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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

ORIGINAL

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL
Commissioner Campbell, III, Chair

APPELLATE CASE NO. 2015-0021

RECEIVED

MAR 17 2016

SC COURT OF A

Lettie Spencer, ... Employee, Appellant,

v.

NHC Parklane, Employer, and Premier Group Insurance Co., Inc.,
Carrier, ... Respondents.

RECORD ON APPEAL

VOL 4 OF 4

Clark W. McCants, III
Amy P. Shumpert
Nance, McCants & Massey
PO Box 2881
Aiken, SC 29802
(803) 649-6200 Ext. 21

Attorneys for Respondents

Andrew W. Creech
Garrett B. Johnson
Elrod Pope Law Firm
212 East Black Street
PO Drawer 11091
Rock Hill, SC 29731
(803) 324-7574

Attorneys for Appellant

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SPRINGS MEMORIAL CODING FORM		PAGE 1
NAME: SPENCER, BETTIE		ACCOUNT #: M000594519
ADM DATE: 09/11/12	UNIT #: M000594470	
ATTEND PHYS: Lehman, William L. MD	SEX: F	
DIS DATE: 09/11/12	AGE: 64	
DISCH DISP: HOME/SELF CARE	DOB: ~~11/11/1947~~	
LOS: 1	FIN CLASS: WC	
PT CLASS: SDC	ABS STATUS: FINAL	
DIAGNOSIS: ADMIT: PRINC: 724.02 SPINAL STENOSIS, LUMBAR REG, W/OUT NEUROGENIC CLAUDICAT SECOND:		
OPERATIONS: DATE: 09/11/12 PROC: 87.21 CONTRAST MYELOGRAM		SURG: WEAT.
CPT CODES: CPT: 62284 INJECTION FOR MYELOGRAM		
ABSTRACTOR: GORDON, NANCY		ABSTRACTING STATUS DATE: 09/13/12

68

SPENCER, LETTIE F Discharge 09/11/2012 1 Lehman, William L. MD D008334539 M000594470
Gender : Female
Age : 64

Claim Type (Medicare APC - HOPD)

99 Other

APC Overall Claim Disposition

4 Claim denied, rejected, suspended or returned to provider, or single day claim w all line items denied or rejected, w only pre-payment edits.

APC Claim Edit

0027 OCE- Only incidental services reported. (CR)

APC Bill Type

13X Hospital Outpatient

APC Condition Code

9999 No/Unknown Condition Code

APC Detailed CPT Procedures

62284 Injection procedure myelography/CT spinal
APC: 18900 - Incidental services packaged into APC rate
Rptd Units: 1
REV: 9999 - No Rev Code entered; partial OCE edits only
Status: N - Items and Services packaged into APC rates.
09/11/2012 WEAT

Dx Reason for Visit

7242 Lumbago (low back pain)

Primary Diagnosis

72402 Spinal stenosis of lumbar region, without neurogenic claudication

ICD-9-CM Procedures

8721 Contrast myelogram
09/11/2012 WEAT

CPT-4 five-digit codes and/or nomenclature are copyright 2011 American Medical Association.

SPRINGS MEMORIAL HOSPITAL
Lancaster, South Carolina

Page 1

HOME MEDICATIONS REPORTED BY PATIENT ON ADMISSION

SPENCER, LETTIE F		MO00594470	64/F	Lehman, William L. MD
Allergies: CODEINE, NEPERIDINE (From Demerol Hcl), PENICILLINS WEIGHT: lbs oz Kg HEIGHT: ft in cm				
HOME MEDICATION	Dose/Route/Frequency	Last Taken Date/Time	Recorded Date/Time	
Tapentadol Hydrochloride (Nucynta)	50 MG PO Q4HR	09/11/12 0500	09/11/12 0914	mcburges
Spironolactone (Aldactone)	25 MG PO DAILY	09/10/12	09/11/12 0915	mcburges
Trazodone (Desyrel)	100 MG PO QHS	09/10/12	09/11/12 0915	mcburges
Mechimazole (Tapazole)	10 MG PO DAILY	09/10/12	09/11/12 0915	mcburges
Send Copy of this form to Pharmacy Name of Nurse Submitting this form to PHA _____ Date _____ PERMANENT CHART COPY - Place in Home Medication Section - DO NOT DISCARD				

SPENCER, LETTIE F
SPRINGS MEMORIAL
64Y 11/28/47 FXW
M000694470
0006334539

SPENCER, LITTLE
SPRINGS MEMORIAL Lehman, William L. M

64Y 11/28/47 FXW

MO00594470

0006334539

WEIGHT: _____ HEIGHT: _____

DO NOT USE THIS SHEET UNLESS RED NUMBER SHOWS.....*

Date	Time	Generic substitution permitted unless checked []	Drug Indication
9-11-12	9:55 AM	S/P Lumbar myelogram May use bathroom otherwise keep in bed with Head of bed up to 45° Diet as tolerated Uteral d/c @ 1 PM	
			W. Weaver MD #1592
		Lynn Hyatt 9/11/12 1040	

(07/04)

138-1478 10/04

ROA 544

SPRINGS MEMORIAL HOSPITAL

INFORMED CONSENT

AUTHORIZATION AND CONSENT TO SURGERY, ANESTHETIC AND OTHER MEDICAL SERVICES

1. The undersigned patient or authorized representative of the patient authorizes and consents to the performance of the following surgery or procedure in Springs Memorial Hospital, Inc. (herein referred to as Hospital)

Lumbar CT myelogram with flexion and extension views

Upon himself or herself or _____, to be performed under the direction of the undersigned physician/surgeon and such associates, partners, assistants or designees as may be selected by such physician/surgeon to perform such surgery or procedure.

2. It is recognized that, during the course of the surgery or procedure, unforeseen conditions may necessitate additional or different procedures or services than those set forth above; and the above named physician/surgeon and such associates, partners, assistants or designees selected by such physician/surgeon are authorized and requested to perform such procedures as are, in such physician's/surgeon's professional judgment, necessary and desirable.

Consent is hereby granted to the administration of such anesthetics as may be considered necessary or advisable by the person responsible for such service with the exception of: _____

It is understood that, during any surgery or procedure, certain risks and complications may occur. The below-listed risks and complications have been fully explained; and it is understood the listed risks are among other risks and complications inherent in any surgery or procedure when anesthesia, medications, blood, surgical instruments and human judgement are required.

- (a) Cardio arrest, irregular heart beat or heart attack, with possible loss of life.
- (b) Blood loss requiring blood transfusion (a).
- (c) Emboli (blood clot) traveling to the lungs, to the brain or the extremities.
- (d) Subsequent infection which could require additional treatment such as abscess, wound infection, pneumonia.
- (e) Injury to adjacent organs (parts of body close to those directly being operated upon).
- (f) Allergic reaction.
- (g) Other complications and risks to my operation are: _____

Date: _____ Time: _____

- (h) Complications of anesthesia including moderate sedation could include drug reactions, loss of ability to maintain airway or other factors including a possibility of brain damage or even death. Different options for sedation were discussed.

5. Consent is hereby granted for the disposal by Hospital authorities of any tissues, organs, non-viable fetus or other parts of the body which may be removed during the course of the operation or procedure.
6. Should the above surgery or procedure be for sterilization or result in sterilization, it is understood the result will be that the undersigned patient may not be able to cause conception, conceive or bear children. The undersigned patient or authorized representative of the patient and the spouse of the patient, releases from any and all liability which may arise as a result of the above surgery or procedure; the Hospital, its nurses and employees; together with all physicians/surgeons in any way connected with said surgery or procedure and agree to repay any damages including attorney fees sustained by the Hospital, nurses, employees or physicians/surgeons as a result of any damages claimed or obtained by any person as a result of this surgery or procedure.

I understand that the practice of medicine and surgery is not an exact science, and no guarantees have been made to me with regard to this operation.

7. The undersigned patient or authorized representative of the patient and the spouse of the patient, when required, represent that the signing of this informed consent acknowledges the informed consent has been read by them or it has been read to them and that such consent is understood and that the possible risks, complications and benefits that can result from the surgery or procedure are understood.

YMC Bunsen Rh
WITNESS

WITNESS

9/11/12
DATE

0855
TIME

(A.M. or P.M.)

Leticia Spencer
(PATIENT OR AUTHORIZED PERSON)

RELATIONSHIP IF SIGNED BY AUTHORIZED PERSON

SPOUSE

Gamm W. Wain
PHYSICIAN/SURGEON OBTAINING CONSENT

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SPRINGS MEMORIAL HOSPITAL
641 11/28/12 FAX: 6000594470
09/11/12 Leiman, N. T. Tam L. M.

Procedure Name: <u>Lumbar CT myelogram with flexion and</u>		Date: <u>9/11/12</u>	
1. To Be Completed By Patient Care Area After Patient Admitted: <u>Extension Vitals</u>			
Patient Identity Confirmed Using 2 Identifiers		☒ Yes	☐ N/A Initials/Time: <u>NAB</u>
Informed Consent Confirmed		☒ Yes	☐ N/A Initials/Time: <u>NAB</u>
Completed History and Physical and Update		☒ Yes	☐ N/A Initials/Time: <u>NAB</u>
Site is Marked By Procedure Physician		☒ Yes	☐ N/A Initials/Time: <u>NAB</u>
Alternative to Site Marking: Site Identified by: <u>Special Armband</u>		☐ Obvious Defect	☐ Dressing Other
2. Prior to Entering Procedure Room or Administration of Anesthesia RN or Imaging Technologist Confirms:			
Patient Identity Confirmed Using Two Identifiers		☐ Yes	☐ N/A
Procedure Confirmed with Patient or Patient Representative		☐ Yes	☐ N/A
Procedure Site Marked and Confirmed With Consent		☐ Yes	☐ N/A
Consent: All Information Matches to Patient		☐ Yes	☐ N/A
Orders Completed (date and time checked)		☐ Yes	☐ N/A
History and Physical and Update Completed (date and time checked)		☐ Yes	☐ N/A
Pre-anesthesia Assessment Completed (date and time checked)		☐ Yes	☐ N/A
Radiological Images; Lab; Diagnosis Testing (available and matched to patient ID)		☐ Yes	☐ N/A
Blood/Blood Products: Confirmed Necessity or Availability		☐ Yes	☐ N/A
Resource Availability Matched to Patient and Planned Procedure: medications;		☐ Yes	☐ N/A
equipment; supplies; implants;		☐ Yes	☐ N/A
Sterility of Supplies and Instrumentation Confirmed		☐ Yes	☐ N/A Initials/Time: _____
3. Fire Risk Assessment: Assign a 1 for Yes, 0 for No; total score of all three criteria indicates risk level below			
Procedure site or Incision above the xiphoid or airway procedure		Yes=1	No=0
Oxygen source (face mask/nasal cannula; LMA; ET tube)		Yes=1	No=0
Ignition source (Uni-polar cautery, laser, fiber-optic light)		Yes=1	No=0
Total Score: _____		Initials/Time: _____	
Score of 1 or 2 - Low Risk with Potential to Convert:		Initiate Routine Protocol:	
* Use ESU pencil holder, utilize laser standby mode;		* Standby mode for fiber-optic light source when not in use	
* Alcohol based prep solution to dry 3 minutes		* Remove volatile solution from sterile field as soon as possible	
* Prevent pooling of prep solution		* CO ₂ Fire Extinguisher readily available	
Score of 3 - Initiate High Risk Fire Protocol:		Initiate All Protocol Above, In Addition To:	
* Use Wet Sponges		* Saline/Water available for fire suppression	
* Electro-cautery settings minimized, use Bi-polar if possible		* Syringe of saline available for procedures in oral cavity	
* Room air mixed with O ₂ at lowest concentration when face masked; nasal cannula in use			
* Minimize O ₂ concentration under drapes			
4. Procedure Time-Out: Stop all activities. Time-out must be performed immediately prior to start of procedure			
Patient Identity Confirmed Using 2 Identifiers		☐ Yes	☐ No
Consent: All Information Matches to Patient		☐ Yes	☐ N/A
Site Marked, Stated and Viewed by Procedure Team (circle):		Right	Left N/A
Pre-Procedure Antibiotics Administered		☐ Yes	☐ N/A
Fire Safety Efforts Communicated Within Team		☐ Yes	Initials/Time: _____
Team Completed Time Out and Verbalized Agreement/Concerns		☐ Yes	☐ N/A Initials/Time: _____
Team Members Participating: Initials _____		Initials _____	Initials _____
Team Members Participating: Initials _____		Initials _____	Initials _____
5. Procedure Sign Out-RN Confirms with Physician Prior to Leaving Procedure Room:			
Name of Operative Procedure Confirmed by Surgeon as compared to consent		☐ Yes	☐ No
Specimens Identified and labeled:		☐ Yes	☐ N/A
Communication of Sponge, Sharp and Instruments Counts		☐ Yes	☐ N/A
Hemodynamic Safety Concerns Communicated:		☐ Yes	☐ N/A
Team member reviews any key concerns for recovery and management of patient:		Initials/Time: _____	
Signature, Title, and Initials of Personnel Documenting on this Form			
Signature: <u>[Signature]</u>	Title: <u>RN</u>	Initials: <u>NAB</u>	Date: <u>9/11/12</u> Time: <u>0835</u>
Signature: _____	Title: _____	Initials: _____	Date: _____ Time: _____
Signature: _____	Title: _____	Initials: _____	Date: _____ Time: _____
Signature: _____	Title: _____	Initials: _____	Date: _____ Time: _____

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PRE-PROCEDURE IDENTIFICATION AND VERIFICATION ☐ Check here if more than one form is used

Procedure: Lumbar Myelogram Date: 9-11-12

IDENTIFY: Two identifiers used to identify patient. ☒ Yes ☐ N/A

CONSENT: Patient/parent/guardian states procedures, risks, site, and physician performing procedure agrees with signed consent. ☒ Yes ☐ N/A

DOCUMENTATION: Confirm H&P, Consent, Orders (all signed, dated and timed) all agree as to patient, procedure, site, site, surgeon, and plan of care. ☒ Yes ☐ N/A

ANESTHESIA: Anesthesia pre-procedure evaluation is present and signed, dated, timed. ☒ Yes ☐ N/A

LAB & DX TESTING: Correctly labeled diagnostic reports are available and accurately matched to patient. ☒ Yes ☐ N/A Initials/Time OC/9:20am

PRE-PROCEDURE SITE MARKING

IDENTIFY: Two identifiers used to identify patient. ☒ Yes ☐ N/A

DOCUMENTATION: Before marking, confirm all agree (signed, dated & timed) H&P, Consent, Order, Images, or Radiology Reports if applicable. ☒ Yes ☐ N/A

PATIENT INVOLVEMENT: Patient/parent/guardian was involved in identifying site. ☒ Yes ☐ N/A

PROCEDURE PHYSICIAN: Name of the provider privileged to perform the procedure who marked the site: Tommy Waver MD ☒ Yes ☐ N/A

ALTERNATE PROCESS: For marking site as required for patient. Site is identified by: ☐ Special arm band ☐ Obvious defect or dressing ☐ Other: ☒ Yes ☐ N/A Initials/Time OC/9:20am

PRE-PROCEDURE ROOM IDENTIFICATION

Prior to moving patient to the procedure room the patient was identified and the resources confirmed. ☐ Yes ☐ N/A

SITE MARK: The marked site will be visible after the patient is prepped and draped. ☒ Yes ☐ N/A

MEDICATIONS: Irrigations, fluids, and antibiotics for the procedure are available. ☒ Yes ☐ N/A

BLOOD OR BLOOD PRODUCTS: Blood products are available for procedure. ☒ Yes ☐ N/A

RADIOLOGIC IMAGES: Imaging studies and results are available in room. ☒ Yes ☐ N/A

RESOURCES: Special equipment, implants, and supplies are available for procedure. ☒ Yes ☐ N/A

IDENTIFY: Two identifiers used to identify patient. ☒ Yes ☐ N/A Initials/Time 9:25 AM

PROCEDURE TIME OUT

The team that is actively participating in the procedure is involved in the Time Out, and the following elements are stated aloud by the person leading the Time Out immediately prior to starting the procedure:

- Identify patient, procedure, site, laterality, spine level, or surface agrees with consent. ☒ Yes ☐ N/A
- Site marking is visible after prep and drape. ☒ Yes ☐ N/A
- Intraoperative imaging identifies the specific spine level, in addition to skin marker. ☒ Yes ☐ N/A
- Imaging studies and results are present, properly labeled, and displayed. ☒ Yes ☐ N/A
- Position is appropriate for the procedure. ☒ Yes ☐ N/A
- Pre-procedure antibiotics have been administered. ☒ Yes ☐ N/A
- Procedure team declares any safety precautions based on history or medication use. ☒ Yes ☐ N/A

Team Time Out agreement. ☒ Yes ☐ No Initials/Time OC/9:40

If No, explain actions to reconcile discrepancy: _____

Names/roles or procedure team members involved in Time Out: Tommy Waver, Jo Tucker, Amy Hatcher

Prior to the end of the procedure, verbally verify with the physician that the Lumbar Myelogram procedure performed matches the consent. If no, explain: ☒ Yes ☐ No Initials/Time OC/9:50

Signature(s), Title, and Initials of Person(s) Documenting on this Form: Tommy Waver, Jo Tucker (TCR)

Universal Protocol Checklist
OR-1601 (Rev. 08/09)

Front

Patient Label

SPENCER, LETTIE F
SPRINGS MEMORIAL SDC 0006334539
64Y 11/28/47 FXW MD00594470
09/11/12 Lehman, William L. M



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ROA 547

D006334539 M000594470
SPENCER, LETTIE F
64X 09/11/12 Lehman, William L. MD

SPRINGS MEMORIAL HOSPITAL
TB SCREEN

Screen (Signs & Symptoms of TB) Placed X by all those that apply)

☐ Persistent productive Cough > 2 weeks Duration
☐ Night sweats
☐ Anorexia
☐ Coughing up Blood
☐ Weight Loss
☐ Fever

Plan of Action

X Does not meet above criteria

If Patient has Four or more symptoms:

Place patient in private room utilizing airborne isolation precautions until chest x-ray report is available. (Need to get orders for Chest X-ray)

Does the patient have a Persistent Productive Cough from above screen? NO
Is the Chest x-ray positive or negative? _____

** A positive Chest x-ray is defined as one with fibrotic lesions/inflammatory process, cavitary lesions/nodules.

If the patient has no persistent productive cough and chest x-ray is clear, the patient may be placed in a regular room, unless pt is immunocompromised (HIV positive, receiving chemo-therapy, or children < 5.)

If patient has a persistent productive cough and a positive chest x-ray airborne isolation including a negative pressure room is indicated, until a physician clinically rules out TB (PPD test if no previous documentation of a positive chest x-ray, and sputums for AFB smear/culture times 3 if symptomatic-need orders.

Mask patient while in transit (White N-95 mask)

Flag record and door with Airborne Isolation sticker.

If patient cannot tolerate mask, place in a private room and instruct patient to cover cough and sneezes (provide tissues). Employee must wear a HEPA-filtered respirator. Place patient in separate waiting area apart from other patients if possible.

If TB suspected by physician, write an order for infection control consult.

If patient has active TB and has not completed therapy, place in airborne isolation until documented not to be infectious. (negative AFB smears x 3 or greater than 3 weeks anti-TB medications)

Refer to Health Department of Residence if PPD positive.

Risk Factors (These patients are considered high-risk)

Homeless
HIV positive/AIDS (request PPD if HIV positive)
Foreign born persons
Low income, including high risk minorities
Alcoholics
Previous TB

IV drug users
Resident of long-term care facility (incl. prison)
Immunosuppressed
Exposure to TB
History of positive PPD

SIGNATURE

09/11/12
DATE

8. **GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES (continued from page 1):**

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or intern(s).

I agree and understand that all physicians (including fellows, residents, and interns), dentists, oral surgeons, and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further understand that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

I have been informed of the treatment procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by such physician and/or one or more additional physicians, fellows, residents, interns, and employees of the Facility. I understand that one or more physicians, fellows, residents, and/or interns at the Facility may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment.

patient initials I consent to the photographing or videotaping, including appropriate portions of my body, for medical and medical record documentation purposes, provided said photographs or videotapes are maintained and released in accordance with protected health information regulations.

9. **ADVANCE DIRECTIVE ACKNOWLEDGEMENT:**

Federal law requires that patients be provided information about their rights to make advance health care decisions, including a Living Will, Durable Medical Power of Attorney or designation of a surrogate decision maker for healthcare decisions. If you have already completed any of these documents, please inform your physician and the Facility. *Please check one:*

- ☐ I have executed an advance directive and have supplied a copy to the Facility.
- ☒ I have executed an advance directive and have been requested to supply a copy to the Facility.
- ☐ I have reviewed the directive(s) on file with this Facility and it is / they are my current directive(s).
- ☐ I have not executed an advance directive. I have received information about advance directives from this Facility.
- ☐ I have not executed an advance directive. I have requested advance directive information from this Facility.
- ☐ I have not executed any advance directives, and I do not wish to receive information about advance directives from this Facility.

10. **RESEARCH STUDIES:** *Please check one:*

☒ No ☐ Yes Are you currently a participant in any research study or project? *If yes, please briefly describe what is being studied (drug, medical device or other)* _____
Who can the Facility contact with questions about the study? _____

11. **SMOKING CESSATION INFORMATION:**

yes ☒ Upon admission, I received the Smoking Cessation Information Packet, which includes information on: health risks associated with smoking, community resources for smoking cessation programs and health risks associated with second hand smoke. If I have further interest in smoking cessation programs and education, I will request additional information from the facility staff or my physician.

The undersigned certifies that s/he has read the foregoing, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient as their agent to execute the above.

Patient's Signature or Legal Representative <i>Lettie Spencer</i>		Date <i>8/1/12</i>	Time <i>804</i>
Relationship to Patient <i>Self</i>		Interpreter, if Utilized	Date Time
Witness Signature <i>[Signature]</i>	Date <i>8/1/12</i>	Time <i>804</i>	If Telephone Consent, Second Witness Signature Date Time

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment
ADM-1701G (Rev. 01/10, 05/12) Page 2 of 2

Patient Label

SPENCER, LETTIE F
SPRINGS MEMORIAL SDC D006334539
64Y 11/28/47 FXW M000594470
09/11/12 Lebanon, WI 1111am L. M

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If at any time you request that a nurse call your attending physician regarding your personal medical care, the nurse shall place a call to the attending physician or his or her designee to inform him or her of your concern. If you are able to communicate with and desire to call your attending physician or designee, upon your request, the nurse must provide you with the telephone number

and assist you in placing the call. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance.

If you have personal medical care concerns, you may access prompt assistance via the patient assistance system by picking up the phone and dialing 0 for the hospital operator and telling them that you have an urgent patient care concern. A call will be placed immediately to the administrator on call who shall promptly assess, or cause to be assessed, the urgent patient care concern and cause the patient care concern to be addressed.

PART II: As a patient, you and your family have the responsibility to:

1. Give accurate and complete health information concerning your present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health.
2. Report any changes in your condition to the responsible practitioner.
3. Follow the rules and regulations, as explained to you, concerning patient care and your conduct as a patient.
4. Request further information concerning anything you do not understand.
5. Follow the treatment plan developed with the practitioner and express concerns related to your ability to follow the proposed course of treatment.
6. Accept the outcomes of your refusal to follow the treatment plan or instructions provided by your practitioner.
7. Be considerate of other patients and hospital personnel by avoiding unnecessary noise, smoking or causing distractions, and, by respecting others' property including that of the hospital.

The PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES has been explained to me and a copy has been provided to me.

SPENCER, LETTIE F
SPRINGS MEMORIAL SOC D00G334539
64Y 11/28/47 FXW M000594470
09/11/12 Lehman, William L. M

Lettie Spencer
Patient or legally authorized representative

9/11/12
Date

J. Moseley
Witness

9/11/12
Date

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**SPRINGS MEMORIAL HOSPITAL
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

1 of 3 pages

Springs Memorial Hospital recognizes the rights and responsibilities of patients and provide impartial access to treatment or accommodations that are available or medically indicated, without regard to race, creed, sex, national origin, color, handicap, age, religion or source of payment for care. It is recognized that any specific procedure or service is always subject to modification, depending on the circumstances of particular case.

PART 1: As a patient you have the right to:

1. Have the hospital promptly notify a family member/representative and your physician of your admission to the hospital.
2. Considerate, respectful care at all times and under all circumstances with recognition of personal dignity.
3. Personal and Informational privacy as indicated below:
 - To wear appropriate personal, religious or other symbolic items which do not interfere with diagnostic procedures or treatment.
 - To be interviewed/examined in surroundings which assure reasonable visual and auditory privacy, including:
 - a. the attendance of a person of your own sex during certain parts of a physical exam, treatment or procedure performed a health professional of the opposite sex;
 - b. not to remain disrobed longer than is required for completing the medical purpose that required the disrobing.
 - To expect discrete discussion or consultation of your case, and that persons not directly involved in your care will not be present without your permission.
 - To have your medical record read only by those directly involved in your treatment or in the monitoring of its quality and by others only with your written permission or that of your legally-authorized representative.
 - To expect that all communication and other records pertaining to your care, including source of payment for treatment, be treated as confidential.
 - To expect request a transfer to another room if another patient or visitor is unreasonable disturbing you.
4. Expect reasonable safety with regard to hospital practices and environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation.
5. Be free from physical restraints and drugs that are used for restraint or for coercion, discipline, convenience, or retaliation by staff. Restraint is to be used only when less restrictive interventions have been ineffective.
6. Know the identity and professional status of those providing services to you and to know the physician or other practitioner primarily responsible for your care, including; a) any professional relationships among those treating you, b) the relationship to any other health care or educational institution involved in your care. Your participation in clinical training programs or data gathering for research purposes is voluntary.
7. Obtain, from the practitioner responsible for your care, complete and current information concerning your diagnosis (to the degree known), treatment, alternatives, risks and prognosis in terms and language you can reasonably be expected to understand. Should it be medically inadvisable to you the information, it will be made available to your legally authorized representative.
8. Access people outside the hospital by means of visitors, and verbal and written communication.
9. Access to an interpreter, as necessary if you do not speak or understand English or if you are hearing or speech impaired.
10. Reasonable informed participation in decisions involving your health care, including; a) advance directive to which the hospital must adhere, b) clear, concise explanations of your condition, all proposed technical procedures, possible risk to mortality, serious side effects, problems related to recover, success probabilities and probable person(s) responsible for authorizing and performing procedures and treatments, the hospital's intent to participate in human experimentation or research/educational projects that affect your care or treatment, c) person(s) responsible for authorizing and performing procedure, intent to participate in human experimentation or research or treatment. You have the right to refuse to participate

SPENCER, LETTIE F
SPRINGS MEMORIAL SDC 0006334539
64Y 11/28/47 FXW M000594470
09/11/12 Lehman, William L. M

a
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ur care

Springs Memorial Hospital

PROGRESS NOTES

SPENCER, LETTIE F

CL1 09/11/12

SPRINGS MEMORIAL Lehman, William L. M

GAY ~~XXXXXXXXXX~~ FXW

NO00594470

0006334539

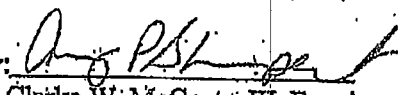
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CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY THAT I HAVE this date filed the attached document(s)
with the South Carolina Workers' Compensation Commission, Post Office Box 1715, Columbia,
South Carolina 29202, and served a copy of said document(s) upon the following, by first class
mail with sufficient postage affixed thereto to insure proper delivery:

Andrew W. Creech, Esquire
Elrod-Pope Law Firm
P.O. Box 11091
Rock Hill, SC 29731

NANCE, MCCANTS & MASSEY

By: 
for Clarke W. McCants, III, Esquire
P. O. Box 2881
Aiken, SC 29802
(803) 649-6200 Ext.21

Dated: January 7, 2013

Nance, McCants & Massey
Attorneys & Counselors at Law
218 Newberry Street S.W.
Aiken, South Carolina 29802
Telephone (803) 649-6200

AUG 25 2014

James D. Nance, LLC
Clarke W. McCants, III, P.C.
A. Shane Massey, LLC
Amy Patterson Shumpert
Blair Ballard Massey

COPY

Post Office Box 2881
Aiken, SC 29802-2881
Fax: (803) 649-5566
mccants3rd@aol.com

August 22, 2014

The Honorable Aisha Taylor
Commissioner
S.C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

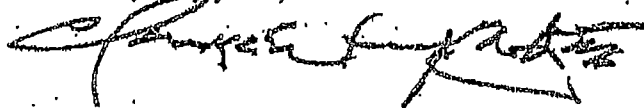
IN RE: Lettie L. Spencer v. NHC Parklane
SCWCC No.: 1120778
NHC File No.: WC18202011021728
Our File No.: MWC12-1203

Dear Commissioner Taylor:

Please file in the above-referenced matter the enclosed Form 58, Notice of Submission of Evidence and Certificate of Filing and Service thereof upon opposing Counsel. By a copy of this letter, I am serving opposing Counsel with the Form 58 and Notice.

Thank you for your assistance in these regards. With best regards, I remain

Very truly yours,



Clarke W. McCants, III

CWMIII/epe
Enclosures

cc: Andrew W. Creech, Esquire (w/ enc)



Claimant's Name: Little Spencer Employer's Name: The Palmettos of Parklane
Address: [REDACTED] Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Columbia State: SC Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: () Carrier: Premier Group Insurance Co.
Preparer's Name: Clarke W. McCants, III Preparer's Phone #: 803-649-6200

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 656.73 2. AWW: \$ 985.05 Date of Injury: 6/22/11
3. Type of Injury and body part(s): Lower back and psyche
4. Facts in controversy: Whether or not Claimant has reached maximum medical improvement and, if so, the extent, if any, of permanent disability
5. Legal issues involved: Whether or not Claimant is in need of additional medical treatment; extent of permanent disability
6. Unusual aspects: None known at this time
7. Witnesses (designate if expert): See Notice of Submission of Evidence
8. Exhibits:
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): See Notice of Submission of Evidence
10. Name, address, and specialty, if any, of the treating physician: See Notice of Submission of Evidence
11. Impairment rating(s); body part(s); physician and date of opinion: 9% lumbar spine, Dr. William Lehman, 4/2/13
12. I am amending my Form 50/51 in the following manner: Defendants reserve the right to amend

☒ Mediation

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: See attached.

Signature: [Signature]

Date of hearing: 9/3/14

Email: Mccants3rd@aol.com

Time needed for hearing: 1 hour

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

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Lettie Spencer,
Claimant,

vs.

NHC Parklane,
Employer,

and

Premier Group Insurance Co., Inc.,
Carrier
Defendants.

WCC File No. 1120778
Carrier File No: WC1820201102178
Carrier Code No: 1100

NOTICE OF SUBMISSION
OF EVIDENCE BY DEFENDANTS

PLEASE TAKE NOTICE that the Employer/Carrier, pursuant to the provisions of the South Carolina Workers' Compensation Law and S.C. Code Ann. Section 1-23-10 (1976), et. seq., submits the following documentary evidence to be included in the record for the above-captioned matter. Copies of the documents listed below are herewith served upon Counsel for the Claimant and will be offered at the hearing for this matter for inclusion in the record.

DOCUMENTARY EVIDENCE

1. Chester Regional Medical Center, 7/22/11, Pages 12 - 13;
2. Randall G. Drye, M.D., Columbia Neuorsurgical Associates, 8/31/11, Pages 14 - 15;
3. Tony Owens, M.D. S.C. Pain Associates, 11/10/11 - 4/18/12, Pages 16 - 36;
4. Select Physical Therapy, 3/12/12 - 4/24/12, Pages 37 - 64;
5. William L. Lehman, M.D., Carolina Orthopaedic Surgery Associates, P.A., 4/4/12 - 4/2/13, Pages 65 - 95;
7. Springs Memorial Hospital, 9/11/12, Pages 96 - 105;

8. Sanjay Nandurkar, M.D., Piedmont Interventional Spine & Pain Center, 1/28/13 - 6/20/13, Pages 106 - 118;
9. W. Brian O'Malley, Ph.D., The Rehab Center, 3/7/13 - 6/13/13, Page 119 - 122;
10. Video Surveillance Reports of Claimant, 8/22/12 - 6/24/13, Pages 123 - 153; (1 thru 10 previously submitted).
11. Boston Diagnostic Imaging, 3/18/04, Page 154;
12. Dr. Amy Dorn, 4/21/04 - 2/21/06, Pages 155 - 160;
13. Spine & Brain Neurosurgery, 6/15/04 - 11/23/05, Pages 161 - 166;
14. AAA Report of Claim, 9/13/05, Pages 167 - 168;
15. Neuroskeletal Imaging, 8/16/05, Page 169;
16. Chester Regional Medical Center, 1/26/09 - 3/6/14; Pages 170 - 222;
17. Deposition of Dr. William Lehman, 1/9/13, Pages 223 - 274; and,
18. Surveillance Videos of Claimant, 8/23/12 - 8/1/14.

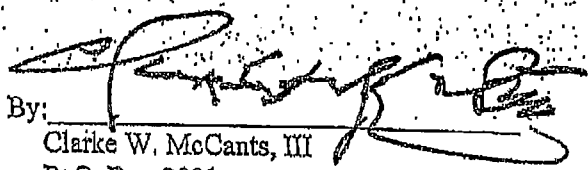
PLEASE ALSO TAKE NOTICE THAT the Employer may call the following witnesses to testify at the hearing for this matter:

Melissa Argo	NHC Parklane
Patti Coates	" "
Pam Jackson	" "
Tasha Owens	" "
Scott Thomas	Meridian Investigative Group
Dennis Croghan	" "
Andrew LaLonde	" "

Porter Nelms

Premier Group Insurance Co., Inc.

NANCE, McCANTS & MASSEY

By: 

Clarke W. McCants, III
P. O. Box 2881
Aiken, SC 29802-2881
(803) 649-6200

Dated: August 22, 2014

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY THAT I HAVE this date filed the attached document(s)
with the South Carolina Workers' Compensation Commission, Post Office Box 1715, Columbia,
South Carolina 29202, and served a copy of said document(s) upon the following, by first class
mail with sufficient postage affixed thereto to insure proper delivery:

Andrew W. Creech, Esquire
Elrod-Pope Law Firm
P.O. Box 11091
Rock Hill, SC 29731

NANCE, MCCANTS & MASSEY

By:

Erin P. Elam

Erin P. Elam, Paralegal
P.O. Box 2881
Aiken, SC 29802
(803) 649-6200 Ext. 21

Dated: August 22, 2014

BOSTON DIAGNOSTIC IMAGING - ALTAMONTE

393 E. Altamonte Drive Altamonte Springs, Florida 32791 Phone: 407-331-9355 Fax: 407-331-9481

PATIENT'S NAME: FREEMAN, LETTIE

CHART ID: 72600

SSN:

DOB/SEX:

PATIENT PH: (407) 299-2355

DOS:

03/18/2004

DR. JOHN P. BELLOMO

ORLANDO, FL 32810

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Pain and tingling and numbness in the left arm in a patient with neck pain.

TECHNIQUE: Multiplanar, multisequential images were obtained without contrast.

FINDINGS: Anterior spurs are seen at C5-C6. There is mild straightening of normal cervical lordosis. Disc-space narrowings are mild at C5-C6 and at C6-C7. This matches the finding aforementioned in plain x-rays. No congenital abnormality is present. Cervical spinal cord is normal in size, in contour, in intensity, and in location. No abnormality is seen at craniovertebral junction or at C1-C2. No disc abnormality is seen at C2-C3, C3-C4, or C4-C5. At C5-C6, there is mild broad-based bulge of the intervertebral disc, and each lateral neural foramen is at lower limits of normal.

At C6-C7, there is eccentric protrusion of disc material and to the left lateral neural foramen, causing occlusion of that foramen for a tight left lateral neural foraminal stenosis. There is some evidence of spur formation here as well as disc herniation. No abnormality is seen at C7-T1, T1-T2, or T2-T3.

IMPRESSION

1. There is a left lateral disc herniation in the left lateral neural foramen at C6-C7 causing nerve root compression. There may be an element of degenerative osteophytic formation present here as well.
2. Mild broad-based bulge of disc is seen at C5-C6.

RICHARD BAGBY, M.D./kek

D: 3/18/2004 T: 3/19/2004 8:07 AM

Job: 2169

Electronically Signed by: Richard Bagby, MD on Friday, March 19, 2004

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

John L. Ley, P.A.-C.

10000 W. Colonial Drive, Ste 487 Ocoee, FL 34761

(407) 296-1923

OFFICE VISIT

DATE: 04-21-04

PATIENT: Freeman, Lettie

DOB: [REDACTED]

SUBJECTIVE COMPLAINT: The patient is here for E&M of neck pain. She has a cervical disc and was referred to Dr. Razaack and is scheduled for surgery next week. She has no cardiovascular complaints. No neurologic complaints other than that in her left arm. She is having no double vision or blurry vision. No chest pain, pressure or tightness. No coughing, wheezing or shortness of breath. She is somewhat anxious. She has stopped smoking in preparation for her surgery.

CURRENT MEDICATIONS: Vioxx 25 mg PO q.d., Lisinopril 20 mg, Lipitor 20 mg, Prevacid 30 mg, Elavil 50 mg.

OBJECTIVE FINDINGS: Neck: supple, carotids 2+, no bruits. Chest: clear to auscultation, percussion and palpation. Cardiac: regular rhythm, normal S1 and S2, no murmur, no gallop. Abdomen: soft, non-tender, no masses, no organomegaly. Extremities: without cyanosis, clubbing or edema.

IMPRESSION:

1. Cervical disc
2. Hypertension
3. Hypercholesterolemia
4. Anxiety
5. Smoker

PLAN:

Ativan 0.5 mg PO t.i.d. p.r.n. anxiety. Continue Vioxx. She will get preoperative blood work and electrocardiogram at the hospital.

Amy K. Dorn, M.D. [Signature]

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

John L. Ley, P.A.-C.

18000 W. Colonial Drive
Office Note

Ste. 487
Office Note

Ocoee, FL 34761

(407) 296-1923
Office Note

Date: 11/17/04

Name: Lettie Freeman

Date of Birth:

Subjective Complaint: The patient is here for E/M of hypertension, restless leg syndrome, hyperlipidemia. Since I have seen her last, she has had 2 surgeries on her neck, she is doing much better. She is out of pain, she is no longer needing pain medications. She has been out of her blood pressure medicines and her blood pressure has been labile.

Meds: Lisinopril 20 mg, Lipitor 20 mg, Prevacid 30 mg, Elavil 50 mg.

Review of Systems: Otherwise unremarkable. She is not smoking, not drinking.

Physical Examination: Neck: supple, carotids 2+, no bruits. Chest is clear to auscultation, percussion, palpation. Cardiac exam: 1/6 systolic murmur, left sternal border, regular rhythm. Abdomen: soft, non-tender, no masses, no organomegaly. Extremities: without cyanosis, clubbing or edema.

Impression:

1. New heart murmur.
2. Hyperlipidemia.
3. Restless leg syndrome.
4. Hypertension.
5. Smoker.
6. Anxiety.

Plan: Cardiac echo, CBC, CMP, TSH. Klonopin 0.5 mg, start Lisinopril 20/12.5 mg, recheck in a month.

Amy K. Dorn, M.D. sk

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270/45/37
TSH
asp/wm

7/12/04
TSH
asp/wm

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

John L. Ley, P.A.-C.

10000 W. Colonial Drive
Office Note

Ste. 487

Ocoee, FL 34761

(407) 296-1923
Office Note

Date: 12/15/04

Name: Lettie Freeman

Date of Birth:

Subjective Complaint: The patient is here for E/M of hypertension. We recently placed her on Lisinopril 20/12.5 mg. She says her pressures have been fine. She did not increase her Lipitor to 40 mg because she was out of it when her blood tests were done last month. She is back on Lipitor 20 mg. She is tolerating Klonopin well and it works well for her restless legs.

Meds: Lisinopril 20/12.5 mg, Lipitor 20 mg, Prevacid 30 mg, Elavil 50 mg, Klonopin 0.5 mg.

Physical Examination: Neck: supple, carotids 2+, no bruits. Chest is clear. Cardiac exam: regular rhythm, normal S1, S2, 2/6 systolic murmur, left sternal border.

Impression:

1. Hypertension.
2. Hyperlipidemia.
3. Restless leg.
4. Smoker.
5. Anxiety.

Plan: Refer for colonoscopy, mammogram. Cardiac echo was done which shows some mild mitral insufficiency, no significant valvular disease.

Amy K. Dorn, M.D./sk

ND
4-6-05

157

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

10000 W. Colonial Drive, Ste 487

John L. Ley, P.A.-C.

Orcees, FL 34761

(407) 296-1923

OFFICE VISIT

DATE: 06-02-05

PATIENT: Freeman, Leticia

DOB: 11-20-22

SUBJECTIVE COMPLAINT: The patient is here for E&M of hyperlipidemia, hypertension and restless leg syndrome. Since I've seen her last, she saw Dr. Brint for colonoscopy. He was not able to complete the study. She did have a barium enema. They were not able to complete that because of rectal soreness. She says her blood pressures have been under good control. Restless leg is relatively under control with Klonopin 1 PO q.p.m. She still has tingling in her arms from her cervical spine disease.

CURRENT MEDICATIONS: Lisinopril 20/12.5 mg, Lipitor 20 mg, Prevacid 30 mg, Elavil 50 mg, Klonopin 0.5 mg.

SOCIAL HISTORY: She is still smoking.

REVIEW OF SYSTEMS: No double vision, blurry vision or blindness. No chest pain, pressure or tightness. No coughing, wheezing or shortness of breath. No N&V, diarrhea or constipation. No polyuria or dysuria. No numbness, weakness or slurred speech.

OBJECTIVE FINDINGS: PERRLA, BOM'S intact. Sclerae, TM's and throat not injected. Neck: supple, carotids 2+, no bruits, adenopathy, thyromegaly or JVD. Chest: clear to auscultation, percussion and palpation. Cardiac: regular rhythm, normal S1 and S2, no murmur, no gallop. Abdomen: soft, non-tender, no masses, no organomegaly. Extremities: without cyanosis, clubbing or edema. Pulses are 2+.

IMPRESSION:

1. Hypertension
2. Hyperlipidemia
3. Restless leg syndrome
4. History of smoking
5. Anxiety
6. Chronic cervical spine symptoms from surgery

PLAN:

Refer for stress test in view of risk factors. We'll check a coronary risk and CMP. Recheck in 4 months. Again, advised to stop smoking. We'll check a chest x-ray.

Amy K. Dorn, M.D./*AD*

AD
CR
TW
TW
6/1 AD

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

John L. Ley, P.A.-C.

10000 W. Colonial Drive

Ste. 487

Ocoee, FL 34761

(407) 296-1923

Office Note

Office Note

Office Note

Date: 11/01/05

Name: Lettie Preemian

Date of Birth:

Subjective Complaint: The patient is here for E/M of hypertension and hypercholesterolemia. She comes in letting me know that she was in another auto accident. The same person who hit last year hit her this year. She did see Dr. Razack who evaluated her upper back and her lower back. She has bulging disks and she has been in physical therapy. No surgery is planned.

Med: Lisinopril 20/12.5 mg, Lipitor 20 mg, Elavil 50 mg, Klonopin 0.5 mg hs, Prevacid 30 mg, Lortab prn.

Review of Systems: Negative other than her back and neck pain. She is rarely smoking, not drinking.

Physical Examination: Neck: supple, carotids 2+, no bruits, adenopathy, thyromegaly, JVD. Chest is clear to auscultation, percussion, palpation. Cardiac exam: regular rhythm, normal S1, S2, no murmur, no gallop. Abdomen: soft, non-tender, no masses, no organomegaly. Extremities: without cyanosis, clubbing, or edema.

Impression:

1. Hypertension.
2. Hyperlipidemia.
3. Chronic back pain.
4. Status-post neck surgery.
5. History of smoking.
6. Restless leg syndrome.
7. Anxiety.

Plan: Same medicines. Recheck in 3 to 4 months.

Amy K. Dorn, M.D. *[Signature]*

Amy K. Dorn, M.D.

Richard P. Nathanson, M.D.

Scott D. Marsel, M.D.

10000 W. Colonial Drive

John L. Ley, P.A.-C.

Ste. 437

Ocoee, FL 34761

(407) 296-1923

Office Note

Office Note

Office Note

Date: 02/21/06

Name: Lettie Freeman

Date of Birth:

Subjective Complaint: The patient is here for E/M of hypertension, hyperlipidemia, restless leg. She says that she has been feeling well other than for her numbness in her hands and neck pain. She has been seeing Dr. Razzak, neurosurgeon for this. She does have carpal tunnel, uses splints. Blood pressures have been under good control.

Meds: Lisinopril 20/12.5 mg, Lipitor 20 mg, Elavil 50 mg, Klonopin 0.5 mg hs, Prevacid 30 mg, Lortab prn.

Review of Systems: No double vision, blurry vision. No chest pain, pressure, tightness, no coughing, wheezing, shortness of breath. No nausea, vomiting, diarrhea or constipation. No polyuria, dysuria. She continues to smoke, does not drink.

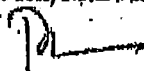
Physical Examination: Neck: supple, carotids 2+, no bruits. Chest: clear. Cardiac exam: regular rhythm, normal S1, S2, no murmur, no gallop. Abdomen: soft, non-tender, no masses, or organomegaly. Extremities: without cyanosis, clubbing or edema.

Impression:

1. Hypertlipidemia.
2. Hypertension.
3. Chronic back pain.
4. Chronic neck pain, status-post surgery.
5. Carpal tunnel syndrome.
6. Restless leg syndrome.
7. Smoker.
8. Anxiety.

Plan: Fasting CBC, CMP, TSH, coronary risk. Recheck in 6 months.

Amy K. Dorn, M.D./sk



SPINE & BRAIN NEUROSURGERY CENTER

77 Underwood Street

Suite 400

Orlando, FL 32806

(407) 423-7172

June 15, 2004

Health Central of Windemere
4875 Casson Cove Drive
Orlando, Florida

RE: LETTIE FREEMAN

To Whom It May Concern:

Please be advised that the patient noted above is cleared to return to work on a light duty basis, pending further evaluation on July 14, 2004. Patient may work a maximum of four hours per day with the following restrictions. No lifting, pushing, pulling anything over 10 lbs. No climbing ladders or working with arms above shoulder level.

If you should be in need of any further information please contact this office.

Sincerely,

Nizam Razaek, M.D.

SPINE & BRAIN NEUROSURGERY CENTER

77 Underwood Street

Suite 400

Orlando, FL 32806

(407) 423-7172

July 14, 2004

Health Central of Windermere

Attn: Human Resources

RE: LETTIE FREEMAN

To Whom It May Concern:

Please be advised that the patient noted above is cleared to return to work as of July 19, 2004. The patient is restricted to a 6 hour work day. No lifting, pushing, and/or pulling anything over 10 lbs.

Patient will be evaluated within thirty days to assess restrictions. If you should be in need any further information, please contact this office.

Sincerely,

Nizam Razaek, M.D.

SPINE & BRAIN NEUROSURGERY CENTER

77 Underwood Street

Suite 400

Orlando, FL 32806

(407) 423-7172

October 18, 2004

RE: LETTIE FREEMAN

To Whom It May Concern:

Please be advised that the patient noted above is cleared to return to work as of Monday, October 25, 2004. Patient is cleared to commence work on a 4 hour per day schedule with gradual increase as tolerated by patient. Full time clearance pending further evaluation on or about November 03, 2004.

If you should be in need of any further evaluation, please contact this office.

Sincerely,

Nizam Razack, M.D.

162

ROA 569

SPINE & BRAIN NEUROSURGERY CENTER

77 Underwood Street

Suite 400

Orlando, FL 32806

(407) 423-7172

August 8, 2005

RE: LETTIE FREEMAN

To Whom It May Concern:

Mrs. Freeman will need to be out of work until her next visit which is 8/23/05, at this time we will know of her restrictions.

If you have any questions regarding this patient please don't hesitate to call the number above.

Sincerely,

Nizam Razack, M.D.
Rosemarie Farina, NP

Spine & Brain Neurosurgery Center
77 West Underwood St., Suite 400
Orlando, Florida 32806
407-423-7172
FAX 407-423-9509

FREEMAN, LETTIE

OFFICE NOTES
October 18, 2005

Ms. Freeman is doing well with the use of the TENS unit for her low back pain. She does occasionally get numbness in her right upper extremity in the mornings only. Her neurological examination is stable. She has been doing much better from physical therapy. I will see her back in follow-up on a p.r.n. basis.

DICTATED BUT NOT READ
Nizam Razack, M.D. TO EXPEDITE DELIVERY

NR MD/d&d/cp

Spine & Brain Neurosurgery Center
77 West Underwood St., Suite 400
Orlando, Florida 32806
407-423-7172
FAX 407-423-9509

FREEMAN, LETTIE

OFFICE NOTE

November 23, 2005

The patient was last seen on October 18th, at which time she was in for low back pain, which she reported was much better with a TENS unit. She is here today complaining of increased neck pain. The patient states that she had neck pain at the time of her original accident, but it had subsided about a month or so ago. The pain began again and it was going down into her arms bilaterally, worse on the right. She had tried using her TENS unit on her neck, as it helps her back, but she found it to be of very little help. She had been to therapy in the past and found that it helped. She has continued to do her exercises, but they are not longer helping. She states that her arm pain was there prior to her therapy, but it is much worse now. It is going down to her hands. There is numbness and tingling present in the hands and arms. It goes into all fingers. She finds that her hands are getting weak, as well as arm weakness. She is finding it difficult to lift up small items. She has her films from August of 2005, but she has not had any new films taken. Motor strength was tested and was found to be 4+/5 in the deltoids bilaterally, biceps were 5-/5 on the right and 5/5 on the left. Triceps were 4+/5 on the right and 5-/5 on the left. Wrist extensors, hand grips and interosseous muscles were 4+/5 on the right and 5-/5 on the left. Sensory was intact to light touch and pinprick in the upper extremities, however, it was diminished bilaterally. Deep tendon reflexes were 2+ in the right biceps, 1+ in the left biceps, 2+ in the brachioradialis bilaterally, 2+ on the right triceps, 1+ on the left triceps. Range of motion of the cervical spine was decreased. There was no pain with palpation to the neck, however, there were moderate spasms present bilaterally. Negative Lhermitte's sign. Negative Spurling's sign. Negative Hoffmann's sign.

Data Review: MRI scan dated 08/15/05 revealed C5-6 bulging disc with evidence of a prior fusion at C6-7 to C7-T1.

Impression: Disc displacement.

Treatment Recommendations: The patient was advised that she may want to undergo a new cervical MRI, as her pain and her symptoms have increased significantly. She was given a script for a cervical MRI, as well as Lortab 5mg, 1-2 tablets p.o. q4-6h p.r.n. pain, #40 with no refill and Flexeril 10mg 1 tablet p.o. q.h.s. p.r.n. spasms, #15 with no refill. She has been advised to have her cervical MRI performed at the center that did the MRI the last time. She should bring both films when she comes to her follow-up appointment as soon as she has her MRI.

Rosemarie Farina, NP-C
Nizam Razaack, M.D.
RF/d&d/cp

1
DICTATED BUT NOT READ
TO EXPEDITE DELIVERY



REPORT OF INJURY - CLAIM FORM

Any person who knowingly and with intent to injure, defraud, or deceive this insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of Insured Fraud, which is a crime in some states (in FL a third degree felony).

PLEASE TYPE OR PRINT.

Claim No.	714 04829	Plan
Claim No.		Plan
Continuation #		

Given to patient
on appointment
9/20/05

7280 Newburgh Road
Livonia, MI 48152
(800) 824-1882

1. Insured's full name KEITH L. KREEMAN	2. Birthdate 8-2-05	3. Occupation Nurse									
4. Accident location John Young + Purinton St.	5. Accident date 8-2-05	6. Time of accident 7:10 AM									
7. Describe your accident in detail including where you were, what you were doing, and if it was job-related. I was on my way to work in my car. I was stopped at a red light. A car ahead of me was also stopped. The car behind me hit my car, causing injury to my neck and back.											
8. Were the police at the scene of the accident? YES, QNO		9. Did the police or another person obtain information concerning this accident? YES QNO									
10. If YES to #8, give name and address of police who received the accident report. Orlando Police Dept. Riviera Beach # 856816		11. Did the police or another person submit the operator's accident report? YES									
12. How long have you and your policy been valid? 1999 Saturn SC		13. Was vehicle damaged? YES QNO									
14. If you were not driving, who was? None		15. Address & telephone 407-299-2355									
16. List any witnesses to accident, if any. None		17. Address & telephone None									
18. Fully describe your injuries. Was taken in ambulance to Health Central Hosp. E.E. with neck pain and low back pain.											
19. List physicians who treated these injuries and also the location at which treatment was provided. <table border="1"><tr><td>DATE</td><td>PHYSICIAN NAME</td><td>ADDRESS</td></tr><tr><td>8-2-05</td><td>Howard Brider, MD</td><td>1000 W. Colonial Dr. E.E.</td></tr><tr><td>8-8-05</td><td>Nigam Rajan, MD</td><td>77 W. Wadsworth St. Del. 71 32810</td></tr></table>			DATE	PHYSICIAN NAME	ADDRESS	8-2-05	Howard Brider, MD	1000 W. Colonial Dr. E.E.	8-8-05	Nigam Rajan, MD	77 W. Wadsworth St. Del. 71 32810
DATE	PHYSICIAN NAME	ADDRESS									
8-2-05	Howard Brider, MD	1000 W. Colonial Dr. E.E.									
8-8-05	Nigam Rajan, MD	77 W. Wadsworth St. Del. 71 32810									

AUTHORIZATION TO RELEASE INFORMATION

I authorize any physician, hospital, insurer or other organization or person having any records, data or information concerning the insured to furnish such records, data or information as may be requested by AAA Life Insurance Company, or its employees or authorized agents for the purpose of validating and determining benefits payable. This authorization includes information about substance abuse, HIV, and mental illness. I understand that in exercising this authorization I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original.

DATE 9-13-05	CLAIMANT'S SIGNATURE Keith Kreeman	DAY TELEPHONE NUMBER (With Area Code) 407-299-2355
ADDRESS 3943 Birchman Dr Deland, FL 32810		

Both sides of this form must be properly completed in detail, dated and signed. ORIGINAL SIGNATURE IS REQUIRED. Please return completed form with the following documentation:

- ✓ Police or other official accident report.
- ✓ Itemized medical bills
- ✓ Emergency Room Report, if applicable
- ✓ Hospital Discharge Summary, if applicable

Please be advised that additional documentation may be requested as necessary for the handling of this claim.

AL010000-0000

ATTENDING PHYSICIAN'S REPORT

PLEASE PRINT OR TYPE

1. Patient's Name: <u>Little Freeman</u>		2. Age: _____
3. Does this accident represent a patient's first injury? ☐ YES ☐ NO, explain: _____		
4. Presenting complaint: <u>cervical pain; low back pain - spasms/strain cerv & low spine</u>		
5. Did you ever treat this patient prior to this accident? ☐ YES ☒ NO		6. If "YES", give the period: _____
7. Was there a pre-accident condition of the patient? ☐ YES ☒ NO		
8. If "YES", explain: _____		
9. Was the patient confined in a hospital as a result of this injury? ☐ YES ☒ NO		
10. If "YES", please provide the dates of hospitalization, name of hospital, and date of discharge: _____		
11. In your opinion, at the time of this accident, patient was in the following condition: ☐ Normal ☐ Sick ☐ Impaired ☐ Under the influence of non-prescribed medication		
12. If your response is other than "normal", do you feel the condition contributed to or caused the accident to occur? ☐ YES ☒ NO		
13. If "YES", give the condition that resulted or caused your answer: _____		
14. If your entire treatment of this patient was not solely for accidental injury, give within the space on which treatment was for injuries about the percentage of your fee applicable to such treatment: _____		

(THIS SECTION SHOULD ALSO BE COMPLETED IF DISMEMBERMENT OR SIGHT LOSS OCCURRED)

DISMEMBERMENT	LOSS OF SIGHT												
1. Which limb was injured? ☒ Left Arm ☐ Right Arm ☐ Left Leg ☐ Right Leg	1. Which eye was injured? _____												
2. Explain extent of injury: _____	2. Did this injury require surgery? ☐ YES ☒ NO												
3. Date of surgery: _____	3. If "YES", name the physician: _____												
4. Describe condition of limb after surgery or amputation: _____	4. Give degree of vision in each eye, and if irreparable the approximate date of loss: _____												
	<table border="1"> <thead> <tr> <th colspan="2">LEFT EYE</th> <th colspan="2">RIGHT EYE</th> </tr> </thead> <tbody> <tr> <td>Present Vision</td> <td>After Accident</td> <td>Present Vision</td> <td>After Accident</td> </tr> <tr> <td>Approximate date of vision loss</td> <td>Approximate date of vision loss</td> <td>Approximate date of vision loss</td> <td>Approximate date of vision loss</td> </tr> </tbody> </table>	LEFT EYE		RIGHT EYE		Present Vision	After Accident	Present Vision	After Accident	Approximate date of vision loss	Approximate date of vision loss	Approximate date of vision loss	Approximate date of vision loss
LEFT EYE		RIGHT EYE											
Present Vision	After Accident	Present Vision	After Accident										
Approximate date of vision loss	Approximate date of vision loss	Approximate date of vision loss	Approximate date of vision loss										

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: <u>9/15/05</u>	Physician's Name (Please Print): <u>Michael R. Bazzani, MD</u>	Physician's Signature: <u>Rosemarie F. Bazzani, MD</u>
SSN or EIN No: <u>200093080</u>	Street Address: <u>77 W. Lindenwood St. Ave</u>	City/State/Zip: <u>Orlando, FL 32806</u>
Telephone Number: <u>407-923-7172</u>		

Rosemarie F. Bazzani, MD

NOTE: THE COMPLETION OF THIS REPORT IS REQUIRED IN ORDER TO PROCESS YOUR PATIENT'S CLAIM.

AL01-10080-33-XX

ROA 574

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NEUROSKELLETAL IMAGING

1315 South Orange Avenue • Orlando, FL 32806
(407) 999-9977 • Fax (407) 999-9988 • WWW.NEUROSKELLETAL.COM

Little Freeman

DOB:

Dr. Nizam Razaack

Exam Date: 08/15/2005

702115

08/16/2005

MRI OF THE LUMBOSACRAL SPINE

INDICATION FOR SCAN

Lumbago.

TECHNIQUE

An ultra-high resolution MRI scan of the lumbar spine was performed on the new GE short bore whole body 3-Tesla Excite MRI system with T1-weighted spin echo pulse sequences and T2-weighted fast spin echo pulse sequences in the sagittal and axial planes.

FINDINGS

At L4-5, there is a minimal bulging annulus posteriorly. However, the central spinal canal and neural foramina are within normal limits. There is some minimal effacement of subarachnoid space ventrally. At remaining levels, intervertebral discs, central spinal canal and neural foramina appear normal. There is normal marrow signal throughout. The conus medullaris appears normal.

IMPRESSION

At L4-5, there is a mild posterior bulging annulus with minimal effacement of subarachnoid space ventrally. However, overall central spinal canal and neural foramina are within normal limits at this level. The remainder of the examination is negative.

David S. Williams
David S. Williams, M.D.
ABR Certified Diagnostic Radiology
DSW/aa

Chester Regional Medical Center
One Medical Park Drive
Chester, SC 29706
803-591-3161

INITIAL ASSESSMENT FORM

PRIORITY: 4

Semi-Urgent

Date: 1/28/2009

Patient: SPENCER, LETTIE

DOB:

AGE: 81 YRS

SEX: F

EDP: CROW, DANIEL R

PCP: BRADLEY, ROBERT L

Chester Regional Medical Center

Pl #: 1088135

MR #: 0000107577

Worker's Comp:

Emp. Referral:

Presentation Time: 15:38

Triage Time: 15:41

Arrival Mode: AMB - POV

Height:

Weight: 140 lbs.

64 kgs.

LMP: POST HYSTERE

Last Tetanus: Acc By: Spouse

Chief Complaint: ARM PAIN (COMPLETE ARM/NO KNOWN INJURY)

Brief Assessment: RIGHT ARM PAIN FOR 3 DAYS, NO MEDS FOR PAIN, UNKNOWN PAIN RADIATES FROM SHOULDER TO HAND.

NIGHT SWEATS	NO	PNEUMONIA VACC	NO
WEIGHT LOSS	NO	NUMBNESS	NO
ANOREXIA	NO	DECREASED SENSATION	NO
HEMOPTYSIS	NO	ROM INTACT	YES
FEVER	NO	PULSE DISTAL TO INJURY ABSENT	NO
DOMESTIC ABUSE SUSPECTED	NO	CAP REFILL > 2 SECONDS 2 SECONDS	NO

Vital Signs

T: 99.7 PO

P: 64 Regular

R: 19 Unlabored

BP: 148/078

O2: 99 %

Pain Intensity Scale:

10

Pain Location:

Sudden Onset:

Pre-Hospital Treatment:

NO OTC MEDS TODAY

Pediatric Assessment:

N/A

Past Medical History:

Chronic Pain, Depression, HTN, Hysterectomy 1970's, MVA 2003, Neck Surgery 2003 & 2, Neuropathy, Chronic Pain, Depression, HTN, Hysterectomy 1970's, MVA 2003, Neck Surgery 2003 & 2, Neuropathy

Allergies:

Cleocin, Codeine, Demerol, Cleocin, Codeine, Demerol

Medicines:

Produced by Pro-MED Clinical Systems, LLC
THIS DOCUMENT IS NOT INCLUDED IN THE MEDICAL RECORD

170
ROA 576

Chester Regional Medical Center
One Medical Park Drive
Chester, SC 29706
803-681-3131

PATIENT DISPOSITION PAGE

Patient: SPENCER, LETTIE
DOB: AGE: 61YRS SEX: F
Date: 1/26/2009 EDP: CROW, DANIEL R
PCP: BRADLEY, ROBERT L
Chester Regional Medical Center
Pl #: 1068135
MR #: 0000107677
Worker's Comp:
Emp. Referred:

Patient Disposition: DC - HOME

Acuity: 4

Presenting Complaint: ARM PAIN (COMPLETE ARM/NO KNOWN INJURY)

Pl Topics:

Discharge Diagnosis: Extremely pain, etiology uncertain, Hypokalemia.

Follow-up / Admitting Phys: BRADLEY, ROBERT L
Physician Consulted: No

Primary Nurse: JJK

Services Rendered: EXAM Labs X-Ray; Meds ...

Physician Name:
Time Called: 00:00

On Call:
Call: 00:00
Returned:

Phone Consultation:
Time In: 00:00
Reason for
Consultation:
Services Provided:

Time Out: 00:00

Presentation Time: 16:38

Initial Vital Signs

Discharge Vital Signs

Triage Time: 16:41

T: 99.7 PO
P: 64 Regular
R: 16 Unlabored
BP: 148/079
O2: 99 99

T: 99 T
P: 64 Regular
R: 16 Unlabored
BP: 128/058
O2: 98 98

Assess: 16:10

Exam: 16:44

Pain Intensity Scale:
Pain Location:

10 Pain Intensity Scale: 4
Pain Location: multiple areas

Admit Ready for Room:

Disposition Date/Time: 1/26/2009
7:10:00 PM

Payor Type: Blue Cross

ER Patient: Yes

Transfer Information

Referring Physician:

Receiving Physician:

Receiving Facility Representative:

Receiving Facility:

Reason for Transfer:

Transport Mode:

Produced by Pro-MED Clinical Systems, LLC
THIS DOCUMENT IS NOT INCLUDED IN THE MEDICAL RECORD

ROA 577

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Patient: SPENCER, LETTIE DOB: Patient #: 1094018 MRN: 0000107577 Date In: 7/5/2010

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: RB6 07/05/2010 13:04

SPENCER, LETTIE is a 62 year old F that presented to the Emergency Department at 11:57 by POV - AMB. The patient was triaged at 11:58 with the following vital signs: T: 98 PO, P: 97 Regular, R: 17 Unlabored, BP: 145/074, SPO2: 98 Amt: RA, Pain: 5 ear. The patient's primary care physician is BRADLEY, ROBERT L.

Chief Complaint -- EAR ACHE

Exam Time: 12:34.

History obtained from: patient.

History limited by: N/A.

Onset of symptoms was 2 week(s) ago.

Symptoms are present now.

pt c/o sinus infection, L max sinus pain, ear pain bilat; saw PMD, given Septra then Avelox (1/2 thru) and flonase, shot of decadron last Tue and Cipro ear drops. No fever. Concerned because she isn't getting better.

REVIEW OF SYSTEMS: RB6 07/05/2010 13:05

Constitutional: negative fever.

ENT: negative difficulty swallowing.

Cardiovascular: negative chest pain.

Respiratory: negative shortness of breath.

Gastrointestinal: negative abdominal Pain.

PAST MEDICAL AND SURGICAL HISTORY: RB6 07/05/2010 13:05

Past Medical History: positive Depression, positive HTN, positive Chronic Pain, positive Hysterectomy 1970's, positive MVA 2003, positive Neck Surgery 2003 & 2, positive Neuropathy.

PMH: HTN, hypothy, chol, RLS

PSH: Neck surg, hysterectomy

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: RB6 07/05/2010 13:06

Allergies: Cleocin, Codeine, Demerol, PENICILLIN

Medications: Klonopin 0.5MG PO nightly, POTASSIUM 20MQ ORAL EVERY 12HRS, NORVASC 10MG ORAL DAILY, TRAZODONE 100MG ORAL NITELY, CRESTOR 20MG ORAL NITELY, METHEMAZOLE 10MG ORAL NITELY, TRICOR 145MG ORAL NITELY; A*VERIFIED TODAY

Family History has been reviewed and is not pertinent. SH: Works at NH, MD, +cig, +etoh

Patient: SPENCER, LETTIE DOB: 1

Patient #: 1094019 MRN: 0000107577 Date In: 7/5/2010

PHYSICAL EXAMINATION: RB6 07/05/2010 13:06

General: WD; well nourished and in NAD. Vital signs noted. Nursing documentation reviewed.

HEENT: Head/Face: Normocephalic / atraumatic. Eyes: Pupils equal, round and reactive to light. Extraocular motion intact. Ears: Left otic canal normal. Left TM is normal. Right otic canal normal. Right TM is normal. Nose: Normal external appearance. Septum midline and intact. Pharynx: Posterior pharynx is unremarkable.

Neck: Supple with no palpable adenopathy.

Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.

Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.

Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass.

Neurologic: Mental Status: awake and alert. Oriented X3.

CLINICAL IMPRESSION: RB6 07/05/2010 13:06

I. Sinusitis

DISPOSITION: RB6 07/05/2010 13:11

Disposition: Patient discharged to home.

Condition: Stable.

Certified Med Emerg: Patient's condition represents a certified medical emergency. Disposition date/time: 07/05/2010 13:11.

Discussed care with patient. Explained findings, diagnosis, and need for follow-up care.

INSTRUCTIONS: RB6 07/05/2010 13:11

Discharge plans discussed with patient who verbalizes understanding and willingness to comply.

Prescription(s) written for: Prednisone 20 mg: Take 3 pills daily for 2 days then 2 pills daily for 2 days then 1 pill daily for 2 days then 1/2 pi; Quantity: 15 (fifteen); Refills: 0 (zero) || Darvocet N 100: 1 (one) by mouth every 4 (four) hours as needed for pain; Quantity: 20 (twenty); Refills: 0 (zero); Patient has received printed discharge instructions.

Patient agrees to follow up with BRADLEY, ROBERT L. Instructed to obtain follow up care in two days.

Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve. Take pain medicine and prednisone as directed; Use AFRIN NASAL SPRAY twice daily for 3-7 days only. Continue Avlox.

PHYSICIAN ORDERS

(1) PO Darvocet N-100 give 2 [RB6] ordered at 7/5/2010 13:07

(1) PO Prednisone 60 mg [RB6] ordered at 7/5/2010 13:11

Chester Regional Medical Center
One Medical Park Drive, Chester, SC 29706
803-581-3151

Patient: SPENCER, LETTIE DOB: / Patient #: 1094019 MRN: 0000107577 Date In: 7/6/2010

ROBERT B BORUCKI MD All text in this document clearly marked by RB6 has been authored and
legally signed by use of electronic device. 07/05/2010 13:12

ESTIMATED
6/17/2011 15:35:10
Requested By: WEBUSER

Radiology Results
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

DATE: 01/07/2013
Page: 1

RADIOLOGY TEST INFORMATION

Type/source: RAD MRI L-SPINE WO CONT Order #: 813117480051 Account: 3102226
Medical Record Number: 0000107577 DOB: Gender: FEMALE
Status: F 15:34 Order Date: 07/22/2011 Patient Name: SPENCER, LETTIE
Result Date/Time: 07/25/2011 Order Time: 10:20 Admit Date: 07/22/2011

PHYSICIANS Dictating: REUTER, ROBERT

Signature: REUTER, ROBERT

RESULT TEXT

MRI

LOW BACK PAIN

Procedure Acknowledge Date: 07/22/2011 11:30:00

MRI OF THE LUMBAR SPINE, 07/22/11:

HISTORY: 63-year-old with history of lower back pain.

TECHNIQUE: Sagittal and axial T1 and T2 and sagittal STIR weighted MR images of the lumbar spine were performed without the use of radiologic contrast material.

FINDINGS: The vertebral body heights of the lumbar spine are preserved and anatomic alignment maintained. No abnormal marrow signal is identified. The spinal cord conus ends appropriately at T12-L1 disc space level with no evidence of intrathecal mass. Visualized portions of the retroperitoneum are unremarkable.

At the T11-12, T12-L1 and L1-2 levels no disc herniation or significant neural foraminal narrowing is identified.

At the L2-3 level, no disc herniation or neural foraminal narrowing is identified.

At the L3-4 level, hypertrophic facet changes are identified, however, disc herniation or neural foraminal narrowing is identified.

At the L4-5 level, hypertrophic facet changes and ligamentum flavum thickening are identified and combined with a broad based disc bulge to cause a component of inferior neural foraminal narrowing bilaterally as well as a component of lateral recess narrowing, left greater than right. No central canal stenosis is identified.

At the L5-S1 level, no disc herniation or neural foraminal narrowing is identified.

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ROA 581

PRINTED BY:
07/25/2011 19:05:10
Requested By: WEBUSER

Radiology Results
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

DATE: 01/02/2013
Page: 213

RADIOLOGY TEST INFORMATION

Type/Source: RAD MRI L-SPINE WO CONT Order #: 812447480861 Account: 3102228
Medical Record Number: 0000107577 DOB: Gender: FEMALE
Status: F 15:54 Order Date: 07/22/2011 Patient Name: SPENCER, LETTIE
Result Date/Time: 07/25/2011 Order Time: 10:20 Admit Date: 07/22/2011

PHYSICIANS Dictating: REUTER, ROBERT

Signature: REUTER, ROBERT

RESULT TEXT

IMPRESSION: MILD DEGENERATIVE DISC DISEASE OF THE LUMBAR SPINE.
MOST PROMINENT AT L4-5 AS DESCRIBED ABOVE.

DD: 07/22/2011 00:00

Dictated By: REUTER, MD, ROBERT

DT: 07/22/2011 19:07 MPS

Signed By: REUTER, MD, ROBERT

REUTER, MD, ROBERT

Dictated By

REUTER, MD, ROBERT

Reviewed & Signed

From:

08/20/2013 08:41

#342 P.002/004

Female Visit/Progress Note

Patient Name

Leticia Spencer

Date

6-19-13

DOB

HX

V.O.

WE

LA

B

P

010: Depression (unable to take any pills)
 w/ burning sensation on skin

Other:

VISUAL ACUITY

RIGHT

LEFT

BOTH

(with/without glasses)

OD

OS

OU

Smoker: Yes No Ex

MM: (date) Pgs

Mammogram

BBS

Colonoscopy

010: Diabetes / Obese / Hypertension

Changes: Demerol / Ben / Codeine / Celebrex

PH: ☐ No change ☐ Change Date

PH: ☐ No change ☐ Change Date

SH: ☐ No change ☐ Change Date

Subjective: ROS - Reviewed by: [Signature]

Comp	ENT	Eyes	Neck/Throat	Resp	CV	GI	Shd	GU	Cyn	MS*	Endo	Neuro	Psych
fever	hoarse	red	swollen	cough	chest pain	nausea	joint pain	urinary	discharge	allergies	insulin	numb	depressed
weight loss	throat pain	vision	bleeding	spit	palpitations	vomiting	fatigue	back pain	diarrhea	eczema	hypertension	weakness	anxiety
fatigue	PHN	glaucoma	swollen	asthma	arrhythmia	constipation	headache	menstrual	vaginitis	psoriasis	diabetes	tingling	depression
weak	bleeding	cataracts	allergies	acid reflux	heart failure	diarrhea	joint pain	urinary	discharge	eczema	hypertension	weakness	anxiety
anxiety	throat pain	vision	bleeding	spit	palpitations	vomiting	fatigue	back pain	diarrhea	eczema	hypertension	weakness	anxiety

Other: HT 5'2" WT 103 lbs. Bp 140/90 R 16 C 17 H 13 C 9 X
 Glucose Fasting

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: BULO

Other:

HTN

- Norepinephrine
 Hypertension
 Papaverine

- Fentanyl 150 mg
 - depression

topical / Dermatology 7/1/13

Recovery Syndrome

Reviewed/Updated ☐Cont. Current Meds ☐

See List

Refill All

Acetaminophen

to 1g / 1g

trust Vinyol

- Shunt patch

C

Change p 1 to 1g / 1g

C

Previous/Recent Lab/Ref Review ☐

LAB: CBC UA OSG Microb. Pyuria

KID: Glucose Uric ALT KID

HANI: OSG Anemia

OTHER: PET EKG

CONSULT:

EDUCATION: HTN DM OP SBE

STE DIET/WTN LIPIDS

FAS 30 Days

GOW OOS

COUNSELING: >80% DV

Level Visit 1 2 3 4

UP Followed POC with

Obtain results from

Signature:

Change p 1 to 1g / 1g

Labs next visit:

Refill next visit:

Change p 1 to 1g / 1g

From:

08/29/2013 00:42

#342 P.003/004

Patient Name:

Lettie Spencer

Date:

6-19-13

GENERAL: ☒ full ☒ tachycardia ☒ malaise
☒ DOWN ☒ distress ☒ unkempt/dischveled
☒ NAD ☒ obese (m - mod - mild - thin)

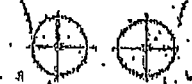
PSYCH: ☒ depressed ☒ anxious ☒ agitated
☒ disoriented ☒ delirious (person - place - time)
☒ memory intact ☒ Wiggins ☒ MMSE Score

HEENT: ☒ TM red R L (m - mod - sv)
☒ TMs clear ☒ TM near dull right R L
☒ EAC swollen red perforated R L
☒ pharynx WNL ☒ pharynx erythematous (m - mod - sv)
☒ tonsils swollen R L (m - mod - sv)
☒ rhinorrhea: clear purulent bloody
☒ mucous: pale boggy hyperemic
☒ larynx: enlarged congested
☒ tender over sinuses (m - mod - sv)
☒ H L ☒ maxillary frontal
☒ nasal septum ☒ mucous membranes
☒ hemorrhoids: grade 1 R L
☒ sigmoidoscopy R L
☒ cervical ectropathy R L ☒ tender
☒ anterior chatty posterior
☒ ROM limited R: muscle ☒ neck rigidity
☒ enlarged ☒ back ☒ nodules
☒ parotid duct R L

CHEST: ☒ wheezes R L (m - mod - sv)
☒ crackles R L
☒ R, P, H/W ☒ rhonchi R L

HEART: ☒ tachycardia ☒ BPM rag irreg
☒ bradycardia ☒ BPM rag irreg
☒ murmur ☒ holosystolic diastolic
☒ apex LLSB LLSB RUSB RUSB

BREASTS: ☒ deferred size: m mod lg pend
☒ masses ☒ cm R L at ☒ black
☒ tender non-tender firm soft fixed nipple
☒ discharge R L bloody
☒ nipples WNL ☒ nipple inverted retracted R L
☒ axilla ☒ axilla nodes ☒ cm R L axilla significant
☒ fixed, mobile tender non-tender hard soft



Initials

Amadeo
 6/19/13

ABDOMEN: ☒ obese ☒ scaphoid ☒ flat
☒ benign ☒ tender (m - mod - sv) diffuse epigastric
☒ suprapubic periumbilical (m - mod - sv) R L
☒ RLQ RLO LUG LLO
☒ rebound RUG RLO LUG LLO
☒ guarding voluntary involuntary
☒ HBS ☒ HBS: increased decreased absent
☒ HSB ☒ liver ☒ spleen ☒ palpable
☒ HSB ☒ mass

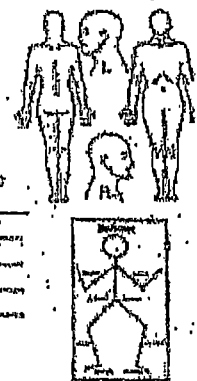
GENTALLA: ☒ Metastatic
 FEMALE ☒ vulva atrophic lesion
☒ external WNL ☒ rash excoriation hyperemic ulcerate
☒ vaginal WNL ☒ discharge white green (m - mod - sv)
☒ Cl WNL ☒ Cl: (m - mod - sv)
☒ cervix tender (m - mod - sv)
☒ uterus WNL ☒ uterus: enlarged tender retroverted
☒ unable to adequately palpate: uterus adnexa
☒ R: obesity pain coagulable
☒ R: adnexal Tx ☒ adnexa tender R L (m - mod - sv)
☒ R: adnexal mass ☒ adnexal mass R L

RECTAL: ☒ deferred
☒ rash ☒ excoriation irritant rash
☒ R hemorrhoids ☒ external hemorrhoids
☒ internal hemorrhoids
☒ sphincter WNL ☒ sphincter: loose tight lax
☒ CB (+) ☒ CB (+) gross blood positive

EXTREMS: ☒ edema pedal 7+ 2+ 0+ R L
☒ S OCE ☒ joint tenderness
☒ joint NT ☒ joint NT
☒ splint NT ☒ splint/parsplint tenderness

WBC	CRP	ESR	ProBNP	LDH	FF

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert ☒ sedated ☒ lethargic
☒ CN2-12 WNL ☒ CN2-12 WNL
☒ Motor WNL ☒ Motor WNL
☒ Sensory WNL ☒ Sensory WNL
☒ Reflexes WNL ☒ Reflexes WNL
☒ Coordination WNL ☒ Coordination WNL

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SPENCER, LETTIE F (id #80469, dob: ,

Encounter Summary

Patient

Name	SPENCER, LETTIE (65, F) ID# 80469	Appt. Date/Time	07/17/2013 09:30AM
DOB	11	Service Dept.	CHE_Chester Internal Medicine and Surgical Associa
Provider	ROBERT BRADLEY MD		
Insurance	Med Primary: MEDICARE B-SC: PALMETTO GBA Insurance #: 259746627T PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Med Secondary: AARP HEALTHCARE OPTIONS (MEDICARE SUPPLEMENT) Insurance #: 32098925111 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. Prescription: ORX - Member is eligible.		

Chief Complaint

low back pain

FOLLOWUP VISIT - VIIBRYD IS HELPING WITH DEPRESSION, DR.DELPHIA /DR. ADLAKHA

Problems

Reviewed Problems

- Unspecified hypothyroidism (244.9)
- Mixed hyperlipidemia (272.2)
- Depressive disorder, not elsewhere classified (311)
- Essential hypertension; benign (401.1)
- Lumbago (724.2)
- Adult failure to thrive (783.7)

Allergies

Reviewed Allergies

CELONTIN
CODEINE
DEMEROL
PENICILLINS

Medications

Reviewed Medications

Name	Date
AMLODIPINE 5 MG TABLET	06/20/13 filled
CLONAZEPAM 1 MG TABLET	07/15/13 filled
KLOR-CON M20 MEQ TABLET, EXTENDED RELEASE	06/19/13 filled
METHIMAZOLE 10 MG TABLET	06/05/13 filled
NUCYNTA 75 MG TABLET	07/17/13 entered
Take 1 tablet(s) every 4 hours by oral route.	
SPIRONOLACTONE 25 MG TABLET	05/17/13 filled
TRAZODONE 50 MG TABLET	07/15/13 filled
VIIBRYD 40 MG TABLET	07/17/13 entered
Take 1 tablet(s) every day by oral route.	

Social History

Reviewed Social History

General IM
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol Intake: None.

Past Medical History

Reviewed Past Medical History
Hyperlipidemia: Y

SPENCER, LETTIE F (id Job: 11

Hypertension: Y
Hypothyroidism: Y

Vitals

Ht: 5 ft 2 in Wt: 94 lbs BMI: 17.2
BP: 121/64 sitting L arm Pulse: 78 bpm regular O2Sat: 94% Room Air
T: 96.7 F° ear

ROS

Constitutional: Constitutional: no significant weight gain or loss and no fever, fatigue, pallor, night sweats, exercise intolerance, or generalized weakness.

Eyes: Eyes: no scotoma, photophobia, redness, discharge, itching, floaters, dry eyes, vision change, blurred vision, double vision, visual loss, or foreign body sensation.

ENMT: Ears: no tinnitus, fullness, difficulty hearing, or ear pain. Nose: no drainage, congestion, obstruction, sneezing, frequent nosebleeds, or olfactory disturbance. Mouth/Throat: no mouth ulcers or breathing and no snoring, hoarseness, sore throat, bleeding gums, dry mouth, oral abnormalities, teeth abnormalities, change in taste, voice change, or post-nasal drainage.

Cardiovascular: Cardiovascular: no chest pain/discomfort or pain on exertion; no shortness of breath when walking or breath when lying down; and no palpitations, lightheadedness, edema, cyanosis, arrhythmia, arm pain on exertion, known heart murmur, or paroxysmal nocturnal dyspnea.

Respiratory: Respiratory: no cough, wheezing, stridor, snoring, shortness of breath, coughing up blood, sputum production, painful respiration, known TB exposure, chest tightness, or sleep apnea.

Gastrointestinal: Gastrointestinal: no nausea, vomiting, diarrhea, heartburn, dysphagia, constipation, bloating, odynophagia, hemorrhoids, jaundice, abdominal pain, bloody stool, black or tarry stools, rectal bleed, recent change in bowel habits, painful defecation, fecal incontinence, or weight loss and not vomiting blood and normal appetite.

Genitourinary: Genitourinary: no abnormal bleeding or urethral discharge; no incontinence, hematuria, impotence, nocturia, dysuria, difficulty urinating, increased frequency, feelings of urgency, foul urine odor, flank pain, passage of stone/gravel, or suprapubic pain; normal lubrication of vaginal mucosa and urinary output; and complete emptying of bladder.

Musculoskeletal: Musculoskeletal: no muscle aches or weakness; no joint contractures, swelling, or warmth; and no arthralgias/joint pain, back pain, or swelling in the extremities.

Neurologic: Neurologic: no weakness, numbness, tingling, seizures, dizziness, headaches, loss of consciousness, or nocturnal leg discomfort.

Endocrine: Endocrine: no fatigue, polyphagia, polyuria, gynecomastia, hyperpigmentation, increased thirst, hair loss, cold intolerance, heat intolerance, or weight change and normal hair growth.

Hematologic/Lymphatic: Hematologic/Lymphatic no petechiae, swollen glands, easy bruising, or excessive bleeding.

Physical Exam

Patient is a 65-year-old female.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and appears younger than stated age. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood; affect, and attentiveness and active and alert. Thought Process: ordered. Orientation: to time, place, and person. Memory: no personality changes or problems reported driving and recent memory normal and remote memory normal. Speech normal speech and comprehension.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOM. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no sinus tenderness or nasal discharge and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

SPENCER, LETTIE F (Id # dob: 11/21

Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no scars, tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Bruits: no bruit. Bowel Sounds: normal. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal, normal tone, and no signs of parkinsonism. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait; station, pivot, base, arm swing; get up and go test, and functional reach test; Reflexes: DTRs 2+ bilaterally throughout.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, or jaundice.

Assessment / Plan

Hypertension is stable, continue current therapy, dyslipidemia-continue current tx

1. UNSPECIFIED HYPOTHYROIDISM (244.9)

- HYPOTHYROIDISM: AFTER YOUR VISIT

2. MIXED HYPERLIPIDEMIA (272.2)

- HYPERLIPIDEMIA: AFTER YOUR VISIT

3. DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED (311)

- LEARNING ABOUT MOOD DISORDERS

- VIIBRYD 40 MG TABLET - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 2 Pharmacy: BJ-LO PHARMACY #268

4. ESSENTIAL HYPERTENSION; BENIGN (401.1) - con

- HIGH BLOOD PRESSURE: AFTER YOUR VISIT

5. LUMBAGO (724.2) - chronic, followed via workmen comp

- BACK PAIN: AFTER YOUR VISIT

6. ADULT FAILURE TO THRIVE (783.7)

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Robert Bradley, MD, 07/17/2013.

Encounter performed and documented by Robert Bradley, MD

Encounter reviewed & signed by Robert Bradley, MD on 07/17/2013 at 1:11pm

SPENCER, LETTIE F (id [REDACTED], dob: [REDACTED])

Encounter Summary

Last amended by Robert Bradley, MD on 09/19/2013 at 6:06pm

Patient

Name	SPENCER, LETTIE (65, F) ID# 80469	Appt. Date/Time	09/19/2013 02:30PM
DOB		Service Dept.	CHE_Chester Internal Medicine and Surgical Associa
Provider	ROBERT BRADLEY MD		
Insurance	Med Primary: MEDICARE-B-SC: PALMETTO GBA Insurance #: 259748827T PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Med Secondary: AARP HEALTHCARE OPTIONS (MEDICARE SUPPLEMENT) Insurance #: 32098925111 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Prescription: ORX - Member is eligible.		

Chief Complaint

APPOINT. WITH CAROLINA PULMONARY/ DISCUSS THYROID SCAN / WORKSMAN COMP. -PHYSICALTHERAPY X6DAY S WKLY. HANDI-CAP STICKER.

Problems

- Reviewed Problems:
- Unspecified acquired hypothyroidism (244.9)
 - Mixed hyperlipidemia (272.2)
 - Depressive disorder, not elsewhere classified (311)
 - Restless legs syndrome (rls) (333.04)
 - Benign essential hypertension (401.1)
 - Lumbago (724.2)
 - Insomnia, unspecified (780.62)
 - Adult failure to thrive (783.7)

Allergies

Reviewed Allergies
 CELONTIN
 CODEINE
 DEMEROL
 PENICILLINS

Medications

Reviewed Medications

Name	Date
AMLODIPINE 5 MG TABLET Take 1 tablet(s) every day by oral route for 30 days.	09/19/13 prescribed
CLONAZEPAM 1 MG TABLET Take 1 tablet(s) every day by oral route for 30 days.	09/19/13 prescribed
KLOR-CON M20 MEQ TABLET, EXTENDED RELEASE Take 2 tablet(s) every day by oral route for 90 days.	09/19/13 prescribed
METHIMAZOLE 10 MG TABLET Take 1 tablet(s) every day by oral route for 90 days.	09/19/13 prescribed
NUCYNTA 75 MG TABLET Take 1 tablet(s) every 4 hours by oral route.	07/17/13 entered
SPIRONOLACTONE 25 MG TABLET Take 1 tablet(s) every day by oral route as directed for 90 days.	09/19/13 prescribed
TRAZODONE 60 MG TABLET Take 2 tablet(s) every day by oral route for 30 days.	09/19/13 prescribed

Social History

Reviewed Social History
 General IM
 Smoking Status: Current every day smoker.
 Smoker (1/2 PPD).
 Alcohol Intake: None.

SPENCER, LETTIE F (Id #80469, dob: 1

Past Medical History

Reviewed Past Medical History

Hyperlipidemia: Y

Hypertension: Y

Hypothyroidism: Y

Document Review

Discussed the following orders:

- TRAZODONE 50 MG TABLET - 09/19/13
- SPIRONOLACTONE 25 MG TABLET - 09/19/13
- METHIMAZOLE 10 MG TABLET - 09/19/13

Vitals

Wt: 108 lbs 09/19/2013 02:49 pm	BP: 125/95 sitting L arm 09/19/2013 02:49 pm 140/74 sitting L arm 09/19/2013 03:24 pm	BP Cuff Size: small adult 09/19/2013 02:49 pm
Pulse: 89 bpm regular 09/19/2013 02:49 pm	RR: 18 09/19/2013 02:49 pm	O2Sat: 94% Room Air 09/19/2013 02:49 pm
T: 95.2 F° ear 09/19/2013 02:49 pm	Ht: 5 ft 2 in 09/19/2013 02:49 pm	BMI: 19.4 09/19/2013 02:49 pm

ROS

Constitutional: Constitutional: no significant weight gain or loss and no fever, fatigue, pallor, night sweats, exercise intolerance, or generalized weakness.

Eyes: Eyes: no scotoma, photophobia, redness, discharge, itching, floaters, dry eyes, vision change, blurred vision, double vision, visual loss, or foreign body sensation.

ENMT: Ears: no tinnitus, fullness, difficulty hearing, or ear pain. Nose: no drainage, congestion, obstruction, sneezing, frequent nosebleeds, or olfactory disturbance. Mouth/Throat: no mouth ulcers or breathing and no snoring, hoarseness, sore throat, bleeding gums, dry mouth, oral abnormalities, teeth abnormalities, change in taste, voice change, or post-nasal drainage.

Cardiovascular: Cardiovascular: no chest pain/discomfort or pain on exertion; no shortness of breath when walking or breath when lying down; and no palpitations, lightheadedness, edema, cyanosis, arrhythmia, arm pain on exertion, known heart murmur, or paroxysmal nocturnal dyspnea.

Respiratory: Respiratory: no cough, wheezing, stridor, snoring, shortness of breath, coughing up blood, sputum production, painful respiration, known TB exposure, chest tightness, or sleep apnea.

Gastrointestinal: Gastrointestinal: no nausea, vomiting, diarrhea, heartburn, dysphagia, constipation, bloating, odynophagia, hemorrhoids, jaundice, abdominal pain, bloody stool, black or tarry stools, rectal bleed, recent change in bowel habits, painful defecation, fecal incontinence, or weight loss and not vomiting blood and normal appetite.

Genitourinary: Genitourinary: no abnormal bleeding or urethral discharge; no incontinence, hematuria, impotence, nocturia, dysuria, difficulty urinating, increased frequency, feelings of urgency, foul urine odor, flank pain, passage of stones/gravel, or suprapubic pain; and complete emptying of bladder and normal urinary output.

Musculoskeletal: Musculoskeletal: no muscle aches or weakness; no joint contractures, swelling, or warmth; and no arthralgias/joint pain, back pain, or swelling in the extremities.

Neurologic: Neurologic: no weakness, numbness, tingling, seizures, dizziness, headaches, loss of consciousness, or nocturnal leg discomfort.

Endocrine: Endocrine: no fatigue, polyphagia, polyuria, gynecomastia, hyperpigmentation, increased thirst, hair loss, cold intolerance, heat intolerance, or weight change and normal hair growth.

Hematologic/Lymphatic: Hematologic/Lymphatic no petechiae, swollen glands, easy bruising, or excessive bleeding.

Physical Exam

Patient is a 65-year-old female.

Constitutional: General Appearance: healthy-appearing, well-developed, appears younger than stated age, and too thin. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood, affect, and attentiveness and active and alert. Thought

SPENCER, LETTIE F (Id #80469, dob:)

Process: ordered. Orientation: to time, place, and person. Memory: no personality changes or problems reported driving and recent memory normal and remote memory normal. Speech normal speech and comprehension.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no sinus tenderness or nasal discharge and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM; trachea midline, and no masses. Thyroid: no enlargement of nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no scars, tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Bruits: no bruit. Bowel Sounds: normal. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal, normal tone, and no signs of parkinsonism. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait, station, pivot, base, arm swing; get up and go test, and functional reach test. Reflexes: DTRs 2+ bilaterally throughout.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, or jaundice.

Assessment / Plan

1. UNSPECIFIED ACQUIRED HYPOTHYROIDISM (244.9)

- METHIMAZOLE 10 MG TABLET - Take 1 tablet(s) every day by oral route for 90 days. Qty: 90 tablet(s) Refills: 3
Pharmacy: BI-LO PHARMACY #5716
- ENDOCRINOLOGY REFERRAL

2. MIXED HYPERLIPIDEMIA (272.2)

3. DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED (311)

4. BENIGN ESSENTIAL HYPERTENSION (401.1) - con

- KLOFCON M20 MEQ TABLET, EXTENDED RELEASE - Take 2 tablet(s) every day by oral route for 90 days. Qty: 180 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
- SPIRONOLACTONE 25 MG TABLET - Take 1 tablet(s) every day by oral route as directed for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
- AMLODIPINE 5 MG TABLET - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716

5. LUMBAGO (724.2) - chronic, followed via workmen comp.

PT GOING TO DAILY
DAILY PHYSICAL THERAPY IN CHARLETTE
NUCYNTA 75 MG AS DIRECTED

6. INSOMNIA, UNSPECIFIED (780.52)

- TRAZODONE 60 MG TABLET - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3
Pharmacy: BI-LO PHARMACY #5716
- INSOMNIA: AFTER YOUR VISIT

7. RESTLESS LEGS SYNDROME (RLS) (333.94)

- CLONAZEPAM 1 MG TABLET - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3
Pharmacy: BI-LO PHARMACY #5716

Return to Office

- Robert Bradley, MD for Established Patient 15 at CHE_Chester Internal Medicine and Surgical Associa on 01/09/2014

Amendment Sign-Off

Encounter signed-off by Robert Bradley, MD, 09/19/2013.

CHESTER MEDICAL GROUP LLC • One Medical Park Drive, Chester SC 29706-9701

SPENCER, LETTIE F (Id #80469, dob: -

Encounter performed and documented by Robert Bradley, MD
Encounter reviewed & signed by Robert Bradley, MD on 09/19/2013 at 6:04pm
Amendment closed by Robert Bradley, MD on 09/19/2013 at 6:06pm

SPENCER, LETTIE F (id #80469, dob 11-17-47)
Encounter Summary

Patient

Name	SPENCER, LETTIE (66, F) ID# 80469	Appt. Date/Time	01/09/2014 10:15AM
DOB		Service Dept.	CHE_Chester Internal Medicine and Surgical Associa
Provider	ROBERT BRADLEY MD		
Insurance	Med Primary: MEDICARE B-SC: PALMETTO GBA Insurance #: 259746627A Policy/Group #: 9321 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Med Secondary: AARP HEALTHCARE OPTIONS (MEDICARE SUPPLEMENT) Insurance #: 32098925111 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Prescription: ORX - Member is eligible.		

Chief Complaint

endocrinologist-appoint. in FEB.
ROUTINE CHECKUP / c/o pressure @ bladder area and tenderness @ pelvic site.

Problems

- Reviewed Problems
- Hyperthyroidism
 - Increased pressure
 - Mixed hyperlipidemia
 - Adult failure to thrive syndrome
 - Benign essential hypertension
 - Low back pain
 - Restless legs
 - Hypothyroidism
 - Insomnia
 - Depressive disorder

Allergies

Reviewed Allergies
CELONTIN
CODEINE
DEMEROL
PENICILLINS

Medications

Name	Date
amlodipine 5 mg tablet TAKE ONE TABLET BY MOUTH ONCE DAILY.	01/09/14 prescribed
clonazepam 1 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	01/09/14 prescribed
Klor-Con M20 mEq tablet, extended release Take 1 tablet(s) twice a day by oral route for 90 days.	01/09/14 prescribed
methimazole 10 mg tablet Take 1 tablet(s) every day by oral route for 90 days.	01/09/14 prescribed
Nucynta 75 mg tablet Take 1 tablet(s) every 4 hours by oral route.	07/17/13 entered
spironolactone 25 mg tablet Take 1 tablet(s) every day by oral route as directed for 90 days.	01/09/14 prescribed
trazodone 50 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	12/13/13 filled

Social History

Reviewed Social History
General IM

SPENCER, LETTIE F (id #80469, dob: 11/

Advance directive: Y.
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol Intake: None.

Past Medical History

Reviewed Past Medical History
Hyperlipidemia: Y
Hypertension: Y
Hypothyroidism: Y

Family History

Reviewed Family History

GYN History

Reviewed GYN History

Vitals

01/09/2014 10:48 am
Wt: 109 lbs BP: 131/68 sitting L arm BP Cuff Size: small adult
Pulse: 56 bpm regular RR: 16 O2Sat: 98% Room Air
T: 96.9 F° ear Ht: 5 ft 2 in BMI: 19.9

ROS

Constitutional: Constitutional: no significant weight gain or loss and no fever, fatigue, pallor, night sweats, exercise intolerance, or generalized weakness.

Eyes: Eyes: no scotoma, photophobia, redness, discharge, itching, floaters, dry eyes, vision change, blurred vision, double vision, visual loss, or foreign body sensation.

ENT: Ears: no tinnitus, fullness, difficulty hearing, or ear pain. Nose: no drainage, congestion, obstruction, sneezing, frequent nosebleeds, or olfactory disturbance. Mouth/Throat: no mouth ulcers or breathing and no snoring, hoarseness, sore throat, bleeding gums, dry mouth, oral abnormalities, teeth abnormalities, change in taste, voice change, or post-nasal drainage.

Cardiovascular: Cardiovascular: no chest pain/discomfort or pain on exertion; no shortness of breath when walking or breath when lying down; and no palpitations, lightheadedness, edema, cyanosis, arrhythmia, arm pain on exertion, known heart murmur, or paroxysmal nocturnal dyspnea.

Respiratory: Respiratory: no cough, wheezing, stridor, snoring, shortness of breath, coughing up blood, sputum production, painful respiration, known TB exposure, chest tightness, or sleep apnea.

Gastrointestinal: Gastrointestinal: no nausea, vomiting, diarrhea, heartburn, dysphagia, constipation, bloating, odynophagia, hemorrhoids, jaundice, abdominal pain, bloody stool, black or tarry stools, rectal bleed, recent change in bowel habits, painful defecation, fecal incontinence, or weight loss and not vomiting blood and normal appetite.

Genitourinary: Genitourinary: no abnormal bleeding or urethral discharge; no incontinence, hematuria, impotence, nocturia, dysuria, difficulty urinating, increased frequency, feelings of urgency, foul urine odor, flank pain, passage of stone/gravel, or suprapubic pain; and complete emptying of bladder and normal urinary output.

Musculoskeletal: Musculoskeletal: no muscle aches or weakness; no joint contractures, swelling, or warmth; and no arthralgia/joint pain, back pain, or swelling in the extremities.

Neurologic: Neurologic: no weakness, numbness, tingling, seizures, dizziness, headaches, loss of consciousness, or nocturnal leg discomfort.

Endocrine: Endocrine: no fatigue, polyphagia, polyuria, gynecomastia, hyperpigmentation, increased thirst, hair loss, cold intolerance, heat intolerance, or weight change and normal hair growth.

Hematologic/Lymphatic: Hematologic/Lymphatic no petechiae, swollen glands, easy bruising, or excessive bleeding.

Physical Exam

Patient is a 66-year-old female.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and appears younger than stated age.
Level of Distress: NAD. Ambulation: ambulating normally.

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SPENCER, LETTIE F (id #80469, dob:)

Psychiatric: Insight: good judgement. Mental Status: normal mood, affect, and attentiveness and active and alert. Thought Process: ordered. Orientation: to time, place, and person. Memory: no personality changes or problems reported driving and recent memory normal and remote memory normal. Speech normal speech and comprehension.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no sinus tenderness or nasal discharge and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no scars, tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Bruits: no bruit. Bowel Sounds: normal. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal, normal tone, and no signs of parkinsonism. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis; edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait, station, pivot, base, arm swing, get up and go test, and functional reach test. Reflexes: DTRs 2+ bilaterally throughout.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, or jaundice.

Assessment / Plan

1. Benign essential hypertension - con
401.1: Essential hypertension; benign essential hypertension
• amlodipine 5 mg tablet - TAKE ONE TABLET BY MOUTH ONCE DAILY. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
• spironolactone 25 mg tablet - Take 1 tablet(s) every day by oral route as directed for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
• Klor-Con M20 mEq tablet, extended release - Take 1 tablet(s) twice a day by oral route for 90 days. Qty: 180 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
2. Restless legs
333.94: Other and unspecified extrapyramidal diseases and abnormal movement disorders; restless legs syndrome (rls)
• clonazepam 1 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
3. Adult failure to thrive syndrome - encourage better intake, stop smoking
783.7: Symptoms concerning nutrition, metabolism, and development; adult failure to thrive
4. Hyperthyroidism
242.90: Thyrotoxicosis without mention of goiter or other cause; thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm
• methimazole 10 mg tablet - Take 1 tablet(s) every day by oral route for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI-LO PHARMACY #5716
• HYPERTHYROIDISM: AFTER YOUR VISIT
5. Increased pressure - c/o increase urinary pressure for the last 2 month, denied frequency; feels like something in bladder, pt concern about bladder cancer. apparently sister had bladder cancer. will refer pt to urology for evla.
796.4: Other abnormal clinical findings
6. Depressive disorder - vlibyrd worked, but pt could not afford.
will start Cymbalta 30mg one week x 2 weeks then Cymbalta 60mg one daily. pt to call for script.
• 311: Depressive disorder, not elsewhere classified

Return to Office

- Robert Bradley, MD for Established Patient 15 at CHE_Chester Internal Medicine and Surgical Associa on 05/08/2014 at

CHESTER MEDICAL GROUP LLC • One Medical Park Drive, Chester SC 29706-9701

SPENCER, LETTIE F (id #80469, dob: [REDACTED])

09:00 AM

Encounter Sign-Off

Encounter signed-off by Robert Bradley, MD, 01/09/2014.

Encounter performed and documented by Robert Bradley, MD

Encounter reviewed & signed by Robert Bradley, MD on 01/09/2014 at 11:40am

SPENCER, LETTIE F (id #80469, dob:)

Encounter Summary

Patient

Name	SPENCER, LETTIE (66, F) ID# 80469	Appt. Date/Time	06/20/2014 02:45PM
DOB		Service Dept.	CHE_Chester Internal Medicine and Surgical Associa

Provider

ROBERT BRADLEY MD

Insurance

Med Primary: MEDICARE-B-SC: PALMETTO GBA
 Insurance #: 259746627A
 Policy/Group #: 9321
 PCP : BRADLEY, ROBERT LEE
 Referring Provider Name : BRADLEY, ROBERT LEE
 Med Secondary: AARP HEALTHCARE OPTIONS (MEDICARE SUPPLEMENT)
 Insurance #: 32098925111
 PCP : BRADLEY, ROBERT LEE
 Referring Provider Name : BRADLEY, ROBERT LEE
 Prescription: ORX - Member is eligible. [details](#)

Chief Complaint

Followup: Mixed hyperlipidemia
 Followup: Benign essential hypertension
 Followup: Chronic Interstitial cystitis
 Followup: Hyperthyroidism
 Followup: Hypothyroidism
 Followup: Urethral stenosis
 Followup: Adult failure to thrive syndrome
 Followup: Insomnia
 Followup: Increased pressure
 Followup: Depressive disorder
 Followup: Restless legs
 Followup: Low back pain
 DR. COWAN = CYSTOSCOPY- MARCH 4TH

BACK & BLADDER DISCOMFORT / WILL RESCH. FOR MEDICARE PHYS.

Problems

Reviewed Problems

- Hyperthyroidism
- Hypothyroidism
- Mixed hyperlipidemia
- Depressive disorder
- Restless legs
- Benign essential hypertension
- Chronic Interstitial cystitis
- Urethral stenosis
- Low back pain
- Insomnia
- Adult failure to thrive syndrome
- Increased pressure

Allergies

Reviewed Allergies

CELONTIN
 CODEINE
 DEMEROL
 PENICILLINS

Medications

Reviewed Medications

Name	Date
amlodipine 5 mg tablet TAKE ONE TABLET BY MOUTH ONCE DAILY.	05/25/14 prescribed
clonazepam 1 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	05/20/14 prescribed
Elmiron 100 mg capsule	05/06/14 filled

SPENCER, LETTIE F (Id #80469, dob:)

Klor-Con M20 mEq tablet, extended release	05/20/14	prescribed
Take 1 tablet(s) twice a day by oral route for 90 days.		
methimazole 10 mg tablet	05/20/14	prescribed
Take 1 tablet(s) every day by oral route for 90 days.		
Nucynta 76 mg tablet	02/11/14	filled
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS		
Pyridium 200 mg tablet	05/20/14	entered
Take 1 tablet(s) 3 times a day by oral route.		
spironolactone 25 mg tablet	05/20/14	prescribed
Take 1 tablet(s) every day by oral route as directed for 90 days.		
tamsulosin ER 0.4 mg capsule, extended release 24 hr	05/06/14	filled
trazodone 50 mg tablet	05/20/14	prescribed
Take 2 tablet(s) every day by oral route for 30 days.		
Vilbryd 40 mg tablet	05/26/14	prescribed
Take 1 tablet(s) every day by oral route.		

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	01/09/14	0.5 mL IM		LA	UH922A	sanofi pasteur	06/30/14	01/09/14	01/09/14	NB

Social History

Reviewed Social History

General IM

Advance directive: Y
Smoking Status: Current every day smoker.
Smoker (1/2 PPD).
Alcohol Intake: None.

Past Medical History

Reviewed Past Medical History

Hyperlipidemia: Y
Hypertension: Y
Hypothyroidism: Y

Family History

Reviewed Family History

GYN History

Reviewed GYN History

Document Review

Discussed the following orders:

- methimazole 10 mg tablet - 05/20/14
- clonazepam 1 mg tablet - 05/20/14
- trazodone 50 mg tablet - 05/20/14
- spironolactone 25 mg tablet - 05/20/14
- Klor-Con M20 mEq tablet, extended release - 05/20/14
- amlodipine 5 mg tablet - 05/20/14
- Vilbryd 40 mg tablet - 05/20/14

Vitals

05/20/2014 04:14 pm		
Wt: 110 lbs	BP: 144/71 sitting L arm	BP Cuff Size: small adult
Pulse: 67 bpm regular	RR: 18	O2Sat: 96% Room Air at Rest
T: 97.6 F° oral	Ht: 5 ft 2 in	BMI: 20.1

ROS

SPENCER, LETTIE F (Id #80469, dob:

Constitutional: Constitutional: no significant weight gain or loss and no fever, fatigue, pallor, night sweats, exercise intolerance, or generalized weakness.

Eyes: Eyes: no scotoma, photophobia, redness, discharge, itching, floaters, dry eyes, vision change, blurred vision, double vision, visual loss, or foreign body sensation.

ENMT: Ears: no tinnitus, fullness, difficulty hearing, or ear pain. Nose: no drainage, congestion, obstruction, sneezing, frequent nosebleeds, or olfactory disturbance. Mouth/Throat: no mouth ulcers or breathing and no snoring, hoarseness, sore throat, bleeding gums, dry mouth, oral abnormalities, teeth abnormalities, change in taste, voice change, or post-nasal drainage.

Cardiovascular: Cardiovascular: no chest pain/discomfort or pain on exertion; no shortness of breath when walking or breath when lying down; and no palpitations, lightheadedness, edema, cyanosis, arrhythmia, arm pain on exertion, known heart murmur, or paroxysmal nocturnal dyspnea.

Respiratory: Respiratory: no cough, wheezing, stridor, snoring, shortness of breath, coughing up blood, sputum production, painful respiration, known TB exposure, chest tightness, or sleep apnea.

Gastrointestinal: Gastrointestinal: no nausea, vomiting, diarrhea, heartburn, dysphagia, constipation, bloating, odynophagia, hemorrhoids, jaundice, abdominal pain, bloody stool, black or tarry stools, rectal bleed, recent change in bowel habits, painful defecation, fecal incontinence, or weight loss and not vomiting blood and normal appetite.

Genitourinary: Genitourinary: no abnormal bleeding or urethral discharge; no incontinence, hematuria, impotence, nocturia, dysuria, difficulty urinating, increased frequency, feelings of urgency, foul urine odor, flank pain, passage of stone/gravel, or suprapubic pain; and complete emptying of bladder and normal urinary output.

Musculoskeletal: Musculoskeletal: no muscle aches or weakness; no joint contractures, swelling, or warmth; and no arthralgia/joint pain, back pain, or swelling in the extremities.

Neurologic: Neurologic: no weakness, numbness, tingling, seizures, dizziness, headaches, loss of consciousness, or nocturnal leg discomfort.

Endocrine: Endocrine: no fatigue, polyphagia, polyuria, gynecomastia, hyperpigmentation, increased thirst, hair loss, cold intolerance, heat intolerance, or weight change and normal hair growth.

Hematologic/Lymphatic: Hematologic/Lymphatic: no petechiae, swollen glands, easy bruising, or excessive bleeding.

Physical Exam

Patient is a 66-year-old female.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and appears younger than stated age. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood, affect, and attentiveness and active and alert. Thought Process: ordered. Orientation: to time, place, and person. Memory: no personality changes or problems reported driving and recent memory normal and remote memory normal. Speech normal speech and comprehension.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no alvus tenderness or nasal discharge and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no scars, tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Bruits: no bruit. Bowel Sounds: normal. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal, normal tone, and no signs of parkinsonism. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

SPENCER, LETTIE F (Id #80469, dob:)

Neurologic: Gait and Station: normal gait, station, pivot, base, arm swing, get up and go test, and functional reach test. Reflexes: DTRs 2+ bilaterally throughout.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, or jaundice.

Assessment / Plan

1. Benign essential hypertension - con
401.1: Benign essential hypertension.
• amlodipine 5 mg tablet - TAKE ONE TABLET BY MOUTH ONCE DAILY. Qty: 90 tablet(s). Refills: 3 Pharmacy: BI LO PHARMACY 5268
• Klor-Con M20 mEq tablet, extended release - Take 1 tablet(s) twice a day by oral route for 90 days. Qty: 180 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
• spironolactone 25 mg tablet - Take 1 tablet(s) every day by oral route as directed for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
2. Insomnia
780.52: Insomnia, unspecified
• trazodone 50 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
3. Restless legs
333.94: Restless legs syndrome (rls)
• clonazepam 1 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
4. Hyperthyroidism
242.90: Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm
• methimazole 10 mg tablet - Take 1 tablet(s) every day by oral route for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
5. Mixed hyperlipidemia
272.2: Mixed hyperlipidemia
6. Chronic interstitial cystitis - referral to urology
595.1: Chronic interstitial cystitis
7. Urethral stenosis - REFERRAL TO UROLOGY
598.9: Urethral stricture, unspecified
8. Low back pain - PAIN MANAGEMENT
724.2: Lumbago
9. Depressive disorder
311: Depressive disorder, not elsewhere classified
• Vilbryd 40 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by Robert Bradley, MD, 05/26/2014.

Encounter performed and documented by Robert Bradley, MD

Encounter reviewed & signed by Robert Bradley, MD on 06/26/2014 at 1:59pm.

SPENCER, LETTIE F (Id #80469, dob: 1
Encounter Summary

Patient	
Name	SPENCER, LETTIE (66, F) ID# 80469
DOB	
Appt. Date/Time	05/20/2014 02:45PM
Service Dept.	CHE, Chester Internal Medicine and Surgical Associa
Provider	ROBERT BRADLEY MD
Insurance	Med Primary: MEDICARE-B-SO: PALMETTO GBA Insurance #: 259746627A Policy/Group #: 9321 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Med Secondary: AARP HEALTHCARE OPTIONS (MEDICARE SUPPLEMENT) Insurance #: 32098925111 PCP: BRADLEY, ROBERT LEE Referring Provider Name: BRADLEY, ROBERT LEE Prescription: ORX - Member is eligible. details

Chief Complaint

Followup: Mixed hyperlipidemia
Followup: Benign essential hypertension
Followup: Chronic interstitial cystitis
Followup: Hyperthyroidism
Followup: Hypothyroidism
Followup: Urethral stenosis
Followup: Adult failure to thrive syndrome
Followup: Insomnia
Followup: Increased pressure
Followup: Depressive disorder
Followup: Restless legs
Followup: Low back pain
DR. COWAN = CYSTOSCOPY- MARCH 4TH

BACK & BLADDER DISCOMFORT / WILL RESCH. FOR MEDICARE PHYS.

Problems

Reviewed Problems

- Hyperthyroidism
- Hypothyroidism
- Mixed hyperlipidemia
- Depressive disorder
- Restless legs
- Benign essential hypertension
- Chronic interstitial cystitis
- Urethral stenosis
- Low back pain
- Insomnia
- Adult failure to thrive syndrome
- Increased pressure

Allergies

Reviewed Allergies

CELONTIN
CODEINE
DEMEROL
PENICILLINS

Medications

Reviewed Medications

Name	Date
amlodipine 5 mg tablet TAKE ONE TABLET BY MOUTH ONCE DAILY.	05/25/14 prescribed
clonazepam 1 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	05/20/14 prescribed
Elmiron 100 mg capsule	05/06/14 filled

SPENCER, LETTIE F (id #80469, dob:

Klor-Con M20 mEq tablet, extended release Take 1 tablet(s) twice a day by oral route for 90 days.	05/20/14 prescribed
methimazole 10 mg tablet Take 1 tablet(s) every day by oral route for 90 days.	05/20/14 prescribed
Nuoynta 75 mg tablet TAKE 1 TABLET BY MOUTH EVERY 8 HOURS	02/11/14 filled
Pyridium 200 mg tablet Take 1 tablet(s) 3 times a day by oral route.	05/20/14 entered
spironolactone 25 mg tablet Take 1 tablet(s) every day by oral route as directed for 90 days.	05/20/14 prescribed
tamsulosin ER 0.4 mg capsule, extended release 24 hr	05/06/14 filled
trazodone 50 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	05/20/14 prescribed
Vilbryd 40 mg tablet Take 1 tablet(s) every day by oral route.	05/25/14 prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	01/09/14	0.5 mL	IM	LA	UH922A	sanoofi pasteur	06/30/14	01/09/14	01/09/14	NB

Social History

Reviewed Social History

General IM

Advance directive: Y.

Smoking Status: Current every day smoker.

Smoker (1/2 PPD).

Alcohol Intake: None.

Past Medical History

Reviewed Past Medical History

Hyperlipidemia: Y

Hypertension: Y

Hypothyroidism: Y

Family History

Reviewed Family History

GYN History

Reviewed GYN History

Document Review

Discussed the following orders:

- methimazole 10 mg tablet - 05/20/14
- clonazepam 1 mg tablet - 05/20/14
- trazodone 50 mg tablet - 05/20/14
- spironolactone 25 mg tablet - 05/20/14
- Klor-Con M20 mEq tablet, extended release - 05/20/14
- amlodipine 5 mg tablet - 05/20/14
- Vilbryd 40 mg tablet - 05/20/14

Vitals

05/20/2014 04:14 pm	Wt: 110 lbs	BP: 144/71 sitting L arm	BP Cuff Size: small adult
	Pulse: 67 bpm regular	RR: 18	O2Sat: 96% Room Air at Rest
	T: 97.6 F° oral	Ht: 5 ft 2 in	BMI: 20.1

ROS

SPENCER, LETTIE F (id #80469, dob:

Constitutional: Constitutional: no significant weight gain or loss and no fever, fatigue, pallor, night sweats, exercise intolerance, or generalized weakness.

Eyes: Eyes: no scotoma, photophobia, redness, discharge, itching, floaters, dry eyes, vision change, blurred vision, double vision, visual loss, or foreign body sensation.

ENMT: Ears: no tinnitus, fullness, difficulty hearing, or ear pain. Nose: no drainage, congestion, obstruction, sneezing, frequent nosebleeds, or olfactory disturbance. Mouth/Throat: no mouth ulcers or breathing and no snoring, hoarseness, sore throat, bleeding gums, dry mouth, oral abnormalities, teeth abnormalities, change in taste, voice change, or post-nasal drainage.

Cardiovascular: Cardiovascular: no chest pain/discomfort or pain on exertion; no shortness of breath when walking or breath when lying down; and no palpitations, lightheadedness, edema, cyanosis, arrhythmia, arm pain on exertion, known heart murmur, or paroxysmal nocturnal dyspnea.

Respiratory: Respiratory: no cough, wheezing, stridor, snoring, shortness of breath, coughing up blood, sputum production, painful respiration, known TB exposure, chest tightness, or sleep apnea.

Gastrointestinal: Gastrointestinal: no nausea, vomiting, diarrhea, heartburn, dysphagia, constipation, bloating, odynophagia, hemorrhoids, jaundice, abdominal pain, bloody stool, black or tarry stools, rectal bleed, recent change in bowel habits, painful defecation, fecal incontinence, or weight loss and not vomiting blood and normal appetite.

Genitourinary: Genitourinary: no abnormal bleeding or urethral discharge; no incontinence, hematuria, impotence, nocturia, dysuria, difficulty urinating, increased frequency, feelings of urgency, foul urine odor, flank pain, passage of stone/gravel, or suprapubic pain; and complete emptying of bladder and normal urinary output.

Musculoskeletal: Musculoskeletal: no muscle aches or weakness; no joint contractures, swelling, or warmth; and no arthralgias/joint pain, back pain, or swelling in the extremities.

Neurologic: Neurologic: no weakness, numbness, tingling, seizures, dizziness, headaches, loss of consciousness, or nocturnal leg discomfort.

Endocrine: Endocrine: no fatigue, polyphagia, polyuria, gynecomastia, hyperpigmentation, increased thirst, hair loss, cold intolerance, heat intolerance, or weight change and normal hair growth.

Hematologic/Lymphatic: Hematologic/Lymphatic no petechiae, swollen glands, easy bruising, or excessive bleeding.

Physical Exam

Patient is a 66-year-old female.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and appears younger than stated age. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood, affect, and attentiveness and active and alert. Thought Process: ordered. Orientation: to time, place, and person. Memory: no personality changes or problems reported driving and recent memory normal and remote memory normal. Speech normal speech and comprehension.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Nose: no sinus tenderness or nasal discharge and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers and normal dentition. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Apical impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no scars, tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Bruits: no bruit. Bowel Sounds: normal. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal, normal tone, and no signs of parkinsonism. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis; edema, varicosities, or palpable cord.

SPENCER, LETTIE F (id #80469, dob: _____)

Neurologic: Gait and Station: normal gait, station, pivot, base, arm swing, get up and go test, and functional reach test. Reflexes: DTRs 2+ bilaterally throughout.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, or jaundice.

Assessment / Plan

1. Benign essential hypertension - con
401.1: Benign essential hypertension
 - amlodipine 5 mg tablet - TAKE ONE TABLET BY MOUTH ONCE DAILY. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
 - Klor-Con M20 mEq tablet, extended release - Take 1 tablet(s) twice a day by oral route for 90 days. Qty: 180 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
 - spironolactone 25 mg tablet - Take 1 tablet(s) every day by oral route as directed for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
2. Insomnia
780.52: Insomnia, unspecified
 - trazodone 50 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
3. Restless legs
333.94: Restless legs syndrome (rls)
 - clonazepam 1 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
4. Hyperthyroidism
242.90: Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm
 - methimazole 10 mg tablet - Take 1 tablet(s) every day by oral route for 90 days. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268
5. Mixed hyperlipidemia
272.2: Mixed hyperlipidemia
6. Chronic interstitial cystitis - referral to urology
595.1: Chronic interstitial cystitis
7. Urethral stenosis - REFERRAL TO UROLOGY
598.9: Urethral stricture, unspecified
8. Low back pain - PAIN MANAGEMENT
724.2: Lumbago
9. Depressive disorder
311: Depressive disorder, not elsewhere classified
 - Vilbyrd 40 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 90 tablet(s) Refills: 3 Pharmacy: BI LO PHARMACY 5268

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by Robert Bradley, MD, 05/25/2014.

Encounter performed and documented by Robert Bradley, MD

Encounter reviewed & signed by Robert Bradley, MD on 05/25/2014 at 1:59pm

Name: Leticia Spencer

11-28-47

Hx: HTN, HypothyroidDate: 12-10-13ye. LOW LA B O10: FluoxetineThyroxine 100mg QOD - 8 daily V.B.P.episodes of weakness / SOB / chest painNo. of / chest / chest / chestClonazepam, Pen. Demoral, Codeine, NaloxonePH: ☒ No change ☐ Change DateFH: ☐ No change ☐ Change DateSH: ☐ No change ☐ Change DateSubjective: ROS - Review - see above

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	Bu Insect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	low BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nales	flank pain	dyspareunia	swelling	low thyroid	dizziness	suicidal
fatigue	PNO	glasses		hemoptysis	HTN	abd pain	moles/chg	hematuria	vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts		asthma	low lipids	diarrhea	wound		breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	hearing loss	allergies		noct sweat	PNO	constipation	hair loss		nipple d/c	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	inorgas							

Other: Ht 5'2" Wt 105 T 96 P 74 R 18 BP 123/44 CR 94

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: Bido

Other:

Adult Failure to thriveweight lossrepeated labtestSevere chronic low back painworkman comp. w.Depressiondis. cervicalHTN↓ Norvasc 5mg 7.5 dailyReviewed Meds/SE ☒Cont. Current Meds ☐See LIST
RF 15 90 day supplyTP*Unable to takeCymbaltaBurningin stomach#20Previous/Recent Labs/Rad Review ☐LAB: CBC UA O&S Microalb Protime
A1C Glucose Lipid ALT K&HRAD: BDS MammOTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDSF/U: days 8 wks mths PRNQOW QOSCOUNSELING: >50% OV (time)Level Visit 1 2 3 4NP Reviewed/POD with: Obtain records from:

Labs next visit:

Rad next visit:

12/20/13ASu 100 ↑ wbcrepeat consult, refer - 11/10/13

198

ROA 604

Family Visit/Progress Note

Patient Name Leticia Freeman

DOB _____

Date 1-16-13

C/O: F/H

Hx MTN, Hypothyroid

y.o. 65 WF LA B O

Other: _____

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No 12 pack/day 76.500
HM: (dates) Pap _____ Mammogram _____
BDS _____ Colonoscopy _____

Changes: Pan, Demoral, Anticyp, Celoden

PH: ☒ No change ☐ Change Date _____

PH: ☒ No change ☐ Change Date _____

SH: ☒ No change ☐ Change Date _____

Subjective: ROS - Reviewed

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SQ8	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Bu Infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	spitum	orthopnea	vomiting	naile	flank pain	dyspareunia	swelling	dec thyroid	dizziness	subj del
fatigue	PND	glasses		hemoptysis	HTN	abd pain	moles/chg		vasomotor	back pain	polyuria	seriously chg	ideas
weak	bleeding	contacts		asthma	inc BP/pts	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	heating loss	allergies		noc sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balances	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	inorges							

Other: Ht 5'2 WT 107 T8.3 P.78 R16 BP 124/66 CR 98
Glucose Fasting 10

Obtained by: _____

Reviewed by: _____

Assessment/Plan:

Acute Viral Syndrome
- res Day

Dryness

gunkets 60, 7, 2

weight loss / Anticyp Failure to Thr

- confu Mages 400g, 400g

Sever low back pain

- follow Dillo

Meds: Bib

Reviewed Meds/SE ☐
Cont. Current Meds ☐

See LIST

Other:

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA O&S Microab Protime
A1C Glucose Lipid ALT KOH

RAD: BDS Mamma

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS

F/U: _____ days _____ wks _____ mths _____ PRN

COW: _____ OOS _____

COUNSELING: >50% OV _____ (time)

Level Visit 1 2 3 4

NP Reviewed POC with: _____

Obtain records from: _____

Signature: _____

Pineda

Labs next visit:

Rad next visit:

1/16/17

FROM

Patient Name

Little Inman

Date 1/15/13

GENERAL:

☒ DOWN ☒ ill ☒ thin/batchic ☐ malaise
☒ NAD ☐ distress ☐ unkempt/discoheved
☐ obese (m - mod - morbid) (runcal)

PSYCH:

☒ alert/oriented ☐ depressed ☐ anxious ☐ agitated
☒ memory intact ☐ flat ☐ disoriented (person - place - time)
☐ (forgetful) ☐ MMSE Score

HEENT:

☒ TM's clear ☐ TM red R L (m - mod - sv)
☐ TM scar dull fluid R L
☐ EAC swollen red carumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☒ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☒ neck SWN ☐ papilledema R L
☐ cervical adenopathy R L tender
☒ neck FROM ☐ anterior shotty posterior
☐ thyroid ☐ ROM limited 2°; muscle nuocal rigidity
☒ bruits ☐ enlarged ☐ bruit ☐ nodules
☐ carotid: bruit R L

CHEST:

☒ clear BS's ☐ wheezes R L (m - mod - sv)
☒ R.R.F.F.W ☐ rales R L
☐ rhonchi R L

HEART:

☒ RRR ☐ tachycardia @ BPM reg irreg
☒ M.R. ☐ bradycardia @ BPM reg irreg
☐ murmur ☐ NI holosystolic diastolic
apex LLSB LUSB RUSB ALSB

BREASTS:

☐ mass ☐ deferred Size: sm med lg pend
☐ DC ☐ mass: cm R L at o'clock
☐ nipples WNL ☐ tender non-tender firm soft fixed mobile
☐ LN's ☐ discharge R L bloody
☐ nipple inverted retracted R L
☐ lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft

ABDOMEN:

☒ benign ☐ obese ☐ scaphoid ☐ flat
☒ soft NT ☐ tender (m - mod - sv) diffuse epigastric
☐ RUQ RLQ LUQ LLQ ☐ rebound RUQ RLQ LUQ LLQ
☐ guarding voluntary involuntary
☒ BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

☐ deferred ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ Cx WNL ☐ sterile (m - mod - sv)
☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2°: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

☐ deferred ☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ sphincter WNL ☐ internal hemorrhoids
☐ OB (-) ☐ sphincter loose tight tender
☐ OB (+) ☐ gross blood positive

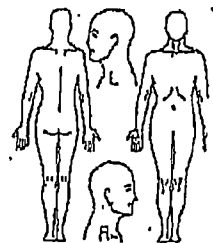
EXTAMS:

☒ C.C.E ☐ edema pedal 1+ 2+ 3+ R L
☐ joints NT ☐ joint tenderness:
☐ spinal NT ☐ spinal/paraspinal tenderness

Pulses	Carotid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)

☐ rash



NEURO:

☒ alert ☐ sedated ☐ lethargic
☒ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL



200

Female Visit/Progress Note

Patient Name: Bettie Spencer

Date: 1-2-13

DOB: _____

Hx: HTN, Hyperthyroid

(W) F LA B O

C/O: aching - cough - clear when blow
nose - fever - had flu shot
flu test - Neg.

Other: _____

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex 10 PK/day

HM: (delet) Pap. Mammogram

BDS Colonoscopy NO ETOH

Allergies: Penicillin / Demerol / codeine / alcohol

PH: ☐ No change ☐ Change Date _____

FH: ☐ No change ☐ Change Date _____

SH: ☐ No change ☐ Change Date _____

Subjective: ROS

Const	ENT	Eyes	HemLymph	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Bu infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nales	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	abd pain	moles/chng		vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts		asthma	inc lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	hearing loss	allergies		noct sweat	PND	constipation	hair loss		nipple d/c	leg pain	polyphagia	balance	
	sore throat			chest pain	DDE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					bleeding	inc gas							

Other: HT 5'2" WT 106 T 96.5 P 62 R 18 BP 115/40 CB 97

Glucose

Fasting

Obtained by: _____

Reviewed by: _____

Assessment/Plan:

Meds:

Other:

Acute
viral syndrome

Acute URI

decadron 8, 3x

Rx Levothyron 500, 1 day x 7 #7

Rx Phendyl

1000 4-6 pm x 800

Zyrtec 10, 1 hr #15

tylenol 650, 1 hr 6

Reviewed Meds/SE ☒
Cont. Current Meds ☐

See LIST

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA O&S Microalb Protime
A1C Glucose Lipid ALT KOH

RAD: BDS Mamma

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS

F/U: 2 days 1 wks 1 mths 1 PRN
NOV 005

COUNSELING: >50% DV _____ (time)
Level Visit 1 2 3 4
NP Reviewed POC with: _____
Obtain records from: _____

Signature: _____

Rad next visit: _____

Dr. Nadler

1/2/13

FROM

Patient Name

Lettie Spencer

Date 3/10/13

GENERAL:

WOWN

NAD

☒ frail ☒ thin/ cachectic ☐ malaise
☐ distress ☐ unkempt/dischveled
☐ obese (m - mod - morbid / truncal)

PSYCH:

☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT:

☒ TM's clear ☐ TM red R L (m - mod - sv)
☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain ☐ tender over sinuses (m - mod - sv)
☐ R: L: maxillary frontal
☐ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy: R L tender
☐ anterior: shotty posterior
☒ neck FROM ☐ ROM limited 2°: muscle: nuchal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST:

☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R, R, R, W ☐ rhonchi R L

HEART:

☒ tachycardia@ ☐ BPM reg irreg
☒ BR ☐ bradycardia@ ☐ BPM reg irreg
☒ M, R, G ☐ murmur ☐ M, holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS:

☐ deferred Size: sm med lg pend
☐ mass ☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☒ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft

ABDOMEN:

☒ benign ☐ obese ☐ scaphoid ☐ flat
☐ soft NT ☐ tender (m - mod - sv) diffuse epigastric
☐ rebound RUQ RLQ LUQ LLQ
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

☐ deferred ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2°: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

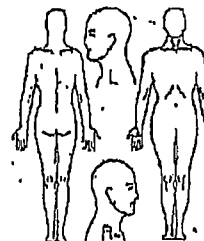
☐ deferred ☐ rash ☐ excoriation ☐ irritation ☐ rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OS (-) ☐ OS (+) gross blood positive

EXT/MS:

☒ O, C, E ☐ edema pedal 1+ 2+ 3+ R L
☐ joints NT ☐ joint tenderness:
☐ spinal NT ☐ chronic low back pain
☐ spinal/paraspinal tenderness

Pulses	Carotid	Radial	Femoral	BP	PT
R					
L					

SKIN: (mark on diagram)

☒ rashNEURO: ☒ alert ☐ sedated ☐ lethargic

☐ CN2-12 WNL ☐ Motor WNL
☐ Sensory WNL ☐ Reflexes WNL



ROA 608

FROM

Patient Name

Lettie Spence

Date

1/2/13

GENERAL: ☐ frail ☐ thin/cachectic ☐ malaise
☒ WDWN ☐ distress ☐ unkempt/discohevelled
☒ NAD ☐ obese (m - mod - morbid - truncal)

PSYCH: ☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

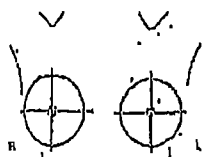
HEENT: ☐ TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ ndge WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain: tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal

☐ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2°: muscle nuchal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST: ☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R,R,R,W ☐ rhonchi R L

HEART: ☐ tachycardia @ _____ BPM reg irreg
☒ RRR ☐ bradycardia @ _____ BPM reg irreg
☒ M,R,G ☐ murmur ☐ MI holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS: ☐ deferred Size: sm med lg pend
☐ mass: _____ cm R L at _____ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: _____ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



Pancard

1/2/13

ABDOMEN: ☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank/CVA R L
☒ soft NT ☐ RUQ ALQ LUQ LLQ
☐ rebound RUQ ALQ LUQ LLQ
☐ guarding voluntary involuntary
☒ BS ☐ BS's increased decreased absent
☒ MSM ☐ liver spleen palpable
☐ mass ☐ mass

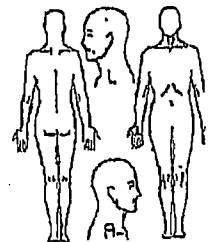
GENITALIA: ☐ deferred
 FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2° obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender: R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL: ☐ deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

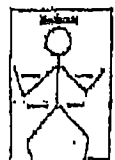
EXTREMS: ☐ edema pedal 1+ 2+ 3+ R L
☒ C,C,E ☐ joint tenderness:
☐ joints NT ☐ spinal NT
☐ spinal/paraspinal tenderness

Pulses	Carotid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



ROA 609

Female Visit/Progress Note

Patient Name Lettie SpencerDate 12-19-12

DOB

Hx HTN, Hypothyroidy.o. 65 F LA B 0O/O: Wt loss - x Appetite"Depressed"Uncomfortable
Unable to do things
that she wants to do

Other:

VISUAL ACUITY: RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/Smoker: Yes No Ex 10: ETOHHM: (dates) Pap 6/12/12 Mammogram

BDS Colonoscopy

Allergies: Demerol, Pen, Chlorine, CeleryPH: ☒ No change ☐ Change DateFH: ☒ No change ☐ Change DateSH: ☒ No change ☐ Change DateSubjective: ROS - Reviewed - S - HTN

Const	ENT	Eyes	HemLymph	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	Inc BG	HA	depression
chills	congested	red	Bu infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	Inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nails	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	abd pain	moles/chg		vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts		asthma	HTN	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	hearing loss	allergies		no sweet	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	incres							

Other: Ht 5'2" Wt 110 T97° P92 R16 BP140/74 CO2 97
Glucose Fasting - 100

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: Bilo

Other:

HTN - NormotensiveAspirin- ticor 150 mgSevere low back pain- Nib 400 mg 500 mgweight loss / Adult Features to followDr. Lehman - Orthopedic
Consider: Nerve BlockDepression- Cymbalta 30, 1 day x 2 wksSignature: Cymbalta 60, 1 day x 2 wksHypothyroidism
Levothyroxine 100 mgReviewed Meds/SE ☒Cont. Current Meds ☐See List✓✓400 mg pobidPrevious/Recent Labs/Rad Review ☐

LAB: CBO UA O&S Microabs Protime

A1C Glucose Lipid ALT KOH

RAD: BDS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE

STE DIET/NUTR LIPIDS

FU: 4 days 4 wks 4 mths 4 PRNCOO COO

COUNSELING: >50% OV (line)

Level Visit 1 2 3 4

NP Reviewed POC with:

Obtain records from:

Labs next visit:

Rad next visit:

Bradley
12/19/12

Patient Name Lettie Spence

Date 12/19/12

GENERAL: frail thin/cachectic malaise
WOWN distress unkept/diseveled
NAD obese (m - mod - morbid - (runcal))

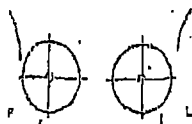
PSYCH: depressed anxious agitated
Alert/oriented flat disoriented (person - place - time)
Memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
TM's clear TM scar dull fluid R L
EAC swollen red cerumen R L
pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinate: enlarged congested
sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
fund benign narrow arteries AV nicking
hemorrhage exudate R L
papilledema R L
neck SWN cervical adenopathy R L tender
anterior: shotty posterior
neck FROM ROM limited 2: muscle nuchal rigidity
thyroid enlarged bruit nodules
bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
clear BS's rales R L
R,R,R,W rhonchi R L

HEART: tachycardia@ BPM reg irreg
bradycardia@ BPM reg irreg
M,R,G murmur M holosystolic diastolic
apex LLSB LUSB RUSB RLSB

BREASTS: deferred Size: sm med lg pend
mass mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
DC discharge R L bloody
nipples WNL nipple inverted retracted R L
LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Initials _____

ABDOMEN: obese scaphoid flat
benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank (CVA) R L
soft NT RUQ RLQ LUQ LLQ
rebound RUQ RLQ LUQ LLQ
guarding voluntary involuntary
(+) BS BS's increased decreased absent
HSM liver spleen palpable
mass mass

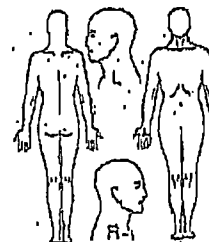
GENITALIA: deferred
FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic caruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender (m - mod - sv)
parous nulliparous
cervical lesion (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate: uterus adnexa
2: obesity pain cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
rash excoriation irritation rash:
hemorrhoids external hemorrhoids
internal hemorrhoids
sphincter WNL sphincter loose tight tender
OB (-) OB (+) gross blood positive

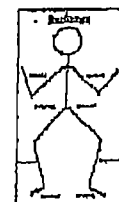
EXT/MS: edema pedal 1+ 2+ 3+ R L
Q,C,E joint tenderness:
joint NT
spinal NT spinal/paraspinal tenderness

Pulses	Carotid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)
rash



NEURO: Alert sedated lethargic
CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



ROA 611

20

Report: PAB120
08/13/2014 09:57:45
Requested By: BAKERPA

Radioogy Results
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 1

RADIOLOGY TEST INFORMATION

Type/source: RAD U/S THYROID/NECK
Medical Record Number: 0000107577

Status: Final
Result Date/Time: 08/06/2013 18:26

Account: 3139817

DOB:

Order Date: 08/02/2013

Order Time: 10:47

Patient Name: SPENCER, LETTIE

Gender: FEMALE

Order #: 4245897

Admit Date: 08/02/2013

PHYSICIANS Dictating: REGAN, SALLY WEBB

Signature: REGAN, SALLY WEBB

RESULT TEXT

US THYROID

THYROID NODULE

Procedure Acknowledge Date: 08/02/2013 11:08 AM

Clinical History

EXAM: Ultrasound of the thyroid 08/02/2013

INDICATION: Enlarged thyroid. The patient has been on thyroid medications for 5 years

TECHNIQUE: Ultrasound evaluation was obtained of the thyroid gland.

COMPARISON: No prior studies.

FINDINGS: The isthmus is 5 millimeters.

The right lobe measures 2.2 x 4.1 x 2.02 centimeters. The thyroid gland is hypervascular. No dominant masses are seen. There is mild nodularity.

The left lobe measures 2.9 x 4.1 x 1.7 centimeters. The gland is hypervascular. There is mild nodularity.

Report: PAB120
08/13/2014 09:57:45
Requested By: BAKERPA

Radiology Results
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 613
Page: 2

RADIOLOGY TEST INFORMATION

Type/source: RAD U/S THYROID/NECK

Medical Record Number: 0000107577

Status: Final

Result Date/Time: 08/05/2013 18:25

Account: 3139817

DOB:

Order Date: 08/02/2013

Order Time: 10:47

Patient Name: SPENCER, LETTIE

Gender: FEMALE

Order #: 4245697

Admit Date: 08/02/2013

PHYSICIANS Dictating: REGAN, SALLY WEBB

Signature: REGAN, SALLY WEBB

RESULT TEXT

IMPRESSION: Hypervascular thyroid gland. Possibly the patient has Graves disease. I am uncertain of the patient's thyroid condition.

Toxic goiter would be another consideration.

Correlating with her thyroid function studies is needed.

Left thyroid scan may actually be of benefit as well.

DT: 08/05/2013 06:25 PM

Dictated By: REGAN, SALLY WEBB MD

DF: 08/05/2013 06:25 PM

Signed By: REGAN, SALLY WEBB MD

DT: 08/05/2013 06:25 PM

Dictated By: REGAN, SALLY WEBB MD

DF: 08/05/2013 06:25 PM

Signed By: REGAN, SALLY WEBB MD

eAbstract Summary
CHRM-Chester 813

Medical Record # 0000107577 Encounter # 3139817 Name SPENCER, LETTIE

Admission Date	08/02/2013	Encounter Type	Output Ultrasound
Discharge Date	08/02/2013	Race	AFR/AMERICAN
Birthdate		Primary Payer	M-Medicare
Admission Type	Elective	Sex	Female
Admission Source	Physician Referral	LOS	1
Discharge Disposition	Home/Self-Care	Admission Service	Medicine
		Discharge Service	Medicine
Admit MD	1746	BRADLEY, ROBERT LEE	
Discharge MD	1746	BRADLEY, ROBERT LEE	
RVDX	2410	NONTOX UNINODULAR GOITER	
Princ Diag	2410	NONTOX UNINODULAR GOITER	
Charge Code	76536	US EXAM OF HEAD AND NECK	8/2/2013

Coded	08/05/2013	NScott1
Bill Submitted	08/05/2013	NScott1
Abstracted	08/05/2013	NScott1
Abstract Status:	Complete	

NOT FOUND

Report:PAB120
08/13/2014 09:58:14
Requested By: BAKERPA

Microbiology Results
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold:813
Page:1

MICROBIOLOGY RESULTS

Type/source: MIC CULTURE URINE
Status:Final
Result Date/Time: 03/08/2014 21:40

Account: 1163645
Order Date: 03/05/2014
Order Time: 12:53

Patient Name: SPENCER, LETTIE
Order #: C3060141
Admit Date: 03/05/2014

PHYSICIANS Dictating:

Signature:

RESULT TEXT

Chester Regional Medical Center
1 Medical Park Drive, Chester, SC, 29706
Dr. Craig F. Hart, MD.

Source: URINE
Site: Clean catch

Collected: 03/05/14 13:41
Received : 03/05/14 13:41

Culture Urine
03/08/14 NO GROWTH AT 48 HOURS.

FINAL 03/08/14 21:40

eAbstract Summary
CHRM-Chester 813

Medical Record # .0000107577 Encounter # 1163645 Name SPENCER, LETTIE

Admission Date	03/05/2014	Encounter Type	Emergency Rm
Discharge Date	03/05/2014	Race	N
Birthdate		Primary Payer	M-Medicare
Admission Type	Emergency	Sex	Female
Admission Source	Physician Referral	LOS	1
Discharge Disposition	Home/Self-Care	Admission Service	
		Discharge Service	Emergency Room
Admit MD	8247	MCFARLAND, III, MARION	
Discharge MD	8247	MCFARLAND, III, MARION	
RVDX	78820	RETENTION OF URINE NOS	
Prinop Diag	78820	RETENTION OF URINE NOS	
Other Diag	311	DEPRESSIVE DISORDER NEC	
Other Diag	7245	BACKACHE NOS	
Other Diag	33829	CHRONIC PAIN NEC	
Other Diag	4019	HYPERTENSION NOS	
Charge Code	81001	URINALYSIS, AUTO W/SCOPE	3/5/2014
Charge Code	87086	URINE CULTURE/COLONY COUNT	3/5/2014

Coded	03/06/2014	kristinad
Bill Submitted	03/06/2014	kristinad
Abstracted	03/06/2014	kristinad
Abstract Status	Complete	

NOT FOUND

eAbstract Summary
CHRM-Chester 813

Medienl Record # 0000107377 Encounter # 1163696 Name SPENCER, LETTIE

Admission Date	03/06/2014	Encounter Type	Emergency Rm
Discharge Date	03/06/2014	Race	N
Birthdate		Primary Payor	M-Medicare
Admission Type	Emergency	Sex	Female
Admission Source	Physician Referral	LOS	1
Discharge Disposition	Home/Self-Care	Admission Service	
		Discharge Service	Emergency Room
Admit MD	8247	MCFARLAND, III, MARION	
Discharge MD	8247	MCFARLAND, III, MARION	
RVDX	V536	FITTING URINARY DEVICES	
Princ Diag	78820	RETENTION OF URINE NOS	
Other Diag	4019	HYPERTENSION NOS	
Other Diag	2720	PURE HYPERCHOLESTEROLEM	
Other Diag	3051	TOBACCO USE DISORDER	
Other Diag	V148	HX-DRUG ALLERGY NEC	
Other Diag	V140	HX-PENICILLIN ALLERGY	
Charge Code	81001	URINALYSIS, AUTO W/SCOPE	3/6/2014
Charge Code	87086	URINE CULTURE/COLONY COUNT	3/6/2014
Charge Code	99283	EMERGENCY DEPT VISIT	3/6/2014

Coded	03/08/2014	tori.chopak
Bill Submitted	03/08/2014	tori.chopak
Abstracted	03/08/2014	tori.chopak
Abstract Status	Complete	

NOT FOUND

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Nurse Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 1

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE
DOB:

Req By: MCFARLAND, MARION F.

Med Rec: 0000107577

Pat Type: E

Type: MED Dict: 03/06/2014 10:09 EDNN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

Nurse's Notes

Chester Regional Medical Center

Name: Lettie Spencer

Age: 66 yrs

Sex: Female

DOB: 11/28/1947

MRN: 0000107577

Arrival Date: 03/06/2014

Time: 10:09

Account #: 1163696

Bed F1

Private MD:

Diagnosis: Urinary Retention

Presentation:

03/06

10:21 Presenting complaint: Patient states: RETURN FOR FOLEY REMOVAL
TODAY. Transition of care: patient was not received from another
setting of care. rs

10:21 Method Of Arrival: Walk-in

10:21 Acuity: ESI 4 rs
rs

Triage Assessment:

10:24 General: Appears in no apparent distress, Behavior is appropriate
for age. Pain: Denies pain. Suicide Risk Assessment: Suicidal
Thinking Present No (0 points). rs

Historical:

- Allergies: Meperidine; Clindamycin; Codeine; PCN;

- Home Meds:

1. Norco Oral Unknown as needed
2. Norvasc Oral 5 mg daily
3. Aldactone Oral 25 mg daily
4. Potassium Chloride Oral 10 mEq daily
5. Viibryd Oral 40 mg daily

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Nurse Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 2

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577.

Pat. Type: E

Type: MED Dict: 03/06/2014 10:09, EDNN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

6. Neurontin Oral 300 mg three times a day
 7. Flomax Oral 0.4 mg daily
 8. Trazodone Oral 100 mg at bedtime
 9. Klonopin Oral 1 mg at bedtime
 10. Tapazole Oral 10 mg at bedtime
 11. Nucynta Oral 75 mg every 8 hours
 12. Zanaflex Oral 4 mg every 8 hours
 13. Vitamin C Oral daily
 14. Fish Oil Oral 3 TIMES PER WEEK
 15. Women's One Daily Oral daily
- PMHx: DEPRESSION; Chronic Back Pain; HYPERTENSION; HIGH CHOLESTEROL;
 - PSHx: cystoscopy yesterday; neck ; left foot x 2 ; HYSTERECTOMY;
 - History obtained from: patient.
 - Immunization history: Last tetanus immunization: > 10 years ago.
 - Family history: Not pertinent.
 - Social history: Smoking status: Patient uses tobacco products, smokes one-half pack cigarettes per day, No barriers to communication noted. Speaks appropriately for age.
 - Hospitalizations: : No recent hospitalization is reported.

Screening:

10:25 Abuse screen: Denies threats or abuse. Tuberculosis screening: rs
Never had TB. Pneumonia Screening: Total Score: 0 Pts., no action
required at this time. Fall Risk: None identified (0 points).

Assessment:

10:25 Present on Arrival: Central Line: NO. Foley Catheter: YES, rs
Wound/Pressure Ulcer: NO. Nursing diagnosis: anxiety: actual:.

Vital Signs:

10:24 BP 144 / 067; Pulse 68; Resp 18; Temp 97.7 (O); Pulse Ox 96% on R/A; rs
Weight 48.53 kg (R); Height 5 ft. 2 in. (157.48 cm) (R); Pain 0/10;
11:36 BP 137 / 72 RA Sitting (auto/reg); Pulse 64; Resp 16 S; Temp ssl

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Nurse Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 3

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE
DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107677

Pat. Type: E

Type: MED. Dct.: 03/06/2014 10:09 EDNN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

97.5 (T); Pulse Ox 96% on R/A; Pain 0/10;
10:24 Body Mass Index 19.57 (48.53 kg, 157.48 cm)

rs

ED Course:

10:12 Patient arrived in ED.

tr

10:21 Sanders, Rogerlene, RN is Primary Nurse.

rs

10:21 Triage completed.

rs

10:25 Arm band placed on right wrist. Patient placed in exam room on
stretcher.

rs

10:26 ED Rounding: Call light is within patient's reach, and patient has
been educated on it's use. Family Update: Patient does not have any
family members to update Pending Items and/or Delays: Patient is
not awaiting any further diagnostics and/or procedures at this time
Patient has been instructed that nurse will re-visit within 30
minutes.

rs

10:26 Patient has correct armband on for positive identification. Bed in
low position. Call light in reach. Side rails up X2.

rs

10:39 Urinalysis Auto W/micro Sent.

rs

10:57 McFarland, Marion, MD is Attending Physician.

mfm

11:35 No procedures required assistance by the nurse.

ss1

11:36 ED Rounding: Pain Reassessment: denies any pain at this time.

ss1

11:37 Culture Urine Sent.

ss1

Administered Medications:

No medications were administered

Outcome:

11:31 Discharge ordered by MD.

mfm

11:36 Discharged to home ambulatory.

ss1

11:36 Braden Scale-Adult not applicable, the patient was discharged.

11:36 Discharge Assessment: vital signs assessed, patient awake and
alert no apparent distress

11:36 Discharge instructions given to patient, Instructed on discharge
instructions, follow up and referral plans. Demonstrated

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Nurse Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 4

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107677

Pat. Type: E

Type: MED Dict: 03/08/2014 10:09 EDNN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/08/2014 10:09

Gender: FEMALE

Discharge: 03/08/2014 11:37

Location: 0

Transcribed: 03/08/2014 11:37

understanding of instructions, No Prescriptions were written by the
provider for this patient.

11:37 Patient left the ED.

ss1

Signatures:

Sanders, Rogerlene, RN

RN rs

Robinson, Teresa, Reg

Reg tr

McFarland, Marion, MD

MD mfm

Stevens, Stacie, RN

RN ss1

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Physician Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 1

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict: 03/06/2014 10:09 EDPN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

Physician Documentation

Chester Regional Medical Center

Name: Lettie Spencer

Age: 66 yrs

Sex: Female

DOB: 11/28/1947

MRN: 0000107577

Arrival Date: 03/06/2014

Time: 10:09

Account#: 1163696

Bed F1

Private MD:

ED Physician McFarland, Marion

Disposition:

03/06

11:32 Electronically authenticated by: marion mcfarland.

mfm

Disposition Summary:

03/06 Discharged to Home/Self Care. MSE completed. Impression: Urinary Retention.

11:31

- Condition is Stable.

mfm

- Discharge Instructions: Urinary Retention, Acute, Female.

- Medication Reconciliation Form form.

- Follow up: Private Physician; When: 5 - 6 days; Reason: Continuity of care.

- Problem is new.

- Symptoms are resolved.

HPI:

10:30 This 66 yrs old Caucasian Female presents to ER via Walk-in with

mfm

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Physician Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 2

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict: 03/06/2014 10:09 EDPN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

complaints of Redcheck.

10:58 The patient presents with catheter removal. Onset: The symptoms/episode began/occurred acutely, 2 day(s) ago, and improved yesterday. Modifying factors: The symptoms are alleviated by cath. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. Severity of symptoms: At their worst the symptoms were severe, in the emergency department the symptoms have resolved. The patient's method of birth control includes nothing. The patient has been recently seen at the Chester Regional Medical Center Emergency Department, yesterday, for similar complaints the patient was told to return for a recheck.

mfm

Historical:

- Allergies: Meperidine; Clindamycin; Codeine; PCN;

- Home Meds:

1. Norco Oral Unknown as needed
2. Norvasc Oral 5 mg daily
3. Aldactone Oral 25 mg daily
4. Potassium Chloride Oral 10 mEq daily
5. Viibryd Oral 40 mg daily
6. Neurontin Oral 300 mg three times a day
7. Flomax Oral 0.4 mg daily
8. Trazodone Oral 100 mg at bedtime
9. Klonopin Oral 1 mg at bedtime
10. Tapazole Oral 10 mg at bedtime
11. Nucynta Oral 75 mg every 8 hours
12. Zanaflex Oral 4 mg every 8 hours
13. Vitamin C Oral daily
14. Fish Oil Oral 3 TIMES PER WEEK
15. Women's One Daily Oral daily

- PMHx: DEPRESSION; Chronic Back Pain; HYPERTENSION; HIGH CHOLESTEROL;

- PSHx: cystocopy yesterday; neck ; left foot x 2 ; HYSTERECTOMY;

- History obtained from: patient.

- Immunization history: Last tetanus immunization: > 10 years ago.

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Physician Chart
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 3

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict.: 03/08/2014 10:09 EDPN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/08/2014 10:09

Gender: FEMALE

Discharge: 03/08/2014 11:37

Location: 0

Transcribed: 03/08/2014 11:37

- Family history: Not pertinent.
- Social history: Smoking status: Patient uses tobacco products, smokes one-half pack cigarettes per day. No barriers to communication noted. Speaks appropriately for age.
- Hospitalizations: : No recent hospitalization is reported.

ROS:

10:59 All other systems are reviewed and negative. Constitutional: Negative for chills, fever. Cardiovascular: Negative for chest pain. Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea. GU Positive for urinary symptoms, catheter removal for urinary retention. Neuro: Negative for altered mental status.

mfm

Exam:

11:00 Constitutional: The patient appears in no acute distress, alert, awake, comfortable, non-diaphoretic, non-toxic, well developed, well hydrated, well groomed, well nourished.

mfm

11:00 Eyes: Periorbital structures: appear normal.

11:00 Cardiovascular: Rate: normal.

11:00 Respiratory: Exam negative for acute changes.

11:00 Abdomen/GI: Palpation: abdomen is soft and non-tender, in all quadrants.

11:00 GU: a foley is noted.

11:00 Musculoskeletal/extremity: Exam is negative for acute changes.

11:00 Skin: Exam negative for acute changes.

11:00 Neuro: Exam negative for acute changes.

Vital Signs:

10:24 BP 144 / 067; Pulse 68; Resp 18; Temp 97.7 (O); Pulse Ox 96% on R/A; rs

Weight 48.53 kg (R); Height 5 ft. 2 in. (157.48 cm) (R); Pain 0/10;

11:36 BP 137 / 72 RA Sitting (auto/reg); Pulse 64; Resp 16 S; Temp 97.5 (T); Pulse Ox 96% on R/A; Pain 0/10; ss1

10:24 Body Mass Index 19.57 (48.53 kg, 157.48 cm)

rs

Report;PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Physician Chart
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold:813
Page:4

Report Status: Final

Pat Nbr: 1163696, SPENCER, LETTIE
DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict: 03/08/2014 10:09 EDPN1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

MDM:

11:01 Differential diagnosis: urinary tract infection, catheter removal. mfm
Data reviewed: vital signs, nurses notes, lab test result(s),
urinalysis. Counseling: I had a detailed discussion with the
patient and/or guardian regarding: the historical points, exam
findings, and any diagnostic results supporting the discharge/admit
diagnosis, lab results, the need for outpatient follow up, a
urologist, to return to the emergency department if symptoms worsen
or persist or if there are any questions or concerns that arise at
home. Response to treatment: the patient's symptoms have markedly
improved after treatment.

11:24 Counseling: I had a detailed discussion with the patient and/or guardian regarding: if cannot urinate return for re cath. mfm

11:31 Patient medically screened. mfm

03/06

10:32 Order name: Urinalysis Auto W/micro; Complete Time: 11:30 rs

03/06

11:30 Interpretation: Normal Except: Nitrites pos; Bilirubin 3; Blood 250; RBCs 20-50. mfm

03/06

11:30 Order name: Culture Urine mfm

Dispensed Medications:

No medications were administered

Signatures:

Dispatcher MedHost

Sanders, Rogerlene, RN

EDMS

RN rs

McFarland, Marion, MD

MD mfm

Stevens, Stacie, RN

RN ss1

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Physician Chart
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Cold: 813
Page: 5

Report Status: Final

Pat Nbr: 1163698 STENCER, LETTIE

DOB: 11/20/1941

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED. Dict.: 03/06/2014 10:09 EDPN1163698

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

Report:PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Order Summary
CHESTER REGIONAL MEDICAL CENTE
1 MEDICAL PARK DRIVE
CHESTER SC 29708

Cold: 813
Page: 1

Report Status: Final

Pat Nbr: 1163696 SPENCER, LETTIE

DOB:

Req By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict: 03/06/2014 10:09 EDOS1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

Order Summary

Name: Lettie Spencer

MRN: 0000107577

66 yrs

/Caucasian

/Female

Arrival: 03/06/2014

10:09

Chief Complaint: Recheck

Departure Date: 03/06/2014

Departure Time: 11:37

Orders:

Lab

Order: Culture Urine; Ordered: 03/06 11:30; By: mfm; For: mfm; In

Process Unspecified: 03/06 12:13; By: EDMS; Order Method:
Electronic

Order: Urinalysis Auto W/micro; Ordered: 03/06 10:32; By: rs; For:

mfm; Reviewed: 03/06 11:30; By: mfm; Order Method: Verbal - Read
back; Sign Off: McFarland, Marion, MD - 03/06 10:58

Order Signatures:

McFarland, Marion, MD, MD, mfm;

Sanders, Rogerlene, RN, RN, rs;

Report: PAB120
08/13/2014 10:03:57
Requested By: BAKERPA

Disposition Summary
CHESTER REGIONAL MEDICAL CENTER
1 MEDICAL PARK DRIVE
CHESTER SC 29706

Gold: 813
Page: 1

Report Status: Final

Patient Nbr: 1163696 SPENCER, LETTIE

DOB:

Reg By: MCFARLAND, MARION F.

Med. Rec: 0000107577

Pat. Type: E

Type: MED Dict: 03/06/2014 10:09 EDDS1163696

Physician: MCFARLAND, MARION F.

Admit: 03/06/2014 10:09

Gender: FEMALE

Discharge: 03/06/2014 11:37

Location: 0

Transcribed: 03/06/2014 11:37

Discharge Summary

Chester Regional Medical Center

Name: Lettie Spencer

Emergency Department

Age: 66 yrs

Sex: Female

DOB: 11/28/1947

MRN: 0000107577

Arrival: 03/06/2014

10:09

Account #: 1163696

Departure Date: 03/06/2014

Departure Time: 11:37

Private MD:

Outcome: Discharge

Location: Home/Self Care. MSE completed.

Condition: Stable.

Chief Complaint: Recheck

Diagnosis: Urinary Retention

Prescriptions:

Follow up:

Custom Notes:

Attending Physician: McFarland, Marion, MD

Private MD:

Mid Level Provider:

Orders: Urinalysis Auto W/micro, Culture Urine

Discharge Instruction: Discharge Summary Sheet, Urinary Retention,

Acute, Female, Medication Reconciliation Form

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1120778

FILE

LETTIE SPENCER,
CLAIMANT,
VS
NHC PARKLANE,
EMPLOYER,
AND
PREMIER GROUP INSURANCE
COMPANY, INC.,
CARRIER.

DEPOSITION OF WILLIAM LEHMAN, M.D.

ROCK HILL, SOUTH CAROLINA

JANUARY 9, 2013

REPORTER: KELLY REITER

DALLAS REPORTING

SERVING THE CAROLINAS FOR OVER TWENTY-FIVE YEARS

ROCK HILL, SOUTH CAROLINA

803-328-9640/TOLL FREE 1-877-871-6363

Appearances:

For the Claimant -

Andrew W. Creech, Esquire
Elrod Pope Law Firm
212 East Black Street
Post Office Box 11091 (29731)
Rock Hill, South Carolina 29730

For the Employer and Carrier -

Clarke W. McCants, III, Esquire
Nance, McCants & Massey
218 Newberry Street S.W.
Post Office Box 2881 (29802)
Aiken, South Carolina 29801

Also Present -

Ms. Lettie Spencer

INDEX

Examination by Mr. McCants

Page 3

Examination by Mr. Creech

Page 49

1 Deposition of William Lehman, M.D., taken before
2 me, Kelly Reiter, a Notary Public for the State of
3 South Carolina, at Carolina Orthopaedic Surgery
4 Associates, 134 Professional Park Drive, Rock Hill,
5 South Carolina, commencing at 6:39 p.m. on January
6 9, 2013, taken in the aforementioned cause now
7 pending before the South Carolina Workers'
8 Compensation Commission.

9 That the signing of the transcript of deposition by
10 the witness is waived.

11 * * * * *

12 William Lehman, M.D., first being duly sworn, deposes
13 and says as follows:

14 E X A M I N A T I O N - (By Mr. McCants)

15 Q Doctor, I introduced myself to you before we went
16 on the record. I'm Clarke McCants. I'm an
17 attorney in Aiken, and I'm representing National
18 Healthcare Parklane in Ms. Spencer's workers'
19 compensation case. I wanted the opportunity to
20 take your deposition to go over some of your notes
21 and discuss your care and treatment of Ms. Spencer.
22 I appreciate your willingness to do so. Your full
23 name is William Lehman. Is that correct?

24 A William Louis, L-o-u-i-s, Lehman, Junior.

25 Q And you're a practicing orthopaedic physician here

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1 in Rock Hill, South Carolina. Is that correct?

2 A Yes, sir.

3 Q And are you an orthopaedic surgeon?

4 A Yes, sir.

5 Q Tell us a little bit about your educational
6 background and training, if you would.

7 A I graduated from Stanford University in 1972 with a
8 B.S. in biological sciences. I then went to Case
9 Western Reserve Medical School and received my
10 degree in medicine in 1977. I then did an
11 internship and residency program in family practice
12 at the University of Colorado. I practiced about a
13 year-and-a-half. I was an associate director of
14 the program, but then decided to go back and do
15 orthopaedic surgery. I completed an orthopaedic
16 surgery training program at the University of
17 Colorado in 1985. Then I came to Rock Hill, South
18 Carolina and have been in private practice at this
19 institution, this company, since that time.

20 Q And what year would that have been?

21 A I began in 1985 and up until present.

22 Q All right, sir. We've had access to your chart and
23 your records for Ms. Spencer.

24 A Yes, sir.

25 Q I appreciate you having provided documents in that

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1 regard, and they'll be in front of the Commission,
2 as you may be aware. According to my review of the
3 chart that we have, you first saw her in April of
4 2012. Is that correct?

5 A Yes, sir.

6 Q How was she referred to you?

7 A It states that her referring physician was Robert
8 Bradley, M.D. He is an internal medicine doctor in
9 Chester, South Carolina.

10 Q Now, I will tell you the last record I have from
11 your office with regard to your having seen Ms.
12 Spencer is November 26th of 2012.

13 A Yes, sir.

14 Q And I have - - - Is that the last time you visited
15 with her?

16 A As far as I'm aware.

17 Q All right. And at any point, have you met with any
18 of her attorneys regarding her care and treatment
19 or this case that we're talking about today?

20 A No, not that I'm aware.

21 Q All right, sir. Let me go, if I can, to your first
22 visit with Ms. Spencer. Again, the date that I've
23 got - - - The date I have is April 4th, 2012.

24 A Yes, sir.

25 Q And she basically presented her history to you.

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1 You went through her particular history, the
2 history of her involvement with a work-related
3 injury?

4 A Yes, sir.

5 Q And you made certain recommendations?

6 A (Indicating yes)

7 Q I'm going to talk to you a little bit about your
8 care and treatment. I also want to talk to you
9 about her statements to you and your
10 recommendations with regard to her work status. In
11 your report of April 4, 2012, it's toward the
12 bottom. It's about the middle of that paragraph
13 where it says, subjective transcription. It says,
14 no specific light-duty is available. Do you see
15 that?

16 A Under subjective trans - - -

17 Q Yes, sir.

18 A I'm sorry. Can you show me where?

19 Q Sure, I'll be happy to. My copy is a fax of a fax
20 of a fax.

21 A Oh, in the middle, okay.

22 Q Yes, sir.

23 A Yes, sir. Got it.

24 Q And that, of course, is a sentence following some
25 comments with regard to work status, and you

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1 understood at the time you saw her in April of 2012
2 that she was out of work. Is that correct?

3 A Yes.

4 Q And the sentence says, no specific light-duty is
5 available. Do you remember today how you came to
6 write that down in your report? In other words, is
7 that something that she told you, or something you
8 learned from somebody else?

9 A I believe that's something that Ms. Spencer told
10 me.

11 Q And later on in that report, you did provide some
12 recommendations. Let me back up a little bit. In
13 that report, you mentioned, and this is on Page 3
14 of 3, that you reviewed an MRI scan of her spine
15 which had been taken at Chester Regional back in
16 July of 2011. Is that correct?

17 A Yes, sir.

18 Q And you noted that the MRI scan showed hypertrophic
19 facet arthropathy - - -

20 A Yes.

21 Q At, at least, one level and some facet changes at
22 some other levels. Our Commission may very well
23 know what arthropathy is, but what is it from a lay
24 standpoint?

25 A Basically an arthritis of those joints, the facet

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1 joints in the lower back, which connect one
2 vertebrae to another.

3 Q Did - - -

4 A And arthropathy simply means a degenerative process
5 of those joints.

6 Q Again, typically then what you're talking about is
7 the arthritic process, which is a degenerative
8 process brought about over time. Is that correct?

9 A Yes.

10 Q And then you mentioned the ligamentum thickening
11 and a disc bulge extending into one of the foramen,
12 specifically at L-4/-5. Is that correct?

13 A Yes, sir.

14 Q All right. Convert that to lay terms, if you
15 would.

16 A Well, that's also a property of the spine in the
17 face of a lot of degenerative changes. The
18 ligamentum flavum is a part of the covering of the
19 spine, in the back part of it, and it thickens as
20 part of a degenerative process.

21 Q And, of course, the record reflects when she first
22 saw you, she was sixty-four years old - - -

23 A Yes, sir.

24 Q Back in the spring of 2012. Is that correct?

25 A Yes.

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1 Q My question to you initially, based upon your
2 review of the MRI scan when you saw her for the
3 first time, did you see anything, Doctor, that
4 looked like any type of acute change or anything
5 that you thought was a product of any trauma to her
6 spine?

7 A No.

8 Q Basically what you were looking at was the spine of
9 a sixty-four-year-old lady. Is that fair?

10 A Yes.

11 Q All right, sir. And, of course, you recommended at
12 that particular point in time that a CT myelogram
13 be performed, and I would suspect that you wanted
14 to take a closer look at the condition of her
15 spine. Is that fair?

16 A Yes.

17 Q And your record speaks for itself with regard - - -
18 Well, let me back up, Doctor. I do have to ask you
19 this. In plain transcription, down at the bottom,
20 you wrote, it does appear that she will be
21 extremely limited in recurrent work and would have
22 to include sedentary work only with the ability to
23 change positions frequently. Then you noted that
24 she will contact her attorney, Mr. Elrod - - -
25 That's Luke Elrod. Is that correct?

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1 A Yes.

2 Q Regarding her transfer of care, so you could look
3 at her further. So basically what you were saying
4 is, you gave us an opinion at that point that she
5 was extremely limited with regard to return to
6 work, and that you at least became aware that Mr.
7 Elrod was assisting her. She told you she would
8 talk to him about trying to get you to take over
9 her care. Is that fair?

10 A Yes, sir.

11 Q All right. Then let me show you this document, and
12 we've marked this as a deposition exhibit. I trust
13 that's in your chart. This is Page 52 of my
14 hearing documents. Is this a return-to-work slip
15 that's in your chart?

16 A Yes, sir.

17 Q And this one reflects, at least at the time that
18 you saw her on April 12th, 2012, you did indicate
19 that she could perform sit-down work only with
20 ability to change positions. Is that correct?

21 A Yes, sir.

22 Q And it was your understanding, at least from what
23 she told you, that no such work was available with
24 my client. Is that fair?

25 A Yes, sir.

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1 Q All right. I'm going to try not to go through
2 every note, Doctor, but I just have a couple of
3 questions about some of them, if I could. Now, I
4 do want to go to what I think is the next visit,
5 September 17 of 2012. Is that the next visit?

6 A Yes, sir. In the interim, she had undergone the
7 myelogram, the CT myelogram, at Springs Memorial
8 Hospital.

9 Q That was performed, and I would take it that the
10 radiologist's report for that is in your chart. Is
11 that correct?

12 A Yes, sir.

13 Q In addition to the radiologist's report, may I
14 trust that you also reviewed the films yourself?

15 A That's my general rule to see if there's anything
16 controversial, but yes, I apparently did review
17 that on - - - at the time of her follow-up visit on
18 9-17-2012.

19 Q In fact, your note reflects you had a personal
20 review of the CT myelogram. Is that correct?

21 A Yes.

22 Q Now, you used the words in your report, personal
23 review of the CT myelogram of the lumbar spine did
24 show interestingly no problem whatsoever, other
25 than the L-4/-5 level, which did show mild central

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1 stenosis. No abnormality otherwise. That may
2 speak for itself, but help us understand a little
3 bit further what you meant by that phrase or those
4 sentences.

5 A I believe I was commenting on the fact that the
6 prior testing, I think that was the MRI of the
7 lumbar spine of 7-22-11, showed a lot of arthritis.
8 Whereas, the CT myelogram done two months later did
9 really not show that much arthritis, just the area
10 of tightness. So in a sense, the findings on the
11 CT myelogram were much less dramatic, much less
12 severe, I guess you could say, in terms of
13 arthritis than the CT myelogram.

14 Q What you're saying is, the CT didn't pick up some
15 of the issues, if I could call them that, that
16 perhaps the MRI had picked up, and that would have
17 been one performed before you saw her. Is that
18 correct?

19 A Yes.

20 Q Did you have any concerns about the validity of the
21 CT scan; anything in that regard, when you looked
22 at it in September of 2012?

23 A No, I don't believe so. I think it was - - - It
24 was a reasonable test. Although, they had some
25 trouble with the needle injection. So some of the

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1 dye that was used in the test did not go into the
2 area where it was supposed to go. So I think there
3 was enough - - - You know, the CT part of it, which
4 is the x-ray part of it, was sufficient, I guess
5 you could say. Although, perhaps the test was not
6 - - - or could have been better performed. Let's
7 put it that way.

8 Q It certainly wasn't to the level of being
9 unreliable enough to justify another CT. Is that
10 fair?

11 A That's right.

12 Q It was enough for you to look at and to reach a
13 conclusion based on that?

14 A Yes, sir.

15 Q All right, sir. And I can't remember if the MRI -
16 - - and I don't know if it would pick up what's
17 characterized as mild central stenosis. But would
18 you tell us what that means?

19 A That would - - - Stenosis just means a tightness.
20 In this particular case, it's a tightness in the
21 canal. It's created by a combination of the
22 thickening of that ligamentum that we talked about,
23 the bone spurs on the facet joints, and the bulging
24 discs, all of which create a relative tightness in
25 the canal where the nerve roots are trying to get

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1 through.

2 Q When you talk about the bone spurs, that's again
3 kind of an arthritic process. Is that fair?

4 A Yes, sir.

5 Q Again, mostly degenerative-type issues. Is that
6 fair?

7 A Yes, sir.

8 Q That would normally occur over time and certainly
9 wouldn't be unusual in the spine of a sixty-four-
10 year-old woman. Is that fair?

11 A Yes, sir.

12 Q You may even find them in the spine of a fifty-two-
13 year-old like myself. Is that unreasonable?

14 A Yes, or sixty-two like mine.

15 Q Okay. And in your report of September 17, 2012,
16 again if I understand correctly, you recommended
17 sit-down work for Ms. Spencer only. Is that
18 correct?

19 A Yes, sir.

20 Q And, in fact, on the next page - - - This is Page 2
21 of 2 of that report, September 17th, 2012. You
22 indicate that she is able to work at light-duty.
23 Although, such apparently is not available. That's
24 in your report, and the same question as before.
25 Is that information that she provided to you?

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1 A Yes.

2 Q Nobody else provided that information to you. Is
3 that correct?

4 A I'm not exactly sure. She did have a case manager
5 there, though, at that time, but I'm not sure if
6 the case manager really knew exactly what her - - -
7 what was available at her job.

8 Q Let me put the question to you then this way, if I
9 could, and I'm not trying to interrupt you. Is it
10 your best recollection that Ms. Spencer told you
11 that light-duty was not available?

12 A Yes.

13 Q Is that your best recollection?

14 A Yes.

15 Q All right, sir. And I didn't mean to jump around.
16 At that point, at least in September of 2012, what
17 you recommended was a selective nerve root block on
18 the left at L-5, and this - - - And it's because
19 you really felt like that was most likely the nerve
20 that is being irritated at the L-4/-5 level. Is
21 that fair?

22 A Yes.

23 Q Now, if I could then, go back to the MRI and the CT
24 that you talked about. Tell me what, on those two
25 studies, indicated some irritation of the nerve or

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1 a nerve at L-4/-5 is indicated.

2 A Well, the CT myelogram showed some mild stenosis at
3 the L-4/-5 level, and that's just a relative
4 tightness. So it doesn't tell me that the nerve is
5 necessarily irritated. The patient had symptoms in
6 the back, going down the left leg, and so that
7 would imply that the nerve root is being irritated
8 at the L-4/-5, or the fifth nerve root. That would
9 be the - - - That would be the culprit, in a sense,
10 for causing those left leg radicular symptoms. So
11 that's why we would pop the needle in right at the
12 L-5 level.

13 Q All right. I'm going to offer to translate this,
14 but you interrupt me if I'm wrong. What you're
15 saying is, the diagnostics did not show the
16 irritation of that nerve root. What you did, based
17 on what Ms. Spencer told you with regard to
18 discomfort in her left leg, you thought it was
19 likely and thought, at least at that point, that
20 perhaps that nerve at L-4/-5 on the left was being
21 irritated. Is that fair?

22 A Yes.

23 Q And at that point, you recommended a selective
24 block, as you called it?

25 A Yes.

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1 Q And I think we know a little bit about what the
2 nerve root blocks are, but would you tell us a
3 little bit about that from a lay standpoint?

4 A Well, under x-ray, I can draw generally - - - Well,
5 almost exclusively when we do a selective nerve
6 root block, basically I place a needle right in the
7 area where that nerve root comes out of the spine,
8 and then eventually, it does go down into the
9 buttock and down into the leg. The needle is - - -
10 I was using a little bit of sedation, or at least
11 local anesthetic applied. Usually, there's a
12 combination of an anesthetic and some cortisone
13 basically that's put in that area, hoping to - - -
14 well, relieve the irritation of the nerve and,
15 therefore, relieve the leg pain.

16 Q Tell us about the needle itself. Physically, what
17 are you doing?

18 A Well, basically placing a needle through the skin
19 and - - -

20 Q How big a needle?

21 A Well, it's usually - - - It's about three-and-a-
22 half inches long.

23 Q All right. And what gauge? It certainly wouldn't
24 be the gauge of that pen, but give us an idea of
25 how - - -

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1 A No. It would be usually about a twenty-two gauge
2 needle, which is about half the diameter of a
3 typical pen, a ballpoint pen.

4 Q And that has an anesthetic attached to it, affixed
5 to it, and you're going in there and you're trying
6 to relieve some of the pressure around the root as
7 it connects to the spinal cord. Is that correct?

8 A Yes.

9 Q Is that something you do?

10 A No, I - - - I generally - - - Well, I have done
11 that, but generally, we send them to a pain
12 specialist or an interventional radiologist or an
13 anesthesiologist.

14 Q And, in fact, you recommended a Dr. Nandurkar here?

15 A Nandurkar is a physiatrist, or - - - Well,
16 basically, he's a pain specialist who does a lot of
17 nerve blocks.

18 Q I apologize if I'm mispronouncing his name. Now,
19 is he a local physician?

20 A He is. Actually, I think he lives in Charlotte,
21 but I think he has an office in Lancaster, South
22 Carolina, which is about thirty miles from here.
23 He also has a - - - I think he has an office here
24 in Rock Hill.

25 Q Do you know him?

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1 A Yes.

2 Q And you trust him, and he's reliable?

3 A Yes.

4 Q And you have confidence in his ability to do what
5 you think should be done?

6 A Yes, sir.

7 Q All right. Now, you saw where Ms. Spencer, I
8 think, had been seen by at least one other pain

9 management type provider - - -

10 A Yes, sir.

11 Q If I could characterize it?

12 A Yeah.

13 Q I'm talking about Tony Owens down in - - -

14 A Yes.

15 Q Maybe the Irmo area..

16 A Right.

17 Q Are you familiar with him, other than your
18 involvement maybe in reviewing some of this
19 records?

20 A No. I'm familiar with - - - more familiar with the
21 - - - Well, the neurosurgeon, I can't remember his
22 name.

23 Q That's Dr. Dyer.

24 A Dr. Dyer, I'm more familiar with him, and I think.

25 Dr. Dyer referred the patient to - - - Ms. Spencer

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- 1 to him.
- 2 Q Let me take you on a sidetrack, and we can talk
- 3 about Dr. Dyer because I was going to ask you this
- 4 at some point. You do know Dr. Dyer?
- 5 A Well, I've dealt - - - Well, I guess I've talked to
- 6 him on the phone maybe once or twice over the
- 7 years, but basically just mutual patients.
- 8 Q He's a neurosurgeon?
- 9 A Yes, sir.
- 10 Q At Columbia Neurosurgical, I think?
- 11 A (Indicating yes)
- 12 Q A reputable provider - - -
- 13 A Yes, sir.
- 14 Q In your opinion?
- 15 A Yes, sir.
- 16 Q Do you have any reason to have any concerns about
- 17 his abilities and his ability to treat?
- 18 A No, he's excellent.
- 19 Q All right. Again, you just know Dr. Owens based
- 20 maybe perhaps on some review of the records. Is
- 21 that correct?
- 22 A Yes, sir.
- 23 Q You wouldn't have any problem with someone besides
- 24 Dr. Nandurkar doing this nerve block if that
- 25 situation were to present itself, would you?

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1 A No.

2 Q You do trust Dr. Nandurkar. You've had experience
3 with him. You think he would do a good job for Ms.
4 Spencer if that's the course that should be taken.
5 That's basically what you're saying?

6 A Yes, but - - -

7 Q All right.

8 A You know, all I would be asking him or Dr. Owens to
9 do would be to do the nerve block.

10 Q Sure.

11 A It's a pretty straightforward procedure that one,
12 certainly once properly trained, should be able to
13 do that - - -

14 Q I couldn't do it.

15 A Adequately.

16 Q And I was going to ask you, in the concept of this
17 field of medicine, it's a relatively routine type
18 of procedure?

19 A Yes, sir.

20 Q In fact, is this one of the type of blocks, Doctor,
21 when you do it and complete it, you're supposed to
22 know then and there whether or not it works?

23 A Oftentimes, they do put the anesthetic in right
24 away, and so they - - - The pain goes away, yes,
25 right away. Now, sometimes they don't put as much

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1 anesthetic in because then there would be a certain
2 amount of weakness, so - - -

3 Q All right.

4 A But, yes, if they put some anesthetic in there
5 along with the cortisone or the steroid, then
6 oftentimes - - - You know, if that's really causing
7 the pain, that's the area where the pain is
8 generated, then you'll know right away.

9 Q All right. And that's my point. If that's the
10 problem, after you do that block, you should know
11 pretty quickly?

12 A Yes, sir.

13 Q Is that fair?

14 A Yes, sir.

15 Q Now, this is what - - - Again, what you're doing is
16 anesthetizing the nerve, correct?

17 A Yes, sir.

18 Q Obviously, that wears off?

19 A Yes.

20 Q How long do you typically see this type of block
21 lasting?

22 A Well, as far as the - - -

23 Q The results of the block.

24 A Yeah, I - - -

25 Q I may have been unclear.

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1 A It's very - - - It's extremely variable, I guess.
2 Of course, the anesthetic wears off very quickly,
3 within hours, but the cortisone then kicks in and
4 ideally would give relief for - - - ideally gives
5 relief for at least a couple of months. But
6 oftentimes, these have to be repeated in a series
7 of, say, three and then - - - before one gives up
8 on it, I guess.

9 Q All right. And when you say a series, do you
10 recommend a series, or do you wait after you've
11 done the first one to see whether or not it works?

12 A Right, because it's - - - Generally, I like to see
13 the response. If there's no response at all to the
14 first block, I wouldn't repeat it. Obviously, if
15 there's a hundred percent response, I wouldn't
16 repeat it. Most people get - - - With a good
17 result, they might get forty to fifty percent
18 relief. So usually, a second shot is often
19 provided.

20 Q You feel pretty good that if this nerve root block
21 is the source or that - - - I should say that nerve
22 is the source of Ms. Spencer's problem, then this
23 nerve root block is going to have some level of
24 success? You feel pretty good about that?

25 A Well, yeah. That was the only thing I had to go

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1 on, I guess, based on the studies that had been
2 done and the clinical examination. So, yes, that
3 was my feeling to be the best course of action.

4 Q All right. You may understand these workers'
5 compensation cases we deal with, what our
6 Commission - - - And Drew will probably correct me
7 if I'm developing the standard wrong here. But we
8 look to medical treatment which is more likely than
9 not most probably going to benefit somebody. So
10 then the question I think technically and formally
11 presented to you is, whether or not in your opinion
12 and to this reasonable degree of medical certainty
13 you think that nerve root block most probably is
14 going to benefit Ms. Spencer?

15 A Yes. Yes, I would - - - I guess I will say that,
16 at that point in time, that to me was the best
17 possibility that would benefit her. Otherwise, I
18 really wouldn't want to subject her to something
19 that was sort of iffy. Although, sometimes what we
20 do is, you always have options. So, I mean, of
21 course you could surgically go in as an option and
22 open up that nerve root and hope that might get it,
23 but you have to look at the options. That
24 certainly would be much preferably, to cure
25 somebody with a nerve block than going through a

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1 surgery. So that was my - - - I guess the best
2 option at that point.

3 Q That's fair, and I may have been wanting to jump
4 ahead a little bit. Let me just raise the
5 question. At least as of September 17 of 2012,
6 that was your recommendation? And you thought, at
7 that particular point in time, doing that nerve
8 root block likely would assist Ms. Spencer. Is
9 that a fair way of looking at it?

10 A Yes.

11 Q All right. Then let's keep going, if we can. The
12 next visit I've got is October 25 of 2012. You
13 talk a little bit about Dr. Dyer there. You
14 mentioned that she had an ablation at some point.
15 That was L-5/S-1/S-2. No relief. Physical therapy
16 offered no relief, and I think you even mentioned
17 that physical therapy, at least from Ms. Spencer's
18 standpoint, may have made things worse. Do you
19 remember saying that in your report?

20 A Yes, sir.

21 Q All right.

22 A Now, I think I'm just doing a little overview of
23 her treatment prior to visiting with me.

24 Q Fair enough.

25 A This is all in 2011.

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1 Q That's correct. Yeah. Yeah, you were reviewing
2 her care before she even saw you and began seeing
3 you in the spring of 2012. Is that correct?

4 A Yes, sir.

5 Q Now, you wrote down at the bottom of that note in
6 October of 2012, she continues to be out of work
7 and is quite depressed. You noted she's lost a lot
8 of weight because of the pain, the left leg pain.
9 You note she's progressively becoming more
10 debilitated and depressed. Now, her work status
11 will speak for itself. But are you understanding
12 that, at that particular point in time again and
13 based on your conversation with her, that no work
14 was being offered to Ms. Spencer? Is that your
15 understanding?

16 A Yes. That was my understanding, that there was no
17 light-duty available.

18 Q All right. Now, let's look at the second page of
19 your note of October 25, 2012. The reason I asked
20 about your impression of the CT scan back in
21 September of 2012; in this note of October 2012,
22 specifically October 25, 2012, you then expressed
23 some concerns about the reliability of the CT scan.
24 Is that correct?

25 A Right.

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1 Q Tell us a little bit about that, if you would.

2 A Well, as I mentioned before, some of the dye that
3 they inject in order to see the nerve roots more
4 effectively really had not gone inside the sac and
5 mixed with the spinal fluid. Some of it had. Some
6 of it hadn't. So the - - - I guess, the quality of
7 the test was not ideal. I, of course, stated that
8 it was a poor study on that basis. I guess what
9 I'm saying here is that I felt it was unlikely to
10 be completely accurate, but that there were some
11 changes of stenosis at -4/-5, L-4/-5. Of course,
12 that's what we discussed previously.

13 Q Then, in fact, you note down at the bottom in plan
14 transcription - - - This is Page 2 of 3 of your
15 reports. My page, APA Page 59. You said, listen,
16 I don't even think the CT is particularly useful in
17 terms of evaluating Ms. Spencer's condition. Is
18 that a fair statement?

19 A Yes.

20 Q Now, at this point if I understand your note
21 correctly - - - Well, let's back up. In this note
22 of October 25, 2012, you wrote - - - And again,
23 this is plan transcription, down towards the
24 bottom, the middle paragraph. You mentioned that
25 you met with Patti Chambers, the case manager. You

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1 noted that the leg symptoms - - - And I trust
2 you're talking about the left. Is that correct?

3 A Yes, sir.

4 Q Was there any concern about the right at that
5 point?

6 A I don't believe so.

7 Q All right. So you're focused on the left. You
8 wrote, the leg symptoms are now seemingly more
9 prominent, and I would recommend a trial of
10 epidural steroid injections or selective nerve root
11 blocks at L-5. Then you make the comment the CT
12 really didn't help you, which is consistent with
13 what you said before. Based upon what Ms. Spencer
14 had told you and specifically about having pain
15 down the left leg, you felt like it was an
16 irritation of a root at L-5. Is that fair?

17 A Yes, sir.

18 Q And at this point, if I understand your note
19 correctly, you're saying, I think the block is
20 still an appropriate course here. Is that fair?

21 A Yes. I don't think she had received the block. We
22 finally had gotten the approval for the myelogram -
23 - - or we had gotten it approved, but I don't think
24 she'd had a nerve block at that point.

25 Q I think that's true.

Deposition of William Lehman, M.D.

1 A Yeah.

2 Q I think that's true.

3 A Yeah, okay. So I would - - - As it's still stated,
4 my recommendation would be to do the nerve block on
5 a trial basis.

6 Q All right.

7 A And if that didn't help, of course, other issues,
8 other approaches to treatment would be pain
9 management. I didn't feel that surgery would
10 necessarily be helpful.

11 Q I'm going to talk to you about that in a second.

12 A All right.

13 Q What I do want to ask you about is the epidural
14 steroid injection. That's different than a nerve
15 root block. Is that fair?

16 A Yes, but it's basically - - - It's - - - Instead of
17 coming from the side and specifically getting the
18 nerve root, they just put it directly in the back.
19 I guess it's just a more - - - It has a better
20 spread, so that especially if you have - - - Well,
21 and it's - - - It's easier to do, so it's - - -

22 Q It's what we call an ESI?

23 A Right, yeah.

24 Q It's more broader in effect than a selective nerve
25 root block. Is that fair?

Deposition of William Lehman, M.D.

1 A Yes, sir.

2 Q So at least as of this October visit, you were
3 saying, listen, I think the left leg is growing
4 more prominent. I'm suggesting a broader-based
5 injection, or you can consider doing the selective
6 block that you mentioned before. Is that a fair
7 characterization of your plan?

8 A Yes, sir.

9 Q All right. Now, then in the last paragraph on
10 that, you said, listen, she didn't respond to these
11 treatments. And I will trust that you're talking
12 about either the selective block or the ESI. What
13 you are considering is a spinal cord dorsal column
14 stimulator, and in that context, that might be
15 considered. All right. Talk to us a little bit
16 about that.

17 A Well, basically, I like to think of this as simply
18 a pacemaker type of apparatus that, instead of the
19 lead going into the heart, the lead goes in along
20 the spinal cord. It's just a reasonable treatment
21 approach. It's sort of down the line when you've
22 really failed with everything else, but a
23 reasonable type of treatment that seems to relieve
24 the pain, especially when it shoots down the leg.
25 It's often used in chronic pain management. You

Deposition of William Lehman, M.D.

1 always use a trial first to make sure it's going to
2 do some work. So they put in just a little
3 temporary deal first, but the - - - But that really
4 - - - I'm mentioning that, but really, that would
5 be - - - The decision about that would probably be
6 more from the pain management guy than it would be
7 from me.

8 Q Do you implant stimulators or the trials? Do you
9 do that?

10 A I don't do the trials. I've done the actual
11 implantation, but now, the pain guys do that. They
12 do it all, so - - -

13 Q All right.

14 A Yeah. So I really am not the guy who would be
15 doing it.

16 Q It's pretty premature in her case to be looking at
17 that, though, don't you agree?

18 A Yes. So that would be sort of down the road,
19 especially since she hadn't even had a - - - you
20 know, pain management of any sort, I guess, and no
21 nerve blocks.

22 Q Well, and I'm not trying to interrupt you or argue
23 with you, but she has had pain management to some
24 degree.

25 A Oh, sorry. She's had - - - She's seen Dr. Owens,

Deposition of William Lehman, M.D.

1 yeah. Yeah.

2 Q What she has not had, that you've recommended
3 specifically, is either the selective block or the
4 ESI?

5 A Right.

6 Q Is that fair?

7 A That's correct.

8 Q And again based on what you've told me, you said,
9 Clarke, that's a reasonable course of action based
10 on the subjective complaints presented by Ms.
11 Spencer -- --

12 A Yes, sir.

13 Q To see what was going on. Is that fair?

14 A Yes, sir.

15 Q And if those don't work, then it's time to
16 reevaluate it again. Is that fair?

17 A Yes, sir. Yes.

18 Q But it's premature to decide what to do after you
19 consider these, either one of these injections or
20 blocks. Is that fair?

21 A That's fair.

22 Q All right. Now, but it's your opinion today, Dr.
23 Lehman, as we sit here and talk, that it's your
24 opinion that the blocks will likely work in her
25 case. Is that your opinion?

Deposition of William Lehman, M.D.

1 A But that - - - that - - -

2 Mr. McCants - Let's go off the record for a
3 second.

4 Whereupon - A brief discussion was held off
5 the record which was not reported.

6 FURTHER EXAMINATION - (By Mr. McCants)

7 Q All right. We'll go back on the record after
8 you've cogitated, I guess.

9 A Okay. I've cogitated. Yes. At that point in time
10 or during the time of the - - - What I've read in
11 here is, that my hope is that most probably and to
12 a reasonable degree of medical certainty, the nerve
13 block will work or will be - - - at least relieve
14 some of the patient's pain.

15 Q All right.

16 A And potentially lessen the level of disability and
17 hopefully get her back to a more - - - back to
18 work.

19 Q All right. And again; and I don't mean to beat
20 this horse, but that's based on your acceptance of
21 the subjective complaints presented by Ms. Spencer
22 as opposed to diagnostic evidence of an
23 abnormality. Is that fair?

24 A Yes.

25 Q And let's jump ahead. I'll be careful here because

Deposition of William Lehman, M.D.

1 I've heard people characterize this in different
2 ways. Some people have told me that sticking a
3 needle in someone is a surgical procedure. I don't
4 know if you share that thought, but you made the
5 comment you don't think she's a surgical candidate.
6 Okay. Excluding the injections, the blocks, things
7 of that nature, do you foresee that Ms. Spencer is
8 a candidate for any type of invasive surgical
9 procedure to, as you call it, relieve the
10 irritation on that nerve at the L-5 or L-4 level
11 that you're picking up with regard to her
12 subjective complaints?

13 A My general impression is no.

14 Q All right, sir. If the block doesn't work or an
15 ESI doesn't work, and let's say you were looking at
16 a stimulator, do you think it would be unreasonable
17 to maybe look at a second opinion at that point to
18 determine whether or not a stimulator would be
19 appropriate? Not to offend you or anything, but -

20 - -
21 A Oh, no, no. Absolutely. As I said, I'm not really
22 the one who puts them in. I know they are
23 sometimes effective, but certainly, I think these -
24 - - When I was doing them, the studies showed that
25 even after successful implantation of the real

Deposition of William Lehman, M.D.

1 thing, still at three years, fifty percent were not
2 being used. So it's not really the total answer,
3 but it - - - You know, so you definitely want to do
4 a trial first. Then I always welcome second
5 opinions on these issues, especially in a difficult
6 situation like this.

7 Q Yes, sir. And I was going to ask you what your
8 thoughts were as to the success rate of the
9 stimulators, and what do you understand to be the
10 current thinking in terms of success rates of ones
11 that have been implanted following a trial?

12 A As I mentioned, it's been only moderately
13 successful in the past. I just threw out the, you
14 know, fifty percent in three years, but I think
15 they're improved now since they have multiple
16 sensors and electrodes. But still - - - Still,
17 it's not the - - - It's not a miracle cure, should
18 I say. It is an option in treatment sort of
19 towards the end of the road. It's a salvage
20 procedure, I guess you could say.

21 Q And that is a somewhat invasive procedure. Is that
22 correct?

23 A Yes.

24 Q That is the - - - Not the trial, but the implant of
25 a permanent stimulator?

Deposition of William Lehman, M.D.

1 A Yes, sir.

2 Q In other words, you're actually going into the back
3 and you're actually attaching electrodes, wires,
4 and whatnot to the actual nerves connecting to the
5 spinal cord. Is that correct?

6 A Yes.

7 Q And attendant with that are any number of risks
8 associated with that procedure. Is that correct?

9 A Yes, sir.

10 Q Paralysis being one?

11 A Yes.

12 Q Do you agree?

13 A Yes.

14 Q Have you heard of most unfortunate implantation
15 procedures where there's been some degree of
16 paralysis?

17 A Some degree, yes. I don't remember a - - -
18 reasonably anyway, total paralysis. But yes, there
19 can be some nerve damage, and of course, it often
20 requires a general anesthetic. So there are
21 inherent risks of that procedure as well.

22 Q All right. Thank you, Doctor. Then finally in
23 your last note, I think you've told us November
24 26th of 2012, she saw you. It was a follow up.
25 You indicate she's still depressed. I appreciate

Deposition of William Lehman, M.D.

1 any physician is charged with monitoring the
2 emotional state of their patients. You certainly
3 have been trained to recognize depression and the
4 emotional affect of your patients. Is that
5 correct?

6 A Yes. Certainly not as much as a psychologist or
7 psychiatrist, but - - -

8 Q But you can tell when somebody's depressed?

9 A Yes.

10 Q And in your opinion, she is depressed, or was at
11 the time she saw you in November of 2012. Is that
12 correct?

13 A Yes.

14 Q Was the depression, Doctor, more linked to her work
15 status, or was it linked to a combination of
16 things, or can you tell us?

17 A I really wouldn't be the - - - I really shouldn't
18 comment really. I - - - I can recognize
19 depression, but - - - It is probably
20 multifactorial, the fact that she was out of work,
21 but - - - the pain level and so forth, but I would
22 not be qualified to really comment on that.

23 Q Fair enough. You just don't have an opinion, one
24 way or the other, as to the cause of any depression
25 that you observed. Is that a true statement?

Deposition of William Lehman, M.D.

1 A Yes.

2 Q All right. Now, then you talk about your physical
3 findings. You indicate she still has mainly back
4 pain, but occasionally does have symptoms that
5 extend into the left calf. Now, I have to ask you
6 about that. Okay. The back pain is that old
7 standard discomfort right there in the lower back.
8 Is that correct?

9 A Yes.

10 Q And then you're talking about the leg pain. That's
11 the shooting pain or the radicular pain that you
12 refer to. Is that correct?

13 A Yes.

14 Q And that's the pain that is into the left calf that
15 gave rise to your thought, well, let's try a nerve
16 block or try an ESI. Is that correct?

17 A Yes.

18 Q All right. You used the term in this note of
19 November 26th of 2012 that she occasionally does
20 have symptoms that extend into the left calf. Now,
21 that tells me that - - - and by using the word
22 occasionally, that they come and go. That is,
23 they're intermittent. Is that your - - - Was that
24 your intention there?

25 A Yeah. That would imply that it is not a constant

Deposition of William Lehman, M.D.

1 symptom, but it does either wax and wane or is not
2 always - - - or constantly there in the left leg.

3 Q. So at least as of November 2012, she presented to
4 you with back pain and also occasional pain, which
5 extended into her left leg all the way down to her
6 calf. Is that correct?

7 A Yes.

8 Q Now, then let's get back to your recommendations.
9 You wrote, I had recommended a left L-5 selective
10 nerve root block versus a spinal cord stimulator;
11 but the referral has not been authorized as yet.

12 Now - - - And I don't mean to pick out words at
13 all. I don't see the ESI in this recommendation.
14 What I see here is, let's try the selective nerve
15 root block as opposed to a stimulator. All right.
16 Was that intentional on your part, or what was the
17 course? What were you planning at that point?

18 A No, I just think that an ESI, I think, would be
19 basically an equivalent thing. You're using the
20 same medication. You're just approaching the area
21 from a different - - - a slightly different
22 direction. But I do like the - - - I do prefer the
23 selective nerve root block because it's more
24 specific to the area where the abnormality shows up
25 on the myelogram.

Deposition of William Lehman, M.D.

1 Q Fair enough. So at least as of this visit,
2 November - - - the end of November of last year,
3 certainly within the realm of consideration was an
4 ESI or a selective block? Just the notion that you
5 think, we ought to go in there and anesthetize that
6 nerve to see how - - - if it produces a result?

7 A Yes, sir.

8 Q And again, your opinion at least at that point is,
9 that would likely provide her with some assistance.
10 Is that correct?

11 A Yes.

12 Q All right. Have you seen Dr. Dyer's note that
13 she's not a surgical candidate?

14 A Yes.

15 Q And again, you concur with that?

16 A Yes.

17 Q And within the concept of an invasive surgical
18 procedure?

19 A Yes.

20 Q You agree with that?

21 A Yes.

22 Q All right. And again, in November of 2012, you
23 mentioned the spinal cord stimulator, but is your
24 opinion at that point really the same as it was
25 before? That's really premature, and we'll

Deposition of William Lehman, M.D.

1 evaluate that at some point in the future after a
2 block of some type is done. Is that fair?

3 A Yes.

4 Q All right, sir. And again, talking about her work
5 status, at least as of November 26th of 2012, it
6 was your understanding that she was not working.
7 Is that correct?

8 A Yes.

9 Q Because you made the note, she's been out of work
10 since November of 2011. Of course, that would have
11 been about a year prior to this visit. Is that
12 correct?

13 A Yes.

14 Q But if you'd look at your Page 2 of the visit in
15 November of 2012, you recommended sit-down work
16 only. Is that correct?

17 A Yes.

18 Q And then you wanted to see her in six weeks which,
19 heck, I guess we're coming up on?

20 A Yes.

21 Q Is that right?

22 A Yes, I guess so. Or as needed, you know,
23 basically.

24 Q Okay. Your opinion as of November 26th, 2012 is
25 that Ms. Spencer is capable of performing what you

Deposition of William Lehman, M.D.

1 call sit-down work only, which sounds like work at
2 a sedentary level. Is that fair?

3 A Yes.

4 Q And is that your opinion within a reasonable degree
5 of medical certainty?

6 A Yes.

7 Q When you say sit-down work, I have to explore that
8 a little bit with you. Because it seems to me I
9 saw something in a previous note, sit-down work but
10 the ability to get up and down?

11 A Yes, sir.

12 Q You do want your patients moving to some degree,
13 don't you?

14 A Yes, sir.

15 Q In other words, an administrative desk type job,
16 something where she has the ability to move and
17 make herself comfortable. Is that fair?

18 A Yes, sir.

19 Q You don't want her lifting anything of any
20 significant weight?

21 A I wouldn't think so. Of course, some physical
22 therapy or a functional capacity evaluation would
23 be helpful to make a more specific recommendation
24 in that regard.

25 Q Okay.

Deposition of William Lehman, M.D.

1 A But basically sedentary work, yes.

2 Q All right. I may talk to you about the FEC in just
3 a second. I'm getting close to finishing. To
4 explore that work recommendation, an
5 administrative, sit-down, sedentary type position.
6 She certainly should be getting up and down with
7 regard to her work opportunities, just for general
8 mobility. Is that correct?

9 A Yes.

10 Q How about walking? Are you okay with her walking
11 about, for example, in a nursing facility or
12 residential care facility?

13 A Well, I guess it - - - I guess, you know, some - -
14 - Some walking certainly seems reasonable, would be
15 reasonable, but I guess again, you know, it's hard
16 to say. She's depressed. She's lost a tremendous
17 amount of weight. Although, I think it's
18 stabilized at this point. So the amount of
19 ambulation, I'd have to - - - I'd have to look at
20 that more carefully.

21 Q How about, as tolerated, at least for now? Are you
22 okay with that? In other words, if she can do it,
23 is it okay with you, or would you say don't do it?

24 A Oh, sure. I don't see any reason why she couldn't
25 do something within the - - - Well, as tolerated,

Deposition of William Lehman, M.D.

1 yes. That makes sense.

2 Q If some of her emotional issues - - - And I know
3 you say you don't have an opinion as to the cause.
4 But if some of her emotional issues have been
5 linked to this non-work status, is it your opinion
6 that maybe some degree of work, maybe even a
7 limited number of hours to start off with, is going
8 to assist her with improving her emotional state?

9 A It's - - - That has happened, yes.

10 Q I mean, is that an unreasonable thought?

11 A That's a - - - No, that is reasonable.

12 Q I mean, I've heard some people say that work is
13 sometimes the best physical and emotional therapy
14 you can find. Do you share that opinion?

15 A Sure. I think that that's often the reason why we
16 - - - Well, we're basically, in these such
17 situations, we're asked to provide restrictions and
18 not strictly out of work, just so that hopefully
19 they can get them back to at least something, but
20 they - - - people do recover quicker.

21 Q All right. An FCE, do you think it's appropriate
22 at this point to look at an FCE? And the reason I
23 - - - And I'm sorry. I didn't mean to throw you
24 multiple questions. In light of your opinion,
25 listen, I don't think she is an invasive surgical

Deposition of William Lehman, M.D.

1 candidate. We're looking at really a limited
2 number of options at this point, nerve blocks,
3 maybe a stimulator. If blocks don't work, we'll
4 deal with that. But in light of that, do you think
5 we're at the point where an FCE would be
6 appropriate?

7 A Well, usually, I reserve that for someone once
8 they've reached maximum medical improvement. At
9 least as of the last visit, I really was still
10 interested in getting at least a trial of the nerve
11 blocks. So in a sense, I guess I would say I would
12 wait until we've pretty much explored all treatment
13 options, and if they really have not been
14 effective, then an FCE makes sense.

15 Q All right. Fair enough, and I guess I should have
16 asked this question. At least from your
17 standpoint, from a medical standpoint, she really
18 hasn't reached that plateau, that MMI, with regard
19 to her treatment because you recommend some other
20 options. Is that correct?

21 A That's correct.

22 Q And specifically, the blocks that you've talked
23 about. But you don't agree - - - You don't
24 disagree that we're approaching that point, do you?
25 We're going to know pretty quickly if the blocks

Deposition of William Lehman, M.D.

1 are approved or an ESI is approved, whatever you
2 do. That's going to answer a lot of questions in
3 your mind, don't you think?

4 A Yes, sir. Yes, sir.

5 Q All right. Okay.

6 A Really, other than a trial of the nerve block and
7 the - - - of course, the continued pain management
8 of medications, so forth, maybe some physical
9 therapy, there really isn't much else to offer.
10 So, yeah, I think we're getting towards the end of
11 the road here.

12 Q Fair enough. I'm not asking you to pull out your
13 crystal ball. I'm just going to ask you most
14 probably, more likely than not, but in - - - And
15 you've been doing this how long?

16 A Oh, a good twenty-five or more years, I guess.

17 Q All right. You've seen a lot of patients coming
18 through, certainly patients in Ms. Spencer's
19 condition. Is that correct?

20 A Yes.

21 Q Look ahead a little bit. The block works. That's
22 the source of the problem, that nerve root. That
23 relieves the pain. You say, all right, we've got
24 to follow that for a period of time, but I do think
25 she's reached a level of MMI. You got any opinion

Deposition of William Lehman, M.D.

1 whatsoever as to the degree of permanent physical
2 impairment Ms. Spencer has sustained?

3 A I guess I'd have to look at that, but I do believe
4 most probably that there is some impairment but it
5 - - - Assuming a response to the nerve block, there
6 will still be the back pain and the depression. So
7 there will be at least some element of permanent
8 impairment.

9 Q Yeah. If you get rid of the pain, get back to
10 work, it's likely that depression is going to start
11 to attenuate, don't you agree?

12 A I think that will get better, yes.

13 Q All right, sir. So in that regard, we are
14 premature in determining MMI, impairment, things of
15 that nature. We've got to wait and see. But I'm
16 just wondering whether or not you've got any
17 thoughts with regard to impairment.

18 A (No response)

19 Q And whether you're saying that's premature?

20 A Well, I - - - I could - - - Like you said, I could
21 crystal ball it a little bit and, I guess, base an
22 impairment generally. - - - Well, I'm really not
23 qualified to provide an impairment rating for the
24 depression. I don't even know if that will
25 continue. Assuming the leg pain is gone, there's

Deposition of William Lehman, M.D.

1 still going to be back pain and - - - Well, the AMA
2 Guides, you know, provide five to eight percent
3 whole person based on this kind of situation.

4 Q All right. Well, I appreciate your answer then,
5 and I will put an asterisk beside it saying, we've
6 got to look at certain things. But if the block
7 works and you're not going to give an opinion as to
8 the depression issue, but based on your experience,
9 you're looking at five to eight percent permanent
10 physical impairment from a whole percent
11 standpoint, but related to the spine. Is that
12 fair?

13 A Yes, sir.

14 Q Okay. I hate to jump back and forth. Are you okay
15 with Ms. Spencer working in a receptionist type
16 position at the present time? There's not a bunch
17 of lifting, working at a desk, doing paperwork,
18 having the opportunity to get up and down. Are you
19 okay with that?

20 A I think that would be a reasonable approach, yes,
21 something at least to - - - on a trial basis to see
22 if she could go back to that kind of work.

23 Q You certainly wouldn't tell her not to do it?

24 A That's correct.

25 Q And, in fact, in many ways, you might even

Deposition of William Lehman, M.D.

1 recommend it. Is that fair? Or at least a trial
2 basis to see how it works out?

3 A Yes.

4 Mr. McCants - Okay. That's all I've got.

5 Thank you for your answers this evening,
6 Doctor. I appreciate your time.

7 Mr. Creech - I have a few small things.

8 EXAMINATION - (By Mr. Creech)

9 Q This work accident decrement has been admitted and
10 provided by the carrier, but Mr. McCants has asked
11 you kind of about what the diagnostics showed. I
12 think we've talked about the facet arthritis or the
13 stenosis in her back. If she was asymptomatic and
14 really didn't have any back problems before this
15 work accident, and then she testified that she felt
16 a pop in her back when pushing this cart and all of
17 her back pain started after that, is it probable
18 and most likely within a reasonable degree of
19 medical certainty that the work accident aggravated
20 those degenerative conditions, causing her back
21 pain and radicular symptoms?

22 A Yes.

23 Q Okay. And I think you've been crystal clear about
24 it, but at this point as we sit here today, you
25 believe Ms. Spencer needs to have a nerve root

Deposition of William Lehman, M.D.

1 block?

2 A Yes. She still has radicular symptoms in her leg,
3 and that seems consistent with, well, the CT
4 myelogram and the MRIs. That seems to be the
5 source of the predominant share of her symptoms, so
6 yes.

7 Q Okay. And so she's not at MMI yet, as we sit here
8 today?

9 A That's correct.

10 Q We talked about her depression, and I certainly
11 understand you're not a psychiatrist. But as you
12 stated a few minutes ago, since her work accident,
13 Ms. Spencer has lost a considerable amount of
14 weight. I think maybe around thirty pounds maybe
15 in the last year. She had no depression symptoms
16 before her work injury. Do you think it's likely
17 that her chronic pain has at least contributed to
18 her depression, if not directly caused it?

19 A Yes.

20 Q Do you believe that it would benefit her to at
21 least be evaluated by some type of psychiatric
22 professional who could hopefully treat her
23 depression and get it under control?

24 A Yes.

25 Q Okay. We talked a little bit about functional

Deposition of William Lehman, M.D.

1 capacity evaluations. Do you normally prefer Eric
2 Schmidt on somebody over at Catawba Rehab perform
3 those, or do you have a preference on who does
4 them?

5 A They do a good job. Select Physical Therapy here
6 in town does a good job. HealthSouth, they also do
7 them. So in general, yes, I think Catawba is a
8 reasonable place to have that done.

9 Q Okay. And just so we are clear, right now, is it
10 your opinion that sedentary work is appropriate
11 with kind of standing and walking as tolerated?

12 A Yeah. I think Mr. McCants' statement that, you
13 know, as tolerated with - - - you know, at least on
14 a trial basis to see what she can tolerate. That
15 makes very good sense.

16 Mr. Creech - Okay.. No further questions.

17 Mr. McCants - No further questions. Thank
18 you, Doctor. It was a pleasure to meet you.

19 Mr. Creech - Thank you.

20 A Thank you.

Deposition of William Lehman, M.D.

1 Whereupon - Deposition was concluded at
2 7:36 p.m.

Signing of Transcript Kelly Reiter
Court Reporter/Notary Public
of Deposition By

Witness Waived

(Recorded deposition tapes retained for fifteen days
from date of certification or until transcript has been
signed in cases when signature is not waived)

Deposition of William Lehman, M.D.

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

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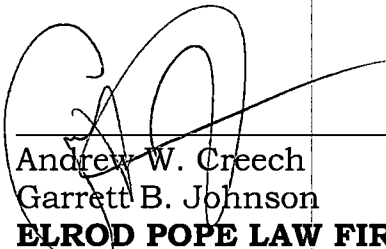
MAR 17 2016

SC Court of Appeals
Appellant,

Lettie Spencer,.....
v.
NHC Parklane,.....Respondents.

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Andrew W. Creech
Garrett B. Johnson
ELROD POPE LAW FIRM
212 East Black Street
PO Drawer 11091
Rock Hill, SC 29731
(803) 324-7574
ATTORNEYS FOR APPELLANT

February 29, 2016

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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS COMPENSATION COMMISSION
APPELLATE PANEL

Case No. 2015-002112

Lettie Spencer, Employee,..... Claimant/Appellant,

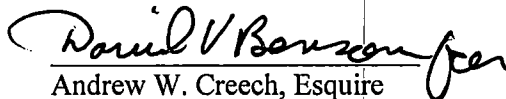
v.

NHC Parklane and
Premier Group Insurance Co. Inc., Appellants..... Defendants/Respondents

CERTIFICATE OF SERVICE

I certify that I have served the **RECORD ON APPEAL** upon the attorneys of record for NHC Parklane and Premier Group Insurance Co. Inc., Clarke W. McCants III and Amy P. Shubert, Esquire by depositing a copy of it in the United States Mail, postage pre-paid, on February 29, 2016:

Clarke W. McCants III, Esquire
Amy Patterson Shumpert, Esquire
Nance, McCants, and Massey
PO Box 2881
Aiken, SC 29802
ATTORNEY FOR RESPONDENT



Andrew W. Creech, Esquire
Garrett B. Johnson, Esquire
Elrod Pope Law Firm
Attorneys at Law
212 E. Black Street
PO Box 11091
Rock Hill, SC 29732
(803) 324-7574
Attorney for Appellant

February 29, 2016



ELROD·POPE
— LAW FIRM —

COPY

February 29, 2016

Thomas E. Pope

Jack G. Leader

David Vance Benson
Circuit Court Mediator

Harold C. Staley, Jr.
Licensed in SC & NC

Andrew W. Creech

Garrett B. Johnson

Ben P. Leader
Licensed in SC & NC

Luther C. Elrod, III
Founding Member 1980-2013

The Honorable Jenny Abbott Kitchings
Clerk of Court
South Carolina Court of Appeals
1220 Senate Street
Columbia, SC 29201

RE: Lettie Spencer vs.
NHC Parklane, Inc.
WCC File No. 1120778
Appellate Case No. 2015-002112

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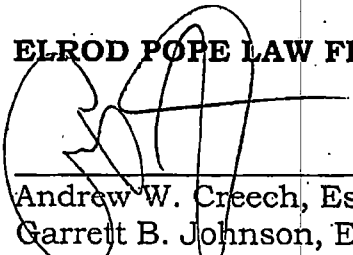
SC Court of Appeals

Dear Ms. Kitchings:

I enclose herewith the Record on Appeal Certificate of Service.

Very truly yours,

ELROD POPE LAW FIRM



Andrew W. Creech, Esquire
Garrett B. Johnson, Esquire
212 East Black Street
PO Drawer 11091
Rock Hill, SC 29731
(803) 324-7574
ATTORNEYS FOR APPELLANT

AWC/csb
Enclosure

cc: Clarke W. McCants, III
Amy Patterson Shumpert, Esquire

Helping Injured People



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SC Court of Appeals

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March 16, 2016

The Honorable Jenny Abbott Kitchings
Clerk of Court
South Carolina Court of Appeals
1220 Senate Street
Columbia, SC 29201

Re: Lettie Spencer vs.
NHC Parklane, Inc.
WCC File No. 1120778
Appellate Case No. 2015-002112

Dear Ms. Kitchings:

Enclosed for filing, please find the original and fifteen (15) copies of the Record on Appeal in the above-referenced matter and copy of the Certificate of Service (2 boxes). The original Certificate of Service was mailed to you when we served the Respondents on February 29, 2016. Please return one clocked copy of the Record on Appeal to our courier.

Yours very truly,

ELROD POPE LAW FIRM

By: Andrew W. Creech
Andrew W. Creech

AWC/csb
Enclosures

cc.: Clarke W. McCants III &
Amy Patterson Shumpert, Esquire
Ms. Lettie L. Spencer

Helping Injured People