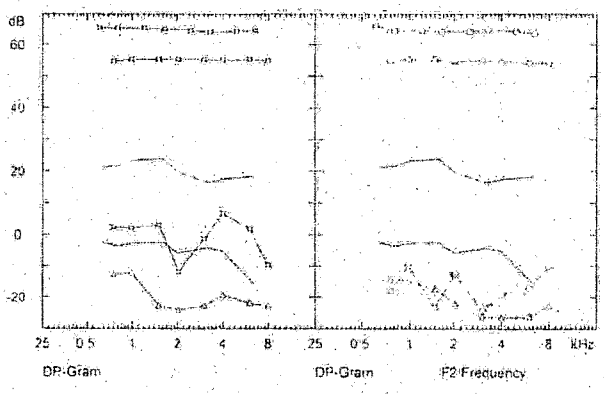
Recommendations:
Retest PRN Medical Consult HL Consult ABR VNG Sp/Lang Eval Other _____
Tymps are type A in the Rt Ear and Ad in the Left Ear.

5478

BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 2

SC ENT and Clarity Hearing
696 Medical Park
Hartsville, SC 29550
843-857-4355

	Lastname	Firstname	Ear	Date	Protocol
○	JOYCE	JOANNA	Right	07-Dec-09	750-8000 Hz Diagnostic Test - High Noise
×	JOYCE	JOANNA	Left	07-Dec-09	750-8000 Hz Diagnostic Test - High Noise



JOYCE JOANNA:
Right: 07-Dec-09: -: 750-8000 Hz Diagnostic Test - High Noise: 09L07D12.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
63.8	54.2	6516	7969	7206	-10.5	-23.0	12.5
64.3	54.2	4922	6000	5434	-17.3	-26.5	9.2
64.8	54.6	3281	3984	3616	-19.2	-26.6	7.4
64.4	55.1	2484	3000	2730	-24.6	-26.2	1.6
64.4	54.7	1641	2016	1818	-12.6	-22.2	9.6
64.7	55.3	1219	1500	1352	-23.4	-17.5	-5.9
64.7	55.3	797	984	886	-10.0	-14.7	4.7
65.9	55.2	609	750	676	-18.2	-14.6	-3.6

JOYCE JOANNA:
Left: 07-Dec-09: -: 750-8000 Hz Diagnostic Test - High Noise: 09L07D13.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.6	55.2	6516	7969	7206	-9.9	-23.0	13.1
64.3	55.3	4922	6000	5434	1.6	-22.1	23.7
64.1	55.2	3281	3984	3616	6.5	-19.5	26.0
64.5	55.3	2484	3000	2730	-1.4	-23.0	21.6

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
65.2	55.3	1641	2016	1818	-11.9	-24.3	12.4
65.4	55.5	1219	1500	1352	3.1	-22.8	25.9
65.4	55.4	797	984	886	1.9	-12.2	14.1
65.5	54.8	609	750	676	2.1	-12.9	15.0

Joanna L. Joyce DOB: 22.Jan.1968 (45) ***Allergy Testing/Treatment Formula Sheet***
IDT and Food 14.Dec.2009 ***The Sinus and Allergy Center***

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore			5	7	9						
B	White Oak			5	7	9						
C	White Hickory			5	6	7						
D	American Elm			5	6	7						
E	Eastern Cottonwood			7	9	11						
F	Mountain Cedar			5	6	7						
G	Boxelder			5	5	7						
H	White Ash			5	5	7						
I	Pine			5	5	7						
J	River Birch			5	7	9						
K	Timothy	7	9	11								
L	Johnson			7								
M	Bermuda			7								
N	Bahia		7	9								
O	Lambsquarter		7	9	11	13						
P	English Plaintain		7	5	5	13						
Q	Short Ragweed		7	5	5	13						
R	Sheep Sorrel			7	9	11						
S	Mugwort		7	9	11	13						
T	Pigweed		7	9	11	13						
U	Alternaria Alternata			5	7	9						
V	Aspergillus Mix			5	6	7						
W	Fusarium Mix			7								
X	Cladosporium(Hormo)			7								
Y	Mucor Mix			5	7	9						
Z	Penicillium Mix			5	6	7						
AA	Pulluria Pullulans			7	9	11						
BB	Johnson Grass Smut			5	7	9						
CC	Stemph. Solani			5	7	9						
DD	D. Pteronyssus		7	9	11	13						
EE	D. Farinae		7	9	11	13						
FF	Cockroach Mix			7	9	11						
GG	Cat			7	9	11						
HH	Dog		7	9	11	13						
II	T.O.E. Mold Mix			5	7	9						
JJ	Horse											
KK	Feather Mix											
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Joanna Joyce
Date: 12.14.09

Controls:
+ = 7
- = 5
Gly= 6

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with _____

R. Puchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidrine, MD
S. Tetterton, PA-C
D. Makeupson, PA-C



FOOD ALLERGY PANEL

1) Egg	3	16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	3
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato	2	21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom	2	23) Strawberry	
9) Wheat	2	24) Orange	
10) Milk	2	25) Apple	2
11) Pecan	3	26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Joanna Joyce

Date: 12.14.09

R.Puchalski, M.D., FAAOA
O. Dyce, M.D.
M.Vidrine, M.D.
C.Gunnlaugsson, M.D.
S.Tetterton, PA-C
D. Makeupson, PA-C

www.southcarolinaent.com.

Joanna L. Joyce DOB: 22.Jan.1968 (45)
Spirometry Report 14.Dec.2009

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700523
Version: 1.1.1

Session Date: 14DEC2009
Session Time: 07:59AM
Last Cal Check: 30NOV2009

BEST 3 FVC/FVL REPORT

ID: 39039
Name: JOYCE,JOANNA
Gender: FEMALE
Medication:
Dosage:

Height: 63" Physician:
Age: 41YRS Technician:
Weight: 120LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 939949
Temperature: 72F
Barometric Press: 780mmHg
BTPS Correction: 1.104
Normals: KNAPP III

Clinical Format: PREMED - 08:15AM
Best Criteria:

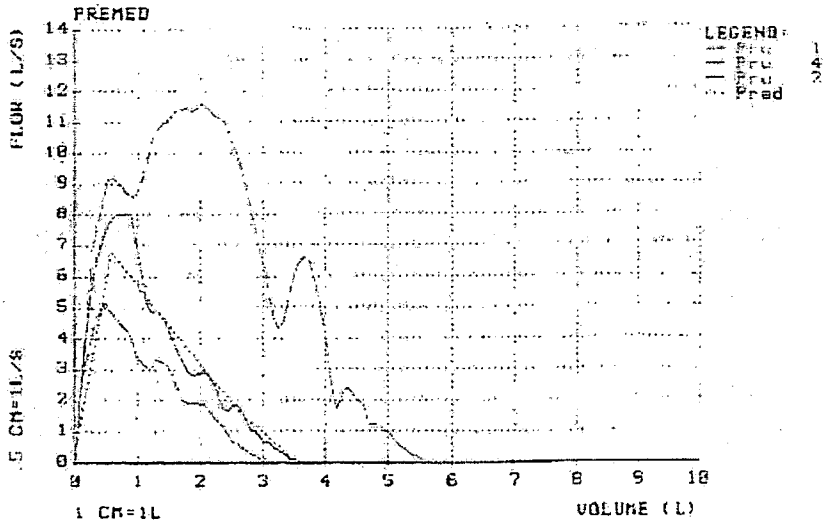
* Indicates Best Value
< Indicates Below Lim

MEASUREMENT	BC	Trial 3	%Pred	Trial 4	Trial 5	Pred	LLN
FVC (L)			163	3.72	3.56	3.56	2.89
FEV1 (L)			168	2.96	2.99	2.90	2.34
FEV1%			102	80	84	82	72
FEF25-75 (L/S)			183	2.66	2.84	3.04	
PEF(L/S)			171	8.09	7.12	6.80	
FET (S)				10.31			

BEST FEV1% *

Report Summary:
Pre Med: Tests 4 Acceptable 2 Reproducible 0 FVC VAR: 2087ML FEV1 VAR: 2933ML PEF VAR: 3547ML/S

ATS Interpretation: PREMED - Normal Spirometry
Comment:



1) Normal
2) Normal/mild restrictive
3) Revesible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post	
FVC	3.56	3.81		Location: Haverhill
FEV1	2.90	4.84		Followup Date: 01/8
FEV1/FVC	82 %	84 %	%	Phys. Signature:
				Date Interpreted: 12/16/09

[redacted]

SCENT DEF Exhibit 146

HIPAA FORM 3

Hartsville ENT

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: JEANNETTE BLEDSOE Date of Birth: 10-10-2012

Address: 407 LAW ST HARTSVILLE S.C 29550

Phone Number: 843-332-9688 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

15 Exchange Dr. Lugoff 29078
Address

2. The type of information to be used or disclosed is as follows (please include dates of service):

Date(s) of Service: _____

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other - list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

FROM TO 8P18031408329B 02/02/2012 14:18:58 #7271 P 009/028

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5 This information may be disclosed to and used by the following individual/organization:

Name: HARTSVILLE ENT

Address: 701 Medical Park Dr Hartsville SC 29550

For the purpose of:

- ☐ Further Medical Care
- ☐ Inspection/Copying of my records
- ☐ Personal
- ☐ Other (please specify):
- ☐ Insurance Eligibility/Benefits
- ☐ Legal Investigation or Action
- ☑ Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Jeannette Bledsoe
Signature of Patient

1-31-2012
Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Jeannette Bledsoe
Name of Patient (Please Print)

Patient is:
- ☐ Minor
- ☐ Incompetent
- ☐ Disabled
- ☐ Deceased

Legal Authority:
- ☐ Custodial Parent
- ☐ Legal Guardian
- ☐ Executor of Estate of Deceased
- ☐ Power of Attorney for Health Care
- ☐ Authorized Legal Personal Representative

Signature of Witness

1-31-2012
Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

FROM: TO:8P1803408329 02/02/2012 14:19:16 #7271 P.010/028

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (55) Female
Visit Date: 01.Dec.2006 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr Michael Harless

INSURANCE INFORMATION
Pri Ins Company: Carolina Care (Other)
Pri Ins Policy #: 249824604

PROBLEM LIST
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
388.70 Otalgia
Location: left
389.10 Hearing Loss, Sensorineural
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today because I have experienced hearing loss and ear ringing in my left ear. This started about five years ago. I would like to have my hearing checked today.

HPI:
S1: Evaluation of hearing loss.
Location: both ears equally.
Quality: sounds seem muffled or distant.
Severity: The loss is mild, just enough to think there may be a problem. Patient has problems. The hearing loss is slowly getting worse.
Timing: This has been a problem for five years. The patient does not know how quickly or in what manner the problem developed. There is no specific time when it is worse. It is not a recurrent problem.
Setting in which it first occurred: unknown.
Aggravating factors: none.
Relieving factors: none.
Associated manifestations: tinnitus, in the left ear only described as ringing. It is audible over slight noise.
Previous tests/evaluations: none.
Previous treatment: none.
Previous medical opinion: see above.

REVIEW OF SYSTEMS
Constitutional Symptoms: see chart below.
Ears, Nose, Mouth, and Throat: see HPI.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Hematological/Lymphatic, Integumentary, Musculoskeletal, Nervous, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	?High blood pressure, qd Baby Aspirin (uncertain of dosage), qd Prozac (40 MG), qd Toprol XL (uncertain of dosage), qd Zyrtec (10 MG), qd
Medication Allergies:	**Penicillins:** unknown/unspecified **Sulfur:** unknown/unspecified
Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** none. **Not allergic to contrast agent.** **Insect bite or sting allergies:** none. **Allergy skin tests** have not been done. **Allergy blood tests** have not been done. **Allergy shots** have not been taken.

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Treatment for food allergy has not been taken.

Past Health History: **Cardiovascular:** hypertension diagnosed at an unknown time.

Surgeries and Hospitalizations: **Problems with anesthesia:** none.
Previous surgery:
- **Mouth and Throat:** tonsillectomy during childhood.
- **Integumentary:** surgery around eyes - 1980.
- **Other surgery:** cyst and tumor on ovary and uterus - 1980.

Previous non-surgical hospitalizations: none.

Serious Injuries: **No serious injuries or accidents.**

Family History: **Parents' Health Status:** Mother: expired from heart problems. Father: is in poor health.
Cancer: Unspecified type of cancer - father.
Eyes: Glaucoma - father.
Cardiovascular: Heart disease in a female, diagnosed at unknown age - mother. Hypertension - father.

Social History: **Current tobacco usage:** none.
Second-hand smoke exposure: none.
Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting: Radial Pulse: rate (rate per minute): Respirations: rate:: regular. Temperature: orally. Height: 66 inches. Weight: 180 pounds.
General appearance: Well developed, well nourished and groomed.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
External Ear Canals and Tympanic Membranes: Normal.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: Normal septum, turbinates and mucosa.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Normal.
Base of tongue, Pharyngeal walls, Vallecula and Pyriform Sinuses: Normal.
Larynx: Unable to visualize with mirror because of ***hyperactive gag***.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL: No masses, normal contour.

LYMPH NODES:
Normal neck lymph nodes.
Normal axillae lymph nodes.

MUSCULOSKELETAL: Normal gait. Station normal.

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SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC: Normal mental status, judgment, insight.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

92557 Basic Comprehensive Audiometry
Date: 01.Dec.2006; Location: office
- 01.Dec.2006 Basic Comprehensive Audiometry revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. The patient reports tinnitus described as a "ringing" in left ear, denies noise exposure and dizziness. Recommendations- Annual hearing evaluations, and medical follow-up. AV

92567 Tympanogram
Date: 01.Dec.2006; Location: office
- 01.Dec.2006 Right ear type A Left ear type B av

92568 Acoustic reflex testing
Date: 01.Dec.2006; Location: office

92587 Distortion Product Otoacoustic Emissions, Screening
Date: 01.Dec.2006; Location: office
- 01.Dec.2006 Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, are present across most frequencies bilaterally. These findings rule out the presence of a significant hearing loss and suggest adequate hearing for language development. Patient has a history of ear infections. Recommendations- Retest as needed av

ASSESSMENT

CURRENT PROBLEMS

388.30 Tinnitus, Unspecified
Location: bilateral

388.70 Otalgia
Location: left

389.10 Hearing Loss, Sensorineural
Location: bilateral

PLAN

Comments: Stephanie Tetterton PA-C.
Impression: Ms. Bledsoe presents with left sided tinnitus in the setting of hearing loss and left sided jaw pain. She is not taking any new medications that could be causing the tinnitus (ASA, NSAIDS, aminoglycosides, tricyclics). Audiogram performed today revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, are present across most frequencies bilaterally. Physical examination revealed no evidence of lymphadenopathy parotid enlargement or dislocation of TMJ. I feel the etiology of her tinnitus is related to hearing loss. However given the appearance of audiogram I will obtain an ABR to further evaluate. Moreover I will obtain a CT scan of the neck to further evaluate her jaw pain.

Electronically signed by Stephanie Tetterton, PA-C on 04.Dec.2006 01:31 PM

ICD CODE SUMMARY

389.10 Hearing Loss, Sensorineural
388.30 Tinnitus, Unspecified
388.70 Otalgia

CPT CODE SUMMARY

92557 Basic Comprehensive Audiometry
Reason: **389.10** Hearing Loss, Sensorineural
Reason: **388.30** Tinnitus, Unspecified

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92567 Tympanogram
Reason: **388.30** Tinnitus, Unspecified
Reason: **389.10** Hearing Loss, Sensorineural
92568 Acoustic reflex testing
Reason: **389.10** Hearing Loss, Sensorineural
Reason: **388.30** Tinnitus, Unspecified
92587 Distortion Product Otoacoustic Emissions, Screening
Reason: **388.30** Tinnitus, Unspecified
Reason: **389.10** Hearing Loss, Sensorineural
99204 New Patient: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **389.10** Hearing Loss, Sensorineural
Reason: **388.30** Tinnitus, Unspecified
Reason: **388.70** Otalgia

NON-BILLABLE CPT CODES

No non-billable CPT codes selected for this visit

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (56) Female
Visit Date: 12.Dec.2007 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my hearing loss and the ringing in my ear.They are both still the same. The jaw pain has went away though and that is the reason I did not have the CT scan and ABR done in Dec 2006.

ASSESSMENT
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
388.70 Otalgia
Location: left
389.10 Hearing Loss, Sensorineural
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Bledsoe presented with symptoms of sinusitis and allergic rhinitis manifesting as nasal congestion, post nasal drainage, and ear/facial pressure. She is currently on Zyrtec with minimal improvement. Otoscopic examination revealed mild retracted TMs bilaterally. Nasal endoscopy revealed moderate erythema and turbinate hypertrophy in the setting of a nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. At this time, she will continue Zyrtec and I will maximize her therapy with Nasonex and she was provided on a Patient Information Form (PIF) on the proper use. She will return in one month for reevaluation. Should she deny improvement I will consider a CT scan of the sinuses and/or Allergy testing.

On a separate note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss with no improvement and left sided jaw pain that has resolved. Audiogram performed last visit revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. I recommended an ABR in the past, however Ms. Bledsoe wishes to observe.

Electronically signed by Robert Puchalski, M.D., FAAOA on 28.Jan.2008 09:21 AM

5489

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (56) Female
Visit Date: 19.Mar.2008 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my nasal congestion , post nasal drainage and facial pressure. I feel they are worse. I feel I have gotten a cold and it has made my nasal allergy symptoms unbearable. I do however feel my tinntius has resolved but my hearing loss is stillthe same.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Bledsoe presented with increased nasal congestion, post nasal drainage, and ear/facial pressure for one week duration. She is currently on Zyrtec and Veramyst/Flonase with minimal improvement. Otoscopic examination revealed persistent mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy performed last visit revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. At this time, she will continue Zyrtec and Flonase and I will maximize her therapy with Prednisone. I have strongly recommended Allergy testing and CT scan of the sinuses however she declined at this time. She will return in three months for reevaluation.

Of historical note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss with no improvement and left sided jaw pain that has resolved. Audiogram performed in the past revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. I recommended an ABR in the past, however Ms. Bledsoe wishes to observe.

Electronically signed by Robert Puchalski, M.D., FAAOA on 25.Mar.2008 04:45 PM

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SCENT DEF Exhibit 146

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (56) Female
Visit Date: 21.Apr.2008 at SOUTH CAROLINA ENT

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today because I have been sick with an upper respitory illness since a week ago and I am not getting any better. I am having dizziness and double vision and cold sweats. I have been taking Mucinex, Sudafed and Zyrtec.

ASSESSMENT
CURRENT PROBLEMS
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.2 Cough
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Bledsoe presented an upper resperatory illness manifesting as a sensation of wheezing and cough that has been present for one week with no improvement. She has been experiencing dizziness, double vision, and cold sweats. She has been using Mucinex, Zyrtec, and Sudafed with no improvement. She reported that she has been under a lot of stress. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure improved following previous treatment with Prednisone. Otoscopic examination revealed persistent mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. At this time, we will arrange for a sinus CT scan and allergy test to further evaluate her symptoms.

Of historical note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss with no improvement and left sided jaw pain that has resolved. Audiogram performed in the past revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. I recommended an ABR in the past, however Ms. Bledsoe wishes to observe.

TESTS AND PROCEDURES
TO BE SCHEDULED
70486 CT Scan, Maxillofacial Area; w/o Contrast Matl
To be scheduled; Location: office
Modifiers: -TC Technical component.
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled; Location: office
94640 Nebulizer Apparatus
To be scheduled; Location: office
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office
J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
To be scheduled; Location:

Electronically signed by Robert Puchalski, M.D., FAAOA on 30.Apr.2008 08:23 AM

5491

SCENT DEF Exhibit 146

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (56) Female
Visit Date: 29.Apr.2008 at SOUTH CAROLINA ENT

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to review my CT scan and allergy test. I still have a persistent cough and post nasal drainage but it is a little better.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.07 Wheezing
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Bledsoe returns for review of allergy test and sinus CT scan. She originally presented with an upper respiratory illness manifesting as a sensation of wheezing and cough that has slightly improved. She has been experiencing dizziness, double vision, fatigue, and cold sweats. She reported that she has been under a lot of stress. She has been using Mucinex, Zyrtec, and Sudafed with no improvement. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure improved following previous treatment with Prednisone. Ms. Bledsoe reported that the only change in her life style is second hand smoke exposure. The sinus CT scan was independently reviewed and revealed absent right frontal sinus and minimal mucoperiosteal thickening in the ethmoid. The allergy test revealed a hypersensitivity to the following allergens: tree (1), grass, mold (1), dust, cockroach, and dog. Spirometry was not performed because equipment was down. Otoscopic examination revealed persistent mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. At this time, I will maximize current medication of Flonase with nasal saline irrigation. I have also instructed her to restart her Zyrtec. Moreover, we will also rearrange for Spirometry testing to evaluate for cough variant asthma. She may also be a candidate for treatment with Spirometry. She will return in the near future for review of Spirometry.

Of historical note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss with no improvement and left sided jaw pain that has resolved. Audiogram performed in the past revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. I recommended an ABR in the past, however Ms. Bledsoe wishes to observe.

TESTS AND PROCEDURES
TO BE SCHEDULED
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled; Location: office
94640 Nebulizer Apparatus
To be scheduled; Location: office
J7614 Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
To be scheduled; Location:

Electronically signed by Robert Puchalski, M.D., FAAOA on 30.Apr.2008 08:26 AM

SCENT DEF Exhibit 146

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (56) Female
Visit Date: 14.May.2008 at Hartsville 2

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my nasal congestion, post nasal draiange and cough. I feel they are doing better while Im taking the Zyrtec. I am here to reveiw my spirometery results. On a seperate note my tinnitus and hearing loss have not improved.

ASSESSMENT
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
493.90 Asthma: Asthma, unspecified unspecified
Location: bilateral
786.07 Wheezing
Location: bilateral

PLAN
Comments: Robert Puchalski, M.D.
Impression: Ms. Bledsoe returns for review of spirometry. She originally presented with an upper respiratory illness manifesting as a sensation of wheezing and cough that has improved. Historically, she reported episodes of dizziness, double vision, fatigue, and cold sweats. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure with the use of nasal saline irrigation. Her symptoms are agravated by second hand smoke exposure. Of note, she reported a family history (father) of COPD and TB. Otoscopic examination revealed persistent mildly retracted TMs bilaterally in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. We discussed options which included observation vs treatment with Singulair or Advair. At this time, she has chosen to proceed with observation and current medication (Flonase, Zyrtec, and nasal saline irrigation). She will return in four months for reevaluation.

The patient successfully underwent spirometry in the office on 04.25.2008. Initial measures for FVC, FEV1, and FEV1, and FEV1/FVC were 2.80, 2.54, and 88.4% respectively. Following bronchodilator therapy, the values for FVC, FEV1, and FEV1/FVC were 2.70, 2.53, and 84 %. Spirometry showed lung volumes which were less than predicted with a normal FEV1/FVC. This is most suggestive of normal lung function with decreased effort or a mild restrictive pattern.

Of historical note, Sinus CT scan revealed absent right frontal sinus and minimal mucoperiosteal thickening in the ethmoid. The allergy test revealed a hypersensitivity to the following allergens: tree (1), grass, mold (1), dust, cockroach, and dog.

Of historical note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss with no improvement and left sided jaw pain that has resolved. Audiogram performed in the past revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. I recommended an ABR in the past, however Ms. Bledsoe wishes to observe.

Electronically signed by Robert Puchalski, M.D., FAAOA on 20.May.2008 09:39 AM

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SCENT DEF Exhibit 146

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (59) Female
Visit Date: 24.Jan.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE).

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Kandra Watson

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here due to my snoring and having daytime sleepiness. This has been going on for several months now and is getting no better. I recently had a heart attack and I am interested in having a sleep study done.

ASSESSMENT
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Bledsoe presented with a history of sleep disordered breathing in the setting of snoring, as witnessed by her partner. The examination and history are both highly suspicious for obstructive sleep apnea syndrome (OSAS). Of note, she has a history of diabetes and hypercholesterolemia. She reported a heart attack over the holidays in 2010. She was evaluated by her cardiologist this morning. We discussed the prevalence of OSAS, its daytime symptoms, and its long term risks if not treated. Her Epworth Sleepiness Score was noted as 9 and Berlin Questionnaire today was positive 3/3 with a BMI of 31. Oral examination revealed a Freedman Type II palate with tonsils absent. Physical examination revealed narrowing of the dyhedral angle bilaterally. Cottle maneuver was positive bilaterally with improved airflow. Anterior rhinoscopy revealed a nasal septal deviation to the right with turbinate hypertrophy (R>L) following decongestant spray. We have referred her to the Sleep Diagnostics Laboratory for a nocturnal polysomnograph with possible CPAP titration. She understood the need for this study and agreed to undergo the test. We will have her return after the sleep study for the results and any further therapy. I will perform an upper airway evaluation on her return visit.

On a separate note, she presented today for reevaluation of her cough and wheezing. She reported one month following her last appointment her father was found to have MRSA and she was subsequently tested and was positive as well. She originally presented with an upper respiratory illness manifesting as a sensation of wheezing and cough that has improved. Historically, she reported episodes of dizziness, double vision, fatigue, and cold sweats. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure with the use of nasal saline irrigation. Her symptoms are aggravated by second hand smoke exposure. Of note, she reported a family history (father) of COPD and TB. Otoscopic examination revealed a small excoriation of the left EAC in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. We discussed options which included observation vs. continued pharmacotherapy. At this time, she has chosen to proceed with her current medication (Flonase, Zyrtec, and nasal saline irrigation).

Finally, she presented for reevaluation of left sided tinnitus in the setting of hearing loss. She continues to report no improvement. Audiogram performed on 12.1.06 revealed a normal sloping to mild sensorineural hearing loss bilaterally. Excellent speech discrimination was noted in both ears. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, performed last visit are present across most frequencies bilaterally. At this time, I recommend a repeat audiogram on her return visit.

Of historical note:
Sinus CT scan revealed absent right frontal sinus and minimal mucoperiosteal thickening in the ethmoid. The allergy test revealed a hypersensitivity to the following allergens: tree (1), grass, mold (1), dust, cockroach, and dog. Spirometry performed on 04.25.2008 revealed normal lung function with decreased effort or a mild restrictive pattern.

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SCENT DEF Exhibit 146

TESTS AND PROCEDURES

TO BE SCHEDULED

92557 Comprehensive Audiometry Threshold Eval & Speech Recognition

To be scheduled: Location: office

95810 NPSG

To be scheduled: Location:

Stephanie Tetterton, PA-C
Electronically signed by Robert Puchalski, M.D., FAAOA on 31.Jan.2011 01:35 PM

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (59) Female
Visit Date: 15.Feb.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Michael Harless

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my hearing loss and to review my sleep study.

ASSESSMENT

CURRENT PROBLEMS
389.10 Hearing Loss, Sensorineural
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN

Comments: Stephanie Tetterton, PA-C.
Impression: Ms Bledsoe presented for review of a recent sleep study for further evaluation of sleep disordered breathing in the setting of snoring. Sleep study performed 2.1.2011 revealed an AHI of 9, which increased to 23 in the supine position. Her lowest oxygen desaturation was noted as 86%. She was noted to have 73% sleep efficiency with a 45minute sleep latency. In addition, she was noted to have PVCs and is currently under the care of a cardiologist (Dr Grainger). Of note, she has a history of diabetes and hypercholesterolemia. She reported a heart attack over in late 2010. We discussed the prevalence of OSAS, its daytime symptoms, and its long term risks if not treated. We have referred her back to the Sleep Diagnostics Laboratory for a CPAP titration. She understood the need for this study and agreed to undergo the test. We will have her return after the study for the results and any further therapy.

On a separate note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss. She continues to report no improvement. Basic Comprehensive Audiometry 2.15.2011 revealed a normal sloping to a mild sensorineural hearing loss rising to normal for 250-8000 Hz bilaterally. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-2000Hz and present for 3000-8000Hz bilaterally. Tympanometry revealed normal middle ear pressure, ear canal volume and tympanic membrane compliance (Type A) bilaterally, suggesting normal middle ear function. At this time, no further intervention is necessary. Therefore, she will continue nasal steroid spray and we will observe.

Of historical note:
Sinus CT scan revealed absent right frontal sinus and minimal mucoperiosteal thickening in the ethmoid. The allergy test revealed a hypersensitivity to the following allergens: tree (1), grass, mold (1), dust, cockroach, and dog. Spirometry performed on 04.25.2008 revealed normal lung function with decreased effort or a mild restrictive pattern.

On a separate note, she presented today for reevaluation of her cough and wheezing. She reported one month following her last appointment her father was found to have MRSA and she was subsequently tested and was positive as well. She originally presented with an upper respiratory illness manifesting as a sensation of wheezing and cough that has improved. Historically, she reported episodes of dizziness, double vision, fatigue, and cold sweats. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure with the use of nasal saline irrigation. Her symptoms are aggravated by second hand smoke exposure. Of note, she reported a family history (father) of COPD and TB. Otoscopic examination revealed a small excoriation of the left EAC in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. We discussed options which included observation vs. continued pharmacotherapy. At this time, she has chosen to proceed with her current medication (Flonase, Zyrtec, and nasal saline irrigation).

Electronically signed by D. Macy Vidrine, M.D., FAAOA on 16.Feb.2011 12:40 AM

JEANNETTE B. BLEDSOE Patient ID: 241-80-7756
DOB: 10.Oct.1951 (59) Female
Visit Date: 11.Apr.2011 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr Michael Harless
Requesting: Dr Self Self, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here to follow up on my sleep apnea. I am having some trouble using my CPAP machine due to my mask. I am ahving issues with the nasal pillows.

ASSESSMENT

CURRENT PROBLEMS
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
327.23 Organic sleep disorders: Obstructive sleep apnea (adult) (pediatric)
Location: bilateral

PLAN

Comments: Robert Puchalski, M.D.
Impression: Ms Bledsoe presented for follow up evaluation of sleep apnea. She underwent CPAP titration study on 3.17.2011, which noted an optimal setting of 8cm H20. Her AHI was noted to be 0.3 at that setting. She subsequently began CPAP use and compliance for 3.28.2011-- 4.10.2011 revealed 57% use greater than four hours. Of note, Sleep study performed 2.1.2011 revealed an AHI of 9, which increased to 23 in the supine position. Her lowest oxygen desaturation was noted as 86%. She was noted to have 73% sleep efficiency with a 45minute sleep latency. In addition, she was noted to have PVCs and is currently under the care of a cardiologist (Dr Grainger). Of note, she has a history of diabetes and hypercholesterolemia. She reported a heart attack in late 2010. We discussed the effectiveness of CPAP when used as directed. Ms Bledsoe will use CPAP more consistently and follow up for reevaluation and repeat compliance download in three weeks.

Of historic note, she presented for reevaluation of left sided tinnitus in the setting of hearing loss. She continues to report no improvement. Basic Comprehensive Audiometry 2.15.2011 revealed a normal sloping to a mild sensorineural hearing loss rising to normal for 250-8000 Hz bilaterally. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were absent for 750-2000Hz and present for 3000-8000Hz bilaterally. Tympanometry revealed normal middle ear pressure, ear canal volume and tympanic membrane compliance (Type A) bilaterally, suggesting normal middle ear function. At this time, no further intervention is necessary. Therefore, she will continue nasal steroid spray and we will observe.

Of historical note:
Sinus CT scan revealed absent right frontal sinus and minimal mucoperiosteal thickening in the ethmoid. The allergy test revealed a hypersensitivity to the following allergens: tree (1), grass, mold (1), dust, cockroach, and dog. Spirometry performed on 04.25.2008 revealed normal lung function with decreased effort or a mild restrictive pattern.

On a separate note, she presented today for reevaluation of her cough and wheezing. She reported one month following her last appointment her father was found to have MRSA and she was subsequently tested and was positive as well. She originally presented with an upper respiratory illness manifesting as a sensation of wheezing and cough that has improved. Historically, she reported episodes of dizziness, double vision, fatigue, and cold sweats. She reported that her nasal congestion, post nasal drainage, and ear/facial pressure with the use of nasal saline irrigation. Her symptoms are aggravated by second hand smoke exposure. Of note, she reported a family history (father) of COPD and TB. Otoscopic examination revealed a small excoriation of the left EAC in the absence of fluid. Nasal endoscopy performed in the past revealed moderate erythema and turbinate hypertrophy in the setting of a persistent nasal septal deviation to the right. There was no evidence of mucopus, polyps, or masses. We discussed options which included observation vs. continued pharmacotherapy. At this time, she has chosen to proceed with her current medication (Flonase, Zyrtec, and nasal saline irrigation).

Electronically signed by Robert Puchalski, M.D., FAAOA on 18.Apr.2011 05:22 PM

TITRATION REPORT

Patient:	Bledsoe, Jeannette	**Study Date:**	3/17/2011
Age:	59 yr	**DOB:**	10/10/1951
Sex:	F	**Referring Physician:**	Dr. Puchalski
Race:	W	**Patient Account #:**	C2011089
Height:	65 inches	**Epworth Sleepiness:**	12
Weight:	185 lbs	**Study Technologist:**	Tobin Gibson, RPSGT
BMI:	30.78	**Neck Size**	14.5 inches

MEDICATIONS:

Prozac, Toprol, Naovasc, Zocor, Januvia, Zyrtec, Carafate

TECHNOLOGIST/TECHNICIAN COMMENTS:

Patient was started on CPAP with a pressure setting of 5cm and increased throughout the night until a final pressure of 8 cm was obtained. At a cpap setting of 8cm, patient did not have any apneas or hypopneas, but did have some mouth opening arousals and PLMS. Sleep efficiency was 84% and her AHI was 1.1. Patient also has some PLMS. Patient has had a heart attack in her recent past.

PROCEDURE

Polysomnography was conducted on the night of 3/17/2011. The following parameters were monitored: frontal, central and occipital EEG, electrooculogram (EOG), submentalis EMG, nasal and oral airflow, anterior tibialis EMG, body position and electrocardiogram. Additionally, thoracic and abdominal movements were recorded by inductance plethysmography. Oxygen saturation (SpO2) was monitored using a pulse oximeter. The tracing was scored using 30 second epochs. Hypopneas were scored per AASM definition VIII.4.A (4% desaturation).

SLEEP ARCHITECTURE

Lights Out Time: 11:24:43 PM	Lights On Time: 5:49:43 AM
Total Recording Time (Min.): 385.0	# of REM Episodes: 4

	Time (min.)	% of Total Sleep Time	Normal %
N1 (Drowse)	54.0	16.5	5-10%
N2 (Mod. Depth)	219.0	67.2	45-55%
N3 (Slow Wave)	11.0	3.4	0-15%
REM (Dream)	42.0	12.9	17-28%
Total Sleep Time (Min.)	**325.0**	100%	>360 Min.
Latency to Sleep Onset	**20.0**		<30 Min.
Latency to N2	1.5		< 10 Min. from onset
Latency to REM Sleep	108.5		80-110 Min. (approx)
Wake After Sleep Onset	40.0		
Sleep Efficiency*	**84.4%**		>85-90%

RESPIRATORY SUMMARY

	By Sleep Stage		By Position		
	NREM	REM	Supine	Non-Supine	TOTAL
Sleep Time (Min.)	284.0	42.0	117.8	207.20	325.0
APNEA					
Obstructive	0	1	0	1.00	1
Mixed	0	0	0	0.00	0
Central	0	1	1	0.00	1
Total Apnea	4	2	1	1.00	2
Apnea Index	0.0	2.9	0.5	0.29	0.4
HYPOPNEA	4	0	3	1.00	4
Total Apneas and Hypopneas	4	2	4	2.00	6
AHI*	0.8	2.9	2.0	0.58	**1.1**
Flow Limitation Events (RERA)	6	2	6	0.00	2
RDI*	1.3	2.9	3.1	0.58	**1.5**

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CHEYNE STOKES: None observed during study.

SATURATION LEVELS

Time Between	NREM (minutes)	REM (minutes)	WAKE (minutes)	TIB (minutes)
90+%	284.00	42.00	52.20	378.20
80-89%	0.00	0.00	0.00	0.00
70-79%	0.00	0.00	0.00	0.00
60-69%	0.00	0.00	0.00	0.00
<60%	0.00	0.00	0.00	0.00
SaO2@ Nadir	91%			

EVENT DURATIONS

	Average (seconds)	Maximum (seconds)
Apnea	15.5	18.5
Hypopnea	21.3	33.0

CARDIAC SUMMARY

Average Heart Rate During Sleep:	62.1 bpm
Highest Heart Rate During Sleep:	116 bpm
Highest Heart Rate During Recording (TIB):	255 bpm

CARDIAC OBSERVATIONS

Type	Yes	No	Rate / Duration
Bradycardia:		✓	Lowest HR Scored: N/A
Unclassified Tachycardia:		✓	Highest HR Scored: N/A
Sinus Tachycardia During Sleep:		✓	Highest HR Scored: N/A
Narrow Complex Tachycardia:		✓	Highest HR Scored: N/A
Wide Complex Tachycardia:		✓	Highest HR Scored: N/A
Asystole:		✓	Longest Pause: N/A
Atrial Fibrillation:		✓	Duration Longest Event: N/A

PLM SUMMARY

	TOTAL
Total Number of Periodic Limb Movements	48
Periodic Limb Movement Index	8.9/hr
Total Periodic Limb Movement Arousals	14
Periodic Limb Movement Arousal Index	**2.6/hr**

SLEEP FRAGMENTATION SUMMARY

	# of Arousals	Arousal Index
Respiratory Arousals	2	**0.4**
Limb Movement Arousals	35	6.5
Spontaneous Arousals	94	17.4
Total Arousals	131	24.2
Number of Awakenings	14	

SNORE SUMMARY

# of Snores during sleep time	4
Snore Index	0.74/hr

ADDITIONAL COMMENTS:

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TITRATION TABLES

CPAP/BiLevel Respiratory Table – order by Titration level

IPAP	EPAP	Total Sleep Time (minutes)	NREM Time (minutes)	REM Time (minutes)	Number Hypopneas	Number Central Apneas	Number Obstructive Apneas	Number Mixed Apneas	AHI	Flow Limitation Event	RDI	REM SpO2 Nadir	NREM SpO2 Nadir	Sleep SpO2 Nadir
6	6	34.4	34.4	0.0	1	0	0	0	1.7	0	1.7		93	93
7	7	43.9	43.9	0.0	1	0	0	0	1.4	0	1.4		93	93
8	8	244.9	202.9	42.0	2	1	1	0	1.0	2	1.5	91	93	91

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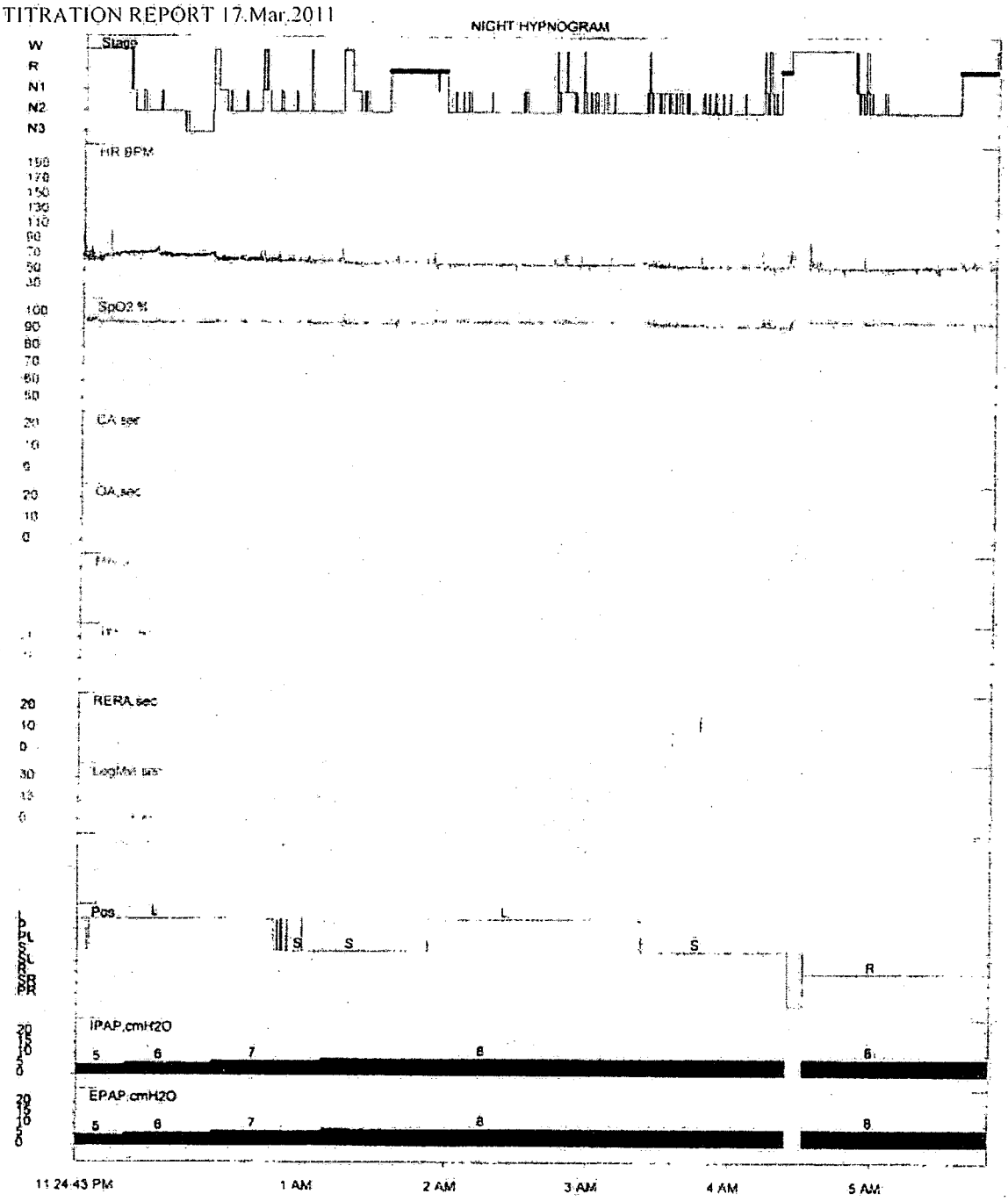
CPAP / BiLevel Sleep Fragmentation Table – order by Titration level

IPAP	EPAP	Respiratory Arousal	Respiratory Arousal Index	Limb Movement Arousals	Limb Movement Arousal Index	Spontaneous Arousals	Spontaneous Arousal Index	Total Arousals	Total Arousal Index
6	6	0	0.0	7	12.2	3	5.2	10	17.4
7	7	1	1.4	12	16.4	10	13.7	23	31.4
8	8	3	0.7	14	3.4	73	17.9	90	22.0

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eannette B. Bledsoe DOB: 10.Oct.1951 (62)
:PAP TITRATION REPORT 17.Mar.2011



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Sleep Services

PHYSICIAN'S INTERPRETIVE REPORT

Patient:	Bledsoe, Jeannette	**Study Date:**	3/17/2011
Age:	59 yr	**DOB:**	10/10/1951
Sex:	F	**Referring Physician:**	Dr. Puchalski
Race:	W	**Patient Account #:**	C2011089
Height:	65 inches	**Epworth Sleepiness:**	12
Weight:	185 lbs	**Study Technologist:**	Tobin Gibson, RPSGT
BMI:	30.78	**Neck Size**	14.5 inches

Study Type: CPAP Titration
Indication:
The patient is a 59 year old Caucasian female with a body mass index of 31, who underwent NPSG in February of this year. At that time, she was found to have an AHI of 9. These respiratory events were exacerbated by the supine position (supine AHI = 23). In addition, there were desaturations to 86%. She now presents for CPAP titration to evaluate response to positive pressure breathing.

Current Medications Include:
Prozac, Toprol, Naovasc, Zocor, Januvia, Zyrtec, Carafate

Study Parameters and Quality:
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 325.0 minutes. The patient demonstrated a sleep latency of 20.0 minutes and a sleep efficiency of 84.4%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: N1 (16.5%), N2 (67.2%), Delta (3.4%), and REM (12.9%).

CPAP Analysis:
The patient was initiated at a setting of 6 cmH2O and increased as indicated throughout the night. Optimal CPAP was obtained at a setting of 8 cmH2O. At this setting, the apnea/hypopnea index was found to be 1.0, and the lowest O2 saturation was found to be 91%. The patient was tested for 244.9 minutes at this setting, with 42.0 minutes in REM sleep. In addition, the patient did reach the supine position at this setting.

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Sleep Fragmentation Summary:
The patient was found to have a total of 48 periodic limb movements, yielding a periodic limb movement index of 8.9 per hour of sleep. 14 of these periodic limb movements were associated with arousals. There were a total of 131 arousals, 2 of which were respiratory in nature. The respiratory arousal index was found to be 0.4.

Electrocardiographic Analysis:
Electrocardiographic monitoring revealed an average heart rate of 62.1 bpm and a maximum heart rate of 116 bpm. There were no significant dysrhythmias noted.

Impressions:
1. **Mild obstructive sleep apnea syndrome.** The patient was found to have a good response to positive pressure breathing at an optimal CPAP setting of +8cmH2O. At this setting, the apnea/hypopnea index was found to be 1 and the lowest O2 saturation was 91%.

Recommendations:
1. **CPAP fitting with a Comfort Classic small nasal mask at a setting of +8cmH2O with heated humidification, but no supplemental oxygenation.**
2. **CPAP compliance monitoring with two week and ten week downloads.**
3. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Of note, Ms. Bledsoe has an elevated body mass index of 31.
4. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.

Diagnosis:
Mild obstructive sleep apnea syndrome (327.23)

Dr. Puchalski would like to thank SC ENT Allergy and Sleep Medicine for referring this patient to SC ENT Sleep Services. Should you require any assistance in managing this patient, please do not hesitate to call my office at (803) 408-3277.

Robert Puchalski, MD FAAOA
Board Certified, Sleep Medicine
Medical Director, SC ENT Sleep Services
Dictated on: 3/22/11

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Date: 3/17/2011

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Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
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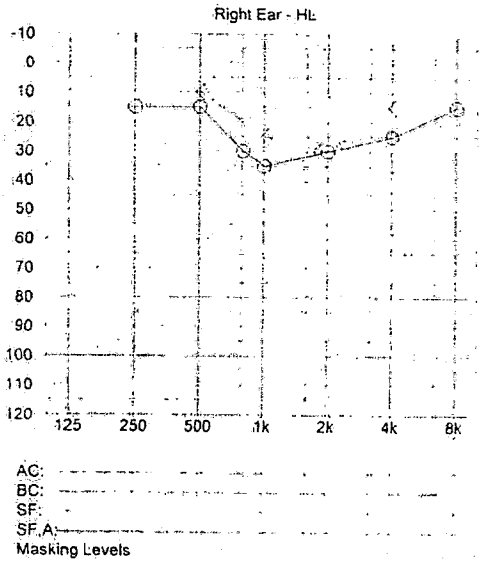
Nicole Fruth, AuD
Manda Werle-Adams, AuD
Angie Vincent, Certified Technician

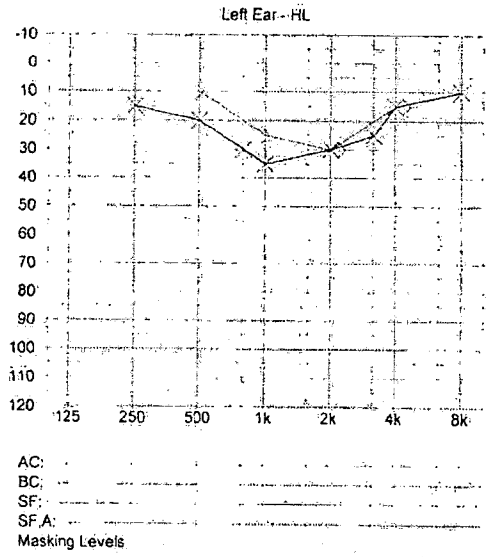
Carolina Hearing Institute
South Carolina ENT & Allergy & Sleep Medicine

Robert Puchalski, MD
D. Macy Vidrine, MD
Oliver Simmons, MD
Andrew Battiata, MD

Stephanie Tetterton, PA-C
Danielle Makeupson, PA-C
Kerri Frey, PA-C

Client Name: JEANETTE BLEDSOE
Birth Date: 10/10/1951
Session Date: 2/15/2011





	Right			Left		
PTA (A):	27 dB			28 dB		
	Right	Masking		Left	Masking	
SRT:	DNT		SRT:	DNT		

Unaided Recognition Score:

Right	Level	Masking	Binaural	Level	Level	Left	Level	Level
100 %	70 dB					100 %	70 dB	

Case History: History of HL _____ Tinnitus Left Noise Exposure: (Y) N Dizziness: Y (N)

Results:

R - Normal Sloping to a Mild SNHL Rising to Normal
-Excellent Discrims

L - Normal Sloping to a Mild SNHL Rising to Normal.
-Excellent Discrims

Recommendations:

Retest Annually Medical Consult HL Consult ABR VNG Sp/Lang Eval Other (AV)



Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
Audio only 05.Dec.2006

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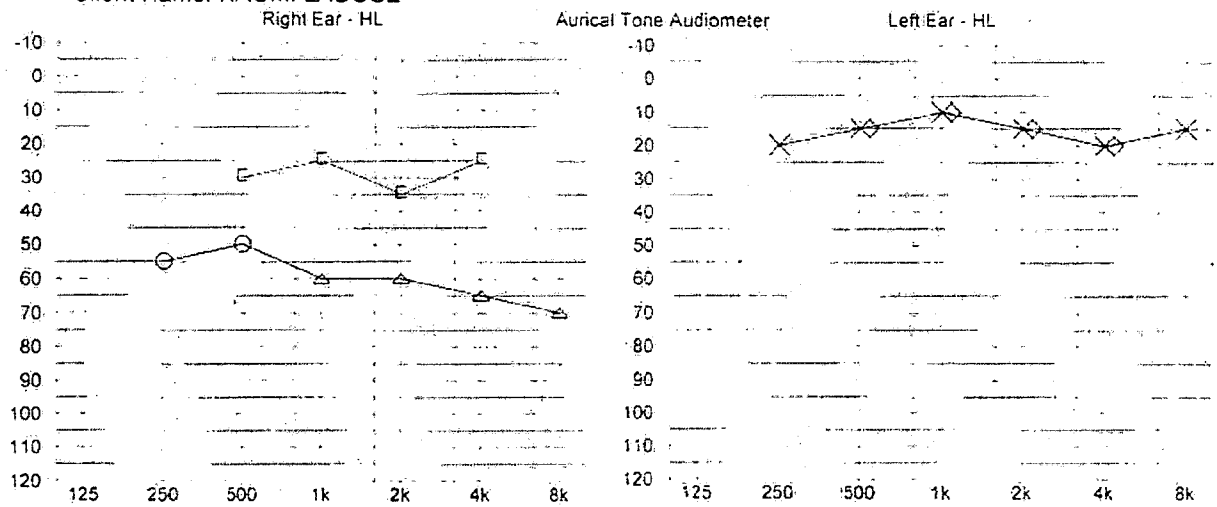
Robert Puchalski, MD Orville Dyce, MD Chad Gunnlaugsson, MD

Brandi Pettis, Au.D., CCC-A Debra Troop, Certified Technician

Session Date: 12/5/2006

Client Name: NAOMI LACOSE

Birth Date: 5/7/1964



	125	250	500	1k	2k	4k	8k
AC:				55	55	65	70
BC:			60	60	60	65	
SF:							

Masking Levels

	125	250	500	1k	2k	4k	8k
AC:							
BC:							
SF:							

Masking Levels

	Right	Masking	Left	Masking
PTA (A):				
SRT:	70 dB	50 dB	SRT: 15 dB	

Unaided Discrimination:

Right	Level	Masking	Binaural	Level	Masking	Left	Level	Masking
100 %	90 dB	50 dB				100 %	55 dB	

Tinnitus — R L

Known Hearing Loss (R) L

Dizziness

Noise Exposure

Family History

Speech/Lang. Delay

Right - mod to severe cond HL.
Left - WNL
Excellent speech discrim Rt

Recommendations:

- √ Retest as needed
- ___ Medical Follow-up
- ___ Hearing Aid Evaluation
- ___ ENG Testing
- ___ ABR Testing
- ___ Hearing Protection
- ___ Speech/Language Evaluation
- ___ Preferential Classroom Seating
- ___ Other

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Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
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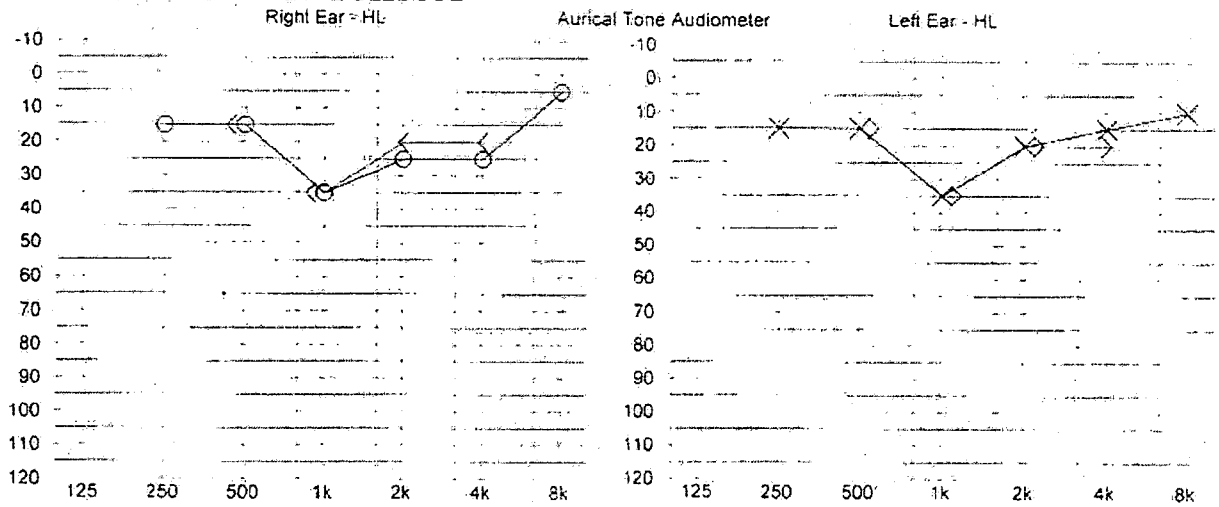
Brandi Pettis, Au.D., CCC-A Debra Troop, Certified Technician

Session Date: 12/5/2006

Client Name: JEANETTE BLEDSOE

Birth Date: 10/10/1951

Aurical Tone Audiometer



AC:
BC:
SF:
Masking Levels

AC:
BC:
SF:
Masking Levels

	Right	Left
PTA (A):		
	Right Masking	Left Masking
SRT:	25 dB	SRT: 20 dB

Unaided Discrimination:

Right	Level	Masking	Binaural	Level	Masking	Left	Level	Masking
100 %	65 dB					100 %	60 dB	

Tinnitus R (L) "ringing"
Known Hearing Loss R L
- Dizziness
- Noise Exposure
- Family History
- Speech/Lang. Delay

Recommendations:
- ✓ Retest as needed
- ✓ Medical Follow-up
- ___ Hearing Aid Evaluation
- ___ ENG Testing
- ✓ ABR Testing
- ___ Hearing Protection
- ___ Speech/Language Evaluation
- ___ Preferential Classroom Seating
- ___ Other

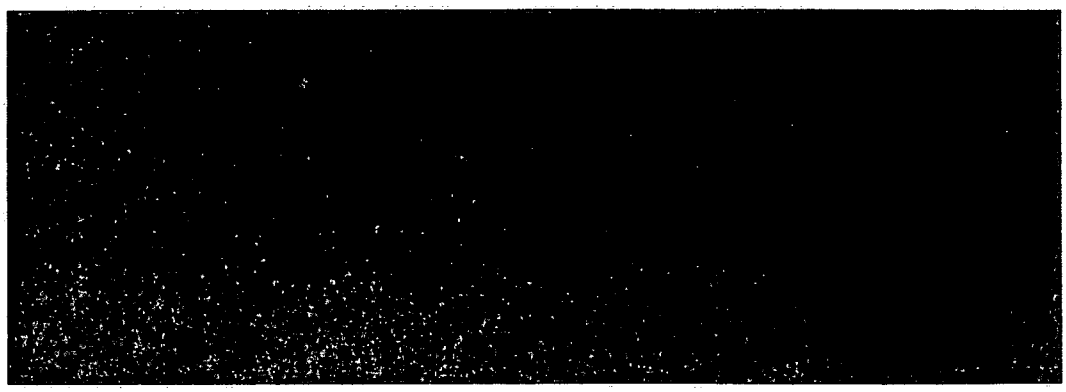
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Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
OAE only 15.Feb.2011

Jeannette Bledsoe

RT - Page 2 of 2

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.8	55.3	1641	2016	1818	-13.4	-24.3	10.9
65.0	55.2	1219	1500	1352	-27.5	-19.4	-8.1
65.2	55.8	797	984	886	-30.1	-14.0	-16.1
65.7	55.2	609	750	676	-12.4	-10.4	-2.0

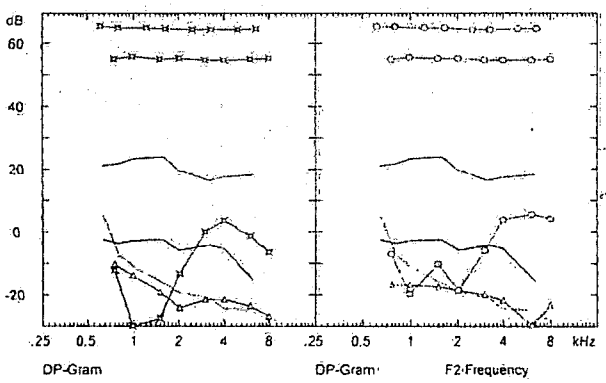


Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
OAE only 15.Feb.2011

BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 2

Carolina Hearing Institute
696 Medical Park
Hartsville, SC 29550
843-857-4355

	Lastname	Firstname	Ear	Date	Protocol
o	BLEDSOE	JEANETTE	Right	15-Feb-11	750-8000 Hz Diagnostic Test - High Noise
x	BLEDSOE	JEANETTE	Left	15-Feb-11	750-8000 Hz Diagnostic Test - High Noise



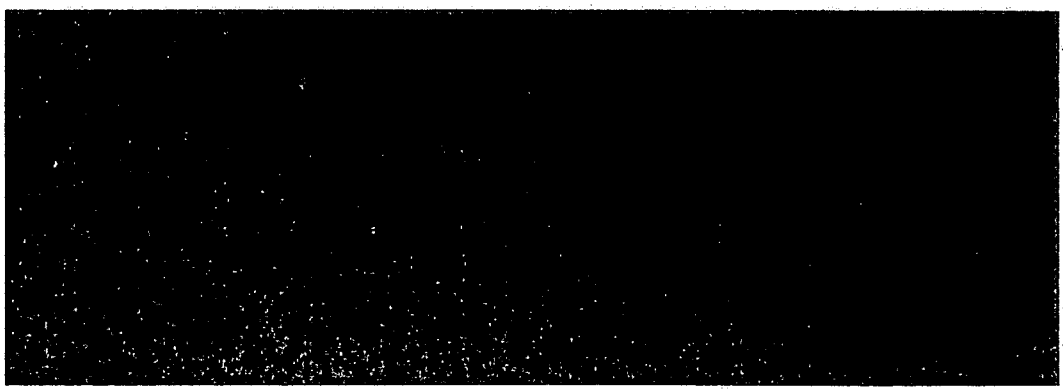
Absent for 750-8000 Hz
Present for 3000-5000 Hz
Bilaterally.

BLEDSOE JEANETTE:
Right: 15-Feb-11: -: 750-8000 Hz Diagnostic Test - High Noise: 11B15D00.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.9	55.1	6516	7969	7206	4.2	-23.5	27.7
64.9	54.8	4922	6000	5434	5.5	-29.9	35.4
64.6	54.8	3281	3984	3616	3.8	-22.1	25.9
64.7	54.9	2484	3000	2730	-6.0	-20.1	14.1
65.1	55.4	1641	2016	1818	-18.6	-18.6	0.0
65.1	55.5	1219	1500	1352	-10.3	-17.5	7.2
65.4	55.6	797	984	886	-19.8	-17.0	-2.8
65.4	55.1	609	750	676	-7.0	-17.1	10.1

BLEDSOE JEANETTE:
Left: 15-Feb-11: -: 750-8000 Hz Diagnostic Test - High Noise: 11B15D01.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
64.9	55.3	6516	7969	7206	-6.6	-27.0	20.4
64.6	55.2	4922	6000	5434	-1.5	-23.8	22.3
64.5	54.8	3281	3984	3616	3.5	-21.9	25.4
64.5	54.9	2484	3000	2730	0.0	-21.9	21.9



Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
Tympanogram only 15.Feb.2011

IMMITTANCE (BASIC)

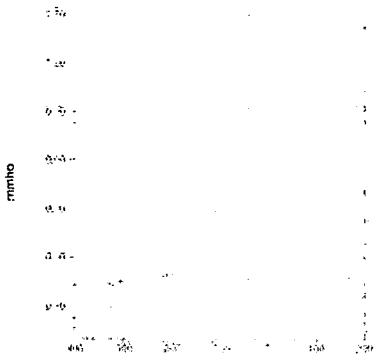
Age:
Birth date:

Report Date: 2/15/2011
Tester: AV

Report comments:

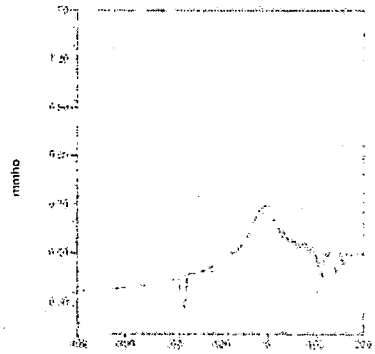
Jeanette Bledsoe

RIGHT



Tymp		
Tone	226	Hz
SA	0.33	mmho
TPP	10	daPa
ECV	0.86	ml
TW	89	daPa
Type	A	

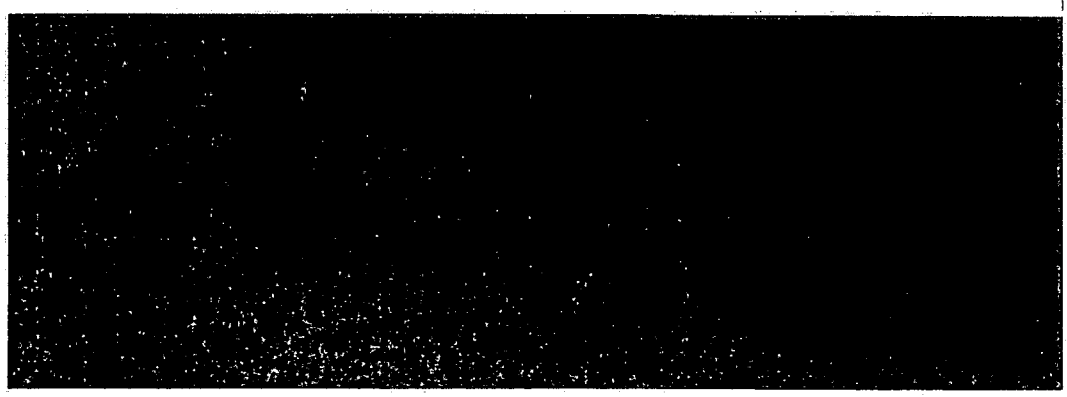
LEFT



Tymp		
Tone	226	Hz
SA	0.29	mmho
TPP	-7	daPa
ECV	0.89	ml
TW	60	daPa
Type	A	

Reflex	Threshold (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

Probe tone



Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore											
B	White Oak											
C	White Hickory											
D	American Elm											
E	Eastern Cottonwood											
F	Mountain Cedar											
G	Boxelder			5	6	(7)						
H	White Ash											
I	Pine											
J	River Birch											
K	Timothy			5	6	(7)						
L	Johnson			5	6	(7)						
M	Bermuda											
N	Lambsquarter			5	6	(7)						
O	Rough Marshelder											
P	English Plaintain											
Q	Short Ragweed											
R	Sheep Sorrel											
S	Annual Wormwood											
T	Pigweed											
U	Alternaria Tenuis											
V	A. Fumigaticus											
W	F. Vasinfectum			5	6	(7)		~ Delayed Rxn				
X	Hormodendrum											
Y	M. Racemosus											
Z	Penicillium Notatum											
AA	Pullularia Pullulans											
BB	Johnson Grass Smut											
CC	S. Sarcinaforme											
DD	Dust (D. Pteronyssus)		(7)	4	11			Delayed Rxn ~				
EE	Dust (D. Farinae)		5	6	(7)							
FF	Cockroach		5	6	(7)							
GG	Cat		5	5	5							
HH	Dog		5	6	(7)							
II	Feather Mix											
JJ	Horse											
KK	T.O.E. Mold Mix		5	6	(7)							
LL	Rabbit											
MM	Hamster											

9923
D16

Name Jeanette Bledsoe
Date 4.25.06

Treatment
Immunotherapy: W H P C
(Avoidance)
Pharmacotherapy with _____

Controls
+ = _____
- = _____
Qty = _____

Dr Robert Pulaski
Dr Charles Cyree
Dr Chad Gundersson
Dr D. Matt Moore
Stephanie Tallent PA-C

5511

FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	
11) Pecan	2	25) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

2 = ROTATION DIET
(ok to consume once every 3 - 4 days,
no 2 "allergic" foods at same meal)

3 or 4 = AVOID

www.southcarolinaent.com

Patient Name Jeanette Bledsoe
Date 4.25.06

Dr. Robert Puchalski, MD
Dr. Orville Dyce, MD
Dr. Chad Gunnlaugsson, MD
Dr. D. Macy Vidrine, MD
Stephanie Tetterton, PA-C

Jeannette B. Bledsoe DOB: 10.Oct.1951 (62)
Spirometry Report 14.May.2008

Algorithm

Name Jeannette Bledsoe

Date 5/14/08

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC ratio

	Predicted		Pre	Post
FVC	3.03		2.80	2.90
FEV1	2.83		2.54	2.53
FEV1/FVC	78 %		88.4 %	83.5 %

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0

Restrictive Pattern

Refer to Pulmonary for PFT's

FVC normal or decreased
FEV1 decreased
Absolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increase in FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

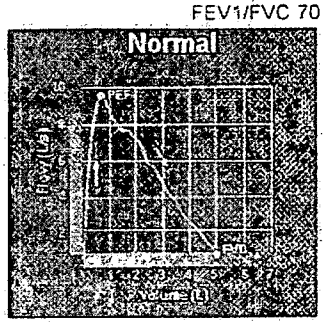
FVC normal, FEV 1 normal
absolute FEV1/FVC >0.7

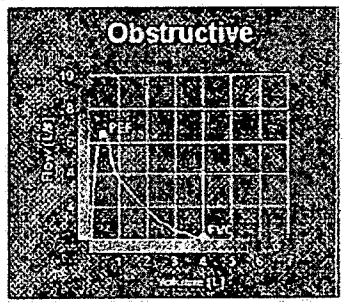
Normal Spirometry

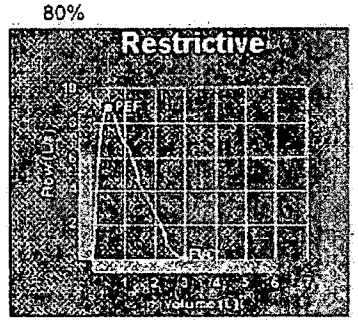
(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Normals:

Measures:		normal	abnormal	no broncodilator if:
Volume	FVC	80%		100%
1sec	FEV1	80%		100%
	FEV1/FVC	70 - 80%	<70%	80%







1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly reproducible

Physician signature

5/21/08
date

5513

CardioControl HQ (Imported)
Abnormal Spirometry Report - Jeanette B Bledsoe 5/14/2008 1:25:55 PM Page 1

Patient Information:

ID:	15991
Name:	Jeanette B Bledsoe
DOB:	10/10/1951
Height:	66 inch
Gender:	Female
Race:	Caucasian
Packs / Day:	
Smoke Years:	
Cooperation:	

Test Results:

FEV1%Pred:	89.7 %
FEV1%:	88.4%
Improvement:	0.3% FVC, -0.4% FEV1 ((Post - Pre) / Pre) * 100

Test Information:

Test Type:	FVC
Pre Time:	1:26 PM
Post time:	1:40 PM
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex)	1.11 / 1.00
Last Calibration:	4/16/2008 1:42:17 PM
Device Info:	1.6.0.489

FEV1 Pre / Post Var:	26 ml (1.0 %)	/ 188 ml (7.6 %)
FVC Pre / Post Var:	22 ml (0.8 %)	/ 91 ml (3.4 %)
ATS Reproducibility:	Pre:	Met
	Post:	Met

Test Interpretation: UNCONFIRMED REPORT

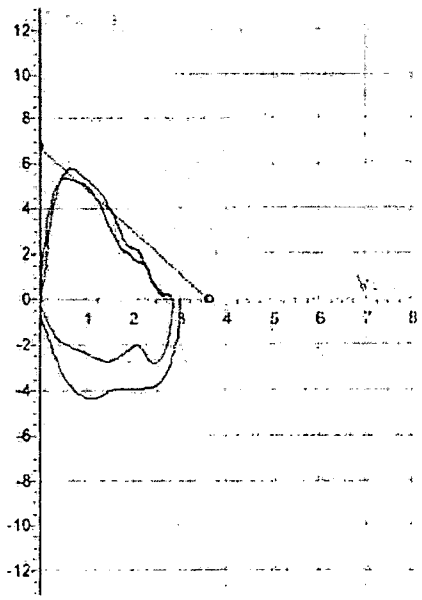
Pre: FVC= 2.80L FEV1= 2.54L FEV1/FVC= 90.50%
(5/14/2008 1:28:04 PM), Mild restriction

Post: -3.68% FVC -0.43% FEV1 3.37% FEV1/FVC
(5/14/2008 1:41:36 PM), Mild restriction

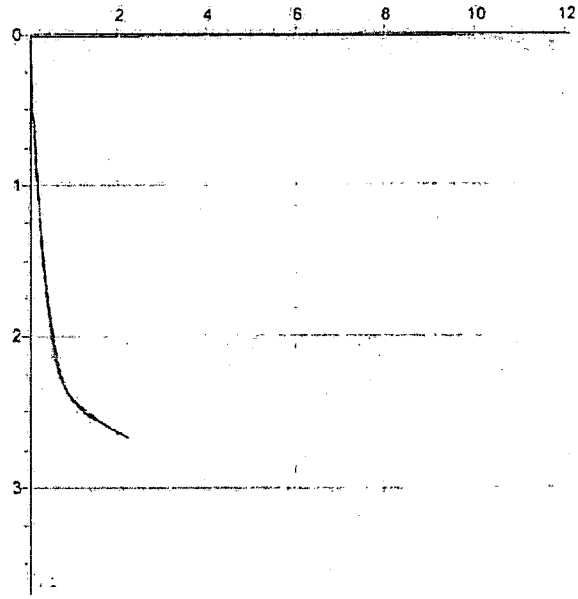
Test Comment:

		Best Effort						All Efforts					
Parameter	Units	Pred	3. Pre	%Pred	2. Post	%Pred	%Change	1. Pre	2. Pre	3. Pre	1. Post	2. Post	3. Post
FVC	(L)	3.63	2.80*	77.9	2.70*	78.1	0.3	2.70*	2.82*	2.80*	2.79*	2.70*	2.83*
FEV1	(L)	2.83	2.54	89.7	2.53	89.3	-0.4	2.49	2.51	2.54	2.33	2.53	2.18*
FEV1%	(%)	78.9	88.4	110.7	83.5	105.8	-4.4	87.5	86.5	88.4	82.0	83.5	76.8
PEF	(L/s)	6.77	5.80	85.6	5.37	79.3	-7.4	5.01	5.67	5.80	3.70*	5.37	4.18*
FEF50	(L/s)	-	4.14	-	3.80	-	-17.7	4.15	4.81	4.14	3.12	3.80	2.38
FEF25-75	(L/s)	2.62	3.52	159.1	3.27	124.8	-21.7	3.95	4.17	3.52	2.53	3.27	1.81

(*) Means below LLN



– Effort 2 (Post) – Effort 3 (Pre)



– Effort 2 (Post) – Effort 3 (Pre)

South Carolina ENT,
Allergy & Sleep Medicine
1165 Hwy. 1, South, Ste. 300
Lugoff, SC 29078

Phone: 803-408-3277
Fax: 803-408-3299

Patient: Jannette Bledsoe
Account: 15991
Physician: Robert Puchalski, MD

History: sinusitis

SINUS CT (BRAIN LAB PROTOCOL) 4-24-08

Multiple axial cuts were made through the patient's paranasal sinuses and reveal small frontal sinus on the left. There is mild mucoperiosteal thickening of the ethmoid air cells and minimal in the sphenoid sinus and in the maxillary sinuses. The turbinates are enlarged. There is minimal deviation of the bony nasal septum to the right except anteriorly there is slight deviation to the left.

IMPRESSION: PANSINUSITIS, RHINITIS AND SOME DEVIATION OF THE BONY NASAL SEPTUM.

Donald J. Copley, MD
Camden Radiology Associates

DJC/js

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Bledsoe, Jeannette	**Date: 2/1/2011**		**Medical Record#: 9723**
AGE: 59	Referring Physician: Dr. Puchalski		Patient Account #: 2843390
Sex: Female	Ht (inches):	66	Weight (lbs): 194
Body Mass Index (kg/m2):	31	(BMI > 28 is considered obese)	
~~Study Technologist: Lisa Linneen~~	~~Scoring Technologist: Janice Oeltjenbruns~~		

Indication
The patient is a 59 year-old female with a body mass index of 31, who presents for evaluation of sleep disordered breathing. She reports snoring, waking with a dry mouth and waking with snoring. She was found to have an Epworth Score of 11. Her sleep habits allow for moderate sleep hygiene with a typical bedtime of 11pm-12am. She reports a sleep latency of 1 minute. She denies hypnogogic dreaming, sleep paralysis and cataplexy.

Her medical history is significant for HTN, DM, previous MI, sinus and allergy problems. She reports a surgical history significant for tonsillectomy. She denies tobacco use and alcohol consumption. She admits caffeine consumption.

Current Medications Include
Aspirin, Toprol, Norvasc, Simvastatin, Januvia, Nexium, Prozac, Prempro, Zyrtec, Carafate

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 302 minutes. The patient demonstrated a sleep latency of 44.5 minutes and a sleep efficiency of 73%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (9%), Stage 2 (77%), Stage 3 (5%), Stage 4 (0%), and REM (10%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 9.3, in the setting of a respiratory disturbance index of 9.5. The REM apnea/hypopnea index was found to be 4.1, and the supine apnea/hypopnea index was found to be 23. The patient had 1 obstructive, 0 mixed, and 0 central apneas. The patient had 46 hypopneas, and 1 flow limitation events (RERA). The average apnea was 15.0 seconds in duration with the longest being 15.0 seconds. The average hypopnea was 21.0 seconds in duration, with the longest being 28.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 86%. The patient's average oxygen saturation during wakefulness was 98%. The patient spent 3% of Total Sleep Time under 90% during this study.

SCENT DEF Exhibit 146

Sleep Fragmentation Summary
The patient was found to have a total of 16 periodic limb movements, yielding a periodic limb movement index of 3. 2 of these periodic limb movements were associated with arousals. There were a total of 27 arousals, 4 of which were respiratory in nature. The respiratory arousal index was found to be 1.

Snoring Report
The patient was found to have 31 snoring episodes, yielding a snoring index of 6.

Electrocardiographic Analysis
Electrocardiographic monitoring revealed a mean heart rate of 73. There were dysrhytmias noted.

Impressions

1. **Mild obstructive sleep apnea syndrome.** The patient presented with an apnea/hypopnea index of 9. These respiratory events were exacerbated by the supine position (supine AHI = 23). In addition, they were associated with desaturations to 86%.
2. **Nocturnal dysrhythmia.**

Recommendations

1. **CPAP titration trial to evaluate the patient's response to positive pressure breathing.**
2. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Of note, Ms. Bledsoe has an elevated body mass index of 31.
3. **A thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway obstruction.
4. **Full cardiac evaluation** to further evaluate dysrhythmias noted during this polysomnogram.

Diagnosis
Mild Obstructive Sleep Apnea Syndrome – 327.23

Dr. Puchalski would like to thank Dr. Puchalski for referring this patient to the Sleep Diagnostics Center at Carolina Pines Regional Medical Center. Should you have any questions concerning the interpretation of this study, please contact me at the office or page me directly at 803-424-2176.

This polysomnograph was reviewed by the Medical Director of the CPRMC Sleep Diagnostics Center

Robert Puchalski, MD
Board Certified, Sleep Medicine

HIPAA FORM 3

(Insert Facility Name)
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Wyatt Pressley Date of Birth: 3-21-99

Address: 172 Tobacco Barn Rd Chesterfield SC 29709

Phone Number: 623-3554 Fax Number: _____

☒ Access Request to Copy/Inspect

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

15 Exchange Dr Lugoff SC 29078
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☒ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

FROM TO:8P1803408329 02/20/2012 15:39:13 #8915 P.009/020

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HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: HRT ENT

Address: 701 Medical Park Dr Hartsville SC

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify): _____
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization expires within 90 days, unless otherwise specified.

Kendra Dawkins — Signature of Patient — Date: 2/14/12

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Kendra Dawkins, mother — Name of Patient (Please Print)

Patient is:
- [x] Minor
- [ ] Disabled
- [ ] Incompetent
- [ ] Deceased

Legal Authority:
- [x] Custodial Parent
- [ ] Executor of Estate of Deceased
- [ ] Authorized Legal Personal Representative
- [ ] Legal Guardian
- [ ] Power of Attorney for Health Care

Vincent Vincent — Signature of Witness — Date: 2-14-12

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

FROM: TO:8P1803408329B 02/20/2012 16:38:35 #8915 P.010/020

SCENT DEF Exhibit 146

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Danny Childers Date of Birth: 7-24-80

Address: 504 W. Iman Ave Hartsville SC 29550

Phone Number: 843-917-4458 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SC Ent
Name of Facility

15 Exchange Dr Lugoff SC 29078
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☑ Complete Medical Record

☑ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☑ History & Physical (H&P)
☑ Discharge Summary
☑ Operative Report
☑ Consultation Reports
☑ X-ray and imaging reports
☑ Progress Notes
☑ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral Health Reports:

☑ Social History
☑ Client Data Form
☑ Referral/Treatment Form
☑ Admission Evaluation
☑ Notification of Admission
☑ Treatment Plan
☑ Academic History
☑ Aftercare Instructions
☑ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

FROM: TO:8P1803408329B 02/02/2012 14:23:39 #7271 P.025/028

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HIPAA FORM 3

Page 2 of 2

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5 This information may be disclosed to and used by the following individual/organization:

Name: Hawksville ENT

Address: _____

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify): _____
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a); and certain other records.

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8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization expires within 90 days, unless otherwise specified.

Signature of Patient — Date: 1-30-12

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Name of Patient (Please Print): Danny Childers

Patient is:
- [ ] Minor
- [ ] Disabled
- [ ] Incompetent
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Executor of Estate of Deceased
- [ ] Authorized Legal Personal Representative
- [ ] Legal Guardian
- [ ] Power of Attorney for Health Care

Signature of Witness — Date: 1-30-12

HIPAA Form 3
Version 1
4/14/2003
001 HIPAA Form 3 Authorization

FROM: TO:8P1803408329B 02/02/2012 14:23:55 #7271 P.026/028

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (8) Male
Visit Date: 13.Aug.2007 at Hartsville 2

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD

INSURANCE INFORMATION
Pri Ins Company: Blue Cross Blue Shield
Pri Ins Policy #: R58925998

PROBLEM LIST
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.40 Abnormal Auditory Perception, unspecified
Location: bilateral
388.43 Hearing loss by history--none found
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
784.7 Epistaxis
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: Wyatt's mother says that he is here today because he failed a hearing screening in the right ear at his PCP's office. He says that he can hear fine but I have noticed some hearing loss. He has had tubes about seven years ago but has not had any recent infections. Dr. Elizabeth Morphis sent him here for evaluation.

HPI:
S1: Evaluation of hearing loss.
Location: right ear.
Quality: patient cannot describe.
Severity: The loss is mild, just enough to think there may be a problem. Patient has problems listening to TV.
Timing: This has been a problem for an unknown period of time. The patient does not know how quickly or in what manner the problem developed. There is no specific time when it is worse. It is not a recurrent problem.
Setting in which it first occurred: unknown.
Aggravating factors: none.
Relieving factors: none.
Associated manifestations: none.
Previous tests/evaluations: Hearing Screening at PCP's office.
Previous treatment: none.
Previous medical opinion: see above.

REVIEW OF SYSTEMS
See Chart Summary. See Chart Summary.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Integumentary, Musculoskeletal, Nervous, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY
Current Medications: Not currently taking any medications
Medication Allergies: **Codeine Combinations**: unknown/unspecified
Non-Medication Allergies: **Inhalant allergies:** none.
Food allergies or intolerances: none.
Contact allergies: none.

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Not allergic to contrast agent.
Insect bite or sting allergies: none.
Allergy skin tests have not been done.
Allergy blood tests have not been done.
Allergy shots have not been taken.
Treatment for food allergy has not been taken.

Past Health History: Has never been diagnosed with a significant problem.

Surgeries and Hospitalizations: **Problems with anesthesia:** none.
Previous surgery: Ears: bilateral tympanostomy (PE) tubes in 2000.
Previous non-surgical hospitalizations: none.

Serious Injuries: **No serious injuries or accidents.**

Family History: **Parents' Health Status:** Mother: is in good health. Father: health status is unknown.
Cancer: Lung cancer - grandparent(s).
Endocrine: Diabetes, unknown age at diagnosis - grandparent(s).

Social History: **Current tobacco usage:** none.
Second-hand smoke exposure: none.
Provider has reviewed current medications, medication allergies, and PFSH/ROS information

OBJECTIVE

CONSTITUTION: Height: 57 inches. Weight: 56 pounds.
General appearance: well developed; well nourished.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ:
Inspection of the Head and Face: Face and head symmetry and contour normal. No contusions noted. No lacerations noted. No skin lesions noted. No areas of swelling noted.
Percussion and palpation of the Face: no tenderness over the superior frontal areas; no tenderness over the supraorbital areas; no tenderness over floor of the frontal sinus; no tenderness over either anterior maxilla; normal skeletal contour and stability.
Palpation of Parotid and Submaxillary glands: Parotid glands normal. Submaxillary glands normal.
Facial Mobility: Normal.

EYES: Conjunctivae without redness, lids normal. Gaze appears conjugate in all positions, no evident nystagmus.

EAR, NOSE, MOUTH AND THROAT:
Pinnas - normal.
External Nose: normal.
Otoscopic exam:
- Right ear - External auditory canal normal. Tympanic membrane normal.
- Left ear - External auditory canal normal. Tympanic membrane normal.

Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior:
Septum - ***deviated***; no ulcerations; no perforations.
Cottle Test - positive bilaterally.
Turbinates and middle meatus - inferior turbinates ***hypertrophied +3.***
Nasal airway ***obstructed*** bilaterally.
Rhinorrhea - bilateral, moderate, clear.
Vestibular skin - Nasal vestibular skin ***swollen***, bilaterally.
Mucosa - on the right - ***red***; ***congested*** with fair response to vasoconstrictors; no evidence of nasal bleeding; no nasal polyps; on the left - ***red***; ***congested*** with fair response to vasoconstrictors; no evidence of nasal bleeding; no nasal polyps.
Lips, Teeth and Gums: Lips normal. Teeth in good repair. Gums normal.
Oral Cavity and Oropharynx: Right tonsil normal. Left tonsil normal. Soft palate normal. Posterior pharynx normal. Oral mucosa with normal color and moisture. No oral or oropharyngeal mucosal lesions. Anterior 2/3rds of tongue normal. Hard palate normal.
Base of tongue, Pharyngeal walls, Vallecula and Pyriform Sinuses: Normal.

NECK AND THYROID:
Neck: symmetrical; trachea midline; normal laryngeal crepitation.
Thyroid: normal size; no masses or tenderness.

SCENT DEF Exhibit 146

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL: Abdomen normal with no masses or tenderness. Flank normal: no masses, tenderness, or rebound tenderness. CVA normal: no masses, tenderness, or rebound tenderness.

LYMPH NODES:
Normal neck lymph nodes.
Normal axillae lymph nodes.

MUSCULOSKELETAL: Examination of gait and station is normal (Patient able to undergo exercise testing and/or participate in exercise program). Inspection and/or palpation of nails are normal.

SKIN:

NEUROLOGIC:
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.

PSYCHIATRIC: Normal mental status, judgment, insight. Normal speech, thought process, associations and judgment. No psychotic thoughts.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

92557 Basic Comprehensive Audiometry
Date: 13.Aug.2007; Location: office
- 13.Aug.2007 Basic Comprehensive Audiometry revealed hearing within normal limits bilaterally. SRT scores @ 10dB-15dB. The patient denies tinnitus, dizziness, and noise exposure. Recommendations- Retest hearing as needed. DT

92567 Tympanogram
Date: 13.Aug.2007; Location: office
- 13.Aug.2007 Type As tympanograms bilaterally. DT

92587 Distortion Product Otoacoustic Emissions, Screening
Date: 13.Aug.2007; Location: office
- 13.Aug.2007 Transient Evoked Otoacoustic Emissions (TEOAEs), an objective measure of cochlear (outer hair cell) function, are present bilaterally. These findings rule out the presence of a significant hearing loss and suggest adequate hearing for language development. Recommendations- Retest as needed. DT

PERFORMED IN THE PAST

95004 Allergy Tests (PRICK) (Quantity: 30)
Date: 22.Aug.2007; Location: office
95027 Allergy Tests, IDT (Quantity: 21)
Date: 22.Aug.2007; Location: office
A4614 Peak expiratory flow rate meter, hand held
Date: 22.Aug.2007; Location: office

ASSESSMENT

CURRENT PROBLEMS

381.81 Eustachian Tube Dysfunction
Location: bilateral
388.40 Abnormal Auditory Perception, unspecified
Location: bilateral
388.43 Hearing loss by history--none found
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

780.53 General symptoms: Hypersomnia with sleep apnea
Location: bilateral
784.7 Epistaxis
Location: bilateral

PRESCRIPTIONS
NEW
Lidocaine-Prilocaine (Lidocaine-Prilocaine Cream 2.5-2.5%), use as directed for 1 day (quantity: 1) (special instructions: Apply to site then coverr with dressing (plastic wrap) 45 minutes prior to appointment), subs OK, refills: NO , prescribed on 13.Aug.2007 by Orville Dyce, MD
Nasonex (Mometasone Furoate Nasal Susp 50 MCG/ACT), 2 sprays to each nares qam for 30 days (quantity: QS) (special instructions: Please use per instruction sheet given in office), subs OK, refills: 3 , prescribed on 13.Aug.2007 by Orville Dyce, MD

PLAN
Comments: Orville Dyce, MD.
Impression: Wyatt presented with subjective hearing loss confirmed by family and friends. He recently failed a hearing screening in his right ear, which was preformed by his PCP. Of note, he has a history of ADHD. He has PET tubes placed seven years ago. He sits closely to the television. His mother denied speech difficulties. Complete audiologic evaluation today is normal. Otoscopic examination revealed shallow TM's bilaterally. The etiology of his perceived hearing loss is unknown. I feel he may have acentral auditory processing. Alternately easy distractability may mimic hearing loss He may also have an element of eustachian tube dysfunction with or without serous otitis media that may be contributing to the hearing loss on an intermittent basis, but there is no evidence of this today. I will start him on Nasonex for eustachian tube dysfunction. I would recommend no further therapy at this time.

On a separate note, he presented with symptoms of seasonal allergic rhinitis in the setting of nasal congestion and dark circles around the eyes. He has had several episodes of epistaxis in the past. His mother reported he snores with no apneic events noted. I will arrange for a comprehensive sinus and allergy evaluation.

COMMUNICATIONS
Consultation Visit-Dyce
Dr Elizabeth J. Morphis, Dr

Electronically signed by Orville Dyce, MD on 02.Jun.2008 08:15 AM

ICD CODE SUMMARY
388.40 Abnormal Auditory Perception, unspecified
388.43 Hearing loss by history--none found
477.8 Allergic rhinitis
381.81 Eustachian Tube Dysfunction
CPT CODE SUMMARY
92557 Basic Comprehensive Audiometry
Reason: **388.43** Hearing loss by history--none found
Reason: **388.40** Abnormal Auditory Perception, unspecified
92567 Tympanogram
Reason: **388.40** Abnormal Auditory Perception, unspecified
Reason: **388.43** Hearing loss by history--none found
92587 Distortion Product Otoacoustic Emissions, Screening
Reason: **388.43** Hearing loss by history--none found
Reason: **388.40** Abnormal Auditory Perception, unspecified
99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **477.8** Allergic rhinitis
Reason: **381.81** Eustachian Tube Dysfunction
NON-BILLABLE CPT CODES
95004 Allergy Tests (PRICK) (Quantity: 30)
Reason: **477.8** Allergic rhinitis
95027 Allergy Tests, IDT (Quantity: 21)
Reason: **477.8** Allergic rhinitis
A4614 Peak expiratory flow rate meter, hand held

SCENT DEF Exhibit 146

Reason: 477.8 Allergic rhinitis

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (8) Male
Visit Date: 10.Sep.2007 at Hartsville 2

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom is here today with Wyatt to follow up and to go over his allergy test results. His symptoms are the same and he is not having any new problems.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.40 Abnormal Auditory Perception, unspecified
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Orville Dyce, MD.
Impression: Wyatt he presented today for follow up on his hearing. He reported no improvement in his hearing. He initially presented with subjective hearing loss confirmed by family and friends. He recently failed a hearing screening in his right ear, which was preformed by his PCP. Of note, he has a history of ADHD. He has PET tubes placed seven years ago. He sits closely to the television. His mother denied speech difficulties. Complete audiologic evaluation today is within normal limits. Otoscopic examination revealed shallow TM's bilaterally. The etiology of his perceived hearing loss is, therefore, unknown. I feel he may have acentral auditory processing. He may also have an element of eustachian tube dysfunction with or without serous otitis media that may be contributing to the hearing loss on an intermittent basis, but there is no evidence of this today. I will start him on Nasonex for eustachian tube dysfunction. I would recommend no further therapy at this time.

On a separate note, he presented status post allergy testing and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass, and mold (8-22-07). He initially presented with symptoms of seasonal allergic rhinitis in the setting of nasal congestion and dark circles around the eyes. His mother reported he snores with no apneic events noted. He has been tried on antihistamines in the past with little to no improvement. He will continue the Nasonex and I will maximize his therapy with Zyrtec and Singulair. He will return in three months for reevaluation.

Of historical note:
He has had several episodes of epistaxis in the past.

Electronically signed by Orville Dyce, MD on 29.May.2008 04:02 PM

5527

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (8) Male
Visit Date: 14.Dec.2007 at Hartsville 2

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mother says Wyatt is here today to follow up on his hearing loss and nasal symptoms. Mother says Wyatts symptoms are still the same. Mother says singular and zyrtec are helping some.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.40 Abnormal Auditory Perception, unspecified
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Wyatt presented for reevaluation of decreased hearing with improvement while on Nasonex. Of note, he recently failed a hearing screening in his right ear, which was preformed by his PCP. Of note, he has a history of ADHD. He has PET tubes placed seven years ago. Complete audiologic evaluation performed on previous visit was within normal limits. Otoscopic examination today was normal. At this time, he was instructed to return in one year and or earlier if needed.

On a separate note, he is currently on Nasonex, Zyrtec, and Singulair with improvement of nasal congestion and dark circles around of his eyes. Of note, allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass, and mold. At this time, he will continue with current treatment plans of Nasonex, Singulair, and Zyrtec. He will return in one year and or earlier if needed.

Of historical note:
He has had several episodes of epistaxis in the past.

Electronically signed by Stephanie Tetterton, PA-C on 19.Dec.2007 09:09 AM

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (9) Male
Visit Date: 18.Dec.2008 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom says Wyatt is here today to have his tubes checked. Mom says his ears are doing good. Mom says they are draining some. Mom says his nasal congestion is better.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.43 Hearing loss by history--none found
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Orville Dyce, MD.
Impression: Wyatt presented for reevaluation of decreased hearing with improvement while on Nasonex. He continues to report improvement and denied otalgia. Of note, he recently failed a hearing screening in his right ear, which was preformed by his PCP. Of note, he has a history of ADHD. He has PET tubes placed seven years ago. Complete audiologic evaluation performed on a previous visit was within normal limits. Otoscopic examination today was normal. At this time, he was instructed to return in one year and or earlier if needed.

On a separate note, he is currently on Nasonex, Zyrtec, and Singulair with improvement of nasal congestion and dark circles around of his eyes. Of note, allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass, and mold. At this time, he will continue with current treatment plans of Nasonex, Singulair, and Zyrtec. He will return in one year and or earlier if needed. He will require repeat allergy testing in Auguest 2009.

Of historical note:
He has had several episodes of epistaxis in the past.

Electronically signed by Orville Dyce, MD on 06.Feb.2009 11:10 AM

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (11) Male
Visit Date: 03.Jun.2010 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom says Wyatt is here to follow up on his allergies. Mom says he is doing OK. He also needs to be retested for his allergies.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.43 Hearing loss by history--none found
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Danielle Makupson, PA-C.
Impression: Wyatt presented today for follow up on his allergies in the setting of nasal congestion. He is currently on Flonase, Zyrtec and Singulair with improvement. He has a history of ADHD. Of note, allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass and mold. Oral examination revealed 1-2+ tonsils. Physical examination revealed mild periorbital edema and long eye lashes. Nasal endoscopy revealed a nasal septal deviation to the left in the setting of allergy bands, moderate turbinate hypertrophy bilaterally and 2+ adenoids with no masses, polyps or mucopus. At this time, he will continue with Flonase, Singulair and Zyrtec. He will return in six months or earlier if needed.

Of historical note: He underwent bilateral PET in the past.

Danielle Makupson, PA-C
Electronically signed by Robert Puchalski, M.D., FAAOA on 29.Jul.2010 09:39 AM

5530

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (11) Male
Visit Date: 02.Dec.2010 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom is here today with Wyatt to follow up on his allergies.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Dr. Holzer.
Impression: Wyatt presented today for follow up on his allergies in the setting of nasal congestion. He is currently on Flonase, Zyrtec and Singulair with improvement. He has a history of ADHD and is currently on Metadate. Of note, allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass and mold. Oral examination revealed 2+ tonsils. Nasal endoscopy at previous visit revealed a nasal septal deviation to the left in the setting of allergy bands, moderate turbinate hypertrophy bilaterally and 2+ adenoids with no masses, polyps or mucopus. At this time, he will continue with Flonase, Singulair and Zyrtec and I will schedule him for allergy retesting given the length of time since his last test was performed. He was seen by Dr. Holzer as substitute physician for Dr. Puchalski.

Of historical note: He underwent bilateral PET in the past.

TESTS AND PROCEDURES
TO BE SCHEDULED
95004 Allergy Tests (PRICK)
To be scheduled; Location: office
95027 Allergy Tests, IDT
To be scheduled; Location: office

Electronically signed by Robert Puchalski, M.D., FAAOA on 27.Dec.2010 05:02 PM

5531

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (11) Male
Visit Date: 13.Jan.2011 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom is here with Wyatt to follow up on his allergies and discuss his allergy retest. Mom says she guesses his allergies are doing alright.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
784.7 Epistaxis
Location: bilateral
381.81 Eustachian Tube Dysfunction
Location: bilateral

PLAN
Comments: Robert Wilson, MD.
Impression: Wyatt presented today for review of his allergy retests and to follow up on his allergies in the setting of nasal congestion. He is currently on Flonase, Zyrtec and Singulair with improvement. He has a history of ADHD and is currently on Metadate. Allergy retesting performed on 12.30.10 demonstrated a hypersensitivity to the following allergens: tree, weed, grass, mold, dust, cockroach, cat, dog and TOE. Foods: cantaloupe and potato (2+). Oral examination revealed 2+ tonsils. Anterior rhinoscopy revealed a nasal septal deviation to the left. Nasal endoscopy performed in the past revealed a nasal septal deviation to the left in the setting of allergy bands, moderate turbinate hypertrophy bilaterally and 2+ adenoids with no masses, polyps or mucopus. At this time, he will continue with Flonase, Singulair and Zyrtec. He will return in three months for reevaluation. He was seen by Dr. Wilson as substitute physician for Dr. Puchalski.

Of historical note:
Allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass and mold. He underwent bilateral PET in the past.

Electronically signed by Robert Puchalski, M.D., FAAOA on 21.Jan.2011 03:58 PM

5532

SCENT DEF Exhibit 146

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (12) Male
Visit Date: 14.Apr.2011 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom is here today with Wyatt to follow up on his allergies. Mom says that he has been doing well.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
381.81 Eustachian Tube Dysfunction
Location: bilateral
786.2 Cough

PLAN
Comments: Andrew Battiata, MD.
Impression: Wyatt presented today for follow up on his allergies in the setting of nasal congestion. He is currently on Flonase, Zyrtec and Singulair with improvement. He has a history of ADHD and is currently on Metadate. Allergy retesting performed on 12.30.10 demonstrated a hypersensitivity to the following allergens: tree, weed, grass, mold, dust, cockroach, cat, dog and TOE. Foods: cantaloupe and potato (2+). Oral examination revealed 2+ tonsils. Anterior rhinoscopy revealed a nasal septal deviation to the left. Nasal endoscopy performed in the past revealed a nasal septal deviation to the left in the setting of allergy bands, moderate turbinate hypertrophy bilaterally and 2+ adenoids with no masses, polyps or mucopus. At this time, he will continue with Flonase, Singulair and Zyrtec. He will return in three months for reevaluation.

Of historical note:
Allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass and mold. He underwent bilateral PET in the past.

Electronically signed by Andrew Battiata, MD on 19.Apr.2011 09:00 AM

WYATT C. PRESSLEY Patient ID: 657-05-9810
DOB: 21.Mar.1999 (12) Male
Visit Date: 14.Jul.2011 at Cheraw

PROVIDER INFORMATION
PCP: Elizabeth J. Morphis, MD
Requesting: Elizabeth J. Morphis, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: Mom is here with Wyatt to follow up on his allergies. Mom says he is doing fine.

ASSESSMENT
CURRENT PROBLEMS
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Andrew Battiata, MD.
Impression: Wyatt presented today for follow up on his allergies in the setting of nasal congestion. He is currently on Flonase, Zyrtec, and Singulair with improvement. He has a history of ADHD and is currently on Metadate. Allergy retesting performed on 12.30.10 demonstrated a hypersensitivity to the following allergens: tree, weed, grass, mold, dust, cockroach, cat, dog and TOE. Foods: cantaloupe and potato (2+). Anterior rhinoscopy revealed a nasal septal deviation to the left. Nasal endoscopy performed in the past revealed a nasal septal deviation to the left in the setting of allergy bands, moderate turbinate hypertrophy bilaterally and 2+ adenoids with no masses, polyps or mucopus. At this time, he will continue with Flonase, Singulair, and Zyrtec. He will return as needed.

Of historical note:
Allergy testing (08.22.2007) and was found to be hypersensitive to the following allergens: dust, cockroach, cat, dog, grass and mold. He underwent bilateral PET in the past.

Electronically signed by Andrew Battiata, MD on 15.Jul.2011 04:29 PM

5534

SCENT DEF Exhibit 146

Wyatt C. Pressley DOB: 21.Mar.1999 (14)
udiology: 18.Mar.2009

CLARITY HEARING CENTER

MADONNA MORGAN, AuD, F-AAA
ANGIE VINCENT, CERTIFIED TECHNICIAN
PATTY CREEL, TECHNICIAN
ALISON LANGLEY, TECHNICIAN

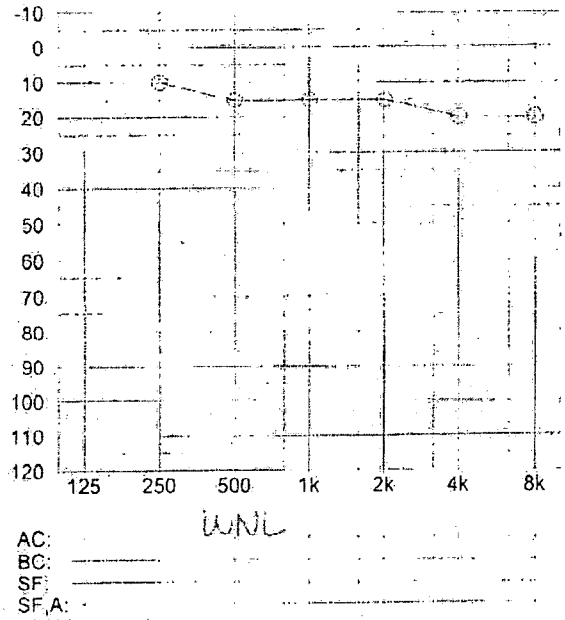
ROBERT PUCHALSKI, MD
ORVILLE DYCE, MD
STEPHANIE TETTERTON, PA-C

Session Date: 3/18/2009

Client Name: WYATT PRESSLEY

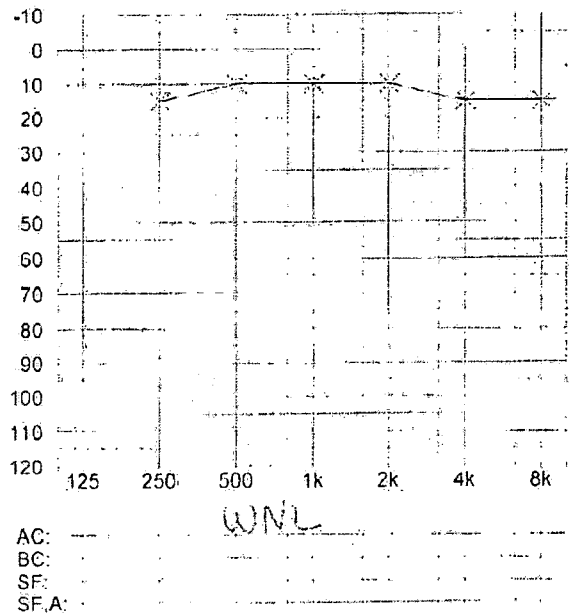
Birth Date: 3/21/1999

Right Ear - HL



Masking Levels

Left Ear - HL



Masking Levels

	Right	Left
PTA (A):	15 dB	10 dB

	Right	Masking	Left	Masking
SRT:	DNT		DNT	

Unaided Recognition Score:

Right	Level	Masking	Binaural	Level	Level	Left	Level	Level
100 %	50 dB	Excellent				100 %	50 dB	Excellent

TYMPANOGRAM:	LEFT	RIGHT	IPSI ACOUSTIC REFLEXES:	LEFT	RIGHT
EAR CANAL VOLUME:			500 HZ		
MIDDLE EAR PRESSURE:			1000 HZ		
STATIC COMPLIANCE:			2000 HZ		
TYPE:			4000 HZ		

HISTORY:
KNOWN HL L R TINNITUS L R DIZZINESS Y N NOISE EXP Y N

Notes

RECOMMENDATIONS:

RETEST _____ MEDICAL EVAL HA EVAL ENG ABR SLP EVAL OTHER _____

5535

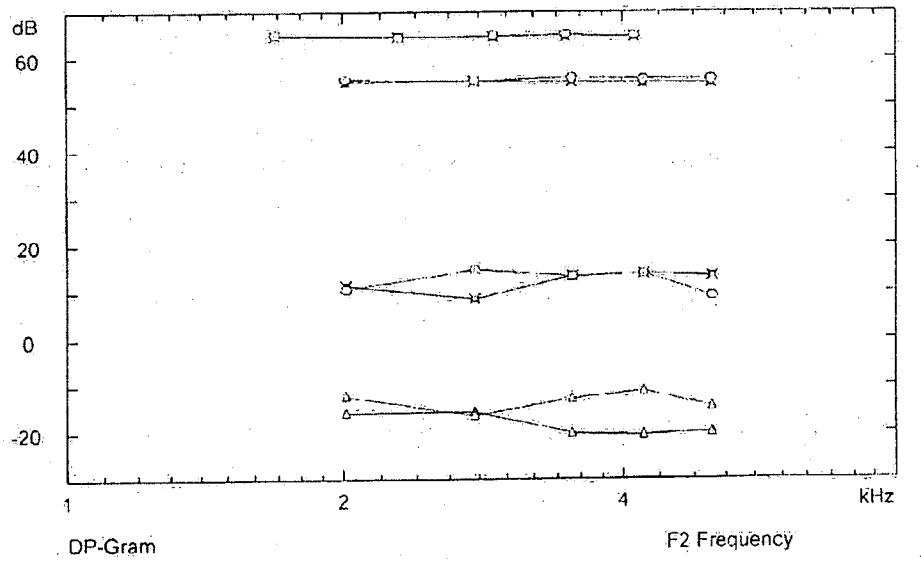
SCENT DEF Exhibit 146

/yatt C. Pressley DOB: 21.Mar.1999 (9y)
udiology 18.Mar.2009

BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 1

SC ENT and Clarity Hearing
696 Medical Park
Hartsville, SC 29550
843-857-4355

	Lastname	Firstname	Ear	Date	Result	Protocol
¤	PRESSLEY	WYATT	Left	18-Mar-09	Pass	2-5 kHz Screen, 3/5 for Pass
o	PRESSLEY	WYATT	Right	18-Mar-09	Pass	2-5 kHz Screen, 3/5 for Pass



PRESSLEY WYATT:
Left: 18-Mar-09: Pass: 2-5 kHz Screen, 3/5 for Pass: 09C18D00.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)	Result
64.7	54.9	4125	5016	4549	13.4	-20.0	33.4	Pass
64.7	54.9	3469	4219	3825	13.8	-20.7	34.5	Pass
64.6	55.1	2906	3516	3196	13.3	-20.4	33.7	Pass
64.7	55.3	2297	2766	2520	8.5	-15.7	24.2	Pass
64.9	55.1	1688	2016	1844	11.4	-16.0	27.4	Pass

PRESSLEY WYATT:
Right: 18-Mar-09: Pass: 2-5 kHz Screen, 3/5 for Pass: 09C18D01.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)	Result
64.9	55.7	4125	5016	4549	9.2	-14.5	23.7	Pass
65.0	55.7	3469	4219	3825	14.0	-11.3	25.3	Pass
64.8	55.8	2906	3516	3196	13.2	-12.9	26.1	Pass
64.6	55.5	2297	2766	2520	14.7	-16.6	31.3	Pass
65.0	55.6	1688	2016	1844	10.6	-12.2	22.8	Pass

(R) Pass.
(L) Pass

X

5536

Madsen Electronics

ZODIAC 901L S/N 207337
Headset S/N 154624
Cal.Date: Dec- 7-2007
Program Version 4.08

Operator: ~~Wyatt~~

Patient: Pressley

Patient Number: 0

Date: Mar-18-2009 Time: 09:59AM

Tymp: Sweep Left

ECV:	0.71	ml
MEP:	-35	daP
SC:	0.60	ml
Grad:	0.79	
TW:	60	daP
Speed:	400	dP/S
Dir:	Neg	

A

Tymp: Sweep Right

ECV:	0.80	ml
MEP:	-15	daP
SC:	0.71	ml
Grad:	0.63	
TW:	73	daP
Speed:	400	dP/S
Dir:	Neg	

A

99 (14)

5537

CLARITY HEARING CENTER

SOUTH CAROLINA EAR, NOSE, THROAT AND FACIAL PLASTIC SURGERY

Transient Evoked Otoacoustic Emmissions (TEOAE) Results:

NAME: Wyatt Presley D.O.B. 3-21-99

DATE: 8-13-07

TESTER: Deb

LEFT EAR	PASS	REFER
RIGHT EAR	PASS	REFER

Physician Signature _____

Clarity Hearing Center

A Department of

South Carolina ENT & Facial Plastic Surgery

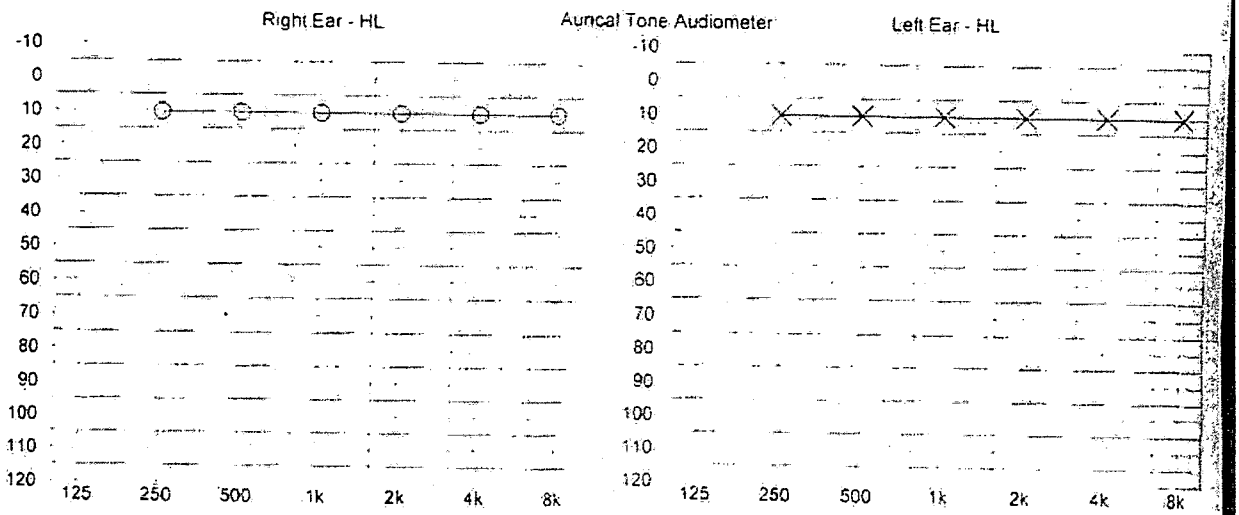
Robert Puchalski, MD Orville Dyce, MD Chad Gunnlaugsson, MD

Madonna N. Morgan, F-AAA, CCC-A Debra Troop, Certified Technician

Session Date: 8/16/2007

Client Name: WYATT PRESLEY

Birth Date: 3/21/1999



AC:
BC:
SF:
Masking Levels

AC
BC
SF
Masking Levels

	Right	Left
PTA (A):	10 dB	10 dB
	Right Masking	Left Masking
SRT:	10 dB	SRT: 15 dB

Unaided Discrimination:

Right DNT	Level	Masking	Binaural	Level	Masking	Left DNT	Level	Masking

Tinnitus R L

Known Hearing Loss ~~R~~ L

Dizziness

Noise Exposure

Family History

Speech/Lang. Delay

Recommendations:

- ✓ Retest as needed
- ✓ Medical Follow-up
- ___ Hearing Aid Evaluation
- ___ ENG Testing
- ___ ABR Testing
- ___ Hearing Protection
- ___ Speech/Language Evaluation
- ___ Preferential Classroom Seating
- ___ Other

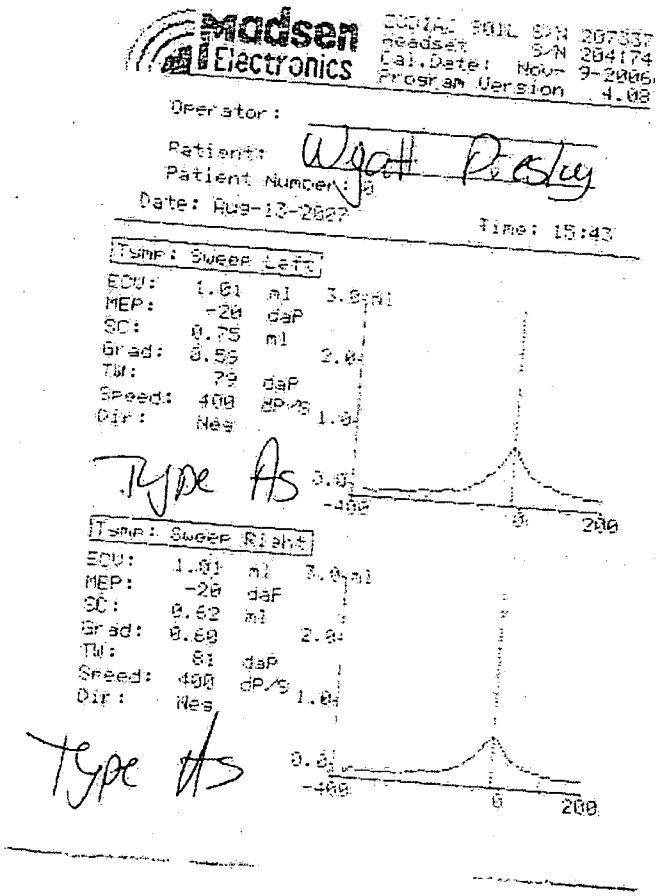
TYMPANOGRAMS:

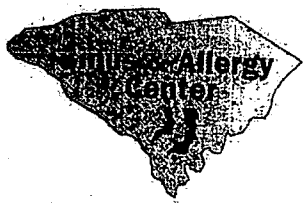
RIGHT: As

LEFT: As

WNL - Ada

5539


Madsen Electronics
Operator:
Patient: Wyatt Pressley
Patient Number: 9
Date: Aug-13-2007
Time: 15:43
Tymp: Sweep Left
ECV: 1.01 ml
MEP: -20 daP
SC: 0.75 ml
Grad: 0.55
TW: 79 daP
Speed: 400 dP/S
Dir: Neg
Type As
Tymp: Sweep Right
ECV: 1.01 ml
MEP: -20 daP
SC: 0.62 ml
Grad: 0.60
TW: 81 daP
Speed: 400 dP/S
Dir: Neg
Type As
-400
0
200



Testing/Treatment Formula Sheet
Children's Panel
The Sinus and Allergy Center

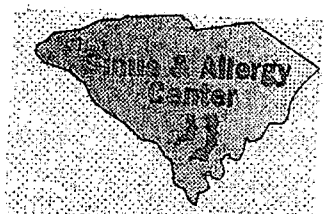
Antigen	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4
Dust Mix			5	7	(7)					
Cockroach			(9)	9	11					
Cat			(9)	9	11					
Dog		(9)	9	11	13					
Grass Mix			5	7	(7)					
Mold Mix #1		(9)	9	11	13					
Mold Mix #2		(9)	9	11	13					
Tree Mix # 1		(9)	9	11	13					
Tree Mix #2		(9)	9	11	13					
Weed Mix #1		(9)	9	11	13					
Weed Mix #2			5	(7)	9					
Horse										
Feather Mix										
Rabbit										
Hamster										
Fire Ant										
pos	7									
neg	5									
Gly=	7									

Name: Wyatt C. Pressley

Date: 12.30.10

Dr. Puchalski
Dr. Vidrine
Dr. Paul
S. Tetterton, PA-C
D. Makupson, PA-C

Treatment:
Immunotherapy-W H P C
Avoidance
Pharmacotherapy with _____



FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	2
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	
11) Pecan		26) Cantaloupe	2
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Wyatt C. Pressley

Date: 12.30.10

www.southcarolinaent.com

Dr. Puchalski
Dr. Vidrine
Dr. Paul
S. Tetterton, PA-C
D. Makupson, PA-C

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700523
Version: 1.1.11

Session Date: 30DEC2010
Session Time: 01:45PM
Last Cal Check: 21DEC2010

BEST 3 FVC/FVL REPORT

ID: 21003
Name: PRESSLEY WYATT
Gender: MALE
Medication:
Dosage:

Height: 57" Physician:
Age: 11YRS Technician:
Weight: 73LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 842223
Temperature: 50F
Barometric Press: 760mmHg
BTPS Correction: 1.158
Normals: NHANESIII

Clinical Format: PREMED - 01:45PM
Best Criteria:

* Indicates Best Value
VAL

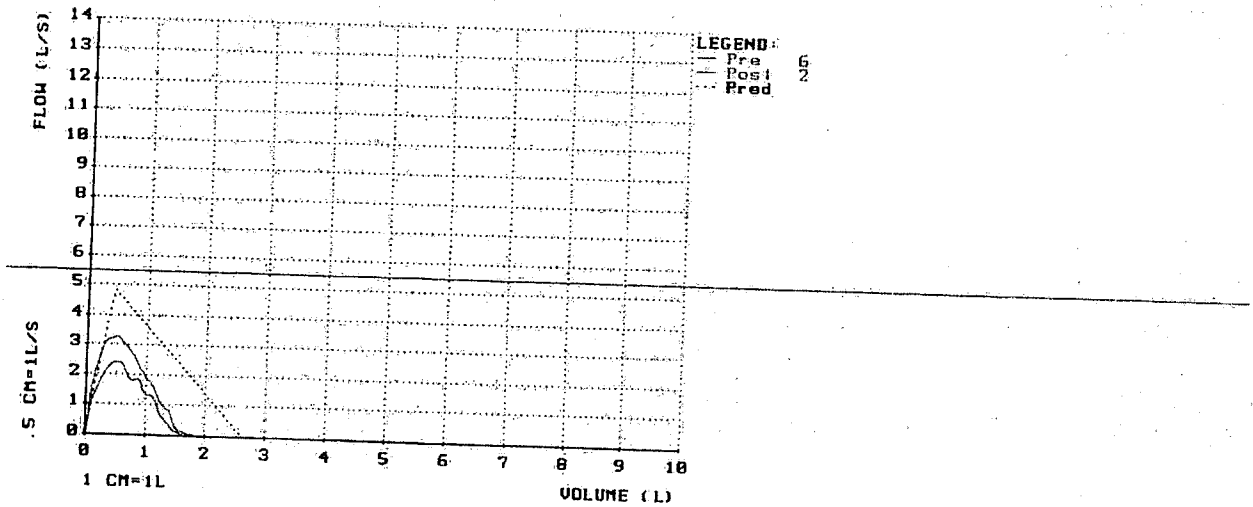
POSTMED - 02:29PM

< Indicates Below LLN

MEASUREMENT	QC	Trial 6	%Pred	Trial 4	Trial 2	Pred	LLN	QC	Trial 2	%Pred	Trial 5	Trial 1	%Chg
FVC (L)	F	1.63 <	61	1.63* <	1.30 <	2.64	2.02	F	1.84* <	69	1.71 <	1.62 <	12
FEV1 (L)	F	1.36* <	58	1.17 <	1.29 <	2.31	1.78	F	1.51* <	65	1.23 <	1.22 <	10
FEV1%		84	98	72 <	100	86	76		82	95	72 <	75	- 2
FEF25-75 (L/S)		1.57*	59	0.78	2.49	2.62			1.70*	64	1.00	1.03	-8
PEF(L/S)		4.53*	51	3.02	2.96	4.88			3.54*	68	1.85	2.07	31
FET (S)		4.57*		5.35	0.80				5.95*		1.72	2.29	30
BEST FEV1%		98*							87*				

Report Summary:
Pre Med: Tests 6 Acceptable 0 Reproducible 1 FVC VAR: 5ML FEV1 VAR: 69ML PEF VAR: 496ML/S
Post Med: Tests 5 Acceptable 0 Reproducible 0 FVC VAR: 136ML FEV1 VAR: 280ML PEF VAR: 1484ML/S

ATS Interpretation: PREMED - Moderate Restriction POSTMED - Significant Improv. in FVC
Comment:



1) Normal
2) Normal/mild restrictive
3) Revesible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	2.64	1.63	1.84
FEV1	2.31	1.36	1.51
FEV1/FVC	86 %	84 %	82 %

Location: Chevelle
Followup Date:
Phys. Signature:
Date Interpreted: 1/4/11

5543

WelchAllyn

UNCONFIRMED REPORT

Patient Information:

Name:	Wyatt C Pressley
Number:	21003
Gender:	Male
Ethnic Code:	Caucasian
Birthdate:	3/21/1999 Age: 8 years
Height:	57 inch
Weight:	56.0 lbs
Smoker:	NO
Asthma:	NO
Cooperation:	

Test Information:

Recorded:	8/22/2007 1:18:26 PM
Recorded by:	
Referring physician:	
Location:	CardioControl HQ (Imported)
Predicted Ref:	NHANESIII 1999
Last calibrated:	8/22/2007 9:47:24 AM
BTPS (In/Ex)	1.01 / 0.98
Pre time:	1:18 PM
Post time:	-
Confirmed by:	

Patient history:

Test Results/Interpretation:

FEV1 is 66.77% predicted.
Pre FEV1 Var = 0.27 l FVC Var = 0.27 l

ATS Pre Criteria Met: NO
ATS Post Criteria Met: NO

Parameter	Units	Pred	2. Pre	3. Pre	4. Pre	Final	%Pred	%Pre
FVC	(L)	2.6	1.2	1.0	1.4	1.4	54	0
FEV1	(L)	2.1	1.2	1.0	1.4	1.4	67	0
FEV1%	(%)	86.4	100.0	100.0	100.0	100.0	116	0
FEV3	(L)	-	1.2	1.0	1.4	1.4	-	0
FEV6	(L)	2.6	1.2	1.0	1.4	1.4	55	0
PEF	(L/s)	4.4	3.4	2.9	3.9	3.9	88	0

5544

WelchAllyn **UNCONFIRMED REPORT**

Patient Information:

Name:	Wyatt C Pressley
Number:	21003
Gender:	Male
Ethnic Code:	Caucasian
Birthdate	3/21/1999 Age: 8 years
Height:	57 inch
Weight:	56.0 lbs
Smoker	NO
Asthma:	NO
Cooperation	

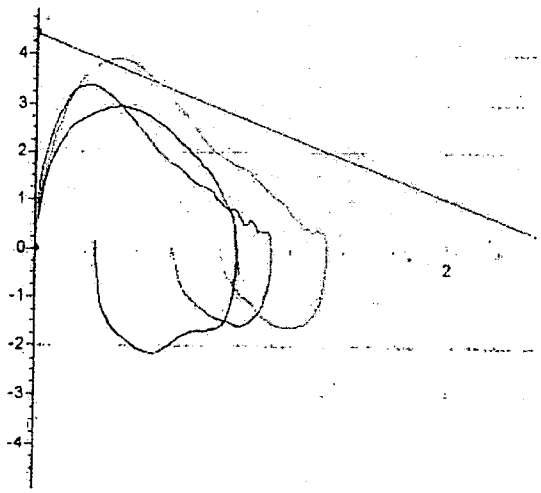
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Confirmed by:	

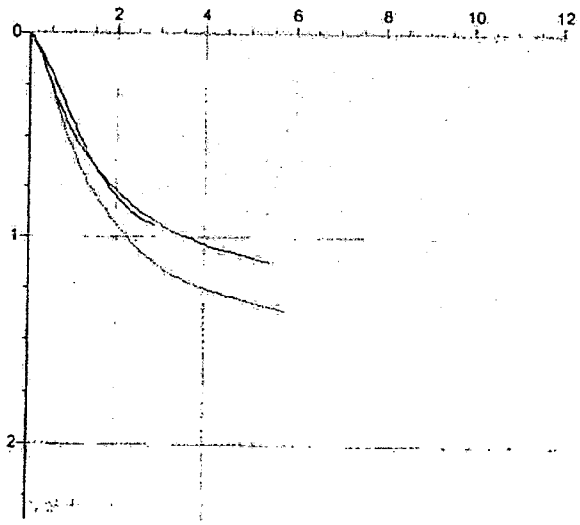
Patient history:

Test Results/Interpretation:
FEV1 is 66.77% predicted.
Pre FEV1 Var = 0.27 l FVC Var = 0.27 l

ATS Pre Criteria Met: NO
ATS Post Criteria Met: NO



– Effort 3 (Pre) – Effort 2 (Pre) – Effort 4 (Pre)



– Effort 3 (Pre) – Effort 2 (Pre) – Effort 4 (Pre)

5545

SCENT DEF Exhibit 146

Wyatt Pressley

Algorithm for spirometry interpretation

Determine if test is interpretable
Assess FVC, FEV1, and FEV1/FVC ratio

pt not very cooperative

	Predicted		Pre	Post
FVC	2.6		1.4	
FEV1	2.1		1.4	
FEV1/FVC	80 %		100 %	%

FVC decreased, FEV 1 decreased or normal, absolute FEV1/FVC >0.7

Restrictive Pattern

Refer to Pulmonary for PFT's

FVC normal or decreased
FEV1 decreased
Abslolute FEV1/FVC <0.7

Obstructive Pattern

Perform Bronchodilator reversibility test

>12% increase in FEV1 and 200/.2 ml increasein FVC or FEV1

Yes

Reversible Airway Disease

No

Obstructive Lung Disease

FVC normal, FEV 1 normal absolute FEV1/FVC >0.7

Normal Spirometry

(FVC= need vital capacity)
(FEV1 = forced vital capacity in one second)

Classification of Asthma Severity: Clinical Features Before Treatment

	Days with symptoms	Nights w/ symptoms	FEV1	variability
Step 4 Severe persistent	Continual	Frequent	</= 60%	>30%
Step 3 Moderate persistent	Daily	>/=5/month	>60% -80%	>30%
Step 2 Mild persistent	3-6/week	3 - 4/month	>/= 80%	20% - 30%
Step 1 Mild intermittent	</= 2/week	</= 2/month	>/= 80%	< 20%

SCENT DEF Exhibit 146

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Donna C. Greene Date of Birth: 06-26-66

Address: 1225 Forest Drive Hartsville, S.C. 29550

Phone Number: 1-843-332-6268 Fax Number: N/A

☐ Access Request to Copy/Inspect

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

1. The following organization is authorized to make the disclosure:

SC ENT
Name of Facility

Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

Faxed 2/14/13

ORVILLE DYCE MD, FAAOA
Board Certified ENT & Sleep Medicine
Subspecialty Certified Allergy

696 Medical Park Drive
Hartsville, SC 29550
843-383-5312
Fax 843-656-1213

110-A Doctors Drive
Cheraw, SC 29520

HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville ENT

Address: _____

For the purpose of:

- ☑ Further Medical Care
- ☐ Inspection/Copying of my records
- ☐ Personal
- ☐ Other (please specify): _____
- ☐ Insurance Eligibility/Benefits
- ☐ Legal Investigation or Action
- ☐ Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Donna C. Greene
Signature of Patient

2-4-13
Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

_____
Name of Patient (Please Print)

Patient is:
- ☐ Minor
- ☐ Disabled
- ☐ Incompetent
- ☐ Deceased

Legal Authority:
- ☐ Custodial Parent
- ☐ Executor of Estate of Deceased
- ☐ Authorized Legal Personal Representative
- ☐ Legal Guardian
- ☐ Power of Attorney for Health Care

_____
Signature of Witness

2/4/13
Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

DONNA C. GREENE Patient ID: 000-00-0000
DOB: 26.Jun.1966 (43) Female
Visit Date: 18.Jan.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr William Long

INSURANCE INFORMATION
Pri Ins Company: BLUE CHOICE PPO
Pri Ins Policy #: ZCL167500239

PROBLEM LIST
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
388.43 Hearing loss by history--none found
Location: right
389.10 Hearing Loss, Sensorineural
Location: left
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
784.0 Headache, unspecified
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to have chronic ear infections. I have terrible sinus infections and have had sinus surgery (2003). I have had two rounds of antibiotics and three rounds of Prednisone. I would like to schedule surgery to have "straws" placed in my ears. "My eustachian tubes do not properly function." In January 2007, I had to have my right tube surgically removed and have been having problems since. Dr. Long sent me here to be evaluated.

HPI:
S1: Evaluation of pressure sensation in the ear.
Location: both ears.
Severity: extreme.
Timing: This has been a problem for three years.
Setting in which it first occurred: had tubes placed in ears during sinus surgery (2001), in January 2007, right tube had to surgically be removed - has been having problems every since.
Aggravating factors: cold or sinus infection.
Relieving factors: none identified.
Associated manifestations:
- headache.
- hoarseness.
- nasal congestion.
- postnasal drainage.
- pressure sensation in the ear. Location - in both ears.
- recurrent ear infection in both ears.
- recurrent sinusitis.

Previous tests and diagnostic procedures:
- OAE: Date - 1.18.2010.
- Sinus Surgery. Date - 2001. Test location - Dr. Kilpatrick.

Previous treatment: no treatment has been done.
Previous medical opinion: see above.
Patient's opinion as to cause: none.
Patient's statement regarding effect on life: problems at home.

REVIEW OF SYSTEMS
See HPI. See Chart Summary.

The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	CeleXA (20 MG), QD Nasonex (50 MCG/ACT) Pravachol (20 MG) ZyrTEC (uncertain of dosage), QD
Medication Allergies:	**?uniphyll**: other
Non-Medication Allergies:	Non-Medication Allergies: no information provided.
Past Health History:	**Cancer:** right leg - 1998.
Surgeries and Hospitalizations:	**Problems with anesthesia:** none. **Previous surgery: Other surgery:** Cancer Sinus Surgery. **Previous non-surgical hospitalizations:** pregnancy/delivery; and reaction to metal from having ears pierced - 1990's.
Serious Injuries:	**No serious injuries or accidents.**
Family History:	**Parents' Health Status:** Mother: is in poor health. Father: is deceased. **Cardiovascular:** Heart disease in a male after age 40 - father.
Social History:	**Marital status:** married. **Current tobacco usage:** none. **Current use of alcoholic beverages:** none. **Second-hand smoke exposure:** none. **Provider has reviewed current medications, medication allergies, and PFSH/ROS information**

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting; **Radial Pulse:** rate (rate per minute); **Respirations:** rate:; regular. **Temperature:** orally. Height: 68.5 inches. Weight: 155 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
Otoscopic exam:
- Right ear - External auditory canal normal. Tympanic membrane normal.
- Left ear - External auditory canal normal. Tympanic membrane normal.

Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: see procedure note.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Normal.
Nasopharynx examination: see procedure note.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

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SCENT DEF Exhibit 146

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL:
Abdomen: No masses observed, normal contour.

LYMPH NODES: Neck Nodes: normal. **Axillary Nodes:** normal.

MUSCULOSKELETAL: Normal gait. Station normal.

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC:
Higher integrative functions: normal level of consciousness, orientation, judgement and insight, memory, mood and affect, language, fund of knowledge and capacity for sustained mental activity.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

31231 Nasal endoscopy
Date: 18.Jan.2010; Location: office
Modifiers: -59 Distinct Procedural Service
- 18.Jan.2010 polypoid nasal mucosal edema bilaterally, mucopus in the anterior ethmoid on the left and maxillary sinus on the right as well as residual uncinate with no masses
- The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.

92557 Basic Comprehensive Audiometry
Date: 18.Jan.2010; Location: office
- 18.Jan.2010 Basic Comprehensive Audiometry revealed a mild rising to normal sensorineural hearing loss for 250-8000 Hz in the left ear and within normal hearing limits in the right ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. The patient reports tinnitus, dizziness and denies noise exposure. Recommendations- Annual hearing evaluations and medical follow-up as needed. av

92567 Tympanogram
Date: 18.Jan.2010; Location: office
- 18.Jan.2010 Tympanograms are type A in the left ear and Ad in the right ear. av

92568 Acoustic reflex testing
Date: 18.Jan.2010; Location: office

92588 Distortion Product Otoacoustic Emissions, Diagnostic
Date: 18.Jan.2010; Location: office
- 18.Jan.2010 Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were present for 750-8000 Hz bilaterally except at 1000Hz in the right ear. These findings rule out the presence of a significant hearing loss and are consistent with audiometric findings today. Recommendations- Retest as needed. av

ASSESSMENT

CURRENT PROBLEMS

381.81 Eustachian Tube Dysfunction
Location: bilateral
388.43 Hearing loss by history--none found
Location: right
389.10 Hearing Loss, Sensorineural
Location: left
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral

SCENT DEF Exhibit 146

478.19 Nasal obstruction
Location: bilateral
784.0 Headache, unspecified
Location: bilateral

PRESCRIPTIONS
NEW
Augmentin (Amoxicillin & K Clavulanate Tab 875-125 MG), 1 TAB Q 12 HRS for 14 days (quantity: 28), subs OK, refills: Dr. authorization required, prescribed on 18.Jan.2010 by Orville Dyce, MD
Bactroban (Mupirocin Oint 2%), see mixing instructions below for Dispense three 1000ML bottles normal saline for 4 weeks (quantity: 2) (special instructions: mix 1/3 tube of bactroban into each container of 1000mL normal saline, mix, microwave for 10-12 seconds, and then irrigate sinuses twice a day for the month following sinus surgry), subs OK, refills: 3 , prescribed on 18.Jan.2010 by Orville Dyce, MD
Diflucan (Fluconazole Tab 200 MG), 1 TABLET DAILY for PRN (quantity: 1), subs OK, refills: 2 , prescribed on 18.Jan.2010 by Orville Dyce, MD

PLAN
Extent of Time--50% or more spent Counseling or Coordinating Care: 45 minutes.
Comments: Orville Dyce, MD.
Impression: Ms. Greene presented today with recurrent sinusitis, nasal congestion, post nasal drainage, ear pressure, hoarseness and headaches behind the eyes. Of note, she underwent sinus surgery and bilateral PET placement in 2001 and allergy testing at another physicians office (Dr. Farrish) last year followed by immunotherapy for three months. She is currently being treated with Zyrtec and Nasonex with minimal improvement. Otoscopic examination revealed moderate TM retraction bilaterally with no fluid present. Basic Comprehensive Audiometry revealed a mild rising to normal sensorineural hearing loss for 250-8000 Hz in the left ear and within normal hearing limits in the right ear. Excellent speech discrimination ability was demonstrated in quiet at amplified levels bilaterally. Tympanograms are type A in the left ear and Ad in the right ear.
Distortion Product Otoacoustic Emissions (DPOAEs), an objective measure of cochlear (outer hair cell) function, were present for 750-8000 Hz bilaterally except at 1000Hz in the right ear. Nasal endoscopy revealed polypoid nasal mucosal edema bilaterally, mucopus in the anterior ethmoid on the left and maxillary sinus on the right as well as residual uncinate with no masses. At this time, I will start her on Augmentin and Bactroban nasal irrigations. She will also continue her current medications. She will return in three weeks for reevaluation and CT scan of the sinus as well as bilateral PET placement as requested by the patient. In the interm, she will obtain a copy of her CT scan of the sinus performed in February 2009 from McLeod hospital as well as a copy of her past allergy testing results for independent review.

TESTS AND PROCEDURES
TO BE SCHEDULED
69433 PET, topical phenol anesthesia
To be scheduled; Location: office
Modifiers: -50 Bilateral Procedure
69433 PET, topical phenol anesthesia
To be scheduled; Location: office
Modifiers: -50 Bilateral Procedure
70486 CT Scan, Maxillofacial Area; w/o Contrast Matl
To be scheduled; Location: office
Modifiers: -TC Technical component.

PATIENT INFORMATION
NASAL SPRAYS

COMMUNICATIONS
Consultation Visit- Dyce
Dr William Long

Electronically signed by Orville Dyce, MD on 06.Apr.2010 02:53 PM

ICD CODE SUMMARY
388.43 Hearing loss by history--none found
389.10 Hearing Loss, Sensorineural
381.81 Eustachian Tube Dysfunction
CPT CODE SUMMARY

92588 Distortion Product Otoacoustic Emissions, Diagnostic
Reason: **388.43** Hearing loss by history--none found
Reason: **389.10** Hearing Loss, Sensorineural
92567 Tympanogram
Reason: **389.10** Hearing Loss, Sensorineural
Reason: **388.43** Hearing loss by history--none found
92568 Acoustic reflex testing
Reason: **388.43** Hearing loss by history--none found
Reason: **389.10** Hearing Loss, Sensorineural
92557 Basic Comprehensive Audiometry
Reason: **388.43** Hearing loss by history--none found
Reason: **389.10** Hearing Loss, Sensorineural
31231 Nasal endoscopy
Modifiers: **-59** Distinct Procedural Service
Reason: **381.81** Eustachian Tube Dysfunction
99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **473.9** Recurrent Sinusitis
Reason: **477.8** Allergic rhinitis

NON-BILLABLE CPT CODES

70486 CT Scan, Maxillofacial Area; w/o Contrast Matl
Modifiers: **-TC** Technical component.

Donna C. Greene DOB: 26.Jun.1966 (47)
Madonna 18 Jan 2010

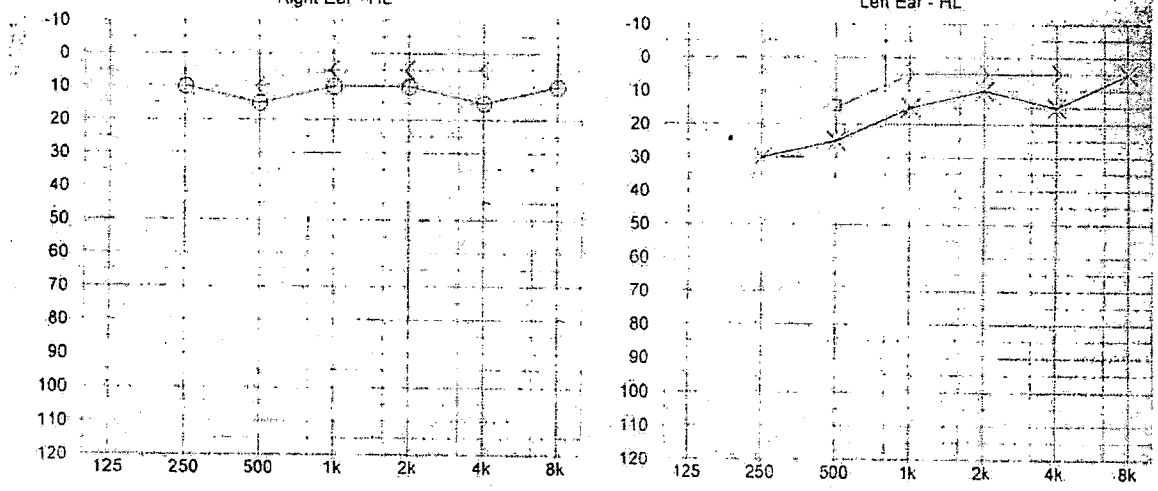
AuD Madonna Morgan, Au.D., F-AAA
Jennifer Wilk, Au.D., CCC-A
Nicole Fruth, Au.D., CCC-A
Kristen Evans, AuD Extern
Angie Vincent, Certified Technician

Carolina Hearing Institute
South Carolina ENT Allergy & Sleep Medicine

Robert Puchalski, MD
Orville Dyce, MD
Chad Gunnlaugsson, MD
D. Macy Vidrine, MD
Stephanie Tetterton, PA-C
Danielle Makeupson, PA-C

Client Name: DONNA GREENE
Birth Date: 6/26/1966
Session Date: 1/18/2010

Madsen Conera (03132)



AC:
BC:
SF:
SF,A:
Masking Levels

AC:
BC:
SF:
SF,A:
Masking Levels

	Right	Masking	Left	Masking
PTA (A):	12 dB		17 dB	
SRT:	DNT		DNT	

Unaided Recognition Score:

Right	Level	Masking	Binaural	Level	Level	Left	Level	Level
100 %	50 dB					100 %	55 dB	

Case History: History of HL _____ Tinnitus Yes Noise Exposure: Y (N) Dizziness: (Y) N

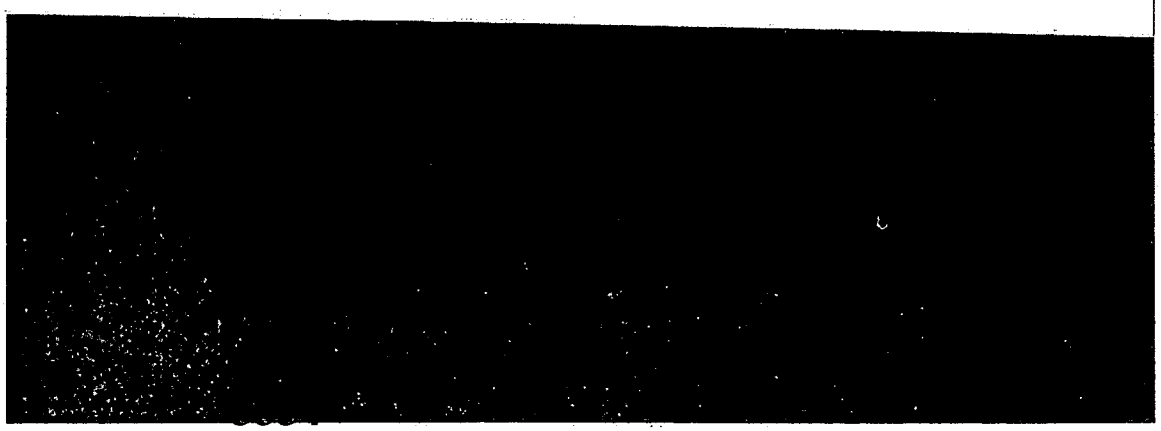
Results:

R - WNL - Excellent Discrims

L - mild to Normal SNHL - Excellent Discrims

Recommendations:

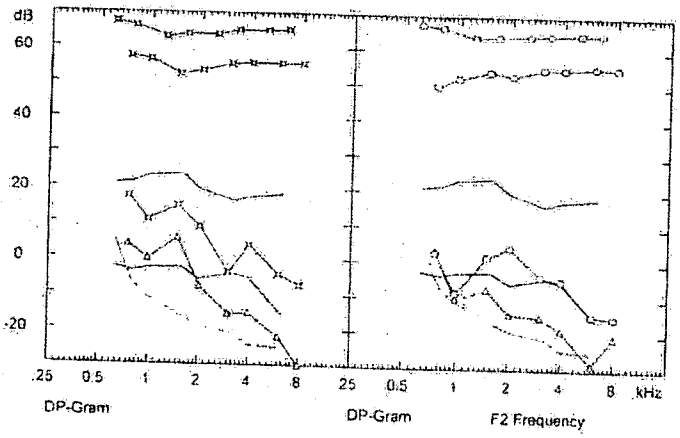
Retest _____ Medical Consult HL Consult ABR VNG Sp/Lang Eval Other _____



BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 2

SC ENT and Clarity Hearing
696 Medical Park
Hartsville, SC 29550
843-857-4355

	Lastname	Firstname	Ear	Date	Protocol
o	GREENE	DONNA	Right	18-Jan-10	750-8000 Hz Diagnostic Test - High Noise
x	GREENE	DONNA	Left	18-Jan-10	750-8000 Hz Diagnostic Test - High Noise

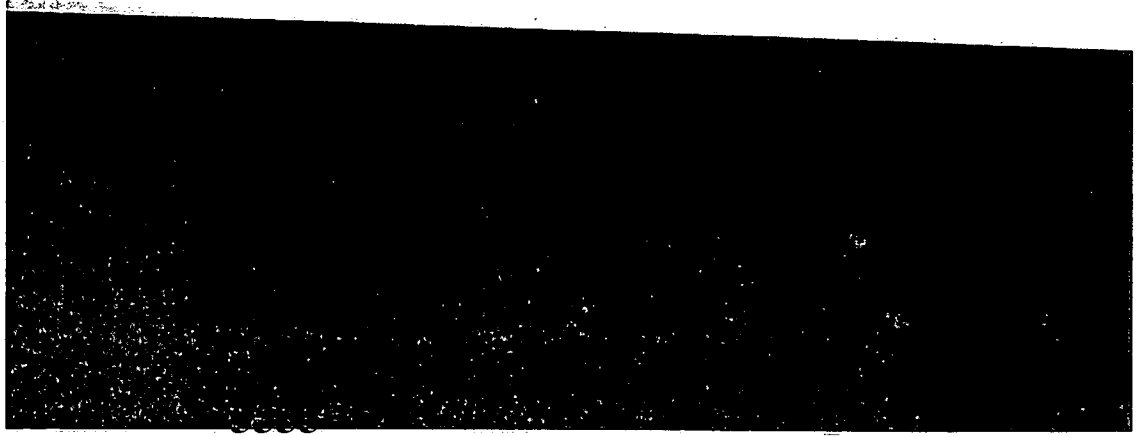


GREENE DONNA:
Right: 18-Jan-10: -: 750-8000 Hz Diagnostic Test - High Noise: 10A18D02.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
65.0	55.3	6516	7969	7206	-15.2	-20.7	5.5
65.1	55.6	4922	6000	5434	-14.5	-28.6	14.1
64.9	55.2	3281	3984	3616	-4.8	-18.6	13.8
64.5	55.1	2484	3000	2730	-3.7	-15.1	11.4
64.3	53.1	1641	2016	1818	4.3	-14.3	18.6
63.9	54.2	1219	1500	1352	1.7	-7.4	9.1
66.4	52.3	797	984	886	-8.4	-10.0	1.6
67.3	50.2	609	750	676	2.6	3.4	-0.8

GREENE DONNA:
Left: 18-Jan-10: -: 750-8000 Hz Diagnostic Test - High Noise: 10A18D03.OAE

L1(dB)	L2(dB)	F1(Hz)	F2(Hz)	GM(Hz)	DP(dB)	NF(dB)	DP-NF(dB)
65.1	55.6	6516	7969	7206	-7.3	-30.0	22.7
64.8	55.7	4922	6000	5434	-4.1	-22.0	17.9
64.9	55.6	3281	3984	3616	3.9	-15.4	19.3
63.8	55.5	2484	3000	2730	-3.9	-15.6	11.7



Carolina Hearing Institute
Hearing Loss Management

Acoustic Reflex Testing Summary

Name: Donna Greene

DOB: 6.26.66

Test Date: 1.18.10

Results Summary:

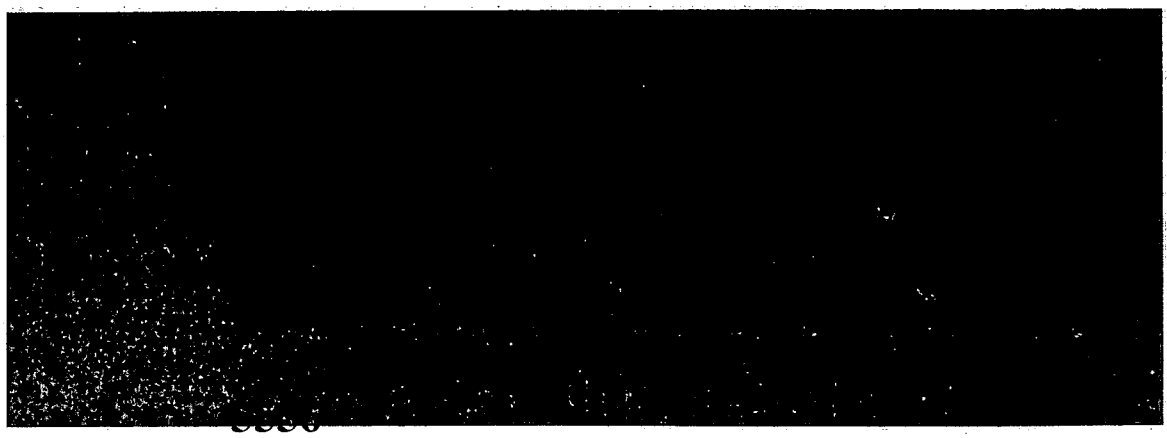
Ipsilateral Reflexes – Tested at 90 dB

	500 Hz		1000 Hz		2000 Hz		4000 Hz
RIGHT Ad	—		✓		—		✓
LEFT A	—		—		✓		—

Interpretation:
Ipsilateral acoustic reflexes are ~~not~~ consistent with audiometric results.

Angie
Tested By

Referring Physician Signature



)onna C. Greene DOB: 26.Jun.1966 (47)
DT and Food 30.Mar.2010

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
								6.7.10	9.1.10	10.11		
A	Sycamore			5	6	7		2	1	1		
B	White Oak					5		-	-	-		
C	White Hickory				6	7		2	1	1		
D	American Elm				5	7		2	1	1		
E	Eastern Cottonwood					7		2	1	1		
F	Mountain Cedar					5		-	-	-		
G	Boxelder				9	9		3	2	2		
H	White Ash					5						
I	Pine					5						
J	River Birch					5						
K	Timothy			5		5						
L	Johnson					5						
M	Bermuda				6	7		2	1	1		
N	Bahia					5		-	-	-		
O	Lambsquarter			5	6	7		2	1	1		
P	English Plaintain					5		-	-	-		
Q	Short Ragweed				6	7		2	1	1		
R	Sheep Sorrel					5		-	-	-		
S	Mugwort				6	7		2	1	1		
T	Pigweed				6	7		2	1	1		
U	Alternaria Alternata		7	9	11	13		5	4	4		
V	Aspergillus Mix		7	9				5	4	4		
W	Fusarium Mix		7	9				5	4	4		
X	Cladosporium(Hormo)	7	9	11				6	5	5		
Y	Mucor Mix		7	9	11	13		5	4	4		
Z	Penicillium Mix			7	9	11		4	3	3		
AA	Pulluria Pullulans			5	7	9		3	2	2		
BB	Johnson Grass Smut			5	6	7		2	1	1		
CC	Stemph. Solani			5	7	9		3	2	2		
DD	D. Pteronyssus			5	7	9		3	2	2		
EE	D. Farinae				6	7		2	1	1		
FF	Cockroach Mix				6	7		2	1	1		
GG	Cat				7	9		3	2	2		
HH	Dog				7	9		3	2	2		
II	T.O.E. Mold Mix	7	9	11				4	5	5		
JJ	Horse	7	9	11				6	5	5		
KK	Feather Mix			5		5		-				
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Donna Greene

Date: 3.30.10

Controls:
+ = 7
- = 5
Gly= 6

Treatment:
Immunotherapy- W (H) P C
Avoidance
Pharmacotherapy with _____

Buchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidrine, MD
S. Tetterton, PA-C
D. Makeupson, PA-C

5557

Donna C. Greene DOB: 26-Jun-1966 (47)
DT and Food 30-Mar-2010

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore			5	6	7						
B	White Oak					5						
C	White Hickory				6	7						
D	American Elm				5	7						
E	Eastern Cottonwood					7						
F	Mountain Cedar					5						
G	Boxelder				9	9						
H	White Ash					5						
I	Pine					5						
J	River Birch					5						
K	Timothy			5		5						
L	Johnson					5						
M	Bermuda				6	7						
N	Bahia					5						
O	Lambsquarter			5	6	7						
P	English Plaintain					5						
Q	Short Ragweed				6	7						
R	Sheep Sorrel					5						
S	Mugwort				6	7						
T	Pigweed				6	7						
U	Alternaria Alternata		7	9	11	13						
V	Aspergillus Mix		7	9								
W	Fusarium Mix		7	9								
X	Cladosporium(Hormo)	7	9	11								
Y	Mucor Mix		7	9	11	13						
Z	Penicillium Mix			7	9	11						
AA	Pulluria Pullulans			5	7	9						
BB	Johnson Grass Smut				6	7						
CC	Stemph. Solani				7	9						
DD	D. Pteronyssus			5	7	9						
EE	D. Farinae				6	7						
FF	Cockroach Mix				6	7						
GG	Cat				7	9						
HH	Dog				7	9						
II	T.O.E. Mold Mix	7	9	11								
JJ	Horse	7	9	11								
KK	Feather Mix			5		5						
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Donna Greene

Date: 3.30.10

Controls:
+ = 7
- = 5
Gly= 6

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with _____

R. Buchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidrine, MD
S. Tetterton, PA-C
D. Makeupson, PA-C

5558

Sinus & Allergy Center

FOOD ALLERGY PANEL

1) Egg	_____	16) Pinto Bean	_____
2) Shrimp	_____	17) Onion	_____
3) Tuna	_____	18) Soy	_____
4) Lemon	_____	19) Potato	_____
5) Pineapple	_____	20) Corn	_____
6) Tomato	_____	21) Chocolate	_____
7) Coffee	_____	22) Banana	_____
8) Mushroom	_____	23) Strawberry	_____
9) Wheat	_____	24) Orange	_____
10) Milk	_____	25) Apple	_____
11) Pecan	_____	26) Cantaloupe	_____
12) Peanut	_____	27) String Bean	_____
13) Pork	_____	28) Cucumber	_____
14) Chicken	_____	29) Carrot	_____
15) Beef	_____	30) Squash	_____

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Donna Greene

Date: 3.30.10

R.Puchalski, M.D., FAAOA
O. Dyce, M.D.
M.Vidrine, M.D.
C.Gunnlaugsson, M.D.
S.Tetterton, PA-C
D. Makeupson, PA-C

www.southcarolinaent.com

Donna C. Greene DOB: 26.Jun.1966 (47)
Spirometry Report 30.Mar.2010

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700523
Version: 1.1.11

Session Date: 30MAR2010
Session Time: 07:49AM
Last Cal Check: 30MAR2010

BEST 3 FVC/FVL REPORT

ID: 35544
Name: GREENE,DONNA
Gender: FEMALE
Medication:
Dosage:

Height: 69" Physician:
Age: 43YRS Technician:
Weight: 155LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 042046
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: NHANES III

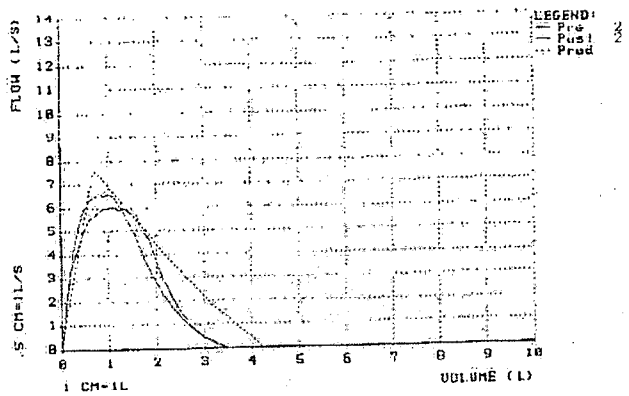
Clinical Format: PREMED - 09:34AM POSTMED - 10:14AM
Post Criteria: * Indicates Best Value < Indicates Below LLN
VAL

MEASUREMENT	QC	Trial 2	%Pred	Trial 3	Trial 1	Pred	LLN	QC	Trial 2	%Pred	Trial 3	Trial 1	%Chg
FVC (L)	A	3.58*	83	3.49	3.46 <	4.28	3.48	C	3.52*	82	3.56	3.41 <	- 1
FEV1 (L)	A	2.84*	82	2.72	2.66 <	3.44	2.76	C	2.90*	84	2.83	2.79	2
FEV1%		79*	96	78	77	82	72		82*	100	81	80	3
FEF25-75 (L/S)	A	2.66*	80	2.69	2.24	3.32			3.32*	100	3.05	2.68	24
PEF(L/S)	A	6.08*	85	6.06	7.06	7.70			6.98*	78	5.70	7.06	- 7
FET (S)		6.48*		6.61	6.09				11.69*		6.93	6.93	0

BEST FEV1% 79* 82*

Report Summary:
Pre Med: Tests 3 Acceptable 3 Reproducible 2 FVC VAR: 84ML FEV1 VAR: 72ML PEF VAR: 943ML/S
Post Med. Tests 3 Acceptable 2 Reproducible 2 FVC VAR: 43ML FEV1 VAR: 73ML PEF VAR: 3765ML/S

ATS Interpretation: PREMED - Normal Spirometry POSTMED - No Sig. Improv in FVC FEV1
Comment:



1) Normal
2) Normal/mild restrictive
3) Revesible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	4.28	3.58	3.52
FEV1	3.44	2.84	2.90
FEV1/FVC	82 %	79 %	82 %

Location: Hartsville
Followup Date: 4-21-10
Phys. Signature: 4/1/10
Date Interpreted:

Page 1 of 1

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
076-326-0002-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION

DOB: 6/26/1966

PATIENT NAME	SEX	AGE(YR./MOS.)
GREENE,DONNA C	F	43 / 8

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/17/2010	12:03	3/17/2010	3/20/2010	0:48	275

CLINICAL INFORMATION

PHYSICIAN ID.	NPI	PATIENT ID.
WHEELER		0000118670

ACCOUNT: Carolina Pines Regional Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER: 39713405

TEST	RESULT		LIMITS	LAB
Allergens(20)				
Class Description				01

Levels of Specific IgE

	Class	Description of Class
<0.05	0	Negative
0.05 - 0.07	0/I	Equivocal
0.08 - 0.15	I	Increasing
0.16 - 0.50	II	levels
0.51 - 2.50	III	of
2.51 - 12.50	IV	Specific IgE
12.51 - 62.50	V	Antibody
62.51 - >100.00	VI	

*F092-IgE Banana	<0.05	kU/L	Class0	01
F006-IgE Barley, Whole Grain	<0.05	kU/L	Class0	01
*F287-IgE Kidney Bean (Red Be	<0.05	kU/L	Class0	01
*F052-IgE Chocolate/Cocoa	<0.05	kU/L	Class0	01
F008-IgE Corn	<0.05	kU/L	Class0	01
*F245-IgE Egg, Whole	<0.05	kU/L	Class0	01
F002-IgE Milk (Cow)	<0.05	kU/L	Class0	01
F007-IgE Oat	<0.05	kU/L	Class0	01
F033-IgE Orange	<0.05	kU/L	Class0	01
*F012-IgE Green Pea	<0.05	kU/L	Class0	01
F013-IgE Peanut	<0.05	kU/L	Class0	01
F026-IgE Pork	<0.05	kU/L	Class0	01
F035-IgE Potato, White	<0.05	kU/L	Class0	01
F009-IgE Rice	<0.05	kU/L	Class0	01
F005-IgE Rye	<0.05	kU/L	Class0	01
F014-IgE Soybean	<0.05	kU/L	Class0	01
*F044-IgE Strawberry	<0.05	kU/L	Class0	01
F025-IgE Tomato	<0.05	kU/L	Class0	01
F004-IgE Wheat	<0.05	kU/L	Class0	01
*F045-IgE Yeast, Baker's	<0.05	kU/L	Class0	01

*

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

LabCorp
LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
076-326-3050-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION

SST TUBE/OP: I3170242
FASTING: N
DOB: 6/26/1966

PATIENT NAME	SEX	AGE(YR./MOS.)
GREENE,DONNA C	F	43 / 8

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/17/2010	13:03	3/17/2010	3/20/2010	0:48	276

CLINICAL INFORMATION
WHEELER H CD- 20120928682

PHYSICIAN ID.	NPI	PATIENT ID.
DYCE		0000118670

ACCOUNT: Carolina Pines Regional Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER: 39713405

TEST	RESULT			LIMITS	LAB
Allergen Profile, Shellfish					
Class Description					01
Levels of Specific IgE		Class	Description of Class		
	<0.05	0	Negative		
0.05 -	0.07	0/I	Equivocal		
0.08 -	0.15	I	Increasing		
0.16 -	0.50	II	levels		
0.51 -	2.50	III	of		
2.51 -	12.50	IV	Specific IgE		
12.51 -	62.50	V	Antibody		
62.51 -	>100.00	VI			
*F207-IgE Clam	<0.05	kU/L		Class0	01
F023-IgE Crab	<0.05	kU/L		Class0	01
F024-IgE Shrimp	<0.05	kU/L		Class0	01
*F053-IgE Scallop	<0.05	kU/L		Class0	01
*F290-IgE Oyster	<0.05	kU/L		Class0	01
*F080-IgE Lobster	<0.05	kU/L		Class0	01

*

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

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

LabCorp Laboratory Corporation of America

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

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
076-326-0002-0	S	BN	COMPLETE	Page #: 2

ADDITIONAL INFORMATION

DOB: 6/26/1966

PATIENT NAME	SEX	AGE(YR./MOS.)
GREENE,DONNA C	F	43 / 8

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/17/2010	12:03	3/17/2010	3/20/2010	0:48	275

CLINICAL INFORMATION

PHYSICIAN ID.	NPI	PATIENT ID.
WHEELER		0000118670

ACCOUNT: Carolina Pines Regional
Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER: 39713405

TEST	RESULT	LIMITS	LAB

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

Pat Name: GREENE,DONNA C	Pat ID: 0000118670	Spec #: 076-326-0002-0	Seq #: 275

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.23.00

SCENT DEF Exhibit 146

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway Hartsville, SC 29550
Harold N. Wheeler, M.D., Pathologist

OUTPATIENT REPORT

Patient name: GREENE, DONNA C
Location: OUTPATIENT 1
Adm.date: 02/08/10 Surg.date:

M.R.N.: 0000118670 Room:
Billing no.: 3058240
Att.physician: DYCE, ORVILLE
DOB: 06/26/1966 Age: 43 Sex: F

Order Id : I2080192
Date&Time Ordered: 02/08/10 10:43
Requested by : DYCE, ORVILLE

FINAL

DYCE, ORVILLE
Medical Park Drive
Hartsville SC 29550

M I S C E L L A N E O U S M I C R O B I O L O G Y T E S T S

TEST-NAME	RESULT	ABN	NRML-RANGE	UNITS

SPECIMEN SWB COLLECTED 02/08/10 11:26 BY NURSE RECEIVED 02/08/10 11:26 BY ABB

MISCELLANEOUS MICROBIOLOGY TESTS
RAPID STREP A GROUP A = NEG.

CAROLINA PINES REGIONAL MEDICAL CENTER
1304 West Bobo Newsom Highway Hartsville, SC 29550
Harold N. Wheeler, M.D., Pathologist

OUTPATIENT REPORT

Patient name: **GREENE, DONNA C**

Location: OUT PATIENT
Adm.date: 03/17/10 Surg.date:

Order Id : I3170242
Date&Time Ordered: 03/17/10 12:02
Requested by : DYCE, ORVILLE

M.R.N.: 0000118670 Room:
Billing no.: 2805777
Att.physician: DYCE, ORVILLE
DOB: 06/26/1966 Age: 43 Sex: F

FINAL

DYCE, ORVILLE
Medical Park Drive
Hartsville SC 29550

COMMENTS:
ORD. COMM: Food testing #670726
Shrimp/shellfish #062695

R E F E R E N C E L A B T E S T I N G (L A B C O R P)

TEST-NAME	RESULT	ABN.	NRML-RANGE	UNITS
SPECIMEN SST COLLECTED 03/17/10 12:03 BY LKT RECEIVED 03/17/10 12:03 BY LKT				
IMMUNOGLOUBLIN E (REF)	4		0-158	

Effective April 12, 2010, IgE will be changing to the Roche ECLIA methodology. The reference intervals will be changing to:

	IU/mL
< 1 year	0 - 15
1 - 5 years	0 - 60
6 - 9 years	0 - 90
10 - 15 years	0 - 200
Adults	0 - 100

RADIOLOGY REPORT

McLEOD REGIONAL MEDICAL CENTER

555 E CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2057

PATIENT NAME:	GREENE, DONNA C	DISCHARGE DATE:	(ad_disch_dtime)
PT ACCOUNT#:	000114634272	MR/RAD#:	401105
ACCESSION#:	3821437	CID#:	594523

DOB:	06-26-1966 AGE: 42Y	SEX: FRACE: W	
PHONE:	843-332-6258	PT CLASS: (pt_class) FIN CLASS: W	
ADDRESS:	P O BOX 7	PT TYPE: (pt_type) PT NS/ROOM: (pmbed)	
	HARTSVILLE, SC 29551		
ORDER DR:	HOWARD FARRELL M.D.		
ATTEND DR:	(ins_dr_name)		
COPY TO:			
DIAGNOSIS:	SINUSITIS		

TRANSCRIBED DT: Jan 14 2009 8:50AM
PROCEDURE: CT SINUS W/O CON ; ORD #: 90001 Accession#: 3821437 CPT: 70486
ORDERED FOR: Jan 13 2009 4:41PM COMPLETED: Jan 13 2009 4:57PM
INDICATIONS/COMMENTS: SINUSITIS

RESULT: Coronal noncontrast images were obtained through the paranasal sinuses and demonstrate mild widening of the osteomeatal complexes (right greater than left). There is an approximately 2 cm diameter soft tissue density in the floor of the right maxillary sinus which may be a mucous retention cyst. There is a very small amount of air-fluid densification of one of the posterior ethmoids on the right and a small amount of what is probably retained mucus in the right sphenoid sinus. Remainder of the paranasal sinuses are clear. The visualized portions of the mastoids are clear. There is some soft tissue density in the left external auditory canal.

CONCLUSION: Probable mucus retention cyst in the floor of the right maxillary sinus. Both osteomeatal complexes appear mildly enlarged (right greater than left).

READING DR: J SAMUEL MCCOWN M.D.
READING DATE: Jan 13 2009 5:04PM
TRANSCRIBED BY: ke

Final Result
ELECTRONICALLY SIGNED BY:
J SAMUEL MCCOWN, M.D.
On: Jan 14 2009 9:29AM

Printed: February 1, 2010 07:51AM

IF PATIENT INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW, YOU MAY NOT MAKE ANY DISCLOSURE OF THIS PATIENT INFORMATION WITHOUT PRIOR CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY REGULATIONS.

Donna C. Greene DOB: 26.Jun.1966 (47)
Operative report 08.Feb.2010

Date: _____ Time: _____

☐ Patient identified in the OR prior to the start of the surgery
☐ Site identified in the OR prior to the start of surgery

SURGEON: _____ **ASSISTANT SURGEON:** _____

Preoperative Diagnosis: Recurrent AOM OME Retraction Pocket

Other: _____

Postoperative Diagnosis: Same Other: _____

RIGHT





LEFT

Tympanic Membrane Description

	RIGHT					LEFT				
Color:	Normal	Red	Amber	Opaque	_____ other	Normal	Red	Amber	Opaque	_____ other
Vascularity:	Normal			Increased		Normal				Increased
Retraction	Slight	Moderate		Adhesive		Slight	Moderate			Adhesive
Bulging:	Pars tensa			Pars flaccida		Pars tensa				Pars flaccida

Procedure

	RIGHT					LEFT				
Incision:	Radial			Circumferential		Radial				Circumferential
	Anterior-superior			Posterior-superior		Anterior-superior				Posterior-superior
	Anterior-inferior			Posterior-Inferior		Anterior-inferior				Posterior-Inferior
Middle Ear:	Dry	Serous	Mucoid	Purulent		Dry	Serous	Mucoid	Purulent	
Quantity:	Small		Medium		Large	Small		Medium		Large
Prosthesis:	Pap.040	Pap.050	R. Bobbin	_____ other		Pap.040	Pap.050	R. Bobbin	_____ other	
	None	Repositioned		Replaced		None	Repositioned		Replaced	

Complications: _____

If Unilateral, cross out one side

CAROLINA PINES
REGIONAL MEDICAL CENTER

OPERATIVE REPORT
MYRINGOTOMY

CP-5099 (8/04)

ADDRESSOGRAPH

GREENE, DONNA C
Acct#3058240 MR#0000118670 0000 S
DYCE, ORVILLE
Adm:02/08/2010 DOB:06/26/1966 043 F
CAROLINA PINES REG MED CENTER

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SCENT DEF Exhibit 146

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Sheila Watson Date of Birth: 11-9-54

Address: 59 Oak St. Cheraw, SC 29520

Phone Number: 843-537-5399 Fax Number: _____

☐ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

_____
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: _____

☒ Complete Medical Record ☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

ORVILLE DYCE MD, FAAOA
Board Certified ENT & Sleep Medicine
Subspecialty Certified Allergy

696 Medical Park Drive
Hartsville, SC 29550
843-383-5312
Fax 843-656-1213

110-A Doctors Drive
Cheraw, SC 29520

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Dyce

Address: _____

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify): _____
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Sheila Watson
Signature of Patient

9/17/13
Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

_____
Name of Patient (Please Print)

Patient is:
- [ ] Minor
- [ ] Disabled
- [ ] Incompetent
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Executor of Estate of Deceased
- [ ] Authorized Legal Personal Representative
- [ ] Legal Guardian
- [ ] Power of Attorney for Health Care

B Clements
Signature of Witness

9-18-2013
Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

SCENT DEF Exhibit 146

SHEILA WATSON Patient ID: 250-98-6360
DOB: 04.May.1954 (55) Female
Visit Date: 09.Jul.2009 at Cheraw

PROVIDER INFORMATION
PCP: Dr Mohamed S. Soliman, MD

INSURANCE INFORMATION
Pri Ins Company: State Blue Cross Blue Shield
Pri Ins Policy #: ZCS78607440

PROBLEM LIST
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today due to sinus problems and my ears ringing off and on. Dr. Soliman sent me for evaluation.

HPI:
S1: Evaluation of nasal congestion.
Location: both sides.
Severity: moderate.
Timing: This has been a problem for a few months. It developed in starts and stops over a few months. There is no specific time when it is worse. This is a recurrent problem, characterized by constant nasal congestion during each episode or recurrence. The first episode occurred several years prior to this visit. A recurrent episode typically lasts 2 weeks. The problem usually occurs in the spring and fall. There has been no change in frequency or duration of recurrences since the first episode.
Setting in which it first occurred: unknown.
Aggravating factors: spring and fall weather.
Relieving factors: none.
Associated manifestations: none identified.
Previous tests/evaluations: none.
Previous treatment:
- Over-the-counter medication:
- Prescription medication:

Previous medical opinion: see above.
Patient's opinion as to cause: none.
Patient's statement regarding effect on life: no significant effect.

REVIEW OF SYSTEMS
Constitutional Symptoms: no details provided.
Ears, Nose, Mouth, and Throat: no details provided.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY
Current Medications: Aspirin (81 MG)
Diovan (uncertain of dosage)
Ipratropium Bromide (uncertain of dosage)
Levothyroxine Sodium (uncertain of dosage)
Potassium (uncertain of dosage)
Singulair (10 MG)
Medication Allergies: **Penicillins**: skin/rashes/hives
Sulfur: skin/rashes/hives

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Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** none. **Contrast agent (dye) allergies:** none. **Insect bite or sting allergies:** none. **Allergy skin tests:** none. **Allergy blood tests:** none. **Allergy shots:** none. **Treatment for food allergy:** no information provided.
Past Health History:	**Cardiovascular:** hypertension diagnosed in 1999.
Surgeries and Hospitalizations:	**Problems with anesthesia:** none. **Previous surgery:** none. **Previous non-surgical hospitalizations:** none.
Serious Injuries:	**No serious injuries or accidents.**
Family History:	**Parents' Health Status:** Mother: is in good health. Father: expired from. Pneumonia. **No family history of significant or pertinent health problems.**
Social History:	**Marital status:** single. **Current tobacco usage:** none. **Second-hand smoke exposure:** none. **Provider has reviewed current medications, medication allergies, and PFSH/ROS information**

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting: **Radial Pulse:** rate (rate per minute): **Respirations:** rate:; regular. **Temperature:** orally. Height: 63.5 inches. Weight: 175 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
Otoscopic exam: Right ear - Tympanic membrane ***retractions***.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: see procedure note.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Bilateral tonsils - 1+.
Base of tongue, Pharyngeal walls, Vallecula and Pyriform Sinuses: Normal.
Larynx: Unable to visualize with mirror because of ***hyperactive gag***.

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR:

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL:
Abdomen: No masses observed, normal contour.

LYMPH NODES: Neck Nodes: normal. **Axillary Nodes:** normal.

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SCENT DEF Exhibit 146

MUSCULOSKELETAL: Normal gait. Station normal.

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC:
Higher integrative functions: normal level of consciousness, orientation, judgement and insight, memory, mood and affect, language, fund of knowledge and capacity for sustained mental activity.

TESTS AND PROCEDURES
PERFORMED THIS VISIT
31231 Nasal endoscopy-The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.
Date: 09.Jul.2009

ASSESSMENT
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESCRIPTIONS
CHANGED
Lidocaine-Prilocaine (Lidocaine-Prilocaine Cream 2.5-2.5%), use as directed for 1 day (quantity: 1) (special instructions: Apply to site then coverr with dressing (plastic wrap) 45 minutes prior to appointment), subs OK, refills: NO , prescribed on 09.Jul.2009 by Orville Dyce, MD

PLAN
Comments: Orville Dyce, MD. Danielle Makupson, PA-C.
Impression: Ms. Watson presented with chronic sinusitis and allergic rhinosinusitis manifesting as post nasal drip, nasal congestion, and a frequent cough. She is currently on Singulair and Ipratropium bromide and has been on Claritin, Zyrtec, and Flonase in the past with minimal improvement. She reported that she underwent a CT scan of the sinuses in January, however results were not available today. Oral examination revealed 1+ tonsils. Otoscopic examination revealed a mildly retracted TM on the right in the absence of fluid. Anterior rhinoscopy revealed moderate turbinate hypotrophy with crusting present of the inferior turbinate on the left. Nasal endoscopy revealed a nasal septal spur to the left in the setting of erythema and a Thornwald cyst. There was no evidence of ulcerations or masses. At this time, she will continue her current medication regimen and given her persistent symptoms I will obtain allergy testing in the near future to further evaluate. Moreover, she was instructed to bring CT films in hand at her next appointment for independent review.

TESTS AND PROCEDURES
TO BE SCHEDULED
94060 Bronchodilat Response/Spirometry Pre/Post Bronchodilator Admin
To be scheduled
95004 Allergy Tests (PRICK)
To be scheduled
95027 Allergy Tests, IDT
To be scheduled

COMMUNICATIONS

SCENT DEF Exhibit 146

Consultation Visit
Dr Mohammed Soliman
Consultation Visit- Dyce
Dr Mohammed Soliman

Danielle Makupson, PA-C
Electronically signed by Orville Dyce, MD on 01.Oct.2009 05:08 PM

ICD CODE SUMMARY

477.8 Allergic rhinitis
478.19 Nasal obstruction
473.9 Recurrent Sinusitis
388.30 Tinnitus, Unspecified

CPT CODE SUMMARY

31231 Nasal endoscopy-The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.
Reason: **478.19** Nasal obstruction

99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **477.8** Allergic rhinitis
Reason: **473.9** Recurrent Sinusitis
Reason: **388.30** Tinnitus, Unspecified

NON-BILLABLE CPT CODES

95004 Allergy Tests (PRICK) (Quantity: 30)
Reason: **477.8** Allergic rhinitis

95024 Intracutaneous (intradermal) tests w allergenic extracts, immediate type reaction, incl test interpretation & report by a physician, specify number of tests (Quantity: 73)
Reason: **477.8** Allergic rhinitis

94010 Spirometry w/Graphic Record/Vital Capacity/Flow Rate w/wo Maximal Voluntary Ventilation
Reason: **477.8** Allergic rhinitis

SHEILA WATSON Patient ID: 250-98-6360
DOB: 04.May.1954 (55) Female
Visit Date: 06.Aug.2009 at Cheraw

PROVIDER INFORMATION
PCP: Dr Mohamed S. Soliman, MD
Requesting: Dr Mohamed S. Soliman, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on the nasal congestion that I have been having. I have recently had allergy testing and I am here to review those results. I am still having the ringing in my ears along with a terrible headache.

ASSESSMENT
CURRENT PROBLEMS
388.30 Tinnitus, Unspecified
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
784.0 Headache, unspecified
Location: left

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Watson presented today for follow up after her allergy testing. She continues to report nasal congestion, tinnitus and left sided headaches with morning headaches being more pronounced. She initially presented with chronic sinusitis and allergic rhinosinusitis manifesting as post nasal drip, nasal congestion, and a frequent cough. She has been on Claritin, Zyrtec, and Flonase in the past with minimal improvement. Allergy testing demonstrated a hypersensitivity to the following allergens: mold and cat (7.23.09). A CT scan of the sinus was independently reviewed and demonstrated hypoplastic frontal sinus, bilateral concha bullosa and turbinate hypertrophy bilaterally (1.23.09). Oral examination revealed 1+ tonsils. Otoscopic examination revealed a mildly retracted TM on the right in the absence of fluid. Anterior rhinoscopy revealed moderate turbinate hypotrophy with crusting present of the inferior turbinate on the left. Nasal endoscopy performed on a previous visit revealed a nasal septal spur to the left in the setting of erythema and a Thornwald cyst. There was no evidence of ulcerations or masses. At this time, she will continue Singulair and I will start her on Nasonex. In addition, she was given a Depo Medrol injection (LOT#31305661B EXP 7/10). I will have her return in six weeks for reevaluation. She may benefit from ESR in the future.

On a separate note, she reported feeling sleepy during the day, snoring with possible gasping and morning headaches. Oral examination revealed a Friedman Type II palate with 3+ tonsils. At this time, I recommend a sleep study for further evaluation however, she has declined at this time. I will reevaluate on her return visit. I will obtain an EP Worth sleepiness score and a Berlin questionnaire on her return visit.

TESTS AND PROCEDURES
TO BE SCHEDULED
95810 NPSG
To be scheduled; Location:

Electronically signed by Orville Dyce, MD on 01.Oct.2009 05:34 PM

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SHEILA WATSON Patient ID: 250-98-6360
DOB: 04.May.1954 (55) Female
Visit Date: 22.Oct.2009 at Cheraw

PROVIDER INFORMATION
PCP: Dr Mohamed S. Soliman, MD
Requesting: Dr Mohamed S. Soliman, MD

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies and snoring. I had a sleep study done and would like to review it also.

ASSESSMENT
CURRENT PROBLEMS
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
780.53 General symptoms: Hypersomnia with sleep apnea
784.0 Headache, unspecified
Location: left

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Watson returned with the results of a sleep study which demonstrates that she does not suffer from obstructive sleep apnea syndrome (OSAS). Her AHI was 2 which increased to 5 during REM with oxygen desaturations to 89% (8.31.09). She did not reach DELTA sleep during the study. She initially presented with feeling sleepy during the day, snoring with possible gasping and morning headaches. She reported improvement in her symptoms with weight loss, eating right and taking vitamins. The various therapies were discussed with her with regards to improving sleep and eliminating snoring. These ranged from dental appliances and medications to surgical procedures. She was offered Somnoplasty(R), injection snoreplasty, and coblation(R) as treatments for snoring as well. She will contemplate these and return if they wish to pursue therapy.

On a separate note, she presented today for follow up on her nasal congestion, tinnitus and left sided headaches. She has been on Claritin, Zyrtec, and Flonase in the past with minimal improvement. Allergy testing demonstrated a hypersensitivity to the following allergens: mold and cat (7.23.09). A CT scan of the sinus was independently reviewed and demonstrated hypoplastic frontal sinus, bilateral concha bullosa and turbinate hypertrophy bilaterally (1.23.09). Otoscopic examination revealed a mildly retracted TM on the right in the absence of fluid. Anterior rhinoscopy revealed moderate turbinate hypotrophy with crusting present of the inferior turbinate on the left. Nasal endoscopy performed in the past revealed a nasal septal spur to the left in the setting of erythema and a Thornwald cyst. There was no evidence of ulcerations or masses. At this time, she will continue Singulair and Nasonex. In addition, I will start her on nasal saline irrigations. I will have her return in eight weeks for reevaluation.

Electronically signed by Orville Dyce, MD on 06.Apr.2010 11:19 AM

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Sheila Watson DOB: 04.May.1954 (59)
IDT and Food 23.Jul.2009

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore			5	5	5						
B	White Oak			(	(	(						
C	White Hickory			(	(	(						
D	American Elm			(	(	(						
E	Eastern Cottonwood			(	(	(						
F	Mountain Cedar			(	(	(						
G	Boxelder			(	(	(						
H	White Ash			(	(	(						
I	Pine			(	(	(						
J	River Birch			(	(	(						
K	Timothy			5		5						
L	Johnson			(		(						
M	Bermuda			(		(						
N	Bahia			(		(						
O	Lambsquarter			5		5						
P	English Plaintain			(		(						
Q	Short Ragweed			(		(						
R	Sheep Sorrel			(		(						
S	Mugwort			(		(						
T	Pigweed			(		(						
U	Alternaria Alternata			5		5						
V	Aspergillus Mix			(		5						
W	Fusarium Mix			(	6	7/5						
X	Cladosporium(Hormo)			(		7/5						
Y	Mucor Mix			(		7/5						
Z	Penicillium Mix			(	6	7/5						
AA	Pulluria Pullulans			(		7/5						
BB	Johnson Grass Smut			(		(						
CC	Stemph. Solani			(		(						
DD	D. Pteronyssus			5	5	5						
EE	D. Farinae			(		(						
FF	Cockroach Mix			(		(						
GG	Cat			(	6	7/5						
HH	Dog			(		7/5						
II	T.O.E. Mold Mix			5		5						
JJ	Horse											
KK	Feather Mix											
LL	Rabbit											
MM	Hamster											
	Fire Ant											

(73)

Name: Sheila Watson
Date: 7/23/09

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with _____

Controls:
+ = 7
- = 5
Gly= 6

R. Puchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidrine, MD
S. Tetterton, PA-C
D. Makeupson, PA-C

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SCENT DEF Exhibit 146



FOOD ALLERGY PANEL

1) Egg	_____	16) Pinto Bean	_____
2) Shrimp	_____	17) Onion	_____
3) Tuna	_____	18) Soy	_____
4) Lemon	_____	19) Potato	_____
5) Pineapple	_____	20) Corn	_____
6) Tomato	_____	21) Chocolate	_____
7) Coffee	_____	22) Banana	_____
8) Mushroom	_____	23) Strawberry	_____
9) Wheat	_____	24) Orange	_____
10) Milk	_____	25) Apple	_____
11) Pecan	_____	26) Cantaloupe	_____
12) Peanut	_____	27) String Bean	_____
13) Pork	_____	28) Cucumber	_____
14) Chicken	_____	29) Carrot	_____
15) Beef	_____	30) Squash	_____

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Sheila Watson

Date: 7.23.09

R.Puchalski, M.D., FAAOA
O. Dyce, M.D.
M.Vidrine, M.D.
C.Gunnlaugsson, M.D.
S.Tetterton, PA-C
D. Makeupson, PA-C

www.southcarolinaent.com

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700523
Version: 1.1.11

Session Date: 23JUL2009
Session Time: 08:32AM
Last Cal Check: 30JUN2009

BEST FVC/FVL REPORT

ID: 36422
Name: WATSON, SHEILA
Gender: FEMALE
Medication:
Dosage:

Height: 63" Physician:
Age: 55YRS Technician:
Weight: 175LBS
Smoker: NO
Ethnicity/Correction: AFRICAN AMERICAN 88.0%

Sensor Code: 051442
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: NHANESIII

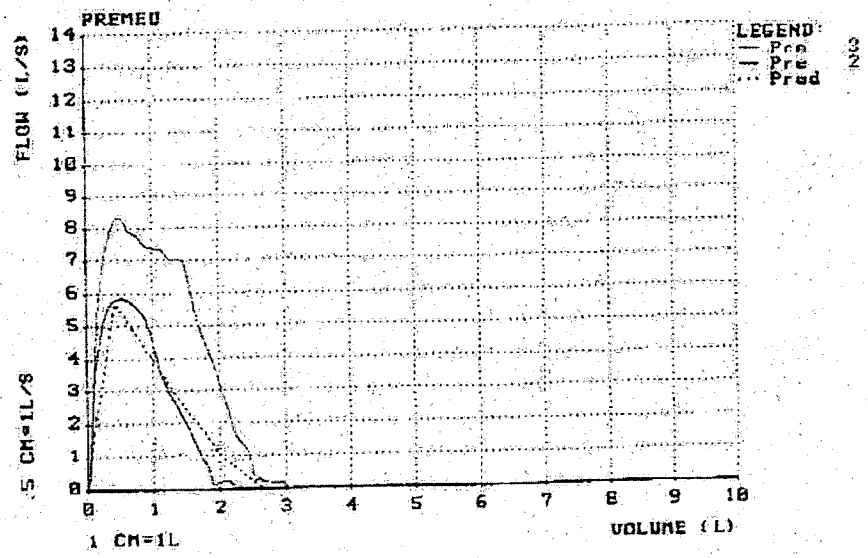
< Indicates Below LLN

Clinical Format: PREMED - 08:34AM
Best Criteria: VAL

MEASUREMENT	QC	BEST	Trial	%Pred	Pred	LLN
FVC (L)	F	3.15	3	117	2.67	1.98
FEV1 (L)	F	2.53	3	119	2.12	1.53
FEV1%		80		100	80	70
FEF25-75 (L/S)		3.65	3	175	2.19	
PEF(L/S)		8.57	3	148	5.75	
FET (S)		7.35	3			

Report Summary:
Pre Med: Tests 3 Acceptable 3 Reproducible 0 FVC VAR: 753ML FEV1 VAR: 530ML PEF VAR: 2654ML/S

ATS Interpretation: PREMED - Normal Spirometry
Comment:



1) Normal
2) Normal/mild restrictive
3) Revesible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	2.67	3.15	
FEV1	2.12	2.53	
FEV1/FVC	80 %	80 %	%

Location:
Followup Date: 8/12/09
Phys. Signature:
Date Interpreted: 8/5/09

5578

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: WATSON,SHEILA A
Phys: Soliman,Mohamed S.
DOB: 11/09/1954 Age: 54 Sex: F
Acct: V004226601 Loc: UNK
Exam Date: 01/23/2009 Status: UNK
Radiology No: 00089876
Unit No: M0113318

EXAM#	TYPE/EXAM	RESULT
000109888	CT/CT HEAD WITHOUT	

EXAMINATION: CT of the head.

HISTORY: Chronic headaches.

CT of the head was performed with 4.5 mm scans obtained from the skull base to the vertex. No contrast was given.

FINDINGS: Ventricles have normal size and configuration. There is no evidence of mass or mass effect. No extraaxial fluid collections identified. Brain parenchyma is unremarkable with no evidence of acute intraparenchymal hemorrhage.

IMPRESSION: No evidence of acute intracranial abnormality.

STEVEN B. GLASSMAN, MD

DD: 01/23/2009 12:10 EST
DT: 01/23/2009 12:48 EST/MIS803/635504

** REPORT SIGNATURE ON FILE 01/24/2009 **
Reported By: STEVEN B. GLASSMAN M.D.
Signed By: WILLIAM ROWLETT M.D.

CC: Soliman,Mohamed S.

Technologist: RIVERS,JANET
Transcribed Date/Time: 01/23/2009 (1255)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 07/09/2009 (1449)

Sheila Watson DOB: 04.May.1954 (59)
Sinus 23.Jan.2009

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: WATSON,SHEILA A
Phys: Soliman,Mohamed S.
DOB: 11/09/1954 Age: 54 Sex: F
Acct: V004226601 Loc: UNK
Exam Date: 01/23/2009 Status: UNK
Radiology No: 00089878
Unit No: M0113318

EXAM#	TYPE/EXAM	RESULT
000109889	CT/CT SINUSES W/OUT LTD	

EXAMINATION: CT of the sinuses.

HISTORY: Chronic headaches.

CT of the sinuses was performed with 1 mm axial scans obtained through the sinuses. Coronal and sagittal reconstruction images were produced as well.

FINDINGS: There is some mucoperiosteal thickening and partial opacification of the right ethmoid air cells noted. Otherwise the sinuses appear to be clear. Minimal mucoperiosteal thickening in the floor of the left maxillary sinus. No air fluid levels. Mild thickening of the inferior turbinates.

IMPRESSION: Mild chronic changes with some mucoperiosteal thickening in the ethmoid air cells and floor of the left maxillary sinus. No air fluid levels noted.

STEVEN B. GLASSMAN, MD

DD: 01/23/2009 12:11 EST
DT: 01/23/2009 12:57 EST/MIS803/635505

** REPORT SIGNATURE ON FILE 01/24/2009 **
Reported By: STEVEN B. GLASSMAN M.D.
Signed By: WILLIAM ROWLETT M.D.

CC: Soliman,Mohamed S.

Technologist: RIVERS,JANET
Transcribed Date/Time: 01/23/2009 (1309)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 07/09/2009 (1449)

5580

SCENT DEF Exhibit 146

/

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Watson, Shelia	**Date: 8/31/2009**	**Medical Record#: 116297**
AGE: 54	Referring Physician: Dr. Dyce	Patient Account #: 2788430
Sex: Female	Ht (inches): 63	Weight (lbs): 176
Body Mass Index (kg/m2): 31	(BMI > 28 is considered obese)	
Study Technologist: Kristin Weaver	Scoring Technologist: Janice Oeltjenbruns	

Indication
The patient is a 54-year-old African-American female with a body mass index of 31, who presents for evaluation of sleep disordered breathing. She reports loud snoring and tossing and turning during sleep. She was found to have an Epworth Sleepiness Score of 12. Her sleep habits allow for good sleep hygiene with a typical bedtime of 9:30-10pm and a wake time of 5:30-6am. She reports a sleep latency 30 minutes. She denies sleep paralysis, hypnogogic dreaming, and cataplexy.

She reports a past medical history significant for sinus and allergy problems, HTN, and hypothyroidism. She reports a past surgical history significant for a hysterectomy. She denies tobacco use, alcohol consumption, and significant caffeine consumption. She reports that her child has known sleep problems.

Current Medications Include
Levothyroxine, Diovan, Singulair, Potassium, Vivelle, MVT, and ASA

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 344.5 minutes. The patient demonstrated a sleep latency of 45.5 minutes and a sleep efficiency of 79%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (7%), Stage 2 (73%), Stage 3 (0%), Stage 4 (0%), and REM (20%).

Respiratory Summary
Patient was found to have an apnea-hypopnea index of 1.7, in the setting of a respiratory disturbance index of 1.9. The REM apnea/hypopnea index was found to be 5.1, and the supine apnea/hypopnea index was found to be 2. The patient had 7 obstructive, 0 mixed, and 0 central apneas. The patient had 3 hypopneas, and 1 flow limitation events (RERA). The average apnea was 19.0 seconds in duration with the longest being 27.0 seconds. The average hypopnea was 16.0 seconds in duration, with the longest being 17.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 89%. The patient's average oxygen saturation during wakefulness was 98%. The patient spent 0% of Total Sleep Time under 90% during this study.

SCENT DEF Exhibit 146

Sleep Fragmentation Summary
The patient was found to have a total of 0 periodic limb movements, yielding a periodic limb movement index of 0. 0 of these periodic limb movements were associated with arousals.
There were a total of 17 arousals, 3 of which were respiratory in nature. The respiratory arousal index was found to be 1.

Snoring Report
The patient was found to have 11 snoring episodes, yielding a snoring index of 2.

Electrocardiographic Analysis
Electrocardiographic monitoring revealed a mean heart rate of 77. There were no significant dysrhytmias noted.

Impressions
1. **Subclinical sleep disordered breathing.** The patient presented with an apnea/hypopnea index of 2. These respiratory events were exacerbated by REM sleep (REM AHI = 5). In addition, they were associated with desaturations to 89%.

Recommendations
1. **Consider a thorough upper airway evaluation** by an otolaryngologist to exclude potentially surgically correctable causes of upper airway resistance.
2. **Behavioral modification.** The patient's sleep fragmentation may likely respond to an aggressive weight loss program, as well as limiting sedatives and stimulants prior to sleep. Ms. Watson was found to have an elevated body mass index of 31.
3. **Should clandestine sleep apnea be suspected, consider a repeat NPSG in the future.**

Dr. Puchalski would like to thank Dr. Dyce for referring this patient to the Sleep Diagnostics Center at Carolina Pines Regional Medical Center. Should you have any questions concerning the interpretation of this study, please contact me at the office or page me directly at 803-424-2176.

This polysomnograph was reviewed by the
Medical Director of the CPRMC Sleep
Diagnostics Center

Robert Puchalski, MD
Board Certified, Sleep Medicine
Dictation Date: 9/2/09

SCENT DEF Exhibit 146

South Carolina ENT Patient Referral

Phone: (803) 408-3277
Fax: (803) 408-3299

Patient Name (Last, First, MI): Jackson, Gianni

Parent/Guardian (If minor): Diana Jackson

Street Address: 1420 Davis St

City: Camden State: SC Zip Code: 29020

Sex: M ☐ F ☒ Date of Birth: 8/30/09

Phone: (H) 425-9959 (C) (W)

Patient SSN: Insurance Co: First Choice

Insurance ID #: 278106855 Policy Holder Name:

Policy Holder SSN: Policy Holder Date of Birth:

Please include a front & back copy of insurance card. If the patient's insurance requires a referral, please fax the referral information to our office prior to the patient's appointment with us.

Referring Physician: Dr. Hill

Diagnosis: pt needs hearing exam Fax: 432-3025

Office Contact Name: Wendy Phone: 432-1931

Requested Appt Type: ☐ Urgent/Same Day ☒ Next Available

For SC ENT Use Below

Scheduled Appointment Time/Date:

Location:
- ☐ 710 Rabon Road, Suite 202, Columbia, SC 29203
- ☐ 3 Richland Medical Park, Suite 520, Columbia, SC 29203
- ☐ 15 Exchange Dr@ Hwy 601, Lugoff, SC 29078

☐ Dr. Puchalski ☐ Dr. Vidrine ☐ Dr. Simmons ☐ Niccole Mount, NP ☐ Bob Kabakjian, PA

Pease include all pertinent documents associated with this appointment (i.e., office notes, labs, etc)

IMPORTANT: PLEASE NOTIFY YOUR PATIENT OF HIS/HER SCHEDULED APPT TIME WITH US

Thank you!

SCENT DEF Exhibit 146

TX Result Report

P 1
04/12/2013 02:36
Serial No. A1UD011008537
TC: 202253

Addressee	Start Time	Time	Prints	Result	Note
18436561213	04-12 02:32	00:04:08	006/006	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
PPG:Page separation TX, MIX:Mixed Original Tx, CALL:Manual TX, CSAC:CSAC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full,
LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error,
DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

From:ORVILLE DYCE MD 843 856 1213 03/09/2013 03:48 #289 P.006/015

HIPAA FORMS

Page 1 of 2

Harrsville ENT

AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: [redacted] Date of Birth: [redacted]

Address: _____

Phone Number: [redacted] Fax Number: _____

☑ Access Request to Copy/Inspect

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

Address

2 The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: ALL Records

☑ Complete Medical Record
☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and Imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other - list specific items: _____

These records were faxed July 26, 2012 and scanned into Patients Chart.

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

3 I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

HIPAA Form 1
Version 1
4/14/2003
001_HIPAA Form 1 Authorization

5584

SCENT DEF Exhibit 146

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Whitney Ashton Brown Date of Birth: 06/01/1989

Address: _____

Phone Number: 843-517-9970 Fax Number: _____

☑ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

_____
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: All Records

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

These records were faxed July 26, 2012 and scanned into Patients Chart.

☐ Other – list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville Ent Fax: 843 656-1213

Address: 1096 Medical Park Dr. Hartsville, SC 29550

For the purpose of:

- [x] Further Medical Care
- [ ] Inspection/Copying of my records
- [ ] Personal
- [ ] Other (please specify):
- [ ] Insurance Eligibility/Benefits
- [ ] Legal Investigation or Action
- [ ] Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Whitney A. Brown — Signature of Patient — Date: 07/20/2012

(If signed by someone other than the patient, indicate relationship and authority to do so.)

Name of Patient (Please Print)

Patient is:
- [ ] Minor
- [ ] Disabled
- [ ] Incompetent
- [ ] Deceased

Legal Authority:
- [ ] Custodial Parent
- [ ] Executor of Estate of Deceased
- [ ] Authorized Legal Personal Representative
- [ ] Legal Guardian
- [ ] Power of Attorney for Health Care

Danielle Fay M.S. — Signature of Witness — Date: 7/20/12

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

5586

SCENT DEF Exhibit 146

TX Result Report

P 1
05/22/2013 22:28
Serial No. A1UD011008537
TC: 218106

Addressee	Start Time	Time	Prints	Result	Note
18436561213	05-22 22:19	00:09:22	014/014	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, PCR:Page separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CGRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

Page 1 of 2 HIPAA FORM 3

Hertsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: [redacted] Date of Birth: 06/01/1989

Address: _____

Phone Number: 443-517-6870 Fax Number: _____

☑ Access Request to Copy/Inspect

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

1. The following organization is authorized to make the disclosure:
SCENT
Name of Facility

Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: All Records

☑ Complete Medical Record ☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and Imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and Imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other - list specific items: _____

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment of alcohol abuse.

This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

FAXED 5-22-13
Records were also Sent Feb 2013

FAXED 5/22/2013 14:08 FROM:ORAVILLE DYCELNO 443 656 1813

5587

SCENT DEF Exhibit 146

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Whitney Ashton Brown Date of Birth: 06/01/1989

Address: _____

Phone Number: 843-517-9970 Fax Number: _____

☑ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

_____
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: All Records

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

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This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

FAXED 5-22-13

FAXED 5/8/13

Records were also Sent Feb 2013

F:\OM:ORVILLE DYCEIMD 843 656 1213 04/23/2013 14:09 #881 P.005/008

HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville Ent Fax: 843 656-1213

Address: 1096 Medical Park Dr. Hartsville, SC 29550

For the purpose of:

- ☑ Further Medical Care
- ☐ Inspection/Copying of my records
- ☐ Personal
- ☐ Other (please specify): _____
- ☐ Insurance Eligibility/Benefits
- ☐ Legal Investigation or Action
- ☐ Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Whitney A. Brown — Signature of Patient — Date: 07/20/2012

(If signed by someone other than the patient, indicate relationship and authority to do so.)

_____
Name of Patient (Please Print)

Patient is:
- ☐ Minor
- ☐ Incompetent
- ☐ Disabled
- ☐ Deceased

Legal Authority:
- ☐ Custodial Parent
- ☐ Legal Guardian
- ☐ Executor of Estate of Deceased
- ☐ Power of Attorney for Health Care
- ☐ Authorized Legal Personal Representative

Danielle Fay HS — Signature of Witness — Date: 7/20/12

FAXED 3/5/13

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

FROM:ORVILLE DYCE,MD 843 656 1213 04/23/2013 14:10 #881 P.008/008

(FRI) JUL 20 2012 11:54/ST. 11:54/No. 8003567702 P 1

HIPAA FORM 3

Hartsville ENT
AUTHORIZATION FOR RELEASE, USE AND DISCLOSURE OF HEALTH INFORMATION

Patient Name: Whitney Ashton Brown Date of Birth: 06/01/1989

Address: _____

Phone Number: 843-917-9970 Fax Number: _____

☑ **Access Request to Copy/Inspect**

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

1. The following organization is authorized to make the disclosure:

SCENT
Name of Facility

_____
Address

2. The type of information to be used or disclosed is as follows (please include dates of service)

Date(s) of Service: All Records

☑ Complete Medical Record

☐ Abstract of Medical Record (H&P, Discharge Summary, Consultation Reports, Operative & Procedure Reports, EKGs, Laboratory, X-ray and imaging reports)

☐ History & Physical (H&P)
☐ Discharge Summary
☐ Operative Report
☐ Consultation Reports
☐ X-ray and imaging reports
☐ Progress Notes
☐ Laboratory Test Results
☐ Immunization Record

☐ Other- list specific Items: _____

Behavioral Health Reports:

☐ Social History
☐ Client Data Form
☐ Referral/Treatment Form
☐ Admission Evaluation
☐ Notification of Admission
☐ Treatment Plan
☐ Academic History
☐ Aftercare Instructions
☐ Psychological Evaluation

☐ Other – list specific items: _____

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This information is being provided to you from records whose confidentiality may be protected by State and/or Federal law.

HIPAA FORM 3

4. I understand that your facility may receive compensation for medical record copying in accordance with State law.

5. This information may be disclosed to and used by the following individual/organization:

Name: Hartsville Ent Fax: 843 6526-1213

Address: 1096 Medical Park Dr. Hartsville, SC 29550

For the purpose of:

- ☑ Further Medical Care
- ☐ Inspection/Copying of my records
- ☐ Personal
- ☐ Other (please specify):_____
- ☐ Insurance Eligibility/Benefits
- ☐ Legal Investigation or Action
- ☐ Changing Physicians

6. I understand I have the right to inspect and obtain a copy of my protected health information in the designated record sets you or your business associates maintain. I understand however I am not entitled to inspect or obtain a copy of any psychotherapy notes or any information compiled in anticipation of use of or for any civil, criminal or administrative action or proceeding, any information not subject to disclosure under the Clinical Laboratory Improvements Amendments of 1988, (42 U.S.C. section 263 (a), and certain other records.

7. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used or disclosed under this authorization as described in #6 above.

8. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected under the terms of this authorization.

9. I understand that I may revoke this authorization in writing at any time. To understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. **This authorization expires within 90 days, unless otherwise specified.**

Whitney A. Brown — Signature of Patient

7/20/2012 — Date

(If signed by someone other than the patient, indicate relationship and authority to do so.)

_____
Name of Patient (Please Print)

Patient is:
- ☐ Minor
- ☐ Disabled
- ☐ Incompetent
- ☐ Deceased

Legal Authority:
- ☐ Custodial Parent
- ☐ Executor of Estate of Deceased
- ☐ Authorized Legal Personal Representative
- ☐ Legal Guardian
- ☐ Power of Attorney for Health Care

Danielle Langley — Signature of Witness

7/20/12 — Date

HIPAA Form 3
Version 1
4/14/2003
001_HIPAA Form 3 Authorization

5591

SCENT DEF Exhibit 146

WHITNEY ALLEN Patient ID: 248-79-0464
DOB: 01.Jun.1989 (19) Female
Visit Date: 17.Apr.2009 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr James Siegmann

INSURANCE INFORMATION
Pri Ins Company: Blue Cross Blue Shield
Pri Ins Policy #: FLQ068392727592

PROBLEM LIST
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.0 Turbinate hypertrophy
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today because I have always had a problem with my sinuses but I fell in January and hit my face. Since then there has been an increase in facial pressure and my PCP wasn't sure whether I had damaged the maxillary sinuses. I did have a CT of my sinuses done and I am here to review those films. Dr. James Siegmann is my PCP and he referred me here.

HPI:

S1: Evaluation of nasal septal deformity.
Diagnosing medical provider: the primary care provider, James Siegmann.
Signs and symptoms:
- face pressure.
- nasal congestion.
- anterior rhinorrhea.
- postnasal drainage.

Severity: The disability associated with the deviated septum is moderate, interfering with daily activities to some degree.
Timing: This has been a problem since childhood.
Setting when problem first began: after nasal injury.
Aggravating factors: none identified.
Relieving factors: none identified.
Predisposing factors: deviated nasal septum.
Associated manifestation: headache.
Previous tests/evaluations:
- Sinus CT: Date - 04/06/09.

Previous treatment: no treatment has been done.
Previous medical opinion regarding the deviated septum: none other than those already noted.
Patient's opinion to cause: none.
Effect on patient's life: no significant effect.
S2: Evaluation of nasal congestion.
Location: both sides.
Severity: severe.
Timing: This has been a problem since childhood. Initial pattern of development - unspecified.
Setting in which it first occurred: unknown.
Aggravating factors: none.
Associated manifestations:
- headache.
- hoarseness.
- popping in ears.
- postnasal drainage.

- pressure sensation in ears.
- snoring.

Previous tests/evaluations: none.
Previous treatment: no treatment has been done.
Previous medical opinion: none.
Patient's opinion as to cause: none.
Patient's statement regarding effect on life: no significant effect.

REVIEW OF SYSTEMS

See HPI. See Chart Summary.
The following systems are negative: Cardiovascular, Endocrine, Eyes, Gastrointestinal, Genital/Urinary, Hematological/Lymphatic, Immunologic, Integumentary, Musculoskeletal, Nervous, Psychiatric, Respiratory.

PAST, FAMILY AND SOCIAL HISTORY

Current Medications:	Ortho Tri-Cyclen (28) (0.035 MG), qd
Medication Allergies:	No known medication allergies
Non-Medication Allergies:	**Inhalant allergies:** none. **Food allergies or intolerances:** none. **Contact allergies:** none. **Contrast agent (dye) allergies:** none. **Insect bite or sting allergies:** none. **Allergy skin tests:** none. **Allergy blood tests:** none. **Allergy shots:** none. **Treatment for food allergy:** none.
Past Health History:	Has never been diagnosed with a significant problem.
Surgeries and Hospitalizations:	**Previous surgery:** none. **Previous non-surgical hospitalizations:** none.
Serious Injuries:	**No serious injuries or accidents.**
Family History:	**Parents' Health Status:** Mother: is in good health. Father: is in good health. **Nose and Sinuses:** Chronic sinus disease (has never had sinus surgery) - father. **Cardiovascular:** Hypertension - father and mother.
Social History:	**Marital status:** married. **Current tobacco usage:** none. **Second-hand smoke exposure:** Patient is exposed to second-hand smoke at home. **Provider has reviewed current medications, medication allergies, and PFSH/ROS information**

OBJECTIVE

CONSTITUTION: Blood pressure: Left arm - sitting: **Radial Pulse:** rate (rate per minute): **Respirations:** rate:; regular. **Temperature:** orally. Height: 65 inches. Weight: 170 pounds.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ: Normal.

EYES: Normal.
Pupils and Irises: Pupils round, equal, and reactive to light; no RAPD.

EAR, NOSE, MOUTH AND THROAT:
Pinnas and External Nose: Normal.
External Ear Canals and Tympanic Membranes: Normal.
Hearing: Conversational speech rarely or never misunderstands words. Weber test at all frequencies negative (midline), bilaterally. Rinne test at all frequencies normal (air>bone), bilaterally.
Nasal Interior: Normal septum, turbinates and mucosa.
Lips, Teeth and Gums: Normal.
Oral Cavity and Oropharynx: Soft palate normal. Bilateral tonsils - 2+. Posterior pharynx normal. Oral mucosa with normal color and moisture. No oral or oropharyngeal mucosal lesions.
Nasopharynx examination: see procedure note.

SCENT DEF Exhibit 146

NECK AND THYROID:
Neck: normal symmetry; trachea midline; normal laryngeal crepitation; no adenopathy; no neck masses; no skin lesions; no scars; no lacerations; no painful areas; thyroid cartilage normal; no bruits or tenderness in carotid arteries; jugular veins normal; base of skull and mastoids normal; normal range of motion.
Thyroid: normal size; no masses or tenderness.

RESPIRATORY: Normal breath sounds and respiratory effort. No chest wall deformities, tenderness or edema.

CARDIOVASCULAR: Normal sinus rhythm, no murmurs or abnormal heart sounds.

BREASTS AND AXILLA: Normal.

GASTROINTESTINAL:
Abdomen: No masses observed, normal contour.

LYMPH NODES: Neck Nodes: normal. **Axillary Nodes:** normal.

MUSCULOSKELETAL: Normal gait. Station normal.

SKIN: Scalp hair normal. Eyebrows normal. Eyelashes normal. Facial hair normal.

NEUROLOGIC:
Higher integrative functions: Normal orientation, memory, attention span and concentration, language, and fund of knowledge.
Cranial nerves: 8th cranial nerve: Hearing intact and symmetrical.
Gait: Normal.
Station: Normal.

PSYCHIATRIC:
Higher integrative functions: normal level of consciousness, orientation, judgement and insight, memory, mood and affect, language, fund of knowledge and capacity for sustained mental activity.

TESTS AND PROCEDURES

PERFORMED THIS VISIT

31231 Nasal endoscopy
Date: 17.Apr.2009; Location: office

- The nasal cavity was topically treated with 4% lidocaine and a phenylephrine solution. An endoscopy was then inserted into the nasal cavity bilaterally with salient findings described in the impression.

ASSESSMENT

CURRENT PROBLEMS

381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.0 Turbinate hypertrophy
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PRESCRIPTIONS

NEW

Nasonex (Mometasone Furoate Nasal Susp 50 MCG/ACT), 2 sprays to each nares qam for 30 days (quantity: 0) (special instructions: Please use per instruction sheet given in office), subs OK, refills: 3 , prescribed on 17.Apr.2009 by Orville Dyce, MD
Singulair (Montelukast Sodium Tab 10 MG (Base Equiv)), 1 TAB PO qd for 30 days (quantity: 30), subs OK, refills: 3 , prescribed on 17.Apr.2009 by Orville Dyce, MD

SCENT DEF Exhibit 146

PLAN

Comments: Orville Dyce, MD.

Impression: Ms. Allen presented with symptoms of seasonal allergic rhinitis with nasal congestion, post nasal drainage, headaches, sinus pressure and throat clearing. CT scan of the sinus was independently reviewed and demonstrated an old depressed nasal fracture on the right, scattered mucoperiosteal thickening of the ethmoid sinus, mucoperiosteal thickening of the maxillary sinus (L>R), severe turbinate hypertrophy bilaterally, narrow OMC bilaterally, a nasal septal deviation to the left and a tooth root in the left maxillary sinus (4.6.09). Physical examination revealed an old bony step off to the left and periorbital bruising on the right. Otoscopic examination revealed a moderate TM retraction on the left and the right ear was normal. Oral examination revealed 2+ tonsils with cobble stoning of the oropharyngeal walls. Nasal endoscopy revealed a severe nasal septal deviation to the left, nasal mucosal edema, turbinate hypertrophy, allergy bands, 2+ adenoids, clear mucus and erythema of the anterior nasal cavity that is highly suggestive of environmental allergy exposure. There is no mucopus, polyps, or acute sinusitis. At this time, I will start her on Nasonex and Singulair and she was given a Depo Medrol injection today (LOT#31304455B EXP 4/10). She will return in six weeks for reevaluation. I will have her discontinue antihistamine therapy and will arrange for allergy testing / spirometry in the near future.

TESTS AND PROCEDURES

TO BE SCHEDULED

95004 Allergy Tests (PRICK)
To be scheduled; Location: office

95027 Allergy Tests, IDT
To be scheduled; Location: office

COMMUNICATIONS

Consultation Visit- Dyce
Dr James Siegmann, MD

Consultation Visit-Tetterton-Puchalski
Dr James Siegmann, MD

Electronically signed by Orville Dyce, MD on 06.May.2009 10:10 AM

ICD CODE SUMMARY

473.9 Recurrent Sinusitis
477.8 Allergic rhinitis
478.19 Nasal obstruction
478.0 Turbinate hypertrophy

CPT CODE SUMMARY

31231 Nasal endoscopy
Reason: **478.19** Nasal obstruction

99244 Office Consult: Level 4
Modifiers: **-25** Significant, Separately Identifiable E&M Service by Same Physician on Same Day of the Procedure or Other Service
Reason: **477.8** Allergic rhinitis
Reason: **478.0** Turbinate hypertrophy
Reason: **473.9** Recurrent Sinusitis

NON-BILLABLE CPT CODES

95004 Allergy Tests (PRICK) (Quantity: 30)
Reason: **477.8** Allergic rhinitis

95024 Intracutaneous (intradermal) tests w allergenic extracts, immediate type reaction, incl test interpretation & report by a physician, specify number of tests (Quantity: 63)
Reason: **477.8** Allergic rhinitis

SCENT DEF Exhibit 146

WHITNEY ALLEN Patient ID: 248-79-0464
DOB: 01.Jun.1989 (20) Female
Visit Date: 17.Jul.2009 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr James Siegmann
Requesting: Dr James Siegmann

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my nasal congestion, post nasal drainage and headaches. I have recently had allergy testing and I am here to review those results. I am still getting sinus headaches.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Allen presented today for reevaluation and for review of a recent allergy testing. She initially presented with symptoms of seasonal allergic rhinitis with nasal congestion, post nasal drainage, headaches, sinus pressure and throat clearing. Spirometry was normal. CT scan of the sinus was independently reviewed in the past, demonstrated an old depressed nasal fracture on the right, scattered mucoperiosteal thickening of the ethmoid sinus, mucoperiosteal thickening of the maxillary sinus (L>R), severe turbinate hypertrophy bilaterally, narrow OMC bilaterally, a nasal septal deviation to the left and a tooth root in the left maxillary sinus (4.6.09). Allergy testing (06/24/09) revealed a hypersensitivity to trees, weeds, grasses, molds, dust, cat, dog, and cockroach. Nasal endoscopy performed at last visit revealed a severe nasal septal deviation to the left, nasal mucosal edema, turbinate hypertrophy, allergy bands, 2+ adenoids, clear mucus and erythema of the anterior nasal cavity that is highly suggestive of environmental allergy exposure. There is no mucopus, polyps, or acute sinusitis. I will continue her current regimen of antihistamines, nasal steroid spray, and begin immunotherapy.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 01.Oct.2009 05:15 PM

WHITNEY ALLEN Patient ID: 248-79-0464
DOB: 01.Jun.1989 (20) Female
Visit Date: 16.Oct.2009 (visit #2) at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr James Siegmann
Requesting: Dr James Siegmann

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies during immunotherapy. I still have some headaches in my sinus cavities and today I have a litte cough, but I am taking cough medicine for it. I discontinued my medicines because I am pregnant.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral
786.2 Cough

PLAN
Comments: Orville Dyce, MD.
Impression: Ms. Allen presented today in the midst of immunotherapy. She started immunotherapy on 7.31.09. She denied any adverse reactions. Today she reported headaches and a cough (her husband is currently in ICU with pneumonia). Of note, she just found out she is twelve weeks pregnant and discontinued her medications. She initially presented with symptoms of seasonal allergic rhinitis with nasal congestion, post nasal drainage, headaches, sinus pressure and throat clearing. Spirometry was normal. CT scan of the sinus was independently reviewed in the past, demonstrated an old depressed nasal fracture on the right, scattered mucoperiosteal thickening of the ethmoid sinus, mucoperiosteal thickening of the maxillary sinus (L>R), severe turbinate hypertrophy bilaterally, narrow OMC bilaterally, a nasal septal deviation to the left and a tooth root in the left maxillary sinus (4.6.09). Allergy testing (06/24/09) revealed a hypersensitivity to trees, weeds, grasses, molds, dust, cat, dog, and cockroach. Anterior rhinoscopy revealed severe nasal mucosal edema (L>R) in the setting of a nasal septal deviation to the left. Nasal endoscopy performed in the past revealed a severe nasal septal deviation to the left, nasal mucosal edema, turbinate hypertrophy, allergy bands, 2+ adenoids, clear mucus and erythema of the anterior nasal cavity that is highly suggestive of environmental allergy exposure. There is no mucopus, polyps, or acute sinusitis. At this time, she will continue immunotherapy and I will start her on Atrovent when she starts her second trimester next week. In addition, she was given a Z-Pak to start should her cough and headaches not improve. She will return in three months for reevaluation.

Electronically signed by Orville Dyce, MD on 06.Apr.2010 11:12 AM

WHITNEY ALLEN Patient ID: 248-79-0464
DOB: 01.Jun.1989 (20) Female
Visit Date: 15.Jan.2010 at SCENT (Hville 2)

PROVIDER INFORMATION
PCP: Dr James Siegmann
Requesting: Dr James Siegmann

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow on my allergies. I have continued my shots but discontinued my medicines due to being pregnant. I have only had a couple of sinus headaches, but nothing to terrible. I feel that I am doing pretty good.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms. Allen presented today in the midst of immunotherapy. She started immunotherapy on 7.31.09 and denied any adverse reactions. Of note, she is 25 weeks pregnant and discontinued her medications. Otoscopic examination revealed both TMs are intact in the absence of fluid. Anterior rhinoscopy revealed severe erythema and turbinate hypertrophy (L>R). Nasal endoscopy performed in the past revealed a severe nasal septal deviation to the left, nasal mucosal edema, turbinate hypertrophy, allergy bands, 2+ adenoids, clear mucus and erythema of the anterior nasal cavity that is highly suggestive of environmental allergy exposure. There is no mucopus, polyps, or acute sinusitis. At this time, she will continue immunotherapy and she will return in three months for reevaluation.

Of historical note, Spirometry was normal. CT scan of the sinus was independently reviewed in the past, demonstrated an old depressed nasal fracture on the right, scattered mucoperiosteal thickening of the ethmoid sinus, mucoperiosteal thickening of the maxillary sinus (L>R), severe turbinate hypertrophy bilaterally, narrow OMC bilaterally, a nasal septal deviation to the left and a tooth root in the left maxillary sinus (4.6.09). Allergy testing (06/24/09) revealed a hypersensitivity to trees, weeds, grasses, molds, dust, cat, dog, and cockroach.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 06.Apr.2010 12:30 PM

5598

WHITNEY ALLEN Patient ID: 248-79-0464
DOB: 01.Jun.1989 (20) Female
Visit Date: 07.Apr.2010 at SC EAR NOSE THROAT And FACIAL (HVILLE)

PROVIDER INFORMATION
PCP: Dr James Siegmann
Requesting: Dr James Siegmann

PRESENT ILLNESS INFORMATION
Chief Complaint: I am here today to follow up on my allergies. I started having problems with my allergies, itchy eyes, sneezing, and headaches when the pollen started.

ASSESSMENT
CURRENT PROBLEMS
381.81 Eustachian Tube Dysfunction
Location: bilateral
473.9 Recurrent Sinusitis
Location: bilateral
477.8 Allergic rhinitis
Location: bilateral
478.19 Nasal obstruction
Location: bilateral

PLAN
Comments: Stephanie Tetterton, PA-C.
Impression: Ms Allen presented today in the midst of home immunotherapy. She started immunotherapy on 7.31.09 and denied any adverse reactions. Of note, she is scheduled for labor induction in two weeks and is taking oral medications only as needed. Otoscopic examination revealed both TMs are intact in the absence of fluid. Anterior rhinoscopy revealed severe erythema and turbinate hypertrophy (L>R). Nasal endoscopy revealed nasal septal deviation to the left, nasal mucosal edema, turbinate hypertrophy, allergy bands, 2+ adenoids, clear mucus and erythema of the anterior nasal cavity. There was no mucopus, polyps, or acute sinusitis. At this time, she will continue immunotherapy and she will return in three months for reevaluation. In addition, we discussed surgical repair of the septum with septoplasty.

Of historical note, Spirometry was normal. CT scan of the sinus was independently reviewed in the past, demonstrated an old depressed nasal fracture on the right, scattered mucoperiosteal thickening of the ethmoid sinus, mucoperiosteal thickening of the maxillary sinus (L>R), severe turbinate hypertrophy bilaterally, narrow OMC bilaterally, a nasal septal deviation to the left and a tooth root in the left maxillary sinus (4.6.09). Allergy testing (06/24/09) revealed a hypersensitivity to trees, weeds, grasses, molds, dust, cat, dog, and cockroach.

Stephanie Tetterton, PA-C
Electronically signed by Orville Dyce, MD on 07.Apr.2010 08:45 AM

SCENT DEF Exhibit 146

Whitney Allen DOB: 01.Jun.1989 (24)
IDT and Food 24.Jun.2009

Allergy Testing/Treatment Formula Sheet
The Sinus and Allergy Center

	ANTIGEN	#6	#5	#4	#3	#2	#1	Vial Set 1	Vial Set 2	Vial Set 3	Vial Set 4	Vial Set 5
A	Sycamore	[7]	9	11								
B	White Oak	[7]	9	11								
C	White Hickory		[7]	9	11	13						
D	American Elm	[7]	9	11								
E	Eastern Cottonwood		[7]	9	11	13						
F	Mountain Cedar	[7]	9	11	13							
G	Boxelder	[7]	9	11	13							
H	White Ash	[7]	9	11								
I	Pine	[7]	9	11								
J	River Birch	[7]	9	11								
K	Timothy	[7]	9	11	13							
L	Johnson	[7]	9	11	13							
M	Bermuda	[7]	9	11								
N	Bahia	[7]	9	11								
O	Lambsquarter	5	[7]	9								
P	English Plaintain	5	[7]	9								
Q	Short Ragweed	[7]	9	11								
R	Sheep Sorrel	[7]	9	11								
S	Mugwort		[7]	9	11	13						
T	Pigweed	5	[7]	9								
U	Alternaria Alternata	[7]	9	11	13							
V	Aspergillus Mix		[7]	9	11	13						
W	Fusarium Mix	5	[7]	9								
X	Cladosporium(Hormo)			5	[7]	9						
Y	Mucor Mix			5	[7]	9						
Z	Penicillium Mix			[7]	9	11						
AA	Pulluria Pullulans		[7]	9	11	13						
BB	Johnson Grass Smut	5	[7]	9								
CC	Stemph. Solani	5	[7]	9								
DD	D. Pteronyssus	[7]	9	11	13							
EE	D. Farinae	[7]	9	11								
FF	Cockroach Mix	5	[7]	9								
GG	Cat			[7]	9	11						
HH	Dog	5	[7]	9								
II	T.O.E. Mold Mix	5	[7]	9								
JJ	Horse											
KK	Feather Mix			5	[7]	9						
LL	Rabbit											
MM	Hamster											
	Fire Ant											

Name: Whitney Allen

Date: 6/24/09

Controls:
+ = 7
- = 5
Gly= 6

R. Puchalski, MD
O. Dyce, MD
C. Gunnlaugsson, MD
M. Vidrine, MD
S. Tetterton, PA-C
D. Makeupson, PA-C

Treatment:
Immunotherapy- W H P C
Avoidance
Pharmacotherapy with _____

5600

SCENT DEF Exhibit 146



FOOD ALLERGY PANEL

1) Egg		16) Pinto Bean	
2) Shrimp		17) Onion	
3) Tuna		18) Soy	
4) Lemon		19) Potato	
5) Pineapple		20) Corn	
6) Tomato		21) Chocolate	
7) Coffee		22) Banana	
8) Mushroom		23) Strawberry	
9) Wheat		24) Orange	
10) Milk		25) Apple	2
11) Pecan		26) Cantaloupe	
12) Peanut		27) String Bean	
13) Pork		28) Cucumber	
14) Chicken		29) Carrot	
15) Beef		30) Squash	

3 or 4 = AVOID

2 = ROTATION DIET (every 4-5 days)

Important: The foods listed above are likely not responsible for acute life threatening reactions. Please notify the doctor if you have concerns that a dangerous reaction may occur and a blood test may be ordered.

Patient Name: Whitney Allen

Date: 4/24/09

R.Puchalski, M.D., FAAOA
O. Dyce, M.D.
M.Vidrine, M.D.
C.Gunnlaugsson, M.D.
S.Tetterton, PA-C
D. Makeupson, PA-C

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5601

CardioControl HQ (Imported)
Abnormal Spirometry Report - Allen, Whitney 6/24/2009 12:56:35 PM Page 1

Patient Information:

ID:	33394
Name:	Allen, Whitney
DOB:	6/1/1989
Height:	65 inch
Gender:	Female
Race:	Caucasian
Packs / Day:	
Smoke Years:	
Cooperation:	

Test Information:

Test Type:	FVC
Pre Time:	1:01 PM
Post time:	1:46 PM
Values Selected:	Best Measurement
Norm Reference:	NHANESIII 1999
BTPS (in/ex)	1.11 / 1.00
Last Calibration:	5/13/2009 8:10:22 AM
Device Info:	1.6.0:489

Test Results:

FEV1%Pred:	82 %
FEV1%:	95%
Improvement:	0% FVC, -3% FEV1 ((Post - Pre) / Pre) * 100

FEV1 Pre / Post Var:	68 ml (2 %)	/ 151 ml (5 %)
FVC Pre / Post Var:	42 ml (1 %)	/ 18 ml (1 %)
ATS Reproducibility:	Pre:	Met
	Post:	Met

Test Interpretation: UNCONFIRMED REPORT

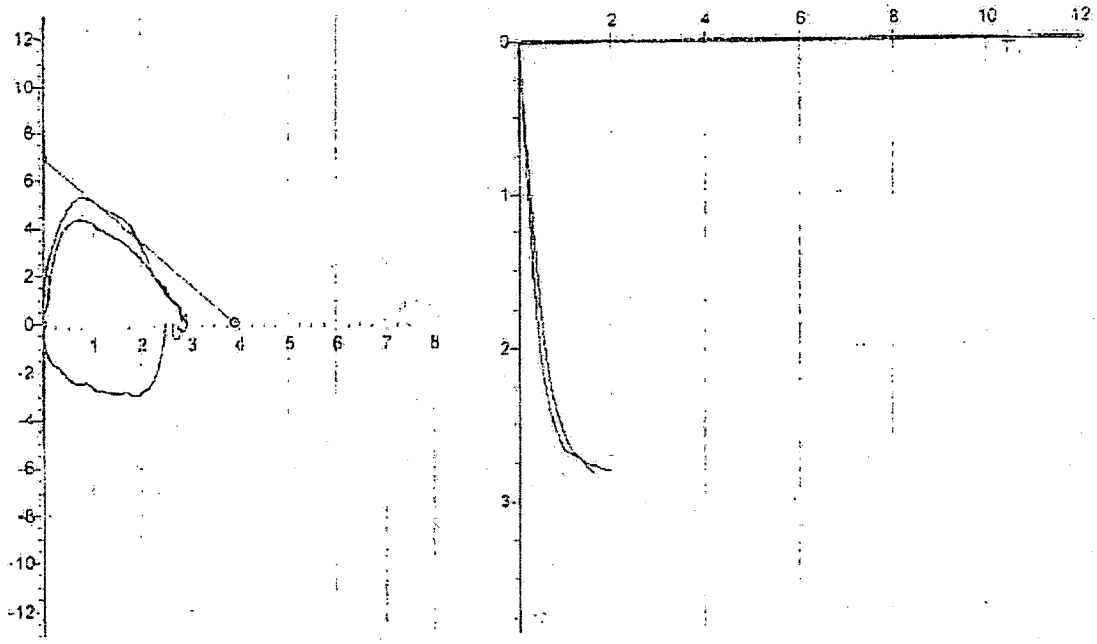
Pre: FVC= 2.94L FEV1= 2.79L FEV1/FVC= 94.92%
(6/24/2009 1:01:52 PM), Mild restriction

Post: 0.06% FVC -2.64% FEV1 -2.70% FEV1/FVC
(6/24/2009 1:45:29 PM), Mild restriction

Test Comment:

Parameter	Units	Pred	Best Effort 1. Pre	%Pred	2. Post	%Pred	%Change	All Efforts 1. Pre	2. Pre	3. Pre	1. Post	2. Post	3. Post
FVC	(L)	3.80	2.94*	75	2.84*	76	0	2.94*	2.90*	2.78*	2.75*	2.84*	2.89*
FEV1	(L)	3.41	2.79*	82	2.72*	80	-3	2.79*	2.72*	2.72*	2.42*	2.72*	2.57*
FEV1%	(%)	87	95	110	92	107	-3	95	94	98	88	92	88
PEF	(L/s)	8.97	5.31	99	4.37*	87	-25	5.31	6.24	4.56*	4.67*	4.37*	3.98*
FEF50	(L/s)	-	4.53	-	3.55	-	-21	4.53	4.83	2.86	3.68	3.55	3.37
FEF25-75	(L/s)	3.81	4.14	110	3.39	88	-19	4.14	4.17	3.68	3.24	3.39	3.12

(*) Means below LLN



– Effort 2 (Post) – Effort 1 (Pre) – Effort 2 (Post) – Effort 1 (Pre)

1) Normal
2) Normal/mild restrictive
3) Reversible
4) Obstructive
5) Poorly Reproducible

	Predicted	Pre	Post
FVC	3.90	2.94	2.94
FEV1	3.41	2.79	2.79
FEV1/FVC	87 %	95%	95 %

Location: Paintsville
Followup Date: 7/10 @ 9:30
Phys. Signature:
Date Interpreted: 6/27/09

[redacted]

CAROLINA PINES REGIONAL MEDICAL CENTER

RADIOLOGICAL INTERPRETATION

PATIENT NAME: ALLEN,WHITNEY
X-RAY#:
EXAM DATE: 4/06/2009
PHYSICIAN: JAMES R. SIEGMANN MD
HISTORY: TRAUMA TO RT MAXILLA SINUS AREA
TRAUMA TO RT. MAXILLA SINUS AREA

ACCOUNT #: 2778795
MED REC #: 114242
D.O.B.: 06/01/1989
ROOM: OP

CT MAXILLOFACIAL REGION WITHOUT CONTRAST:

INDICATION: 19-year-old, trauma to right maxillary sinus area in January.

TECHNIQUE: CT maxillofacial region was performed without contrast with routine noncontrast protocol. Axial scan data were reprocessed and reconstructed on scanner by technologist into coronal planes for evaluation of vertical bony structures and ostiomeatal complexes.

FINDINGS: Ostiomeatal complexes are patent. Left deviated nasal septum is seen. Mild to moderate mucosal disease is seen in the left maxillary antrum. No air fluid levels or bony erosion or destruction are seen. There is deformity of the nasal bones which may be secondary to old trauma.

IMPRESSION:
LEFT DEVIATED NASAL SEPTUM. MILD TO MODERATE MUCOSAL DISEASE LEFT MAXILLARY ANTRUM. SUGGESTION OF OLD NASAL FRACTURE. NO ACUTE FRACTURE SEEN.

DD: 04/06/2009 00:00 Dictated By: DAVIS, CHARLES
DT: 04/06/2009 15:56 CMO Signed By: DAVIS, CHARLES

DATE DICTATED: 4/06/2009
DATE TRANSCRIBED: 4/06/2009
TRANSCRIPTIONIST: CMO
12855 REPRINT

CHARLES DAVIS
REVIEWED AND SIGNED

5603

Theresa Williams

5604

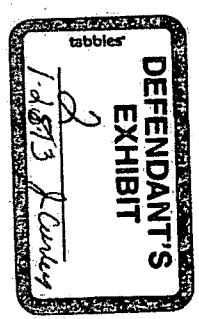
From: Jamie [jamiedyce@me.com]
Sent: Friday, January 22, 2010 8:04 PM
To: Theresa Williams
Subject: Re: Red Roof

Hi theresa! My vote is for black/brown shingles--hope that helps!

Sent from my iPhone

On Jan 22, 2010, at 10:09 AM, Theresa Williams <twilliams@southcarolinaent.com> wrote:

> Good Morning-
>
> I have attached 3 photos of projects with red shingled roofs. We are considering using red or black but would love your input. The first two are churches, the third is a house, but the design is very similar to our Lugoff building.
>
> Thanks for your help. Have a great day!
>
> Theresa
>
> <IMG_2868.JPG>
> <IMG_2864.JPG>
> <IMG_2871.JPG>



5605

Theresa Williams

From: Theresa Williams
Sent: Thursday, March 11, 2010 11:57 AM
To: jamie curley; alpuchalski@gmail.com
Cc: Robert Puchalski; Ed White
Subject: NOTICE OF SPECIAL MEETING OF THE MEMBERS03052010
Attachments: NOTICE OF SPECIAL MEETING OF THE MEMBERS03052010.docx

Importance: High

Please see the attached special meeting notice. Thanks, Theresa

SCENT 2110

SCENT DEF Exhibit 154

NOTICE OF SPECIAL MEETING OF THE MEMBERS
OF
SCENT LAND HOLDINGS, LLC

A Special Meeting of the Members of SCENT Land Holdings, LLC (the "Company") will be held on Friday, March 12, 2010 by teleconference, at 10:00am. The dial in number for the meeting is 888-543-4442, passcode 803-255-9559.

It is expected that the following items will be discussed and that action, if deemed appropriate, will be taken with respect to them:

1. Status of the building being constructed on Hwy. 601, Lugoff, SC.
2. The Mechanics Lien on the building and the situation that exists where the contractor and his subcontractors have not been paid for their work and have communicated to the Company that they are in a negative cash flow position as a result of their work on the building.
3. Damage to the contractor, the subcontractors and the Company if the contractor remains unpaid.
4. A capital call and other steps to finance and complete the building.

Date: March 11, 2010
Lugoff, South Carolina

Robert Puchalski, M.D.
Manager
SCENT Land Holdings, LLC

5606

NOTICE OF SPECIAL MEETING OF THE MEMBERS
OF
SCENT LAND HOLDINGS, LLC

A Special Meeting of the Members of SCENT Land Holdings, LLC (the "Company") will be held on Monday, April 19, 2010 by teleconference, at 12:00 noon. The dial in number for the meeting is 888-543-4442, passcode 803-255-9559.

It is expected that the following items will be discussed and that action, if deemed appropriate, will be taken with respect to them:

1. Status of the building being constructed on Hwy. 601, Lugoff, SC.
2. Failure of Jamie Curley to pay the first installment of the capital call approved on March 12, 2010 and the expulsion of her interest.
3. Cancelling the second installment of the capital call approved on March 12, 2010 and moving forward with permanent financing of the building.

Date: April 16, 2010

Lugoff, South Carolina

Robert Puchalski, M.D.
Manager
SCENT Land Holdings, LLC

~#4851-8096-5126.v.1~

5607

SCENT DEF Exhibit 155

From:	Theresa Williams
Sent:	Wednesday, March 17, 2010 9:10 AM
To:	'alpuchalski@gmail.com'; 'jamie.curley'
Cc:	Robert Puchalski
Subject:	SCENT Land Holdings, LLC
Attachments:	Wiring Instructions.doc
Importance:	High

Tracking:	Recipient	Delivery
	'alpuchalski@gmail.com'	
	'jamie.curley'	
	Robert Puchalski	Delivered: 3/17/2010 9:10 AM

Please allow this email to serve as notice of the mandatory two-stage capital call of the Members of SCENT Land Holdings, LLC (the "Company") as approved at the March 12, 2010 Member meeting held by teleconference. As approved, each Member will need to immediately contribute $170,000 to the Company and then a second payment by each Member of $465,000 will be due by April 19, 2010.

Recognizing that the Members will need to make arrangements to make the first contribution that is immediately due we would suggest that each of you make your first contribution in the next 10 days. As was relayed in the meeting, the Company's builder is owed this amount and we need to be prompt in getting him paid.

SCENT DEF Exhibit 156

5608

NOTICE OF SPECIAL MEETING OF THE MEMBERS
OF
SCENT LAND HOLDINGS, LLC

A Special Meeting of the Members of SCENT Land Holdings, LLC (the "Company") will be held on Monday, April 19, 2010 by teleconference, at 12:00 noon. The dial in number for the meeting is 888-543-4442, passcode 803-255-9559.

It is expected that the following items will be discussed and that action, if deemed appropriate, will be taken with respect to them:

1. Status of the building being constructed on Hwy. 601, Lugoff, SC.

   Discuss: The current stage of construction including (i) the payment of the contractor and the source of funds to make the payment (ii) understanding with contractor as to moving forward and (iii) the need to move forward – finish the building, vandalism, pay back SCENT, questions in the community, etc.

2. Failure of Jamie Curley to pay the first installment of the capital call approved on March 12, 2010 and the expulsion of her interest.

   Discuss: The original capital call approved 3/12/10 with $340,000 ($170,000 each member) due immediately and a second payment of $930,000 ($465,000 each member) due by 4/19/10. Notice of the approved capital call was also emailed to each member on 3/17/10. Amy Puchalski submitted her payment of $170,000 on ___/10 and Jamie Curley failed to make her mandatory payment of $170,000 and has communicated in writing her intent not to make payment. Discuss that due to Ms. Curley's failure to comply with the capital call that it is clear that the capital call will not be sufficient to satisfy the Company's obligations and continuing with the capital call payments will be unfair to the member who is complying with the capital call and whose contributions are being used by the Company to satisfy its obligations.

3. Cancelling the second installment of the capital call approved on March 12, 2010 and moving forward with permanent financing of the building.

   Motion 1: Members cancel the portion of the 3/12/10 capital call previously approved in the amount of $930,000 ($465,000 each member) due by 4/19/10.

   Motion 2: Effective 4/28/10, the Company expel Jamie Curley as a Member of the Company in accordance with Section 6.9(c) of the

Company's Operating Agreement for failure to make the payment of the mandatory capital contribution in the amount of $170,000 as required by the Member vote on 3/12/10 and the Company then seek to obtain permanent financing to complete the construction project, pay back any amounts owed SCENT and pay back Amy Puchalski the first stage capital contribution of $170,000 which was not matched by Jamie Curley.

Date: April 16, 2010

Lugoff, South Carolina

_____

Robert Puchalski, M.D.
Manager
SCENT Land Holdings, LLC

5610

Charlie

---- Original Message -----
From: Robert Puchalski
To: Charlie Lucas
Cc: Theresa Williams ; Ed White
Sent: Tuesday, March 16, 2010 7:21 PM
Subject: SCENT Land Holdings

Charlie:

SCENT Land Holdings, LLC has approved a mandatory capital call from its members to complete the construction of the building. We hope the money to complete the project will be available in approximately six weeks. The Company is still going to push for a closing on permanent financing prior to that time, but we cannot guarantee the closing will occur prior to the six week period. In the meantime, SCENT Land Holdings , LLC will attempt to secure short term financing from non-bank sources to meet the financial commitment we currently have with you .

We have not had any issues with your work and appreciate all your patience over the last few months. SCENT Land Holdings, LLC intends to honor its financial commitments to you and, on behalf of the Company, I want to apologize for the delays in the closing of the permanent loan. SCENT Land Holdings is not experiencing any difficulty getting a loan due to financial reasons. Quite the contrary, First Palmetto Bank has been prepared to close on the property on multiple occasions . The holdup is that SCENT Landholdings, LLC is working through some internal issues that have hindered the closing .

Robert Puchalski, MD
Manager
SCENT Land Holdings, LLC

5611

Management Directive

Dr. Dyce, as you know, your last day with the practice will be May 9, 2010.

In order to make the transition as smooth as possible, the Company has developed the attached transition plan.

In accordance with Section 2.2(c) of your Employment Agreement, this is a management directive that you comply with your obligations under this directive as well as the provisions of the Shareholders Agreement and your Employment Agreement.

During the transition period you are required to cooperate with the Company's efforts to interview and recruit new physician and PA applicants and not disrupt or interfere with such efforts.

You are also expected to refrain from making any disparaging remarks about the Company or its personnel during this transition period.

Your Employment Agreement and Covenant Not to Compete provide that upon your departure the patients' records are the property of the Company and you are to refrain from soliciting the patients. Any correspondence or other communication to patients concerning your departure needs to be pre-approved by the Company and explain to the patients that another Company health care provider will assume their care.

You have not yet told me where you intend to practice after May 9, 2010. I would appreciate your letting me know that as soon as possible as that would also facilitate the transition.

In accordance with Section 2.2(c) of your Employment Agreement, failure to comply with this directive may be grounds for your immediate termination for cause.

3/30/10

Robert Puchalski, M.D.
Managing Shareholder and President
South Carolina ENT, Allergy
& Sleep Medicine, P.A.

-#4811-0651-7509 v.2-

Transition Time Line

Effective Immediately:
Dr. Dyce will immediately transition out of the following responsibilities which will be assumed by the Managing Shareholder of SCENT:

- CT Technical Director
- OSHA Compliance Officer
- SCENT Compliance Officer

Dr. Dyce will report to the Secretary of SCENT, Theresa Williams, any unresolved issues by the close of business on March 31, 2010.

No follow up patients are to be scheduled for follow up appointment after April 22 without Dr. Dyce alerting the patient that they will be seen by another Provider in SCENT.

Dr. Dyce will not operate on any patient during the transition period unless he is comfortable with the patient being followed by another SCENT Provider in the post operative period, or he has made other arrangements consistent with his contractual obligations.

Dr. Dyce will complete and sign off on all of his open AllMeds charts.

Dr. Dyce will provide SCENT with up-to-date charges for inpatient services (ie: hospital rounds, surgeries).

March 31, 2010 through April 2, 2010:
Dr. Dyce has scheduled time off.

April 6, 2010 (7AM)
SCENT Board Meeting. Dr. Dyce may be invited to attend in a non-voting capacity to coordinate any transition plans.

April 14, 2010:
Dr. Dyce will participate with SCENT leadership in notifying staff of the transition plan details.

Dr. Dyce will cooperate in speaking with Carolina Pines Regional Medical Center administration about the need for his OR time on Monday to transfer to a designated SCENT physician after April 26, 2010.

All communications to SCENT patients concerning Dr. Dyce's departure from SCENT will be pre-approved by SCENT. Dr. Dyce will cooperate in all approved communications to SCENT patients informing the patients of Dr. Dyce's departure and the transition of their care to other SCENT physicians.

SCENT will alert patients regarding Dr. Dyce's transition by posting a letter at the front desk of each SCENT location. In addition, patients booked after April 23, 2010, will be notified that another SCENT Provider will be available to care for their medical needs at their future appointment.

April 16, 2010 through April 18, 2010:
Dr. Dyce has weekend call. This is in addition to the weekday call responsibility he will have until April 26, 2010.

April 22, 2010:
This will be the last day of scheduled patients for Dr. Dyce.

April 23, 2010:
Dr. Dyce has a scheduled day off. Since the coding course is cancelled, Dr. Dyce can use the time to help with his transition.

April 26, 2010:
No patients may be scheduled beyond this date in the OR. This is the last OR date for Dr. Dyce during the transition period.

April 27, 2010:
Dr. Dyce will submit all hospital rounds, office charges and surgery charges. Dr Dyce will complete all clinical and administrative documentation that is required by the end of this date.

Dr. Dyce will vacate his office and return all SCENT property in his possession including keys, pager, phone, badges and laptop. All SCENT email and software access will be restricted at the conclusion of this day.

The practice hopes to schedule a farewell event for Dr. Dyce after Dr. Vidrine and Ms. Tetterton finish clinic at the Hartsville office.

May 9, 2010:
This will be the last pay day for Dr. Dyce during the transition period.

Management Directive

Dr. Dyce I had hoped our meeting this past Sunday would have helped us work through and balance your request for certain information of the Company with the Company's policy and practices of keeping confidential the Company's confidential information. Unfortunately, despite your contractual obligations, applicable law and the Company's policies and practices , you continue to demand that you be provided the requested information "without precondition."

The Stockholders Agreement to which you are a party, contains the following provision:

> Section 3.7 Confidentiality. The Shareholders shall not disclose any information relating to the Corporation regarding the Corporation's operations, records, patients, or procedures, to any persons other than employees of the Corporation, federal and state regulatory agencies, third-party reimbursement agencies, the Corporation's accountants, lawyers, consultants and other professional advisors, without the prior written consent of the Corporation or, as the case may be, an enforceable subpoena, or the final order of a court of competent jurisdiction. Each Shareholder shall use information related to the business of the Corporation to advance the Corporation's best interests, and not to benefit their personal interest. All forms, templates, systems (including billing systems) are the property of the Corporation and shall not be used apart from the Corporation by a Shareholder or Departing Shareholder without the written consent of the Corporation.

In addition, your Employment Agreement contains the following provision:

> 5.1 Confidentiality. Physician shall hold in confidence and not disclose and shall protect and safeguard from disclosure any and all business and other information that has not otherwise been publicly disclosed relating to the business and operation of the Group, the terms of this Agreement, the operation of the practice, patient records, patient lists, and all other information designated by the Group as confidential.

In accordance with Section 2.2(c) of your Employment Agreement, this is a management directive that you comply with your obligations under these provisions as well as the other provisions of the Shareholders Agreement and your Employment Agreement.

In addition, during your sixty (60) day transition period, you are expected to cooperate with the Company in connection with the transition and to not disparage or harm the Company or, the practice. Pursuant to Section 2.3(c), the Company, "at its option, shall have the right to restrict or prohibit Physician from the continued active performance of services for the Group during the sixty (60) day period while paying the compensation due to Physician pursuant to this Agreement for the remainder of the notice period." The Company is still evaluating how best to handle your transition. Since you have apparently declined to mediate this matter, as the Managing Shareholder and President, I will be following up with you shortly to discuss the plan for your transition from the practice in more detail.

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In accordance with Section 2.2 (c) of your Employment Agreement, failure to comply with this directive may be grounds for your immediate termination for cause.

Robert Puchalski, M.D.
Managing Shareholder and President
South Carolina ENT, Allergy & Sleep Medicine, P.A.

~Doc# 6156525.1~

SCENT DEF Exhibit 163

LEASE AGREEMENT

This Lease is made to be effective on the 4th day of March, 2010 by and between SCENT Land Holdings, LLC ("Landlord") and South Carolina ENT, Allergy and Sleep Medicine, PA ("Tenant").

In consideration of the respective performance by the other of all the following terms, conditions, and covenants during the term of this Lease and any extension thereof, Landlord and Tenant do hereby agree to the following:

1. DESCRIPTION OF PREMISES.

Landlord hereby leases to Tenant the following-described property: a medical office building located in Lugoff, Kershaw County, South Carolina, located on U.S. Highway 601 South together with the related improvements, equipment, and fixtures thereon, including the use of adjacent parking areas, all of which shall be hereinafter described as the "Premises."

2. TERM.

The Term of this Lease is for 10 years (the "Term"), commencing on the 1st day of July, 2010, unless said term is terminated or extended pursuant to the provisions of this lease, and expiring on the 30th Day of June, 2020. If tenant has complied with all of the obligations contained herein and paid all Rent due the Landlord, the Tenant may elect to renew this Lease for additional terms of five (5) years (the Renewal Term) by providing Landlord written notice of its intent to renew at least sixty (60) days prior to the expiration of the then current term.

3. RENT.

Tenant shall pay to the Landlord at 1165 Highway 1S Ste 300, monthly rent in the amount of $16,836.33. Tenants have paid, upon execution of this lease, the first year of the above rental in full to the Landlord. The monthly rent payments shall be payable beginning as of July 1st, 2010 and continuing on the first day of each month thereafter. Rent shall be paid at Landlord's above address or such other place as Landlord may designate in writing. It is the purpose and intent of Landlord and Tenant that this Lease, except as hereafter set forth, shall be absolutely net to Landlord and shall yield to the Landlord the Rent, as hereinabove provided. The rental amount due for any extension of the lease shall increase by Two(2%) percent to be paid in 12 equal monthly installments as set forth herein. In the event the Consumer Price Index

increases by more than Two (2%) percent for any One (1) year period of the lease, then the parties agree that on the extension date, the amount of the Rent shall be increased (but in no event decreased) by the percentage of any increase in the Index. Such increase shall be equal to the percentage increase as reflected in the last published Index in effect at the time of the adjustment. Landlord shall submit to Tenant a statement of any such adjustment to the Tenant before the effective date of the increase. In no event shall the increase exceed five percent (5%) for any Lease period.

The Tenant may terminate this lease agreement upon 2 months written notice to the Landlord and upon payment, or forfeiture, of 6 months rent as the price for buying out of this lease agreement.

4. USE AND OCCUPANCY.

Tenant shall use the Premises for the evaluation and treatment of patients or for any other purpose permitted under applicable zoning ordinances and restrictive covenants ("Tenant's Use"). Tenant shall not use the Premises or permit the Premises to be used for personal habitation or any unlawful purpose.

5. ALTERATIONS AND IMPROVEMENTS.

Tenant shall be entitled to change, alter, add, construct and other improvements on the Premises in order to render the Premises suitable for Tenant's intended use; provided, however, any such alteration, addition, construction, demolition, and rebuilding shall be done in compliance with applicable building codes, laws and ordinances and upon prior approval of the Landlord. Any improvements made to the property will inure to the benefit of the Lessor at the end of the lease and no reimbursement for expenses incurred or improvements made by the Lessee will be repaid to the Lessee. Lessor shall have the option, in his sole discretion, of requiring Lessee to return the property back to its original condition at the term of the lease or allowing it to remain as it is at the conclusion of the lease.

6. MAINTENANCE OF THE PREMISES.

A. During the Initial Term or any Renewal Term of this Lease, Tenant shall be responsible for all repairs, replacements and maintenance, ordinary as well as extraordinary, foresee and unforeseen, structural and otherwise.

B. Tenant shall keep the Premises in as good order and condition as when delivered to him, excepting ordinary wear and tear, and damage by fire, elements, or casualty.

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C. Tenant shall keep the plumbing, lighting, and electrical equipment and systems located within the Premises in good repair.

D. Tenant shall keep and maintain the walkways, parking, and landscaped areas of the Premises, if any, in a clean, attractive, and acceptable condition.

7. TRADE FIXTURES AND SURRENDER OF PREMISES.

All trade fixtures, merchandise, supplies, and equipment owned by Tenant and installed in the Premises shall remain the property of Tenant and within five (5) days of the end of the Term or any final extension thereof or earlier termination of this Lease permitted under the terms and conditions contained herein, Tenant shall remove the same and peaceably yield up the Premises to Landlord in as good repair and condition as when delivered to it, excepting ordinary wear and tear, and damage by fire, elements, or casualty; provided, however, that Tenant shall repair any damage to the Premises caused by the removal of such property.

8. UTILITY EQUIPMENT AND SERVICE.

In addition to the rent described above, Tenant shall pay all charges for utility services including heat, air conditioning, water, sewer, electricity, gas, and telephones used on the Premises.

9. MECHANIC'S LIENS.

Any mechanic's lien filed against the Premises for work or materials furnished to either Landlord or Tenant shall be discharged by such respective party responsible therefor promptly and prior to the commencement of any legal action to perfect the same.

10. LANDLORD'S RIGHT OF INSPECTION.

Landlord, at reasonable times and frequency, shall have the right to enter the Premises to examine the same, to show them to prospective purchasers, mortgagees, lessees and to make such repairs, alterations, improvements or additions required hereunder, if any, without the same constituting an eviction of Tenant in whole or in part; provided, however, except in cases of emergency, Landlord shall notify Tenant at least two (2) days prior to such entry, and such entry shall be made with a minimum of interference to Tenant's business. Subject to the terms and provisions of Section 14A hereof, rent shall not abate while any repairs, alterations, improvements, or additions are being made, provided that Landlord shall proceed expeditiously with the same and without unreasonable interference or interruption to Tenant's use of the Premises.

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11. PROPERTY TAXES.

In addition to the rent described in Section 3 above, Tenant shall be responsible for payment of property taxes, and shall promptly pay, or otherwise coordinate the payment when due of, all real estate taxes and special assessments lawfully levied against the Premises. Landlord will deliver to Tenant, promptly upon Landlord's receipt thereof, all tax bills relating to the Premises that are received by Landlord. Such payment shall be made by Tenant not later than thirty (30) days following the date on which Landlord provides Tenant with said tax bills. Tenant shall pay promptly all personal property taxes lawfully levied against personal property of any kind owned by Tenant upon or about the Premises.

12. LIABILITY INSURANCE.

A. Tenant shall be required to carry general liability insurance coverage on the Premises and on Tenant's operations with minimum limits as follows:

Bodily Injury	$1,000,000.00 Single Limit
Property Damage	$ 500,000.00

B. Said policy shall name Landlord as loss payee and contain a clause that the insurer will not cancel or change the insurance without first giving both parties prior written notice. Such insurance may be furnished by Tenant under a blanket policy or separate policy and shall be issued by a company licensed to do business in the State of South Carolina.

13. PREMISES INSURANCE.

Tenant shall carry fire and extended coverage insurance on all of the buildings and improvements on the Premises throughout the Term of this Lease. Such insurance shall be in the name of Landlord and Tenant and provide coverage in such amounts as are approved by Landlord in its reasonable discretion. In addition to rent described above, Tenant shall pay all premiums for such coverage within five (5) days after the same shall become due and will promptly deliver to the Landlord the policies of insurance and the receipts for such premiums. Provided, however, if the Tenant shall at any time fail to insure the Premises or keep the Premises insured as stated, the Landlord may do all things necessary to effect or maintain such insurance, and any moneys expended by Landlord for that purpose shall be paid by the Tenant on demand and may be recovered as rent in arrears. Said insurance shall insure against such hazards as are included in a standard extended coverage policy.

14. DAMAGES TO PREMISES.

A. In the event the Premises or any material portion thereof or any adjoining property shall be damaged by fire or other casualty during the Term hereof so as to render the Premises untenantable, Landlord shall promptly restore the same to their previous condition, and a just proportion of the rent, according to the extent to which the Premises are rendered untenantable, shall abate until the Premises shall have been restored and put in proper condition for use and occupancy by Tenant; provided, however, that if the damaged Premises cannot be made tenantable within one hundred (100) days after the occurrence of such damage, Tenant may terminate this Lease forthwith by written notice thereof delivered to Landlord not less than forty-five (45) days following the occurrence of such damage, and any rent paid in advance of such termination by Tenant shall forthwith be refunded to Tenant. If any authority having jurisdiction thereof shall determine that the Premises, or any building of which the Premises are a part, should be demolished and removed because of damage, this Lease shall terminate at the option of Tenant, and any rent paid in advance of such determination by Tenant shall be refunded to Tenant. If, during the term, any non-material portions of the Premises or the personalty or fixtures on it are destroyed or damaged in whole or in part by fire or other cause, Tenant, at its own cost and expense, shall cause the prompt repair and replacement of same.

B. Landlord and Tenant hereby release and discharge each other and any employee or representative of each from any liability whatsoever hereafter arising from loss, damage, or injury to any person or to the Premises caused by fire or other casualty for which insurance is required to be carried hereunder by the insured party at the time of such loss, damage, or injury to the extent of any recovery by the injured party under such insurance, provided such insurance permits a waiver of liability and subrogation rights.

15. BANKRUPTCY.

In the event the Premises or any rights therein shall be levied on by execution or other process of law by a creditor of either party, or if either party shall be adjudged bankrupt or insolvent, or if any receiver shall be appointed for the business and property of either party, or if any assignment shall be made of either party's property for the benefit of creditors, thereby diminishing any right or privilege granted by this Lease to the other party, then the other party may terminate this Lease forthwith.

16. WARRANTIES AND REPRESENTATIONS BY LANDLORD.

Landlord has good, marketable title to the Premises and any improvements located on the Premises and has the right to lease the Premises to Tenant without the

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consent or approval of any other person or entity. Landlord further represents and warrants that this Lease represents the binding obligation of the Landlord in accordance with its terms and that the person executing this Lease on behalf of the Landlord is duly authorized to do so without the consent or approval of any other person or entity.

17. QUIET ENJOYMENT BY TENANT.

Landlord covenants that if Tenant performs all the terms, conditions, and covenants of this Lease to be performed by Tenant, Tenant shall peaceably and quietly hold and enjoy the Premises for Tenant's purposes for the Term without hindrance or interruption.

18. SUBORDINATION TO LANDLORD'S MORTGAGE AND ATTORNMENT.

Tenant, at Landlord's request, shall subordinate Tenant's interest hereunder in writing to any lien or mortgage now or hereafter placed on the Premises and to all advances made or hereafter to be made upon the security thereof, provided that such lienee or mortgagee shall agree in writing that Tenant's rights hereunder shall not be diminished in any way because of such lien or mortgage. In the event the Premises are sold by foreclosure or power of sale under any lien or mortgage of Landlord, Tenant, at the option and request of the purchaser, shall attorn to the purchaser and recognize such purchaser as the Landlord under this Lease, provided that Tenant's rights hereunder shall be acknowledged and agreed to in writing by such purchaser.

19. ASSIGNMENT AND SUBLEASING BY TENANT.

Tenant shall not have the right to assign, transfer, hypothecate, or mortgage this Lease or sublease the Premises, or any part thereof, without the consent of Landlord; provided, however, Tenant may, without Landlord's consent, assign or sublet the Premises to any affiliate of Tenant or any surviving corporation/entity resulting from merger, consolidation or reorganization.

20. HAZARDOUS MATERIALS.

Tenant shall not cause or permit any Hazardous Materials, as defined herein, to be used, stored, generated, or disposed of on, in, or about the Premises in violation of applicable environmental laws. If any part of the Premises becomes contaminated in any material manner by a Release of Hazardous Materials for which Tenant is legally liable, then Tenant shall indemnify and hold Landlord harmless from any and all claims, damages, fines, judgments, penalties, costs, liabilities and/or losses arising during or after the Term or any renewal term hereof and arising in connection with

such Hazardous Materials or contamination.

21. CHOICE OF LAWS.

This lease shall be subject to the law of the State of South Carolina to resolve any dispute arising between the parties hereto.

22. DEFAULT OF TENANT.

If Tenant fails to pay rent or any other charge due hereunder within fifteen (15) days after written notice of such default has been given to Tenant, or if Tenant fails to perform any other term, condition, or covenant of this Lease for more than thirty (30) days after written notice of such failure has been given to Tenant, unless by its nature the cure of such failure requires more than thirty (30) days, and Tenant is diligently pursuing such cure, Landlord shall then have the right to pursue any right or remedy to which Landlord is entitled, under applicable law or this Lease, for such failure. In the event of default by Tenant, Tenant agrees to pay all costs of collection or enforcement, including costs and a reasonable attorney's fee.

23. HOLDING OVER.

If Tenant holds over after termination of this Lease, the tenancy thereafter shall be from month to month and not a renewal of this Lease; subject, however, to all terms, conditions, and covenants of this Lease, and the rent during the month-to-month tenancy shall be at the monthly rate of the last year of the Lease Term.

24. INDEMNITY.

A. Tenant shall defend, indemnify and hold Landlord harmless from and against any and all costs, expenses, liabilities, losses and damages, injunctions, suits, actions, fines, penalties, claims and demands of every kind or nature, including reasonable attorneys' fees by or on behalf of any person, party or governmental authority whatsoever arising out of, or in connection with, Tenant's use and occupancy of the Premises, except for any such liability caused by the negligence or willful misconduct of Landlord, its agents, employees, or contractors.

B. Landlord shall defend, indemnify and hold Tenant harmless from and against all costs, expenses, liabilities, losses and damages, injunctions, suits, actions, fines, penalties, claims and demands of every kind or nature, including reasonable attorneys' fees by or on behalf of any person, party or governmental authority whatsoever arising out of, or in connection with (a) any failure by Landlord to perform any of its obligations under this Lease; or (b) the negligence or willful misconduct of Landlord, its agents, employees or contractors.

25. ENTIRE AGREEMENT.

This Lease shall constitute the entire agreement of the parties hereto. Any prior agreement between the parties relating to the subject matter hereof, whether written or oral, is merged herein and shall be of no separate force and effect, and this Lease shall only be changed, modified, or discharged by agreement in writing signed by both parties hereto.

26. BENEFIT OF AGREEMENT.

The terms, conditions, and covenants contained in this Lease shall inure to the benefit of, and be binding upon, the parties hereto, their respective heirs, administrators, executors, representatives, successors and permitted assigns.

27. WAIVER.

The failure of either party to insist upon a strict performance of any of the terms, conditions, and covenants herein shall not be deemed to be a waiver of any right or remedies that either party may have and shall not be deemed a waiver of any subsequent breach or default in the terms, conditions, and covenants herein except as may be expressly waived in writing.

28. SEVERABILITY/PARTIAL INVALIDITY.

If any provision of this Lease is held to be illegal, invalid, or unenforceable (the "Offending Provision"), the Offending Provision shall be fully severable; this Lease shall be construed and enforced as if the Offending Provision had never comprised a part of this Lease; and the remaining provisions of this Lease shall remain in full force and effect and shall not be affected by the Offending Provision or by its severance from this Lease. Furthermore, in lieu of the Offending Provision, there shall be added, automatically as a part of this Lease, a provision as similar in terms to the Offending Provision as may be possible, and be legal, valid and enforceable.

29. NO ADVERSE PRESUMPTION.

It is acknowledged that this Lease arose as the result of arms-length negotiations between the parties and that this Lease, although manually prepared by representatives of Tenant, was prepared with the advice, consent, recommendation and review of Landlord and Landlord's counsel, and is the product of input by all parties. As a result, any ambiguity or uncertainty is not to be construed against the party whose counsel prepared this Lease on the grounds that such party's representatives drafted this Lease.

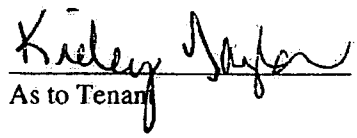
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IN WITNESS WHEREOF, the parties have executed this Lease Agreement at Camden, South Carolina, the day and year first above written.

WITNESSES:



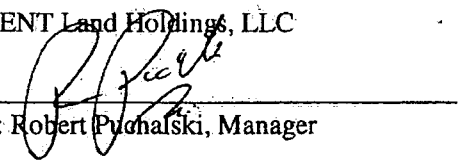
As to Landlord



As to Tenant

LANDLORD:

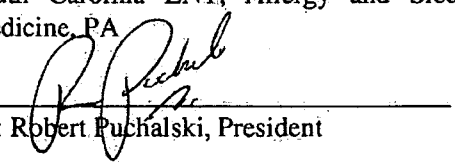
SCENT Land Holdings, LLC



By: Robert Puchalski, Manager

TENANT:

South Carolina ENT, Allergy and Sleep Medicine, PA



By: Robert Puchalski, President

STATE OF SOUTH CAROLINA	)	
	)	IN THE COURT OF COMMON PLEAS
COUNTY OF KERSHAW	)	FIFTH JUDICIAL CIRCUIT
Dr. Chad Gunnlaugsson,	)	Civil Action No. 2010-CP-28-00475
Plaintiff,	)	
vs.	)	**AFFIDAVIT OF KIM KOUMAS**
South Carolina ENT, Allergy & Sleep Medicine, P.A., and Dr. Robert Puchalski,	)	
Defendants.	)	

I, Kim Koumas, after first being duly sworn, depose and say:

1. My name is Kim Koumas and I currently reside in Keshaw County, South Carolina.

2. I am over the age of eighteen and fully competent to testify to the matters set forth herein, which are based on my personal knowledge.

3. I am currently the director of South Carolina ENT, Allergy & Sleep Medicine, P.A.'s Business Office (the "Business Office").

4. The Business Office is located at 1165 Hwy. 1 South, Lugoff, South Carolina 29078.

5. The Business Office handles all of the billing operations for SCENT, including patient billing, coding, reimbursements, patient records, and related administrative duties. I am responsible for overseeing all of those operations for SCENT.

6. On or about the evening of January 7, 2010 Dr. Gunnlaugsson showed up in the Business Office and began asking lots of questions about the operations performed in the Business Office. I specifically remember Dr. Gunnlaugsson asking lots of questions about

SCENT DEF Exhibit 166

the Business Office's processes and procedures and how they worked, including questions about how we file claims to insurance companies, coding procedures, and how the reimbursement process works.

7. Multiple other members of the Business Office staff observed Dr. Gunnlaugsson on this occasion.

8. Dr. Gunnlaugsson was in the Business Office for approximately 1 & 1/2 hours asking lots of questions about these procedures and related issues.

9. This event was very unusual. It is very unusual for a physician to show up in the Business Office, especially on a day when they are not seeing patients and usually devote their time to handling administrative responsibilities in their offices. To my knowledge, Dr. Gunnlaugsson had never expressed any interest in or concern with the Business Office's operations prior to this one occasion.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on May 6 2010

Kim Koumas, CPC-H

Sworn to and subscribed before me this 6th day of May, 2010

SC (L.S.) Notary Public for South Carolina

My Commission Expires: 5/2/15

TAMMY SZYMANSKI NOTARY PUBLIC SOUTH CAROLINA

State of South Carolina)
)
County of Kershaw, Court of Common Pleas)

C. A. No. 2010CP2500475

Dr. Chad Gunnlaugsson,)
)
Plaintiff,)
)
v.)
)
South Carolina ENT, Allergy and Sleep Medicine PA and Dr. Robert Puchalski)
)
Defendants.)

VERIFIED COMPLAINT
(Jury trial demanded)

FILED FOR RECORD
2010 APR 23 AM 11:52
CLERK OF COURT
KERSHAW COUNTY, SC

Plaintiff Dr. Chad Gunnlaugsson complains and states as follows:

1. Dr. Gunnlaugsson is a citizen and resident of South Carolina and practices medicine in Richland and Kershaw Counties, South Carolina. Dr. Gunnlaugsson brings this action pursuant to the Uniform Declaratory Judgments Act, SC Code Ann. Section 15 - 53 - 10 et. seq.; Rule 65, SCRCP, seeking declaratory judgments, a temporary restraining order, and preliminary injunction and also, under the State common law, for breach of contract to sell stock and breach of contract, breach of contract with fraudulent intent, breach of contract in the payment of compensation, and failure to pay wages due under the South Carolina Wage Payment Act. S.C. Code Ann. § 41-10-40.

2. Defendant South Carolina ENT, Allergy and Sleep Medicine PA (SCENT) is a South Carolina Corporation organized and existing under the laws of the state of South Carolina with an office in Columbia, Lugoff, Hartsville and Cheraw, South Carolina and its principal office in Kershaw County.

3. Defendant Puchalski is a citizen and resident of South Carolina who resides in Kershaw County and also practices medicine on a regular basis in Kershaw County.

4. This court has jurisdiction over this matter and venue is proper in Kershaw County.

SCENT DEF Exhibit 167

5. On or about June 1, 2006 Dr. Gunnlaugsson entered into a contract of employment with defendant SCENT.

6. On or about June 1, 2008, Puchalski presented to Dr. Gunnlaugsson a new employment agreement which provided that Dr. Gunnlaugsson would be allowed to purchase shares of common stock and become a shareholder upon satisfaction of the requirements established by the group to purchase the shares and execution of the shareholder agreement. This agreement described Dr. Gunnlaugsson as a "shareholder track physician." The agreement further provided that "upon approval by the group, physician shall be allowed to purchase shares of common stock of the group and become a shareholder upon satisfaction of the requirements established by the group to purchase the shares in the execution of the shareholders agreement...."

7. On January 7, 2008, all the shareholders of SCENT (Drs. Puchalski and Dyce) offered, via a signed writing, Dr. Gunnlaugsson an equal partnership in the practice effective June 1, 2008. This contract specified that Dr. Gunnlaugsson "shall be able to purchase one third of the shares of corporate stock" on June 1, 2008.

8. Prior to Dr. Gunnlaugsson's admission is a shareholder, there were only two shareholders of SCENT: Dr. Orville Dyce and Dr. Robert Puchalski.

9. Puchalski assured Dr. Gunnlaugsson that, pursuant to the Employment Agreement, Dr. Gunnlaugsson would be issued stock representing an equal share in SCENT. Puchalski first represented (pursuant to a June 2006 Employment Agreement) to Dr. Gunnlaugsson that the purchase price would be approximately $330,000. He later (in 2008) orally represented that the purchase price would be consistent with the stock purchase price set forth in the Shareholders Agreement of SCENT in section 4 of that Agreement (as that Agreement was originally presented to Dr. Gunnlaugsson).

SCENT DEF Exhibit 167

This new purchase price was incorporated into a June 1, 2008 Employment Agreement. Essentially, under that Agreement, the purchase price was an amount equal to one fourth of total revenue of the group for twelve month period and one third of the Accounts Receivable of the Corporation, and an additional $50,000. The new purchase price was approximately $700,000 according to oral and written representations by Puchalski.

10. Puchalski also orally represented that Dr. Gunnlaugsson would pay the purchase price by participating in the shareholder distributions described in section 3 of a Shareholder Agreement that was presented to Dr. Gunnlaugsson . The distributions had two components. Those two components were the biweekly distribution and the monthly sweep.

11. Puchalski also explained that Dr. Gunnlaugsson would not physically receive the shareholder distributions but that these would be credited toward the purchase price of Dr. Gunnlaugsson's shares. At such time that the purchase price was met, Puchalski explained that Dr. Gunnlaugsson would receive the same shareholder distributions that Puchalski and Dyce received and that he would be issued shares at that time.

12. Puchalski also withheld, without the consent of Dr. Gunnlaugsson, additional money for the payment of so-called "back taxes" which Puchalski claimed was to reimburse him for taxes he paid on the moneys paid by Dr. Gunnlaugsson for the stock.

13. Puchalski further represented that Dr. Gunnlaugsson would have to pay $100,000 for the par value of the stock despite Puchalski earlier representing the par value was $50,000.

14. The purchase price payment conditions described by Puchalski were the same ones used by Dr. Orville Dyce when he purchased his shares. Dr. Dyce is(was) the only other shareholder of SCENT besides Puchalski.

15. On a monthly basis from June 2008 through January 2010, Puchalski would meet with Dyce and Dr. Gunnlaugsson and reveal the shareholder distributions for the month and he would show Dr. Gunnlaugsson the progress he was making toward meeting the purchase price. These representations were made orally and in writing.

16. Puchalski's oral explanations constitute admissible parole evidence of missing terms in the employment agreement and written representation of January 7, 2008.

17. On or about June 1, 2009, Puchalski represented to Dr. Gunnlaugsson that he had had fully paid the purchase price according to the formula above. Thereafter, Dr. Gunnlaugsson began receiving the Shareholder "Biweekly Distribution" compensation but not the Shareholder "Sweep Distribution."

18. Puchalski continued to withhold any "Sweep Distribution" payments to Dr. Gunnlaugsson and represented that the reason for this was that Dr. Gunnlaugsson still need to pay the "backtaxes" on the purchase price and the $100,000 par value of the stock.

19. On or about January 1 2010, Puchalski orally, and in writing, represented to Dr. Gunnlaugsson in the presence of Dyce, that Dr. Gunnlaugsson had fully paid the purchase price and was entitled to receive his promised shares of SCENT but that these shares would not be issued and that Puchalski would explain to Dr. Gunnlaugsson in private why they would not be issued.

20. Despite having fully paid for his shares, Dr. Gunnlaugsson has never received any "Sweep Distribution" despite monies being available for this purpose.

21. On March 10, 2010, in the presence of attorney Ed White, Puchalski again represented that Dr. Gunnlaugsson had fully paid for his shares.

22. Thereafter, Puchalski represented that he was not issuing the shares to Dr. Gunnlaugsson because he was negotiating a new Shareholders Agreement with Dyce and the shares would not be

issued until Dyce agreed to the Shareholders Agreement proposed by Puchalski.

23. Puchalski represented, however, that Dr. Gunnlaugsson was entitled to the shares and had fully paid for them.

24. On information and belief, the new Shareholders Agreement shifted additional managerial rights to Puchalski and provided for significant new monetary compensation to him and provided for certain additional compensation to Puchalski in the event he voluntarily or involuntarily left SCENT.

25. The new Shareholders Agreement constitutes a power grab by Puchalski and an effort to provide himself with additional significant compensation in the event that he voluntarily or involuntarily leaves SCENT.

26. Puchalski has no legal or contractual right to insist upon a new shareholders agreement or to withhold shares from Dr. Gunnlaugsson.

27. Dyce has declined to agree to any new Shareholders Agreement, has no obligation to do so, and this is the only reason Puchalski is refusing to issue shares to Dr. Gunnlaugsson and is refusing to recognize Dr. Gunnlaugsson as a shareholder.

28. Because Dyce refused to agree to the new Shareholders Agreement and because of disagreements over Puchalski's management of the SCENT's finances, Puchalski terminated his employment. This termination violated the provisions of the existing Shareholders Agreement.

29. Following this termination, Puchalski refused to give Dyce full access to patient records and refused to notify all of Dyce's patients of Dyce's departure from the practice.

30. By oral and written representations and by participating in the shareholder distributions, Dr. Gunnlaugsson has been treated as a shareholder since June 2008.

31. Puchalski, however, has refused to officially recognize Dr. Gunnlaugsson as a shareholder and

has refused to issue shares to him.

32. As Puchalski has admitted, Dr. Gunnlaugsson has fully performed his obligations under contract to acquire shares of SCENT.

33. SCENT and Puchalski, however, have refused to issue these shares and have refused to recognize Dr. Gunnlaugsson's rights under the Employment Agreement and Shareholders Agreement.

34. Based on the above, Dr. Gunnlaugsson has a right, under the Employment Agreement and Shareholders Agreement to either be refunded monies paid by him toward the purchase of shares, or pursuant to the Shareholders Agreement he was presented.

35. Puchalski, acting as President of SCENT, has terminated the employment of Dr. Dyce in retaliation for Dyce objecting to certain breaches of fiduciary duties by Puchalski and objecting to a denial of access to the financial records of SCENT and because Dyce refused to agree to a new Shareholders Agreement.

36. The unanimous approval of the all shareholders is required before taking action to terminate or restrict Dr. Dyce's practice of medicine at SCENT and no such approval has occurred.

37. Puchalski has breached his fiduciary duties to SCENT and to the shareholders in many respects including usurping corporate opportunities (e.g., opening a company that provides services related to those provided by SCENT, diverting SCENT resources to other entities he controls, using SCENT resources to pay for his personal expenses, entering into loan agreements and encumbering SCENT assets despite shareholder objections and without approval, refusing to pay the monthly sweep, and other actions).

38. Despite Dr. Gunnlaugsson having fully paid for his shares no later than January 1, 2010, Puchalski has refused to pay Dr. Gunnlaugsson the monthly sweep despite that monies were available

to pay this compensation.

39. Puchalski has also failed to pay Dr. Gunnlaugsson his full share of the "pay for call stipend" provided for in section 4.2 of Dr. Gunnlaugsson's Employment Agreement.

40. Dr. Gunnlaugsson's Employment Agreement contains a purported "Covenant Not to Compete." This covenant purports to prevent Dr. Gunnlaugsson from practicing any medicine within twenty miles of any SCENT "practice site." Those practice sites include Hartsville, Columbia, Cheraw and Lugoff, South Carolina.

41. At no time has Dr. Gunnlaugsson practiced office based medicine from either the Cheraw or Hartsville practice sites. He did take call at these locations, however, only infrequently had to visit the hospitals in these location. He never had to practice out of these offices. He has had no ongoing relationships with any patients in these locations.

42. While employed by SCENT, Dr. Gunnlaugsson has practiced medicine only within the specialization of Ears, Nose and Throat (ENT) and has not practiced other forms of medicine while employed by SCENT.

43. SCENT is a specialty medical practice and does not offer medical services outside the specialization of Ears, Nose and Throat (ENT).

44. The Covenant provides for an unenforceable penalty of $750,000 which is not based on any attempt to estimate actual damages that might flow from a violation of the covenant.

45. Dr. Dyce is subject to the same Covenant not to Compete and Puchalski has stated that no former employee physician will be permitted to practice in violation of the covenant and has expressed his intent to take legal action against any former physician employee who attempts to do so.

46. The nature of Dr. Gunnlaugsson's practice is that he has ongoing, long-term relationships with

many patients. If the covenant is enforced, any patients who desire to continue seeing him for medical care will be denied their choice of physician.

47. A significant portion of Dr. Gunnlaugsson's practice also includes performing surgeries under the subspecialty of Otolaryngology including facial reconstructive and cosmetic procedures. If denied access to the Midlands Hospitals, Dr. Gunnlaugsson would have to travel to Orangeburg, Newberry, Rock Hill or Lancaster, South Carolina to perform such surgeries.

48. Dr. Gunnlaugsson has always practiced at the Lugoff or Columbia practice sites. He resides in Columbia and wishes to continue his medical practice in Richland County.

49. The twenty mile radius around the Columbia and Lugoff practice sites encompasses almost all of Richland and Kershaw counties and includes all significant Midlands hospitals including, the Palmetto Health Systems Hospitals, Providence Hospitals and Lexington Hospital.

50. By withholding compensation and shares due to Dr. Gunnlaugsson, SCENT and Puchalski have breached the contractual obligations to Dr. Gunnlaugsson and have constructively discharged him.

51. Dr. Gunnlaugsson informed SCENT on April 23, 2010 of his intent to leave the practice on May 21, 2010.

52. Dr. Dyce has already been terminated and Puchalski has refused him access to records of the practice.

FOR A FIRST CAUSE OF ACTION FOR A DECLARATION OF THE INVAILIDTY OF THE COVENANT NOT TO COMPETE
(against Defendant SCENT)

53. Dr. Gunnlaugsson reasserts the foregoing.

54. The Covenant not to Compete is unenforceable under South Carolina law in that it purports to

SCENT DEF Exhibit 167

restrict Dr. Gunnlaugsson from practicing medicine in any capacity and does not limit the restriction to the specialty practice of medicine that would be competitive with SCENT.

55. The Covenant provides that it is void if SCENT fails to pay any Base or Variable Compensation due to Dr. Gunnlaugsson. SCENT has failed to pay Dr. Gunnlaugsson his full pay for call stipend pay compensation.

56. The Covenant not to Compete is unenforceable under South Carolina law in that it purports to restrict Dr. Gunnlaugsson from practicing within twenty miles of any SCENT practice area which includes the Hartsville and Cheraw offices. Dr. Gunnlaugsson never practiced at these offices.

57. The effective geographic restriction of the twenty miles provision is actually much greater in that it would force Dr. Gunnlaugsson to perform surgeries and the next nearest medical facility authorized to perform such surgeries (Orangeburg, Rock Hill, Newberry or Lancaster, South Carolina) and is therefore overly broad.

58. The covenant improperly restricts the public's right to be treated to a physician of their choice.

59. The covenant contains an unenforceable penalty that is not based on any estimate of possible damages that might result from a violation of the covenant.

FOR A SECOND AND THIRD (ALTERNATIVE) CAUSES OF ACTION FOR BREACH OF CONTRACT FOR REFUSING TO ISSUE SHARES OF SCENT TO DR. GUNNLAUGSSON (against Defendant SCENT)

60. Dr. Gunnlaugsson reasserts the foregoing.

61. Dr. Gunnlaugsson fully paid for the shares of SCENT that were promised and, therefore, fully performed his part of the contract to acquire those shares. SCENT has repeatedly, despite several demands, refused to issue those shares or to recognize Dr. Gunnlaugsson as a shareholder.

SCENT DEF Exhibit 167

62. Dr. Gunnlaugsson is therefore entitled to recover the full amount of money paid for the shares or alternatively, to have his shares issued.

63. If his shares are issued, Dr. Gunnlaugsson is entitled to have his shares repurchased under the provisions of the Shareholders Agreement he was presented with the additional "backtaxes" and par value payments.

FOR A FOURTH CAUSE OF ACTION FOR BREACH OF EMPLOYMENT CONTRACT AND BREACH OF CONTRACT WITH FRAUDULENT INTENT
(against Defendant Puchalski and SCENT)

64. Dr. Gunnlaugsson restates the foregoing.

65. Defendants have refused to pay Dr. Gunnlaugsson the full call stipend or the monthly sweep.

66. Such refusal constitutes a breach of Dr. Gunnlaugsson's Employment Agreements.

67. The purpose of these breaches was so that Puchalski could improperly divert SCENT assets and opportunities for his own person benefit.

FOR A FIFTH CAUSE OF ACTION FOR VIOLATION OF THE SOUTH CAROLINA WAGE PAYMENT PACT
(against Defendant SCENT)

68. Dr. Gunnlaugsson restates the foregoing.

69. Defendant SCENT has refused to pay Dr. Gunnlaugsson the full call stipend or the monthly sweeps.

70. Such refusal constitutes a violation of the South Carolina Wage Payment Act.

71. The refusal constitutes a willful violation of the Act in that Puchalski refused to pay these monies due so that he could divert these resources to his own personal benefit.

SCENT DEF Exhibit 167

FOR A SIXTH CAUSE OF ACTION FOR AN INJUNCTION PERMITTING ACCESS TO PATIENT RECORDS AND A DECLARATORY JUDGMENT THAT DR. GUNNLAUGSSON IS ENTITLED TO SUCH ACCESS

72. Dr. Gunnlaugsson restates the foregoing.

73. In his individual capacity, and for the solely personal reasons outlined above, Defendant Puchalski caused SCENT to violate the Agreements Dr. Gunnlaugsson had with SCENT.

74. Dr. Gunnlaugsson has a right to access patient record information and to have information necessary to contact his patients and inform him of this termination, the patients' right to continue to see him and how to contact him.

75. Dr. Puchalski has represented that he will not allow such access.

PRAYER FOR RELIEF

1. Based on the foregoing, Dr. Gunnlaugsson requests of this court an order declaring the covenant not to compete invalid.

2. Dr. Gunnlaugsson further requests an order declaring his rights to access patient information.

3. Dr. Gunnlaugsson further seeks damages in the form of lost wages, lost of benefit of contract, punitive damages, attorney fees, and any other such relief as the court may deem just and proper.

Charles F. Thompson, Jr.

SCENT DEF Exhibit 167

Michael D. Malone
Lake E. Summers
Malone, Thompson, Summers and Ott
339 Heyward Street
Columbia, SC 29201
(803) 254-3300

ATTORNEYS FOR DR. GUNNLAUGSSON

Columbia, South Carolina
April 23, 2010

I, having been sworn, verify that the foregoing facts (except those indicting they are based on information and belief) stated in this complaint are true, under penalty of law for perjury.

Dr. Chad Gunnlaugsson

Dated this 23d day of April 2010

Notary Public

My Commission Expires September 5, 2011

CAPITAL BUY-IN

January 1st, 2005 = $800,000 *#

Capital Since January 1st 2005 = $255,605 *#

Excludes Credit Card Purchases.

Credit Card Purchases: ?*

Inventory for CC, SCENT, CHC:

Recent Advertising $77,584.43

TOTAL $

*. CAPITAL MUST BE DEPRECIATED

Excludes credit card purchases.

ACCOUNTS RECEIVABLE - BUY IN

$ MARY (60-Day) As of 1/25/07

CAPITAL ~~RESERVE~~

~~BANK ACCOUNT~~ BUY IN

$100K FROM DR. DYCE

$100K FROM DR. P

from Mary

Patient Pay	60 days	49,632.16	
	30 days	92,376.35	
	Current	647,058.52	=
Ins. Pay	30-60 days	84,658.00	
	Current	603,252.00	
		1,476,377.00	

Capitol Buy-In

January 1, 2005 = $800,000.00 * ≠
Capital since January 1, 2005 = $255,605.00 *≠
Credit card purchases and inventory= ?*
Macy: $60K
Malpractice: ~100K
Building $120K
Inventory for CC, SCENT, CHC:
Recent advertising and prepaid consulting: $77,584.43
Total $ 1,413,189

* Capitol must be depreciated
≠ Excludes credit card purchases

Accounts Receivable Buy-In

$ (60 day) as of 1/25/07

Capitol Reserve Buy-In

$100k from Dr. Dyce
$100k from Dr. Puchalski

Michael Wright

From: Ed White [ed.white@nelsonmullins.com]
Sent: Friday, April 23, 2010 7:16 PM
To: Robert Puchalski
Subject: FW: Call today

From: Gus Dixon
Sent: Friday, April 23, 2010 6:42 PM
To: 'Morris Ellison'
Cc: Jim Lehman; Ed White
Subject: Call today

Morris:

I have discussed our call with Ed and Jim and there were several specific concerns that I wanted to raise.

First, I wanted to clarify what you said regarding the patient notice. I told you that the Company was willing to discuss a supplemental notice once it was told where Dr. Dyce's new practice location was going to be so that we could discuss including that information in the notice. It is my understanding you said that you would not tell us where Dr. Dyce will be practicing because it might violate the covenant not to compete with the Company that Dr. Dyce agreed to that we have indicated the Company will enforce. You then said that you all will file a complaint with the South Carolina Medical Board if the notice is not sent even though we do not know where the new practice location will be. In essence, it seems you all are using the threat of a grievance with the South Carolina Medical Board to exert leverage over the no compete issue which seems to us entirely inappropriate. I would caution you that we will be consulting with an ethics expert on the propriety of this approach. As I mentioned to you, Dr. Dyce's statement to Dr. Puchalski that he didn't even read the e-mail entitled "Patient's First" is of extraordinary concern to us and we hope that Dr. Dyce is aware of the consequences of his actions.

Second, you told me that you had no knowledge of the filing that Chuck Thompson made today on behalf of Dr. Gunglausson. As I mentioned to you, that is very surprising to us under the circumstances. Quite honestly, we are very concerned as to whether there is a conspiracy between Dr. Dyce and Dr. Gunglausson. In this regard, we have previously asked you to preserve all information in this case in your possession but we particularly need you to preserve any communications between you and Chuck Thompson and to direct your clients to preserve any communications by or among any of you.

5642

Third, I have now clearly told you that if Dr. Dyce signs the agreed upon confidentiality agreement that the Company will make the agreed upon information available to you. Accordingly, we expect no further communications or pleadings from you that the Company refuses to provide this information as that is simply not true.

It is a shame that we were unable to get this matter into mediation but it appears to be becoming clearer why all of these offers were rebuffed.

Unfortunately, I think the practice and all of these doctors will pay a heavy price both financially and otherwise because the Company and Dr. Puchalski could not get the others to agree to mediation.

Nelson Mullins

Gus M. Dixon
Partner
gus.dixon@nelsonmullins.com

Nelson Mullins Riley & Scarborough LLP
Meridian, 17th Floor
1320 Main Street, Columbia, SC 29201
Tel: 803.255.9491 Fax: 803.255.5160

www.nelsonmullins.com
(View Bio)

Confidentiality Notice

This message is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure.

If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately either by phone (800-237-2000) or reply to this e-mail and delete all copies of this message.

To ensure compliance with the requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including the attachments) is not intended or written to be used, for the purpose of (a) avoiding penalties under the Internal Revenue Code or (b) promoting, marketing or recommending to another party any transaction or tax-related matter[s]. To provide you with a communication that could be used to avoid penalties under the Internal Revenue Code will necessarily entail additional investigations, analysis and conclusions on our part.

Vincent Sheheen

From: Chuck Thompson [thompson@mtsolawfirm.com]
Sent: Tuesday, July 10, 2012 1:24 PM
To: Vincent Sheheen
Subject: March 22 Letter

Vincent,

It is most likely I was mistaken that the letter was sent. I see no signed copy in my files. I can tell from the electronic file information it was drafted in March 2010 but I have no specific memory as to whether it was sent and, if not, why it was not sent. As I said, since I do not have a signed copy, most likely it was not.

Chuck

Charles Thompson
Malone, Thompson, Summers & Ott LLC
339 Heyward Street
Columbia, S.C. 29201
803-254-3300

MALPRACTICE INSURANCE

Limits: $1/$3M currently

Current Coverage:

SC JUA

Doctor:	Renewal Date:	Account No.:	Amount:
Dr. Puchalski	5/31	JBM00379	16,430.00
Dr. Dyce	3/28	JBM02931	16,430.00
Dr. Gunnlaugsson	5/31	JBM03720	19,357.00
Dr. Vidrine	7/13	JBM04392	16,430.00
Dr. Paul	(no first year discount)	Proposed	16,430.00

SC PCF

Doctor:	Renewal Date:	Membership No.:	Amount:
Dr. Puchalski	5/31	51123	8,399.00
Dr. Dyce	3/28	31251	8,389.00
Dr. Gunnlaugsson	5/31	50094	9,676.00
Dr. Vidrine	7/13	70976	7,688.00
Dr. Paul		Proposed	8,389.00

Annual cost: 127,618.00 (includes entity coverage-share limits with doctor)

Proposed:

Medical Protective: (replaces JUA and PCF)

Doctor:	Amount:
Entity:	8,989
Dr. Dyce:	18,433
Dr. Gunnlaugsson:	20,738
Dr. Puchalski:	20,482
Dr. Vidrine:	19,457
Dr. Paul:	10,780 (50% discounted-first year only)

Quoted Total: 98,879.00 (includes entity coverage)

Savings: 28,739.00 per year

MedPro has the following advantages over SC PCF and JUA:
Suits cannot be settled without the consent of the physician.
First year 50% discount for physician (Dr. Paul)
Entity limit is not shared with physician's limits
Medical Protective is an A++ rated insurance company (highest rating).

SCENT DEF Exhibit 175

ACKNOWLEDGEMENT OF RECEIPT OF CONFIDENTIAL INFORMATION

I, Jamie Curley, a member of SCENT Land Holdings, LLC acknowledge the receipt of copies of SCENT Land Holding account information (Check Detail and Deposit Detail) from SCENT Land Holdings, LLC and my responsibility under Section 11 of the Operating Agreement, a copy of which is attached to this acknowledgement.

03/03/10
Date

Jamie Curley

State of South Carolina)	
)	
County of Kershaw)	
Jamie Curley,)	2010-CP-28-322
)	
Plaintiff,)	
)	
vs.)	Deposition
)	
SCENT Land Holdings, LLC, Amy Puchalski and Robert Puchalski,)	of
)	Lance Jones
Defendants.)	
)	
Orville Dyce,)	
)	2010-CP-28-323
Plaintiff,)	
vs.)	
)	
South Carolina ENT, Allergy & Sleep Medicine, P.A., Amy Puchalski and Robert Puchalski,)	
Defendants.)	

Deposition of Lance Jones, taken before Kathleen R. Tackett, CVR, a notary public in and for the State of South Carolina, commencing at the hour of 9:02 a.m., Tuesday, February 19, 2013, at the office of Parker Poe Adams & Bernstein, LLP, 1201 Main Street, Suite 1450, Columbia, South Carolina.

Reported by
Kathleen R. Tackett, CVR

APPEARANCES

For the Plaintiffs: Morris A. Ellison, Esq.
Womble Carlyle Sandridge & Rice, LLP
5 Exchange Street
Charleston, South Carolina 29401

For the Defendant
SCENT Land Holdings, LLC: Vincent A. Sheheen, Esq.
Savage, Royall & Sheheen, LLP
1111 Church Street
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Also Present: Orville Dyce

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STIPULATIONS

It is stipulated by and between counsel for the respective parties that all objections are reserved until the time of trial, except as to the form of the questions.

This deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

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The reading and signing of this deposition is reserved by the deponent and counsel for the respective parties.

Whereupon,

Lance Jones, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, by Donna Helton-Edwards, Notary Public in and for the State of Tennessee, testified as follows:

EXAMINATION

BY MR. SHEHEEN:

Q All right. Mr. Jones, you've been sworn. Could you state your name and speak loudly for the record?

A Yeah. Lance Warren Jones.

Q Thank you, Mr. Jones. I'm Vincent Sheheen; I'm taking your deposition today. I represent SCENT

and others in -- in litigation that -- that is the subject of this deposition today. And I appreciate you arranging the time in your schedule to be deposed. So thank you.

Have you ever had your deposition take before?

A No. I haven't.

Q Well, you're a lucky man in -- in your business.

A Up until today.

Q Yeah. Hopefully, it will be relatively painless. I'm on a schedule, I know your lawyer's on a schedule, and I'm sure Mr. Ellison is on a schedule, as well; he's got to drive back to Charleston. My goal is to -- to depose you for an hour/hour and a half, ask you some questions that I believe are -- are relevant to the matters under consideration, and then let you go. Just a few ground rules; I'm sure your lawyer's already explained it to you, but it's important that you answer the questions orally. In fact, if you don't answer them orally, since you're over the telephone, we won't even know you answered. So it'll probably make it easy. It's also important that your answers be truthful. Do you understand that?

A Yes.

Q Do you understand that you're under oath and that if you are not truthful and fully truthful that there are civil and criminal consequences that could attach to it?
A Yes.
Q And are you able to tell the truth today?
A Yes.
Q If I ask you a question, Mr. Jones, and you don't understand it, would you please ask me to rephrase it or say it in a different way?
A Yes. Certainly.
Q And if you don't understand the question, would you -- would you let me know you don't understand it so that we don't have any confusion?
A Okay.
Q If you can't hear me or I'm talking too fast, also let me know, okay?
A Certainly.
Q And it's important that you continue to speak up as we -- as we discuss this case because the court reporter is taking down everything that you say.
A Okay. Is -- is she able to -- to hear me well enough, currently?
THE COURT REPORTER: (To the deponent) Yes, sir. Thank you very much.

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THE DEPONENT: Okay.
Q Thank you, Mr. Jones. And I'm going to call you "Mr. Jones," is that the proper title? I don't know if you have a --
A Lance is fine.
Q All right, Lance. And you can call me "Vincent."
THE DEPONENT: Hey, Vincent. Can you tell me who else is in the room with you?
MR. SHEHEEN: Absolutely. I'm here and our court reporter's here whose name is --
THE COURT REPORTER: -- Kayce Tackett.
MR. SHEHEEN: -- Kayce Tackett. And Morris Ellison is here, and Mr. Ellison is a lawyer from Charleston who represents Jamie Curley and Dr. Dyce. Excuse me. And Dr. Dyce is here as well.
THE DEPONENT: Okay. Thank you.
MR. SHEHEEN: Okay.
Q Mr. Jones, where do you currently work?
A Knoxville, Tennessee.
Q And who do you work for?
A Health Management.
Q And how long have you worked for Health Management?
A Coming up 4 1/2 years.
Q And what is your position?

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A I'm CEO of the Turkey Creek Medical Center.
Q And what other jobs have you held for Health Management?
A CEO of Carolina Pines.
Q Okay. And I think I call Health Management "HMA." Is that the same entity?
A Yes. It is.
Q Okay. So if I refer to it as "HMA," you'll know what I'm talking about?
A Yes.
Q Great. You mentioned that you worked, I believe, you said as CEO for Carolina Pines in Hartsville; is that right?
A Yeah. That's correct.
Q And is that a hospital that is owned or affiliated with HMA?
A Yes.
Q What is that exact relationship?
A Health Management owns that facility.
Q Okay. And is that facility a separate corporation? Do you know?
A I'm not sure as in a separate corporation.
Q Okay. I understand. You're not a lawyer, right?
A Correct.
Q Okay. And at some point -- oh. Well, let me ask

you this: How long were you the CEO at Carolina Pines?

A I was there for, approximately, two years.

Q Okay. And, during that time, did you interact at all with South Carolina ENT, also known as "SCENT"?

A Yes.

Q And did you interact with Dr. Puchalski? Do you know who I'm talking to -- talking about?

A Yes.

Q And did you interact with Dr. Dyce?

A Yes.

Q Did you interact or have communications with anybody else from SCENT besides the people I just mentioned to -- that you're -- that you're aware of?

A I -- I had previously met Dr. Vidrine.

Q Okay. Anybody else?

A I had on one occasion met Dr. Gunnlaugsson.

Q Okay. Anyone else?

A You know, if -- if I had gone over to their office, Mr. Sheheen, you know, I would've met the ladies at the front desk, but I couldn't tell you their names.

Q Okay. Mr. Jones, you understand that at some point Dr. Dyce no longer worked with SCENT. Do you

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understand that?
A Yes.
Q Okay. Prior to that period of time while -- while he was still working with SCENT, did SCENT perform any procedures at the hospital?
A Yes. They had.
Q Okay. Was there any other ENT practice that was performing procedures at the hospital at that time?
A You know, I don't recall in all honesty, Mr. Sheheen. There was an ENT physician in Florence that had periodically come over. I just don't recall the time frame.
Q Okay. During your time there, prior to Dr. Dyce leaving, again, SCENT, was the great bulk of ENT procedures done at the hospital done by SCENT?
A Yes.
Q Okay. Now, at some point Dr. Dyce no longer worked with SCENT, as we discussed, and at some point he went to work with HMA; is that right?
A Right.
Q Could you tell me how that occurred?
A I guess, can -- can you restate your question in regards to how it occurred?
Q Sure. I'll make it a little more specific. I left it general just in case you wanted to, kind of,

talk about it generally. But when did you -- were you involved in that decision to employ Mr. -- Dr. Dyce?

A Yes. I was.

Q All right. When did that -- when did you first discuss employing Dr. Dyce?

A So to recall that time frame a couple of years ago, Dr. Dyce had left his employment with the SCENT group, and I was made aware through members of the medical staff that he was exploring opportunities outside of the market. The medical staff there were adamant that they wanted to retain ENT services from someone that lived locally so I would anticipate it was in the -- at some point in the summer of the 2000 -- what would've been in 2010.

Q Okay. And who was it that first approached you about it? I'm sorry.

A Dr. Areephanthu.

Q Okay. And do you recall -- tell me what Dr. Areephanthu told you -- or said to you.

A I -- I don't recall the exact conversation. But to the effect that Orville was exploring leaving the market, he's exploring opportunities in the -- in the -- in the northeast there -- the Washington through Boston market, and that we want to hold --

we want to keep him in the market.
Q And what kind of doctor was Dr. Areen --
A Areephanthu?
Q Yes, sir.
A Yeah. He was a primary care physician.
Q Okay. And you mentioned, I believe, that he said he wanted to have somebody that lived in the area, stay in the area, or something like that?
A That -- that was something important to a -- a -- a great number of the physicians with the medical group there. They -- they all felt that physicians residing locally provided them with -- with coverage and support that was stronger than physicians that were commuting.
Q All right. And when you say "the medical group," was that a actual entity?
A The -- the medic -- the Hartsville Medical Group is an entity of employed physicians; that's correct.
Q And they're employed by whom?
A There are a subsidiary there of Health Management.
Q Okay. So Health Management owns that company that employs those physicians.
A They do.
Q Okay. All right. Tell me when you first spoke to Dr. Dyce -- approximately, when you first spoke to

Dr. Dyce about coming to work at HMA.
A I would say it -- it was, probably, mid -- mid-summer/late summer time frame when he first indicated that he had an interest in exploring an opportunity with Health Management.
Q Did he come to you?
A Yes.
Q Okay. And just -- did he come to your office?
A I -- I don't recall where we met.
Q Okay. And did he tell you anything about SCENT or his relationship with SCENT at that point?
A I -- I don't recall the exact conversation.
Q Okay. What do you recall, if anything?
A I -- I was aware that he had left the SCENT practice, but that's -- that's about the -- probably, the extent of my recollection.
Q Okay. Did you ever talk with him about SCENT or his experiences at SCENT?
A No. I -- I really didn't.
Q Okay. Did he ever talk to you? Did he ever say anything to you about it?
A Oh, he was always very respectful not to talk about the SCENT practice.
Q Okay. I sent some potential exhibits to your lawyer. There's one entitled "Physician Employment

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Agreement."

MR. SUMMER: That's labeled Exhibit 10 at the top.

MR. SHEHEEN: Yeah. Scratch through that and put "1," David.

MR. SUMMER: All right. So this will be our Number 1.

Defendants' Exhibit Number 1, "Physician Employment Agreement Group Practice."

Q Do you recognize this document? And you can turn to the back; it'll help you.

A Yeah. I do recognize it.

Q Okay. Is this an agreement that you entered in -- when I say "you" I mean HMA -- entered into with Orville Dyce?

A That's correct.

Q Okay. I want you to turn -- these things are Bates stamped at the bottom. You see those, kind of, big numbers at the bottom?

A Yes, sir.

Q Turn to page -- well, it says 45, Section 6.7. See that?

A Okay. Yes.

Q It says, "Covenant Not to Compete."

A Correct.
Q Okay. Is that standard in your -- in your industry that you include "Covenants Not to Compete" with doctors that -- that are hired by HMA?
A It -- this was the standard template that the home office legal counsel provided for employment contracts.
Q Okay. And to your knowledge was this provision in those -- in that standard template?
A Yes. This is the standard template, Mr. Sheheen.
Q Okay. I see in there it says, you -- and I'll just read it to save some time. It says, "You won't practice your medical specialty, or otherwise compete, with the practice's operations directly or indirectly within a radius of 30 miles of the practice locations where you worked for a period of 12 months after this agreement expires or is terminated." Do you see that?
A Yeah. Yes, sir.
Q Did you believe that a 30-mile restriction was reasonable?
A Again, that was something that our -- working with our home office that the physician practice group would typically put together.
Q Okay. Well, let's see. Who signed -- is it --

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whose signature is at the back of this? Is that yours or somebody else's? It says, "President and Chief Executive Officer."

A Yeah. That -- that is mine.

Q Okay. So back to Page 6.7. The 30-mile radius, is that what the company believed was reasonable?

A Yeah. Typically, what we looked at there was the Florence marketplace as -- as a competitive element. So that's -- that's correct to your question.

Q Okay. And then it said, "a period of 12 months." Did the company believe that 12 months was reasonable?

A The other documents that I have seen for other employment relationships also had 12 months as a restrictive time.

Q And did -- is that -- did -- did the company put that in there because the company believes those are reasonable terms?

A Yes.

Q Okay. I want you to turn to Page 44.

A That's your Bates stamp 44?

Q Yes, sir. I'm sorry.

A Okay. I'm -- I'm there.

Q Okay. There -- there's a provision called "6.2" --

you see that -- called "Confidentiality"?
A Yes.
Q Why is confidentiality important to the company in these employment agreements?
A It -- I'm -- I'm not an attorney, but, in regards to all items being confidential, which discussions that we have and -- are protected and exclusive with individual physicians as we look to employ them. It -- it could create quite a degree of unrest amongst other members of the medical staff if physicians were talking about their contracts publicly, particularly in employment relationships.
Q Okay. And that provision also says -- it also says in the second sentence, "Moreover, unless otherwise permitted by law, neither you" -- that'd be the employee -- "nor we will use or disclose certain confidentially proprietary and nonpublic financial and other information concerning patients." So was there other information that's supposed to be maintained confidential that a -- that a doctor that works to you is exposed to?
A Vince, could you -- could you restate your question, I guess?
Q Yeah. Why don't you -- do you see the sentence I'm talking about, first of all?

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A Yep. I do.
Q Okay. My question is: Is there other information that employee/physician is exposed to that the company wants to remain confidential?
A Yeah. I -- I don't know. I --
Q And let me -- let me --
A Again, I -- I'm --
Q Let me --
A -- no lawyer.
Q No. I understand. Let me be a little more specific. Are there business practices that are confidential at HMA?
A Yes.
Q Okay. Are there patient information that's confidential?
A Patient information, yes.
Q Okay. And is there policies -- some policies that are confidential that HMA has?
A I -- I'm -- I'm -- I'm -- I'm -- I'm assuming the policies, as -- as we abide by them, are confidential. Again, I've -- I've never seen a policy stamped "confidential and -- and privileged material," personally, that I've read.
Q Okay. Okay. Do you -- was Dr. Puchalski also a shareholder of -- of a joint venture with the

hospital?
A Dr. Puchalski was and the SCENT group was.
Q Okay. And do you remember who was the largest shareholder of that joint venture?
A I don't.
Q Okay. Do you recall if there was covenants not to compete contained within those agreements as well for the joint venture?
A In the shareholder agreements?
Q Yes, sir.
A I don't recall --
Q Okay.
A -- from the documents.
Q Okay. When you -- when you and Dr. Dyce entered into this agreement, tell me what Dr. Dyce's concerns were, if any, with the agreement.
A I -- I don't recall concerns with the agreement.
Q Okay. I'll -- and I'll just direct you to a couple of pages and you can explain some things to me. Look on Page 56, Bates stamped 56. Do you see some handwritten notes there, or changes there, that are initialed?
A Yeah. Yes. I do.
Q Would that have been -- who -- who suggested that or do you recall?

A And if you can't just give me a minute that I can read it.
Q Yes, sir.
A I don't -- I don't recall the reason behind the handwritten comments, although, that is my signature. I -- I don't recall.
Q Okay. Look on Page 51, Bates stamp 51. The bottom of the page, again, there's some strike-throughs and handwritten stuff.
A Yes.
Q Would this have been things that Dr. Dyce would've wanted changed in the agreement?
A Yeah. Would've been a request by him. That's correct.
Q Okay. So is it fair to say this agreement was negotiated between the -- the two of you?
A Yes. That's correct.
Q Okay. Do you recall if he asked you to take out the restrictive covenant?
A I don't recall.
Q Have any physicians ever violated the covenant they had with HMA in Hartsville?
A And when you say "violated the covenant," you -- you're referring to the restrictive covenant?
Q Yeah. I'm sorry. Yes, sir. They -- any other

physicians ever violated their restrictive covenants that they had with HMA in Hartsville?
A I'm not -- I'm not aware.
Q Are you aware of any other -- I'm sure there've been some in -- in other HMA facilities. Are you aware of any yourself, personally?
A No.
Q Okay. Does HMA stand behind its covenants and -- and intend to enforce them if they're violated?
A I've -- I've not been in a circumstance in that regard.
Q Okay. Well, what's your intention related to that? Do -- would you, as an employee of HMA, intend to enforce the contracts HMA has?
A Yes. We would.
Q When you -- when HMA hired Dr. Dyce, were they aware that Dr. Dyce had a covenant not to compete with SCENT?
A I believe Dr. Dyce's attorney had had conversations with and was working with that -- through with Dr. Dyce.
Q Okay. Tell me how you knew that.
A Our attorney at the home office.
Q All right. I'm sorry for interrupting you. Don't tell me what your lawyer told you, okay? Unless

David wants you to tell me what your lawyer tells you, which I'm assuming he doesn't. But tell me how you knew that Dr. Dyce had a covenant not to compete with SCENT.

A Dr. Puchalski had indicated that.

Q Okay. And did he indicate that to you directly?

A Oh, from Dr. Puchalski? Yes.

Q Okay. Tell me about that conversation.

A I -- I have to -- I mean, I -- I remember Dr. Puchalski indicating that there was a covenant in his agreement with Dr. Dyce and my response that he would have to work that out with Dr. Dyce.

Q Okay. Were you involved in --

A No.

Q Okay. Did you discuss the covenant with Dr. Dyce?

A No.

Q Okay. Did Dr. Dyce ask HMA for protection for any legal fees he might incur if the covenant was sent or enforced?

A Dr. Dyce had indicated that he was anticipating legal expenses, correct.

Q Did he ask HMA to help him cover those legal expenses?

A What was -- what was discussed and when we looked at the offer -- you have an outline when,

typically, recruiting a physician to the market versus retaining someone that you would have various (telephone cuts out) -- part of our recruitment package would include fees such as: sign-on bonuses, student loan repayments, relocation, recruiter's fees, etc. When the agreement was put together, there was only sign-on bonuses and/or commencement bonuses that were offered. And Dr. Dyce had indicated that he anticipated some legal expenses, and this was part of when we looked at a total compensation package that was put together that the home office had gone ahead and approved.

Q All right. So let me understand that. Are you saying that because Dr. Dyce said that he anticipated legal expenses that that went in to figuring out the amount that he would be paid based on the different portions you just discussed?

A Yeah. In -- in essence, we, as a company, would have a -- a portion of dollars that would be allocated to the costs of recruiting. And depending how a particular physician needed those monies apportioned, and we would work with the physician to try and meet his or her needs.

Q All right. And in this case, specifically, with

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Dr. Dyce, was that a consideration? The fact that he was -- told you that he may face legal fees?

A Yes.

Q Okay.

A We had no recruiter's fee and no relocation that would be associated with this, so the company, certainly, felt comfortable heading down that track in regards to use the dollars as commitment bonuses or a sign-on bonus.

Q Okay. So, in other words, the commitment bonus or the sign-on bonus was, in part, to help defray his legal fees?

A Well, those are bonuses that are for his discretion for him to use how he saw appropriate.

Q Okay. But you -- you took into consideration -- the company took into consideration the fact that he said he was likely to face legal fees?

A Yes.

Q Okay. Did he tell you if he had been offered other job offers outside of South Carolina during this time?

A I -- I don't recall Dr. Dyce telling me personally. I do recall, again, conversations from Dr. Areephanthu that Dr. Dyce was in discussions/negotiations with other entities

outside the market.
Q To your knowledge, is Dr. Dyce currently practicing in the Cheraw and Hartsville areas?
A I -- I -- I don't know in regards to Cheraw, and I can only assume in regards to Hartsville. I've not been there for a couple of years.
Q Okay. When you left was he?
A Yes, yes. He was practicing in Hartsville when I left.
Q Okay. On -- do you still have that contract in front of you, Lance?
A Yes. Yes ,sir.
Q Okay. On Page 56, do -- where he wrote in -- it appears to be his handwriting -- is that your handwriting where it says, "replacement and/or implement" something or another?
A Yes. It is.
Q It's yours?
A Yeah. That's mine.
Q Did he ask you to put that in there?
A Yes.
Q And what's it do?
A What did it do?
Q Yes, sir.
A I -- again, and I -- I certainly don't want to

speculate, but what this would've allowed for is if at any time Medicare made adjustments to the ICD-9 codes -- and -- and at times, obviously, they reallocate, they strike, remove, they -- they roll together -- that would've allowed him to still be performing those particular procedures.

Q Prior to Dr. Dyce leaving SCENT, you said you had interactions with Dr. Puchalski; is that right?

A Yes.

Q Did you get along with him all right?

A I would -- I would say I got along with him okay.

Q When -- when you -- by the -- when you -- when did you leave Hartsville? I'm sorry, I don't know the date.

A Yeah. I left in early April of two thousand and -- and -- 2010.

Q When you left, was SCENT any longer in these markets practicing?

A SCENT was in Hartsville and Columbia.

Q There was a gap of time between the time that Dr. Dyce no longer worked for SCENT and the time that he came to work for HMA. Are you aware of that?

A Yes.

Q During that time, did SCENT continue to perform procedures in -- with -- excuse me, at -- at the

hospital there?
A Yes.
Q And were they -- did they continue to perform the bulk of ENT procedures during that period of time?
A Yes.
Q Do you recall, during that period of time, if SCENT was continuing to advertise in the market?
A I recall -- I -- I don't recall during that particular time period. I do recall Dr. Puchalski having a billboard close to the hospital, but I -- I couldn't tell you the time period that he had that.
Q Okay. How about prior to that? Do you recall them advertising in the local markets, newspapers, that kind of thing?
A No. I -- honestly, I'd probably have the same response.
Q Okay.
A I -- I couldn't -- I don't recall the time when the billboards, etc., went up.
Q Okay.
A Or came down.
Q Do you recall setting up lunches for SCENT with referring physicians, that kind of thing?
A Yes.

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Q Would that have been prior to Dr. Dyce coming to work for HMA?
A I -- I don't recall the time when that was set up, but I -- but I do recall that was one of the times when I met Dr. Vidrine.
Q Okay. Do you understand that Dr. Dyce is currently practicing in the same location that SCENT used to practice in, in Hartsville?
A No. I'm not aware of that.
Q That happened after you left?
A Yes.
Q Okay.
A Assuming he's -- is he there now?
Q Yeah. I'll represent to you he is. But if you don't know it, it doesn't much matter for the purposes of this deposition. I -- I just wanted --
A Okay.
Q -- to know what you knew.

When -- and, again, I'm -- I know this timing gets confused. I'm doing my best to, kind of, parse it out because it matters. But, when Dr. Dyce came to work at HMA, was he -- was he using the same facilities -- operating facilities that SCENT had been using?
A And -- and, Vince, when you say "operating rooms,"

you're talking about the actual ORs proper?
Q Well, let's do that first, and then you can tell me what other facilities. So let's talk about the ORs proper, first.
A Yeah. ORs, he -- yeah. We had one block of ORs for all of the surgeons at the hospital.
Q Okay. What other facilities was he using at the hospital while you were there?
A Yeah. He -- he would've been using the floors where patients would've resided or stayed.
Q Is that the same types of places that SCENT had been --
A Yes.
Q -- practicing?
A Yes.
Q Okay. Did you -- did you know anything about the employees that worked with Dr. Dyce while you were there, while he worked for HMA?
A Really, not -- not a lot at all. That was handled by our employment division.
Q Okay. So tell me how those people would've been hired to your knowledge.
A They would've interviewed with our employee division team and gone through the -- the hiring process, background checks, human resource

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requirements, drug screens, etc.
Q Do those people work -- did those people, while you were there, work under Dr. Dyce?
A They would've reported to the practice management group there at that time. They would've been in Dr. Dyce's practice, correct. But --
Q And would he -- I'm sorry. Go ahead.
A In terms of actual hiring process, who's ultimately responsible for addressing performance, pay, etc., that's the employment arm of the company.
Q Who -- would Dr. Dyce instruct them during the day as to tasks that they were to perform, that kind of thing?
A Yes.
Q Okay. So would he have a -- in that sense, would he have a supervisory capacity over them?
A Yeah. From a medical prospective, absolutely.
Q Okay. When your human resources folks are deciding about pay raises, pay increases, other personnel actions, do they take into consideration what Dr. Dyce would have to say about those employees that work in his practice?
A I -- I -- I honestly don't know all of the parameters they would take into consideration.
Q Okay. Would you expect they would take into

consideration what the doctor who works with these people --
A Yes, yes. I would.
Q Okay. Were you aware that at least two of the employees that worked with Dr. Dyce had formerly worked with SCENT?
A No.
Q Were you aware that scores of the patients that were seen by Dr. Dyce, once he came to work for HMA, had formerly been patients of SCENT?
A I -- I wouldn't have any idea where the patients had come from.
Q Okay. Would that surprise you?
A I don't know. It -- it's not typically something the CEO would find himself involved in, or herself involved in, in terms of where the patients had come from.
Q What made hiring Dr. Dyce attractive to HMA?
A They -- the medical staff felt strongly that retaining a known entity in the market was important, and Dr. Dyce resided in the Hartsville marketplace. And from a hospital perspective there was, certainly, (telephone cuts out) made to ensure that we had stability. Obviously, the -- the concerns as to what was occurring in the market

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with instability as well and -- and ultimately our obligation to provide services 24/7 to the community.

Q When you arrived at Carolina Pines, was both Dr. Dyce and Dr. Puchalski at SCENT at that point?

A Correct. They were at SCENT but not at the hospital.

Q Okay. And were you aware that Dr. Puchalski had been practicing in Hartsville for almost two years before Dr. Dyce came?

A No. I wasn't.

Q Were you aware that many of the same referring doctors who had referred to Dr. Puchalski at that time refer to Dr. Dyce now?

A No.

Q What's your understanding of when Dr. Dyce can leave HMA and practice on his own?

A Like -- I'll reflect back on the contract there.

Q That'd be fine. Take your time.

A He has -- he has the ability to step-out of the contract from a -- without cause perspective -- I'm on Paragraph 5.2, Page 43 Bates stamp -- with 90 days' notice.

Q Okay. So, for example, he could give notice today, and then 90 days later he could practice on his own

in -- in Hartsville?
A Well, he could step outside of the employment arrangement.
Q Okay. What's that -- help me understand. I'm just trying to get what your understanding is, so tell me what you mean by that.
A So if I interpret your question, initially, was: When could Dr. Dyce step outside of his relationship with Health Management? He could give us 90 days' notice and he could step outside of Health Management's employment umbrella.
Q All right. Would he still be restricted by the covenant not to compete at that point?
A That would be a -- a discussion then that would happen with legal counsel in Naples.
Q Okay. So your understanding, though, is that the restrictive covenant would still be in effect unless you guys reached another agreement?
A And, again, Mr. Sheheen, the attorneys would -- would step through that part --
Q Sure.
A -- over there.
Q I'm -- I'm just asking for your understanding of what the contract means since you -- you were the one that signed it.

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A Yeah. Well, you know, what -- what my understanding would be would if -- for example, if Dr. Dyce was looking to stay in the market in private practice and continue to support the hospital and the community from that prospective, I'm -- I'm sure the attorneys would be willing to have a -- a discussion to that effect.

Q To your recollection, when Dr. Dyce began his practice with HMA, was he pretty busy?

A You know, I don't recall.

Q I'm -- can you -- there's an exhibit that says at the top of it, "Carolina Pines Regional Medical Center ENT" -- I can't say that word. Only Drs. Dyce and Puchalski say that word -- but otorhynolaryngology? You see that exhibit?

A Yeah.

Q It's like a spreadsheet-looking thing?

A Bates stamp 498?

Q Yes, sir. Yes. You're -- exactly.

Defendants' Exhibit Number 8, "Carolina Pines Regional Medical Center ENT (Otorhinolaryngology)."

Q Can you tell me, basically, what this is?

A That -- that's a pro forma that our CFO would've put together on both the hospital side and then

working with the home office in regards to clinic performance recognizing some average percentiles from MGMA's perspective --

Q All right. And --

A -- (telephone cuts out) the consolidated operation for the hospital and clinic.

Q And -- and you understand -- you -- you've -- you've seen these types of documents before?

A Yeah. I have.

Q And look over to the far right column where it says "consolidated" and it -- it says "Year 1." You see that?

A Yes.

Q And there's a -- a 1.2 million dollars and some change? You see that figure?

A Yep.

Q Is that -- that's what the estimated gross revenue would be based on this pro forma?

A That -- that's the estimated net revenue.

Q Net revenue. Okay. Thank you.

And is it fair to say that is a significant sum of money?

A Yes.

Q And so the expectation would be that Dr. Dyce would be generating a large amount of revenue in year

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one?
A Based on the percentiles that the CFO's put together, your actual operating profit -- if you look toward the bottom of the page --
Q Yes, sir.
A -- is 185,000.
Q Okay. So he's generating large gross revenues. Help me understand the difference between a net revenue and the operating profit.
A Yeah. So your -- your difference there -- you've -- you've already had your contractual adjustments withdrawn from the various payers -- be it Blue Cross, etc. -- and then your actual operating expenses are all apportioned in the following -- it looks like seven or eight lines there -- to give a -- a total operating expense. Obviously, in just the -- the subtraction from the -- the net revenues to determine what's left as an operating profit.
Q Okay. Where it -- the "contractual adjustments," when you say that, that's -- that's, basically, your deals you have with insurers and -- and government payment programs; is that right?
A That -- that's right.
Q Okay. Okay. Gross revenues of 1.2, is that high for an incoming physician? low? average? Or do you

have any idea?

MR. SUMMER: I'm going to object to the form. The -- the number you're referring to is a net revenue number less contractuals.

MR. SHEHEEN: Right. Net revenue number.

Q Is that net revenue number in your -- let me rephrase the question. Is that net revenue number, in your experience recruiting physicians, a high number, a low number, or an average number for a new physician coming into the --

A If -- it really depends on the specialty. For a neurosurgeon or a orthopedist, not necessarily, but certainly in comparison to a family practitioner, yes.

Q Do you believe that Dr. Dyce's relationships he had built in the Hartsville area in previous years benefitted him when he went to work for HMA?

A Yes.

Q Did you know that SCENT had marketed Dr. Dyce in the Hartsville area and in the Cheraw area for a number years prior to him working for HMA?

A No. I wasn't aware of that.

Q Did you know that SCENT paid for his certifications in sleep and allergy?

A No.

Q Lance, did Dr. Dyce -- I think you've already answered this question. I'm just going to ask it in a different way. Did Dr. Dyce provide you with a copy of his SCENT employment agreement or --

A No, sir.

Q Go ahead. I'm sorry.

A No. No. He didn't.

Q Okay. Have you ever seen it?

A No. I haven't.

Q Did he provide you with any copies of insurance contracts that he took from SCENT?

A No.

Q Did he tell you he took some insurance contracts from SCENT?

A No.

Defendants' Exhibit Number 2, Letter to Susan Vaughan, RN from Orville Dyce, MD.

Q I'm going to show you what's been marked -- well, it's a document that says -- it's -- it's signed by Orville Dyce. Says, "South Carolina ENT" at the top.

MR. SUMMER: (To Mr. Sheheen) Does it have Exhibit 1 on it?

MR. SHEHEEN: It might. I'm sorry, Dave. My

-- my secretary messed up the exhibit. It starts out, "Dear Mrs. Vaughan."

MR. SUMMER: I believe we have the same document.

Q Okay. I'll just read the first line. It says, "Dear Mrs. Vaughan, enclosed is the check for $5,859.49." You see that, Mr. Jones?

A Yeah. I see it.

Q Okay. This was recognizing billing errors. Were you ever aware of this document, or did Dr. Dyce ever tell you about any billing errors that he had while he was at SCENT?

A No. I'm not aware of anything, and I've not seen this letter before.

Q Okay. I'm going to show you -- you can put that to the side. I'm going to show what we're -- marked as Exhibit 3, but for your purposes at the top, it's a letter from Health and Human Services dated March 18th, 2010.

MR. SUMMER: (To Mr. Sheheen) Does it have "Attention Sherry Ward" on the top of it?

MR. SHEHEEN: It does.

MR. SUMMER: Okay.

Defendants' Exhibit Number 3, Letter to Orville H. Dyce, MD from Nancy

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Pittman, RN.

Q And this is a letter to Dr. Dyce about billing problems Dr. Dyce had. Were you aware of this letter?

A No. I wasn't.

Q Did Dr. Dyce ever inform you about it?

A No.

Q Okay. I'm going to show you -- well, I'm not going to show you. David's going to show you a document that -- it says, "Carolina Pines" on it and then it has "redacted" in a couple places.

MR. SUMMER: (To Mr. Sheheen) All right. We've got it.

Q Okay. And we're going to mark this as Exhibit 4.

Defendants' Exhibit Number 4, Final approval letter.

Q Tell me what this is, Lance.

A And -- I -- this is the Bates-stamped 229?

Q Yes, sir.

A Okay. So it's a letter that appears to -- I would assume it's going to the home office for the employment package for final approval.

Q So is this standard in -- in your recruitment and hiring?

A It is standard to have a final approval packet for

the home office.
Q And would this have been the cover page to that? Is that what I'm understanding from you?
A It would've been.
Q Okay. And it says "redacted" on here. What type of information would be redacted?
A I don't know. Maybe my name.
Q I'm sorry.
A My name?
Q So maybe your name might've been on there?
A As an -- a signature?
Q I don't know what's on there. That's what I'm asking you.
A I mean, this is -- I honestly don't know, Vince, in terms of what has been redacted from it.
Q Okay. What I -- what -- what -- maybe another way to go at is: What's typically on here? Is there anything else typically on here? Any other type of information?
A Oh, it's -- it's a very simple synopsis of -- here is the contract with the requisite signatures now on the document to head to the home office for their approval. And outlined that we're able to secure a malpractice coverage on the individual, for example, would be included in the packet, but

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it's typically a very brief front page summary letter.

Q Okay. And I -- I mean, I don't know why it's redacted.

MR. SHEHEEN: David, maybe you would just look at the original and just let -- I don't -- if the information's confidential or something, I understand, but at least know what it generally is would be helpful.

MR. SUMMER: I suspect it's protected by attorney-client privilege. That's what I suspect.

MR. SHEHEEN: Okay.

MR. SUMMER: Fine.

MR. SHEHEEN: All right. Okay.

Q Did Dr. Dyce say anything about Dr. Puchalski at any time to you whether good or bad?

A No. He -- he -- he did not.

Q Do you recall any e-mails that Dr. Dyce may have sent you relating to SCENT or Dr. Puchalski?

A No.

Q Were you aware that Dr. Dyce had -- had secretly taped over 100 hours of private conversations with SCENT, SCENT's attorneys, and accountants?

A No. I wasn't.

Q Did he -- did he discuss that with you at all?
A No.
Q Did he ever discuss recording any conversations he had with you?
A No.
Q Estimate for me, Lance, how long it took between your first conversations with Dr. Dyce about coming to work and him actually coming to work for HMA.
A It -- it would be an estimate -- typically our contractual process is three/three and a half months, so -- this agreement -- if I'm back on Bates stamp page 39 -- so September 15th was when the agreement was entered into. Effective date of October 18 -- so typically three months process before then, Vince.
Q Okay. You mention that you had met Dr. Vidrine at some meeting; is that right?
A Yeah. That's right.
Q Okay. Had you ever met -- you might've already answered this. Have you -- did you ever meet Dr. Gunnlaugsson?
A I -- I recall meeting him once at a full medical staff meeting.
Q Okay. And had you ever met Dr. Battiata?
A No. I don't recall him.

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Q Did you -- do you even recall the name?
A David had mentioned the name to me yesterday.
Q You mean David, your lawyer?
A Yeah. David.
Q Well, don't tell me what David says. It --
A Okay.
Q Has anybody else ever mentioned Dr. Battiata to you?
A No. I've not -- I don't recall that name.
Q Okay. Are you aware if Dr. Battiata has covered call for Dr. Dyce?
A I'm not aware.
Q All right. According to phone records we've obtained, Gunnlaugsson called you on the day that he sued SCENT. Can you recollect that phone call?
A I -- I -- I now -- with you making that statement, I don't recall what our conversation was, but I do recall getting a phone call, yes.
Q All right. It was fairly lengthy. I don't have the time, but it was -- let me represent to you it was fairly lengthy. Can you recall, generally, what it was he was talking about?
A That -- well, I'd be -- I'd be guessing other than that he was leaving the SCENT practice.
Q Okay. Well, it's a lot longer than that. Do you

think he talked to you about why he was leaving the SCENT practice?

A I honestly don't recall that.

Q Okay. Do -- do you recall if he talked to you about Dr. Dyce at all?

A No. I don't recall.

Q Did you talk to Dr. Gunnlaugsson's attorneys at all during this time?

A Not that I recall. No.

Q How about Dr. Dyce's attorneys?

A No.

Q All right. And I'll just throw some names out for you because I know you're far away and you might not remember. There's a -- there's a lawyer named Chuck Thompson. Does that sound -- ring a bell at all?

A No.

Q Morris Ellison? I know that rings a bell because he's here, but prior to this?

A No.

Q Did you talk with Mr. Ellison?

A No.

Q Did Dr. Dyce ever talk to you about potentially going to work with Dr. Gunnlaugsson?

A No. Not to me.

Q Are you aware if he talked to anybody else about that?
A No. I don't know if he did.
Q Okay. Has anybody else -- you -- you mentioned one person you talked with about Dr. Dyce. I can't say his name, but the doctor you mentioned who was a referral doctor?
A Yes. Dr. Areephanthu.
Q Yes, sir. Thank you. Did you talk to any other doctors about Dr. Dyce?
A Two -- two other physicians -- Dr. Chapman and Dr. Harless -- had -- had conversations with me in regards to retaining Orville in the market.
Q And was it -- would this have been during the time that Dr. Dyce had left SCENT but not gone to work for HMA yet?
A Yes.
Q Is -- to -- when you were there, was Dr. Dyce affiliated with your sleep lab at all?
A The SCENT group had reading privileges along with one other pulmonologist that was on our staff, and I don't recall his name.
Q Okay. And, once Dr. Dyce left the SCENT group but was hired by you, did he then also have reading privileges?

A I -- I don't recall, but the way our sleep lab was set up that if you were certified to read, it was an open access lab.
Q Okay. All right. Was Dr. Puchalski at some point a director of the sleep lab?
A Yeah. I recall he was.
Q Okay. And do you know if Dr. Dyce is a director of the sleep now or was he while you were there?
A I don't know if he is now. Not while I was there.
Q Okay. So once Dr. Puchalski -- and I can't remember the timing, Lance, so I apologize. At some point, SCENT withdrew from the market. Are you aware of that?
A Not that they withdrew from the market.
Q Okay. Are you aware they're no longer practicing in Hartsville?
A No.
Q Okay. I want to show you an e-mail, Lance. It's -- it says at the top -- let's see. It's Bates-stamped at the bottom 311. We're going to designate this as Exhibit 5. You see it?
A Got it.

Defendants' Exhibit Number 5, E-mail correspondence in reference to "initial lease equipment."

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Q Okay. And I'll skip down to the bottom. It says, "Lance, here is a list of equipment I am purchasing for lease. Smaller items are not included. Priority refers to how soon I need equipment to get started with 1 representing immediate need. Invoices and quotes are included in the subsequent e-mail. If HMA has less expensive vendors or better deals, I would entertain that information. I need to discuss this with you when you have a chance." See that?

A Yeah. I do.

Q All right. Tell me how Dr. Dyce's equipment company was structured in relation to HMA.

A I -- I don't know how his equipment company was structured, but we would've had a lease. Michael Cherry, our CFO, at the time and then Jon Lamkin -- who's on the e-mail above it -- would've been involved in putting our lease arrangement together in regards to his equipment.

Q All right.

A I don't know how his company was structured, though.

Q Right. So HMA is leasing equipment from Dr. Dyce's equipment company?

A Yeah. We would've leased equipment from him into

the practice.
Q Okay. Was Dr. Dyce located onsite on -- in the hospital building itself at this time?
A His -- he started work on -- going back to the contract. He started on the 18th of October, and it's not in the hospital -- it's on the hospital grounds, but it's not in the hospital proper when you look at our contiguous four walls. It's in a -- a freestanding MOB office.
Q Okay. Why wouldn't the hospital purchase equipment instead of leasing it from the doctor?
A You know, honestly, I've seen situations where we've done both in many different contracts.
Q Does this give Dr. Dyce another revenue stream? Is he -- was this --
A It would've been leased at fair market value. We -- Michael would've had an appraisal done on that from an FMV perspective.
Q Do you believe that the doctor -- you were involved in these negotiations; is that right?
A Yeah. I -- I was here at this time, yes.
Q Okay. Was the plan for Dr. Dyce to be able to make a profit on the lease?
A No.
Q Okay. What was the plan? Why -- why -- why did

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HMA want to do this?

A We -- we didn't have any ENT specialties that we currently employed, so Dr. Dyce would really be the one that I would've relied on to have the most intimate knowledge about what equipment he would need to clinically provide care for his patients.

Q All right. In this e-mail he says, "If HMA has less expensive vendors or better deals, I would entertain that information." Were you trying to help him find the best deal he could get?

A No. I -- you know, I -- I don't know why -- I don't know his intent behind that sentence, but if HMA had an option -- and, obviously, we have national buying groups -- if we had an option to purchase equipment that would've been at less expense, then, quite honestly, that would've been a decision that Michael would've made.

Q Okay. Look at another e-mail there. Bates stamp 485 at the bottom.

A Okay. I have that.

Defendants' Exhibit Number 6, E-mail correspondence in reference to "Hartsville ENT."

Q And that's when it says -- it's to Carol Crosbie from Jon Lamkin but you're cc'd on it. Says,

"Carol, I've attached an updated add form for the practice described below. We were originally planning to operate as a separate LLC but due to contracting issues have incorporated the practice into Hartsville Medical Group, LLC." See that?

A Yeah. I do.

Q Okay. Tell me what's going on there.

A The add form that Jon references in his e-mail is our form that the practice management group would send for malpractice, so that would be an add form for the practice location. And I recall discussions with Dr. Dyce that, initially, he had thought that he would've looked to establish his own entity in terms of a -- a separate LLC outside of the Hartsville Medical Group, but health management, in terms of the home office, had come back and said, no, they weren't going to do that; he was going to be a part of the medical group proper. We, as a company, already have had our own captive from a malpractice perspective. We were already on the same billing platforms, etc. Same payroll operations. So to create a separate LLC really wasn't feasible.

Q Okay. So the company wanted to employ him directly instead of allowing him to operate under a separate

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LLC; is that right?

A Yeah. It would've -- yeah. Correct.

Q Okay. Are you aware they had actually formed the LLC prior to this?

A I don't recall.

Q All right. I want you to look at another e-mail that's been Bates-stamped 435. It's going to be Exhibit 7.

A Okay. I have that.

Defendants' Exhibit Number 7, E-mail correspondence in reference to "issues."

Q Okay. And it's to -- from him to Phyllis Cogley. Who's Phyllis Cogley?

A Phyllis Cogley was the practice manager that oversaw our orthopedic practice and recalling that Jon had asked to help establish Dr. Dyce's practice. And the orthopedic practice that she oversaw was an employee-physician practice within the Hartsville Medical Group.

Q Okay. And look toward the bottom. There's -- it starts about halfway down -- it says, "If I move the equipment myself, is there any one available to help me move and arrange the office? Possibly on Sunday. Does HMA have an account with any moving

companies?" See that?
A Yes. I do.
Q Were y'all helping him move the equipment to the premises?
A I -- I don't recall. I -- I actually thought that Dr. Dyce rented a truck and moved it himself.
Q Okay.
A But I -- I don't recall in regards to, you know, us -- us specifically helping.
Q Do -- do you recall any conversations you may've had with him about that?
A I don't -- honestly, I don't remember.
Q Okay. We're almost done, Lance, so bear with me. I'm going to review my notes. Okay?
A Sure.
Q Lance, did you ever have any text message communications with Dr. Dyce?
A I -- I don't recall any specifics, but, in all honesty, every physician on the medical staff has my cell phone, and I would receive texts from --
Q Okay.
A -- more folks than my -- my phone could handle at times so. . .
Q If you did, would you have maintained those texts?
A No.

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Q Do you delete them on a regular basis or something?
A I actually -- it was a hospital-owned phone, so when I left Hartsville, my phone resided there with the hospital.
Q Okay. Do you recognize the name Tammy Amerson at all?
A No.
Q Estelle?
A Tammy Estelle?
Q No. Just first name Estelle. Separate person. I'm sorry. I didn't ask the question like I should have. Do you recognize a lady with the first name Estelle from Dr. Dyce's --
A No. No. I don't.
Q Do you -- when you were at Carolina Pines, did you allow physicians to cover call for HMA physicians if they weren't -- I'm not asking this question well, so let me strike it and try to ask it in a way that makes sense.

When you were at Carolina Pines, was it okay or was it -- was it part of the policy at Carolina Pines to allow non-HMA physicians to cover call for HMA physicians?
A The -- the medical staff bylaws were -- were never set up that distinguished employed versus

affiliated physicians, so from a call-coverage perspective that would be an individual discussion between the physicians and that would be on the -- the call roster.

Q Okay. So, if they had privileges at the hospital, they may be doing -- covering call for another physician depending on what that physician requested. Am I understanding that right?

A That -- that's right. The privileges is the distinguishing point.

Q Okay. All right. There's -- it is not a distinguishing point as to whether or not they were HMA employees?

A That's correct.

Q Okay. All right. I'm almost done.

Since you left Carolina Pines, have you had any communications with Dr. Dyce?

A No. I haven't.

MR. SHEHEEN: I think that's all I have.

MR. ELLISON: David, let me -- let us take five minutes. Let me talk to Orville and then I've got some cross. Okay?

(Off the record from 10:21 a.m. until 10:29 a.m.)

EXAMINATION

BY MR. ELLISON:

Q Lance, my name is Morris Ellison, and it's a pleasure to meet you by telephone, although it's not a pleasure to meet you when you're having your first deposition taken, but I refuse to claim responsibility for that.

As was indicated earlier, I represent, and our law firm represents, Dr. Dyce and his wife in some litigation involving SCENT and Dr. Puchalski and his wife, Amy Puchalski. And I want to go over a couple of things that you talked about in your discussions with Mr. Sheheen a little bit -- while ago. The first thing I want to get straight in my mind is the timing of Dr. Dyce's going to work for the hospital in Hartsville. If I understood you correctly, you said that Dr. Dyce had already left the hospital; is that right? Not the hospital, had already left SCENT; is that right?

A Right.

Q And then you were approached by members of the medical staff at the hospital about the possibility of or really their insistence that you try to retain Dr. Dyce in the Hartsville market; is that right?

A Dr. -- Dr. Areephanthu was the one to first

approach me.
Q But there are two other doctors whose names you gave as well who you also indicated had approached you and telling you basically that they felt it was important to try to keep Dr. Dyce from going to the Northeast and convince him to stay in the Hartsville market?
A That -- that's right. Dr. Harless and Dr. Chapman.
Q Okay. So it's the -- it was the medical staff, not Dr. Dyce, who approached you about work -- Dr. Dyce working for the hospital after he had left SCENT; is that right?
A Correct.
Q Okay. And I -- as I recall, you said that this occurred in the mid to late summer of 2010; is that right?
A That would be right.
Q Okay. Now, let -- let's go back to the Exhibit 1, the employment agreement that Mr. Sheheen asked you about.
A Okay.
Q Let's talk about a couple of things there. There's a article on the bottom that -- Article 5 that starts on the bottom of Page 42 of the Bates stamp. Do you have that?

A Okay.
Q And this Article 5 talks about termination, does it not?
A It does.
Q And Section 5.1 goes on for about a page talking about what's called "Termination for Cause" in the contract. You see that?
A Right.
Q Then Section 5.2 talks about termination without cause. That's on Page 43. Do you see that?
A Right.
Q Now, let's go to the non-compete for a moment. Section 6.7.
A Okay.
Q You have that? It's on Page 45.
A Yeah. I do.
Q You see the last sentence of that -- of the non-compete?
A Yeah. I have the last sentence, yes.
Q All right. The last sentence says that the non-compete would not be enforceable in the event that a physician was terminated without cause; is that right?
A Right.
Q So if the hospital had terminated Dr. Dyce without

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cause, there would be no non-compete; is that right?

A That's correct.

Q All right. Now, Mr. Sheheen asked you a couple of questions about whether the hospital enforced non-competes, didn't enforce non-competes, and that sort of thing.

Are you familiar with a Dr. Long?

A Dr. Long? Yeah. That name does ring a bell. Yes.

Q Okay. And are you familiar with a Dr. Ropp?

A Yes.

Q All right. Now, those are two physicians who left the hospital, correct?

A They did.

Q And they actually went into practice within 30 miles of the hospital's location, did they not?

A They did.

Q So the hospital in those two -- and they -- when they left, the hospital did not enforce the non-compete, did it?

A It did -- it did not, and -- and I don't recall -- and I'm trying to recall for that regard, Morris, their contract -- their term of their contract had run its course in terms of their three-year employment. There was no -- no notice period in

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terms of a without-cause provision, and I -- I can't speak correctly because I don't recall it 100 percent.

Q Okay. I -- I understand, and it's -- as I understand, it's been a little while, but -- and I don't want to get into why Dr. Long and Dr. Ropp left, that sort of thing, but the bottom line is that the hospital chose not to try to enforce the non-compete with those two physicians as well as with other physicians; is that correct?

A I can't tell you in terms of other physicians, but, in terms of those two physicians, yes, that's correct.

Q Okay. Now, let's look at the non-compete in a little bit more detail. You see where it talks about that -- it talks about competition and -- hold on for a second -- in the very first line, it talks about -- this is the -- let -- let me back up. This is the non-compete that you're most familiar with, is it not?

A That's right.

Q Okay. And you see in the first line where it says that the non-compete prohibits the practicing of your medical specialty. Do you see that?

A Yes.

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Q Do you recall ever seeing a non-compete that prohibited a physician from practicing any medicine, whatsoever, regardless of specialty?
A No. This is the -- again, this is the standard template that our attorneys provide us from the home office.
Q Okay. So you've never seen, that you can recall, another non-compete which said that a physician can't practice any form of medicine, have you?
A No. I have not.
Q Okay. And you see where it talks about the location restriction?
A Yes.
Q Where it says "30 miles of the practice location"?
A Correct.
Q Now, what it's saying is that the non-compete affects a radius of 30 miles around a particular location where that physician worked; is that right?
A That's correct.
Q All right. It doesn't say that it is within 30 miles of any place where the hospital or HMA maintains an office, does it?
A No.
Q Have you ever seen a non-compete that said that the

physician is prohibited from -- from going into practice within 30 miles of any location where the hospital or -- or the corporation maintained a practice?

A I -- I have not.

Q All right. Let's talk about Dr. Dyce's bonus for a minute. And bear with me if I can go through Mr. Sheheen's exhibits.

And, Lance, I'm looking at Exhibit 4, which I may or may not refer to directly.

A Okay. But can you tell me what page that is on?

Q 229. I'm sorry.

A That's okay. Okay. Okay. 229. Okay. I have it.

Q Okay. Got that?

A Yes, sir.

Q Okay. Now, when Dr. Dyce went to work for HMA at Carolina Pines, you talked about Dr. Dyce receiving a bonus; is that right?

A That's right.

Q And you talked with Mr. Sheheen also about the fact that when you were negotiating with Dr. Dyce in the late summer of 2010, you knew that he was looking at other locations in the Northeast; is that right?

A That's right.

Q All right. Is the bonus that is included in

Exhibit 4, is that competitive with bonuses that were being paid to physicians in the Northeast in the market that you were competing with?

A I honestly don't know what bonuses were being offered in the Northeast, personally, but when we look at the total package that would be developed for physicians in terms of recruiting and -- and I'll go back to the comments earlier in regards to a sign-on bonus; it's not uncommon a request for relocation, it's not uncommon recruiter fees in terms of placements, student loans, etc. I mean, there are several different parameters that individual physicians have needs for, so to create something that ultimately was a -- a 50 to $100,000 -- what I -- I'll loosely refer to then as a "signing package," has not been uncommon in my experience.

Q Okay. So -- so let's drill down on that for a moment. In late summer 2010, you've been approached by members of the medical staff at the hospital who say, "We really want you to keep Dr. Dyce in this market," right?

A Right.

Q And Dr. Dyce is looking at other -- you knew that Dr. Dyce was looking at other locations in the

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Northeast, right?
A Right.
Q And you were negotiating to try to retain Dr. Dyce in the market in Hartsville, right?
A I -- correct. After he approached me of his interest to stay in the market, yes.
Q And that approach took place after you had been approached by the members of your medical staff, correct?
A That's correct.
Q All right. So what Exhibit 4 really represents, in many respects, is to use what might not be a particularly good word, it's a negotiation?
A Yes.
Q And you're negotiating for what the hospital wants to do in order to retain the physician that's been requested by your medical staff from the hospital's standpoint, right?
A Correct.
Q And -- and from Dr. Dyce's standpoint, you would think that he's looking at doing -- having -- what is in his family's best interest in terms of staying in the market if this is a viable economic option; is that right?
MR. SHEHEEN: Object: calls for speculation.

MR. ELLISON: (To the deponent) Go ahead, please.

A Can -- can -- can you restate that? Sorry. I didn't catch all of that.

Q Let me let the court reporter repeat the question, and if you don't understand it, I'll be happy to rephrase it.

A Okay.

THE COURT REPORTER: "QUESTION: And you're negotiating for what the hospital wants to do in order to retain the physician that's been requested" --

MR. ELLISON: That was before that.

THE COURT REPORTER: -- "by your medical staff" --

MR. ELLISON: That was before that then -- there's -- he answered that --

THE COURT REPORTER: Okay. I'm sorry.

MR. ELLISON: Then there's another question.

THE COURT REPORTER: I apologize.

MR. ELLISON: That's okay.

MR. JONES: Could Kayce speak up, please?

THE COURT REPORTER: "And from Dr. Dyce's standpoint" -

MR. ELLISON: She -- she -- wait a minute.

Let me make sure she's got the question. Then I'll have her speak up.
THE COURT REPORTER: I'm sorry.
MR. JONES: Okay.
MR. ELLISON: It's okay. Go ahead.
THE COURT REPORTER: Okay.
MR. ELLISON: I think it began "From Dr. Dyce's perspective."
THE COURT REPORTER: Yes, sir.
MR. ELLISON: Okay.
THE COURT REPORTER: I had it.
MR. ELLISON: Take it easy.
THE COURT REPORTER: Thank you.
MR. ELLISON: Take it easy.
THE COURT REPORTER: "QUESTION: And from Dr. Dyce's standpoint, you would think that he's looking at doing" --
MR. ELLISON: Okay.
THE COURT REPORTER: -- "having" --
MR. ELLISON: Okay.

Q All right. Lance, I'm going to ask her to read it loudly so that you can hear it, okay?
A Okay. Thank you.

THE COURT REPORTER: "QUESTION: And from Dr. Dyce's standpoint, you would think that he's

looking at doing -- having what is in his family's best interest in terms of staying in the market if this is a viable economic option; is that right?"

A Yeah, yeah. That's correct.

Q Okay. Now --

MR. SHEHEEN: And I had an objection to speculation.

MR. ELLISON: That was noted.

THE COURT REPORTER: (To Mr. Sheheen) Yes, sir.

MR. SHEHEEN: Okay.

Q Now, Lance, I've got one other area I wanted to cover with you, and you may not have knowledge of this. In -- are you aware that -- well, strike that.

You signed the contract -- you, being HMA, signed the contract with Dr. Dyce in September 2010; is that right?

A That's correct.

Q And Dr. Dyce went to work for HMA in November 2010 -- I'm sorry -- October 18th, 2010?

A That's right.

Q All right. Are you aware that Dr. Puchalski and SCENT threatened to sue HMA in the time period

between September 15th, 2010 and October 18th, 2010?

A No. I'm not.

Q Would it surprise you to learn that he actually threatened to sue the hospital and specifically brought up the non-compete in a letter to counsel?

A No.

Q It would not surprise you?

A No.

Q Did you -- and the -- but the hospital went ahead and -- and employed Dr. Dyce, correct?

A The -- yes. We did.

Q Okay. And when did you leave Hartsville?

A April of 2011.

MR. ELLISON: All right. Hold on. I think I might be done. I'm done.

REEXAMINATION

BY MR. SHEHEEN:

Q Lance, Vincent Sheheen. One last clarifying question. You were asked by Mr. Ellison about the doctors that approached you about retaining Dr. Dyce, but I want to ask you so I understand: Did -- when you first had discussions with Dr. Dyce personally about him coming to work for HMA, did he initiate the conversation or did you?

A He did.

MR. SHEHEEN: Okay. Thank you.

REEXAMINATION

BY MR. ELLISON:

Q All right. And just -- just re-cross. I want to get the timing right. Dr. Dyce had left SCENT in May 2010. Is that your understanding, Lance?

A Yes.

Q And then physicians on staff, at least three of whom we've named, approached you about hiring Dr. Dyce; is that right?

A Yes.

Q And that was in the mid to late summer of 2010?

A Yes.

Q And then you had your first discussion with Dr. Dyce after that time period, correct?

A Yes.

Q And then, on September 18th, 2010, you, on behalf of the hospital and Dr. Dyce, signed the employment agreement which is Exhibit 1 to the deposition; is that right?

A We signed it on September 15th, not the 18th.

MR. ELLISON: I'm sorry. Thank you. Okay. Nothing further.

MR. SHEHEEN: Lance, thank --

MR. ELLISON: Thanks so much.

MR. SHEHEEN: -- thank you very much for your time, and, David, thank you very much for going up there.

MR. ELLISON: Thank you, David.

MR. JONES: Thank you very much.

FURTHER DEPONENT SAITH NOT.

Signing reserved.

(Whereupon, there being no further questions, the deposition was concluded at 10:43 a.m.)

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