ORIGINAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION
Susan S. Barden, Commissioner
T. Scott Beck, Commissioner
Gene McCaskill, Commissioner

RECEIVED
JUN 30 2017
SC Court of Appeals

WCC File No. 1310882
Appellate Case No. 2016-002296

Tyrone Lawrence, Employee/Claimant, Respondent,

v.

Advanced Glassfiber Yarns, Inc., Employer, and Great American Alliance Insurance Co., Carrier, Appellants.

RECORD ON APPEAL
Volume II

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June 15, 2017

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South Carolina Workers' Compensation Commission
WCC File # 1310882

Tyrone Lawrence, Employee, Claimant, vs. AGY Holding Corporation, Employer, Great American Alliance Insurance Company, Carrier, Defendants.	Deposition of **Steven C. Poletti, MD**

Deposition of Steven C. Poletti, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 3:40 p.m., Wednesday, November 18, 2015, at Southeastern Spine Institute, 1106 Chuck Dawley Boulevard, Suite 200, Mount Pleasant, South Carolina.

COPY

Reported by
Janni S. Gaskins

Appearances

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Exhibits

Marked as Defendant's Exhibit Number 1; Deposition of Steven C. Poletti, MD; copy of Southeastern Spine Institute records; two pages. 3

Marked as Defendant's Exhibit Number 2; Deposition of Steven C. Poletti, MD; copy of Southeastern Spine Institute records; seven pages. 35

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

(Prior to going on the record, the following exhibit was marked.)

Marked as Defendant's Exhibit Number 1; Deposition of Steven C. Poletti, MD; copy of Southeastern Spine Institute records; two pages.

Whereupon,

Steven D. Poletti, MD, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: Please state your name for the record.

The Deponent: Steven Charles Poletti.

Mr. Huff: Prior to going on the record, there was a discussion with Dr. Poletti and with the attorneys, and the reading and signing has been waived by consent of the parties. I've also had marked as an exhibit to the deposition -- and it's Number 1 -- it is the -- I believe it is your report of

5/20/2015, Dr. Poletti. Do you have any problem with that?

Mr. Smith: No.

Mr. Huff: All right. So, we've got that as an exhibit.

Examination

By Mr. Huff:

Q And, Dr. Poletti, I've taken your deposition before, and I know you probably have done dozens and dozens of depositions. Is that correct?

A I have.

Q And you're familiar with the procedure. I'll ask questions, you'll answer, and then Mr. Smith gets to ask questions, and I may do some follow-up. Okay?

A I understand.

Q All right. Thank you, Doctor.

Mr. Huff: And are we going to stipulate to his qualifications --

Mr. Smith: Yes.

Mr. Huff: -- in the field of orthopedic surgery? Okay.

Q And your specialty is in back surgery, Dr. Poletti?

A That's correct. In adult spine surgery.

Q Okay. So, we're going to stipulate to you as an

expert witness. Now, Dr. Poletti, from what I've been able to determine, I think you have one encounter date with Tyrone Lawrence, and that would have been on May 20th of 2015. Is that correct?

A Yes.

Q All right. And you issued a report based upon that one encounter; is that correct?

A That's correct.

Q And how did you come about seeing Mr. Lawrence? Was he referred to you by Mr. Smith, or how did he come about being here?

A He said that he was -- He said that he was referred here on his questionnaire by a Dr. Smith, but my note said he was self-referred.

Q Okay. Would -- Your notes that you would have, is there some type of intake sheet that he filled out?

A Yes.

Mr. Huff: Bill, do you have any objection to making that as Exhibit 2?

Mr. Smith: No.

Q All right. Before we leave today, Doctor, can we get a copy of that intake sheet?

A Yes.

Q Thank you very much. I may have it. Let me look.

Mr. Smith: I think it was submitted in

my APA package.

Mr. Huff: Okay. Okay.

Mr. Smith: So, I think it's already in evidence.

Mr. Huff: All right. Thank you very much, Bill. That's no problem. If I -- If I don't have it, we can get it later. That's fine.

Q Okay. Dr. Poletti, when you -- when you saw Mr. Lawrence, do you know or do your notes indicate approximately how long of a time you actually got to spend with him face-to-face?

A No. But I would say my estimate would be 30 minutes.

Q All right. Now, I noticed you issued a report that's dated 5/20/2015. Do you normally do that while you're in the room, or do you do that subsequent to when the appointment is over with?

A Usually the first part is done right there, and the treatment plan I dictate after his -- after I walk out of the room.

Q All right. Can you tell me, when you saw him on May 20th of 2015, what was his chief complaint?

A Neck pain; left arm pain; and left hand numbness.

Q In the course of you seeing him, did you have a

chance to do a question-and-answering session so you could find out the history of his illness, or did he write down the history of the illness on that intake sheet?

A He wrote down the history on the intake sheet, and then just part of it also is question and answer.

Q All right. Can he -- Can you tell me what he said to you when y'all met face to face, on the intake, you know, questioning and talking with him and learning about what happened and what symptoms he had? What did he tell you?

A He said that he had weakness in his left hand, numbness in his left hand. He said that in 2013, he was injured in a work accident. He was working as a furnace operator and was working, and apparently a ceiling fan fell. There was something from the ceiling. I don't know if it's a ceiling fell or -- a ceiling fell. I said a ceiling fan. A ceiling fell onto his head and onto his shoulders.

Q When he -- Did he give you any other description other than the ceiling fell?

A No.

Q All right. Did he mention to you what type of ceiling? I know some -- You have either a regular

hard ceiling, you have ceiling tiles like we've got in this deposition room. Did he give you any indication when he -- what the ceiling was made of?

A No.

Q Did he tell you how high up the ceiling was from him?

A No.

Q Did he tell you how much of the ceiling fell, like one square foot, two square feet, a block of 3x3 or anything like that?

A Well, again, if he did, I didn't write it down.

Q Okay. All right. And as a result of the ceiling that -- you said falling, that's what made him complain of neck pain, left arm pain, and hand numbness, correct?

A That's correct.

Q And he said he suffered this in 2013. Did he give you a -- when in 2013, like what month or season it could have been, like spring, summer, fall, or July or September or anything like that?

A I -- I did not write that down.

Q Would you have any way, then, of knowing, when you saw him on May 20th of 2015, how long ago the accident actually occurred?

A I wouldn't know exactly, no.

Q Okay.
A And, again, I just emphasize that I saw this fellow through his own private recommendation and -- and didn't go through many accident-related details as I might if this was part of some sort of formal work evaluation or independent medical evaluation.
Q Yes, sir. Did he tell you -- After he had this accident where your note says, "While he was working, he states a ceiling fell onto his head and shoulders," did he tell you how soon after that occurred he started having symptoms and did you write it down?
A Well, I did not write it down. I just wrote, "After this incident, he began having the neck pain."
Q All right. So, what would that mean to you, within a week, a month, or what would it mean, if anything?
A I -- I don't know.
Q Don't know. In your profession as a doctor where a person has had an accidental injury and had symptoms, is it more likely that the symptoms are related to the accident, meaning -- when it's closer in proximity to the time of the event, or is it more likely related when it's years or a year

and a half or two years later?
A No. It would be more likely if the -- closer or more proximately related to the event it is.
Q All right. I do notice that you say that he qualifies his pain level to be ten out of ten. Could you explain to me what a ten out of ten would mean, and is that common or uncommon?
A I would say that it's uncommon. It would be pain was as bad as it could be. We ask the patient to circle the number that best describes to his usual level of pain, with zero being no pain and ten being pain as bad as it could be, and he circled a ten. Although, to be fair, the nurse that saw him asked him what his pain scale was on a scale of one to ten, and he told her seven, so --
Q All right.
A So, anyway, I would say anywhere from seven to ten.
Q How would you characterize a pain level of seven out of ten? Is that significant or --
A Yes.
Q All right. Did he give you any indication whether or not he had any of these symptoms before the accident or whether they all occurred after the date of accident?
A He stated that he had -- After the accident, he

was followed by Dr. Carter and Dr. Daniel, who are spine specialists in Aiken, --

Q Yes, sir.

A -- and had injection therapy, which provided him some temporary relief. He went through some physical therapy and then stated that the pain had been getting significantly worse over the past three months and was now constant to where he felt weakness in his left hand.

Q Did he give you any indication of how this limited him from, say, doing pushing or pulling or lifting or physical activity?

A No.

Q Did you ask him any question like that?

A No.

Q As a result of you seeing him, do you -- do you know whether or not you ordered or if he brought in to you any type of a test such as an MRI, a CT scan or anything like that?

A Yes. He brought in an MRI scan with him when I -- when I saw him.

Q All right. Can you tell me, what was the date on the MRI scan?

A It was May 7th of 2015.

Q So, he had an MRI that was dated about five days

before you seeing him, in other words?
A I would say it would be --
Q Excuse me.
A -- 13 days before I saw him.
Q All right. And you said his -- That's right. It was on the 3rd -- on the 5th, you said, sir?
A I saw him on the 20th --
Q On 5/7.
A -- and he had the scan on the 7th. Yes.
Q All right. So, about two weeks, then, roughly?
A Correct.
Q All right. Did you have an opportunity to physically review that scan?
A Yes.
Q Can you tell me what that scan revealed to you, Doctor, when you reviewed it?
A It showed that he had an extremely large disc herniation between the fifth and sixth vertebra in his neck.
Q Is that the -- So, C5-6?
A Correct.
Q Can -- The MRI that you reviewed, can it tell you how long that herniation had been there or just that he had a herniation?
A It can only tell you that he has a herniation.

Q Based upon the fact that it has -- it tells you there's a herniation but not the date of the herniation being there, how do you relate the herniation to this incident that he said occurred on the job in 2013?

A Well, Mr. Lawrence had had previous MRI scans, which I, again, in my note said I didn't have, but he had been followed by Dr. Carter and Dr. Daniel, and they were treating him for symptoms of a herniated disc after his accident and, it's my understanding, began having pain into his neck and left arm after his accident. And, so, based on that history to me, I related the onset of his neck problem to the accident.

Q Absent any other MRI studies showing differently, then you would relate it back because of the symptom complaints?

A Well, again, I would be curious to see what his previous MRI scans showed, but clearly the MRI scans must have shown some definitive abnormality consistent with disc herniations if he was followed by Dr. Carter and Dr. Daniel and they were doing injections on his neck.

Q Can you do injections because of spasms? Without having a disc itself, would some form of treatment

be done by injections for that type of an injury?
A It could, but injections for spasms most likely wouldn't be an epidural injection. And -- And, so, the injections that were done to him by Dr. Daniel at the request of Dr. Carter were most likely to treat signs of a disc herniation.
Q Do you have any record that was presented to you to review to determine what type of injections he was getting?
A No.
Q So, do you have any medical record that you could have reviewed that would show that this was the type of injection that you were talking about?
A No. But I know Dr. Daniel pretty well.
Q Yes, sir.
A And I know that he is an anesthesiologist that primarily does epidural injections for this type of problem. So, there is some assumption on my part there, but, again, most likely I feel that he had epidural injections by Dr. Daniel.
Q Okay. And you're relating the problems that you treated him for because he had this herniation in his neck area that you mentioned to me earlier, the -- You said 5-6 level. Is that what you said? Yeah, 5-6 level.

A That's correct. He has, obviously, a large and significant disc herniation at C5-6 in his neck.
Q And it doesn't tell you how long it's been there but that it's there?
A That's correct.
Q Okay. What if he had an MRI post accident but before you saw him that showed that there was no herniated disc? What would that mean to you, if anything?
A Well, I mean, again, I would have to review the scan. I would say that if he had an MRI scan after the accident which was completely normal and an MRI scan two years later which showed a full-blown disc herniation, then it would be less likely that the disc herniated as a consequence of his accident. What I believe is -- is more likely, although I can certainly not say at 100 percent for sure, is that he sustained some measure of a disc injury, a protruding disc, which required the injections by Dr. Carter and Dr. Daniel. These gave him temporary relief, but in the course of going through his non-operative care, the disc herniated completely, causing the nerve deficit and his need for surgery.
Q If he was having pain and it was due to a

herniation of the neck, would that be because there's something pressing on the nerve or the cord that would cause the pain that you're talking about?

A Yes. He has a large disc herniation on his MRI scan report. I suppose that the report speaks for itself, but the language of the radiologist are words like large and specific descriptions causing compression that's so significant that the radiologist is actually wondering if it could be some type of a nerve tumor. Now, it's not a nerve tumor. It's a disc rupture, but -- but it's just a dramatically large ruptured disc.

Q I'm looking at the 5/7/15 MRI that I think you reviewed, and it says this may represent an inter-- -- intradural disc herniation. What does that mean?

A An intradural disc herniation would be that the disc herniation ruptures into the spinal fluid so that the spinal canal has a tube or a dural tube which has spinal fluid around it. Rarely there are described discs that are ruptured so badly that they push all the way into the spinal canal. I'm not 100 percent positive but 99 percent positive that he does not have an intradural disc

herniation.

Q But this is a rather significant disc that you saw?

A Yes. This is, you know, again, just a plain, old-fashioned large ruptured disc.

Q At this time, have you assigned any type of a permanent impairment based upon your treatment of him and to performing this surgery?

A No. I have not performed surgery on him.

Q I'm sorry. So, you haven't given an impairment, have you?

A That's correct.

Q I'm so sorry. I made a mistake there. Thank you for correcting me. All right. Based upon your seeing him back in May of 2015 and he having this large disc, would you -- would you have placed any type of limitations on him regarding lifting?

A Yes.

Q What would be your limitation on lifting?

A Well, based on my evaluation with him, I would have recommended that he stay out of work until he has the surgery.

Q All right. What would be the maximum weight that you would say that he should lift or should avoid lifting?

A After the surgery? If it was after the surgery,

probably 30 pounds.
Q What about when you saw him? What type of limitation would you have put him on, a lifting limitation?
A Five to ten pounds.
Q I noticed he's 5 foot 11, 292 pounds. Would you consider him to be morbidly obese?
A Yes.
Q What play, if any, does his weight have on -- on his disc?
A None in his cervical spine.
Q All right. Could his weight have caused the disc herniation?
A No.
Q All right.
A Well, I mean, again, I would say anything is possible, but most likely no.
Q Okay. And the herniated disc is in the neck. Does it affect any other part of the body, like the legs or the low back or anything to that effect?
A Well, I didn't feel that it was when I saw him, but a large disc herniation pressing against the spinal cord can cause spinal cord contusion and weakness in the legs if left untreated, and that was the reason that I felt that he should have the surgery

when I saw him.

Q Could that affect the legs even though it's a cervical disc?

A Yes. That's a condition called cervical myelopathy. So, if the disc presses into the spinal cord, it can cause spinal cord bruising or some measure of quadriparesis, which would be weakness and an effect on the legs.

Q I noticed when you did the physical examination, you said negative Hoffman. What does the Hoffman test show you?

A A Hoffman test is a test that would test for potential signs of spinal cord bruising, as we were talking about. So, it was my feeling that at the time I examined him, Mr. Lawrence didn't have damage to his spinal cord, just damage to the nerve shooting down his left arm. It's my feeling that he could develop damage to his spinal cord if the large disc herniation remains against his spinal cord.

Q I noticed you said that he has subjective -- is it dysthesias?

A Dysthesia, numbness.

Q So, that's numbness in the left hand?

A Correct.

Q Okay. You also make mention of the cranial nerves II through XII are grossly intact. What does that mean?

A Cranial nerves are nerves that are -- tests that are functions of brain function or cranial nerve function. It's just basically an indication that we don't think that he's had a stroke, we don't think he has signs of a brain tumor, that the problems that he has are below his head and in his spinal cord.

Q I noticed on page 2 you say you don't have his -- his old MRI. So, you have the one MRI that was performed but not one that may have been performed a few years earlier?

A That's correct.

Q Okay. Let me double-check that and see if I got this right. Did you ever have an opportunity to review at all or read a record or report of anything regarding an MRI that may have been done in 2013, after the accident?

A I did not.

Q Okay. And dealing -- You found that he had a herniated disc at C6-7?

A I said that he had some left paracentral disc bulging at the C6-7 level.

Q All right. And I know that being a nerve is like an electrical cord. What part of the body -- If that nerve is touched or pressed, what -- where would the symptoms be in the arm or neck area?
A Into the left arm, into the thumb, index and long finger of the left arm.
Q All right. Would it be the top of the arm, the bottom, inside or outside, or how would it be, or would it be all of the arm would be hit?
A Well, I would say that it would be the -- what people call the radial aspect of the arm or the portion of the arm that's on the side of the thumb and index finger.
Q And regardless of whether or not this herniated disc was caused by the accident or not, -- it could be it just developed -- it is still your opinion that he is in need of surgery?
A Yes. As I said in my note, my recommendation is for surgery, and I think it would be essentially a universal consensus among spine surgeons that this man requires surgery.
Q Okay. After this accident that happened, -- and I think, like we discussed earlier, this occurred August of 2013 -- are you aware that he's had any other type of injuries after August of 2013?

A I'm not.
Q Are you aware of him sustaining any type of fall, where he may have fallen and landed on both knees or landed on his back or anything like that?
A I'm not aware of that.
Q All right. Would that be something you want to know, if you had a man of this height and weight, if he had a fall where he actually lost his balance and fell on both -- and landed on both knees? Would that be important to you to know?
A Well, again, I think that if Mr. Lawrence had a significant trauma and noticed a worsening after that, then it would be something that would be worth knowing. That's for sure.
Q Okay. And you saw him in May of 2015?
A That's correct.
Q Did he ever give you any indication that he did in fact have a fall like I just described to you in 2015, before you saw him?
A No.
Q Would that be something that you would want to know?
A Well, again, if -- if there was some question about it or if it actually did happen, I think it would be helpful to know. That's for sure.

Q On that intake questionnaire that he did, do you ask him any questions of all of the type of accidents he may have had? Did he have an opportunity on that sheet to indicate that he had such an accident?
A Yes, he did.
Q Did he mention it to you?
A No.
Q So, the question was asked, and he didn't give an answer that he did. Is that a fair statement? Not why he didn't do it, but he didn't give you that answer, did he?
A Well, he -- he didn't mention anything about a fall that occurred after the time of his 2013 injury.
Q With the type of injury that you saw him with, what about being immobile by sitting for a long period of time? Would that be counterproductive to him or would that have any affect on him?
A No.
Q Did he indicate to you whether or not he took -- he took any trips anywhere?
A No.
Q Did he indicate to you whether or not he attended any sporting events as a spectator?
A No.

Q Did he indicate to you about the maximum weight, on that questionnaire, that he may have lifted in the recent past?
A He did not.
Q Okay. And would it be a true statement at this time, since he has not had the surgery you recommended, it would not be a proper time to give an impairment rating?
A Well, again, first, I don't know if he's had the surgery or not, but I wouldn't think it would be appropriate to give him an impairment rating until after he's had the surgery.
Q A matter of fact, I am looking at my notes. He has in fact had the surgery. I think Dr. Carter may have done it, Ty Carter, back in June of 2015.
A Yes. I may have -- I text back and forth with Dr. Carter more than a little bit about --
Q Yes, sir.
A -- various patients, and I may have gave him a heads-up that this guy was coming back his way and needed to have surgery. I don't know that, but it wouldn't surprise me if I did that.
Q Okay. And I'm almost through, about another two minutes. So, it would be a true statement you have seen him one time and he has not been back to see

you again?
A That's correct.
Q All right. And your opinion regarding the disc bulge that you relate to, and it's talking about the disc bulge that was revealed in the MRI that was performed, I believe -- let's see here -- in May of 2015, you're not aware of any other disc bulge or MRI before that date?
A I'm not. I want to just amend that to, again, he didn't have a disc bulge. He had a disc herniation.
Q What's the difference? If you could, please explain that to me.
A Well, the center of the disc is the soft part of the disc called the nucleus. It's the softer cartilage.
Q Yes.
A It's held in place by the firm outer portion of the disc called the annulus. A bulging disc is where the lining of the disc or the annulus tears and the disc pushes against it but doesn't go all the way through. An extruded disc herniation, or a disc herniation such as Mr. Lawrence has, is where a portion of the cartilage breaks through the disc completely and lodges outside the confines of the

lining of the disc.

Q And that's what you found?

A That's correct.

Q And whatever caused that had to be something of a significant nature to cause the disc to do that?

A Most likely.

Mr. Huff: All right. Doctor, I have no further questions. I want to thank you for your time. Mr. Smith will have some, and I may have a few more, but maybe not. Thank you very much, Dr. Poletti.

The Deponent: Thank you.

Examination

By Mr. Smith:

Q Dr. Poletti, I'm Bill Smith. I represent Tyrone Lawrence in this workers' compensation claim. And I know -- I send folks down here to you guys from time to time for evaluations, and you probably know that. But unlike -- In this situation, Mr. Lawrence did not -- was not seen as part of an independent medical evaluation; is that correct?

A That's correct.

Q And, as a result of that, you did not receive a set of medical records and that sort of thing when you evaluated him?

A That's correct.
Q Okay. So, I assume what happened is Mr. Lawrence came in with just the information he filled out for you and had an MRI disc. Is that correct?
A That's pretty much it, yes.
Q Okay. And -- And gave you a history of medical treatment he had been through; --
A That's correct.
Q -- is that right? I promise not to take long, but I want to -- I want to walk you through just a little bit of the medical evidence in this case. This is -- And I'm referring to page 115 of my APA package, but this is the accident report that was filled out at his employer on the date of the injury, back on August 13 -- August 14, 2013, and it indicates that a -- that he was hit by a falling light fixture from the ceiling, hit back and head and back of neck. Was that just a little bit different than what you understood was what happened to him?
A Yes.
Q Okay. And I actually think there was some of the tile that came down, as well. He was seen that day -- or -- excuse me -- on the follow -- no, that day -- excuse me -- in the nurse's office there. And

this is page 119 of my APA, and I'll show you this.

Mr. Smith: And, Ros, I've got a copy of it for you.

Mr. Huff: I have no objection. Just go ahead.

Mr. Smith: Okay.

Mr. Huff: You're a -- You're a straight-shooter.

Mr. Smith: All right.

Mr. Huff: Do you want to sit on that side so you can --

Mr. Smith: Yeah, if you don't mind if I don't --

Mr. Huff: I don't mind. That way you don't have to keep walking around.

Q Dr. Poletti, he was -- he was seen on that day, indicating the lower part of my neck -- this is the nurse's note -- and points to the C6-7 area, and he complained of burning pain. Is that consistent with what you would have seen when you saw him?

A Yes.

Q Okay. He's then seen four days later in the nurse's office complaining of arm numbness. Now, it doesn't mention what -- which arm, as far as I can tell, but he's complaining of arm numbness at

that time, on August 19, 2013. Is that consistent with radiculopathy?

A Yes.

Q On the same day, he is seen --

Mr. Smith: And I'm referring now to page 55 on my APA package.

Mr. Huff: All right.

Q He's seen at Doctors Care and diagnosed with both lumbar radiculopathy and cervical radiculopathy. I know you didn't evaluate his low back. Correct?

A That's correct.

Q Okay. Is that diagnosis at that time, five days after -- excuse me -- four days after his injury, is that consistent with what you saw?

A Yes.

Q Okay. He is seen -- He gets under the care of Dr. Carter, and in December of 2013 -- This would be four months, and I didn't bring it all -- I don't -- I'm not noting all of Dr. Carter's notes. Page 334 of the APA package, pain in his neck going down bilateral shoulders with numbness in his hands. Is that consistent with what you saw a year and a half later?

A Yes.

Q Okay. The -- The MRI scan that was done back in

December of 2013, as I saw it, -- and I don't have the film and I can't -- so I can't show you the film, but it did not show a frank or a large herniation of a disc. I want you to assume that here.

A Yeah.

Q But he is seen on December 20, 2013, again, about four months post injury. This is by Dr. Carter, complaining of numbness and tingling in his hands, might benefit from EMG nerve conduction study, but he wants to try an epidural injection. Now, I don't believe the EMG was ever done, but you were commenting earlier. Does that confirm that the injections that he went through were in fact epidural injections?

A Yes.

Q Okay. Mr. Lawrence was deposed in December of 2014, -- this would be December 6, 2014 -- and he was asked, "What effect does this have on your ability to work?" He says, "It affects -- The numbness will make me drop things from time to time." The question is, "That's on the right arm?" His answer is, "That's on the -- That's on both arms." "Both arms. And you drop things?" "Correct." "Do you have this numbness every day?"

And his answer was, "Yes." On page 21, he's questioned about his left arm. "Tell me about your left arm." He said, "Well, I have pain that shoots through my shoulder through my hand." And this is on page 35. "You are basically telling me today, because of this injury where the ceiling and the light fixture came down and hit you on the head and shoulder/neck area, that you're having injuries -- or complaints in your neck, your shoulders, down your arms to your fingers on both right and left side. Is that correct?" And he said, "Yes, sir." So, this was in January of 2014. This would be five months post accident. Again, January 22, 2014, page 337 of the APAs, I ask about pain into his arms and he complains of left arm pain. I won't make you go through all this, but page 341 of the APA, he's seen at Carolina Musculoskeletal, diagnosed with -- complained of neck pain, numbness in hands, and diagnosed with radiculopathy and appears to be bilateral. That's page 341 of the APA. This continues on, and I won't go through every bit of it for you. But this continues on until another MRI is done in May of 2015, which is the MRI that you reviewed, and he came to see you. And you diagnosed -- You, I guess, diagnosed him

or agreed with the fact that he has had a herniated disc at C5-6. Is that correct?

A That's correct.

Q Okay. And he -- And I believe he told you that his pain had worsened over the last few months prior to that, prior to him seeing you, I believe. Is that correct?

A Yes, he did.

Q Doctor, based on these medical records that I've shown to you that showed the complaints of arm numbness and pain dating back to the day of the injury and thereafter, but having an MRI scan that didn't show a frank herniation in -- when it was done in 2013 or early 2014, is it -- is it still your opinion, knowing that, that this disc herniation does in fact relate to his on-the-job injury of August 2013?

A Yes. As I said in my note, I said I do believe most likely that the reason for surgery was because of injuries sustained in his accident in 2013 and the disc increased or sequestered as a consequence of going through physical therapy and non-operative treatment directed towards his disc herniation.

Q So, can you explain that, what you're saying when you say the disc sequestered. What does that mean

exactly?

A Well, again, when the disc tears -- the lining of the disc tears, then that's often called an annular tear. That's usually the first sign of weakness to a disc. If the lining tears and if the center cartilage pushes out through that tear, that's called a disc extrusion or a sequestered disc herniation, and, so, when the disc blows out completely, it's a sequestered disc. So, I believe most likely that he had some measure of disc injury to his neck, that he most likely injured that disc, tearing the disc, and over the course of the next year, it herniated.

Q Okay. Is that just a natural progression of the injury?

A Well, it's a progression of the injury that -- that happens if you traumatize your disc.

Q Okay. You -- You recommended surgery for him, and I think it's been represented to you that he in fact had a cervical fusion done, and I believe he had a one-level fusion done at C5-6, if I remember correct.

A That's correct. I believe I encouraged him to get back up with Dr. Carter and have the surgery as soon as he could.

Q In your report, I think you indicated it may -- it was kind of optional whether to do it at one level or go ahead and do it at C6-7, as well.

A Correct. The C6-7 would be an intraoperative decision. I think that the C5-6 was the obvious thing that had to be done.

Q The -- I know he -- It's not -- I mean, you haven't seen him since before he had the surgery, so it's not really asking you to give me a concrete opinion, but what is the typical AMA guide rating for a cervical fusion at C5-6, if there is such a thing?

A I would say that the typical rating is a 28 percent to the whole person, maybe as low as 25 percent, not lower.

Q So, it would be -- 25 to 28 is the range it would ultimately end up at; is that correct?

A That -- That's correct. Now, that wouldn't include if he had any sort of weakness in his arms, which would be a separate impairment to his upper extremity.

Q Okay. Have all of your opinions been to a reasonable degree of medical certainty?

A Yes.

Mr. Smith: I beg your indulgence just

for one second. Let me look at my notes. Thank you, sir. No further questions.

The Deponent: Thank you.

Mr. Huff: I have nothing further. Thank you.

The Deponent: Thank you.

(Whereupon the deposition was concluded at 4:23 p.m.)

(Following the deposition, and upon receipt by e-mail, the following exhibit was marked.)

Marked as Defendant's Exhibit Number 2; Deposition of Steven C. Poletti, MD; copies of Southeastern Spine Institute records; seven pages.

(Deponent has waived reading and signing.)

SOUTHEASTERN SPINE INSTITUTE

1106 Chuck Dawley Blvd., Suite 200 ■ Mt. Pleasant, SC 29464

Patient Name: Tyrone Lawrence Encounter Date: 5/20/2015 Date of Birth: [redacted]

Account Number: 841860

Chief Complaint: Neck pain, left arm pain, and left hand numbness

History of Present Illness: Mr. Lawrence is being seen today as a self-referred new patient. He complains of a aching pain at the base of his neck radiating into his left arm. He has numbness in his left hand. He states this stems from a work-related injury he suffered in 2013. He is a furnace operator. While he was working he states a ceiling fell onto his head and shoulders. After this incident he began having the neck pain. He has seen Dr. Carter and Dr. Daniels and had injection therapy last year which provided 3 months of relief. He went through physical therapy last year which provided no relief. He states the pain has gotten significantly worse over the past 3 months and is now constant. He feels weak in his left hand. He quantifies his pain level at a 10 out of 10 on the pain scale. Aggravating activities include rising from a seated position, lying on his side, lying on his back, driving, and bending forward. He only gets relief when taking hydrocodone. This only dulls the pain. He denies loss of bowel or bladder function or any paralysis.

Past Medical History: No known medical conditions.

Past Surgical History: Cholecystectomy May 2010. He denies previous spinal surgery.

Current Medications: Hydrocodone

Drug Allergies: No known allergies

Family History: Arthritis, back pain, diabetes, cancer

Personal and Social History: He is employed as a furnace operator in Aiken, South Carolina. He denies history of blood transfusion. He does not drink alcohol. He does not presently smoke or use tobacco products and denies history of smoking.

Review of Systems: All systems were reviewed and are negative with the exception of the above mentioned pain complaints.

Physical Examination: He is a well-developed, well-nourished 55 year old male, alert and oriented ×3 in no acute distress. He is 5 foot 11 inches tall and weighs 292 pounds. He is right-hand dominant. He is ambulatory with nonantalgic gait. Negative Hoffman sign. He has diminished thumb extension strength on the left. He has pinch strength loss. He has diminished biceps reflex on the left. He has diminished range of motion of the cervical spine secondary to pain. He has subjective dysesthesias in his left hand. Cranial nerves II through XII are grossly intact.

DIGITALLY SIGNED Steven C. Poletti, MD
5/27/2015

EXHIBIT D #1 11/18/15

Imaging Orders: 4 views of the cervical spine were ordered, obtained and interpreted from an orthopedic standpoint.

Diagnosis Codes:
722.0 DISPLACED CERVICAL INTERVERT DISC
723.4 Cervical Radiculitis

Treatment Plan: Mr. Lawrence has pain into his neck and left arm. He has a two-year history of neck and arm pain and has been followed by Dr. Carter. I don't have all of his medical records, but it would appear that he had a work-related injury with subsequent neck pain and arm pain. I don't have his old MRIs; but he apparently had some problems with the discs in his neck and went through a course of nonoperative care to include extensive physical therapy and at some point here recently has had increasing pain into the neck, shoulders, and arm with subsequent MRI scanning showing a sequestered disc at the C5-6 level lateralizing to the left as well as some left paracentral disc bulging at the C6-7 level. He has an absent-to-decreased biceps reflex on the left and thumb extension weakness and pinch strength loss.

It would seem to me that this man had some index injury to his cervical spine as a consequence of his injury and went through appropriate nonoperative care but in the context of this nonoperative care increased that disc herniation.

My recommendation is for surgery. I think there would be essentially universal consensus among spinal surgeons that this man requires surgery at the C5-6 level potentially extending the operation to the C6-7 level. Certainly surgery at the C5-6 level is what I would describe as mandatory. I do believe most likely that the reason for the surgery was because of injuries sustained in his accident in 2013, and the disc herniation increased or sequestered as a consequence of going through physical therapy and nonoperative treatment directed towards this.

The patient is instructed to call us if pain persists or get worse. if calls ask Dr. Poletti regarding surgery. The patient is instructed to return if pain or symptoms arise.

Steven C. Poletti, MD

SCP/dmp

X-rays:

SSI SOUTHEASTERN SPINE INSTITUTE
ALWAYS ONE STEP AHEAD

Date 5-20-15
Name Tyrone Lawrence DOB [redacted]
Social Security# [redacted]
Patient's Address 845 Colbert Bridge Rd. Windsor 29856
Email Address _____
Primary Phone 803)644-6748 Secondary Phone 803) 522-1075
Reminder Style:
Telephone Call ✓ Mail ✓ Secure Message _____ Decline _____
Race Black Religion Baptists
Primary Language English
Ethnicity: (please circle one)
Decline Hispanic/Latino White Not Hispanic/Latino
American Indian/Alaska Native (Black African American) Asian Native
Hawaiian Other Pacific Islander
How were you referred?
Website Workers compensation (Attorney) Physician _____
New Injury? YES NO If yes, date of injury 2013
Is this a workman's compensation case? YES NO
Is this an attorney case? (YES) NO
If yes, name of the attorney Williams Smith
Primary Insurance Blue Cross Blue Shield
Insured Name: Tyrone Lawrence
Insured DOB: 7/2/59 Insured SS# [redacted]
Secondary Insurance _____
Insured Name: _____
Insured DOB: _____ Insured SS# _____

EXHIBIT
D #2
11/18/15
PENGAD 800-631-6989

HEALTH INSURANCE SUBROGATION & ACCIDENT FORM

Patient Name: Tyrone Lawrence Date: 5-20-15

Health Insurance Company: A.B.G. Policy #: [redacted]

You are requesting health care services related to an accident, and your health insurance company may not accept responsibility until you notify them of the accident details.

Do you have an attorney representing you in this matter? (Yes) No

Attorney name, address and phone number:

NAME Williams Smith
Street or PO
City, State Zip Aiken S.C. 29803
Telephone (803) 509-3824

Please answer the following questions:

Date of accident: _____

Type of accident (circle one) (Workers Comp) Motor Vehicle Other

WORKER'S COMPENSATION (complete the following) :

Have you filed a claim? (Yes) No

Has it been accepted and authorized: Yes (No)

(if yes) name of insurance carrier: _____

Phone number: _____ W/C case manager/adjuster name: _____

Authorized by: _____ claim #: _____

MOTOR VEHICLE/OTHER (complete the following):

Please provide the name, address and phone number of the person causing the injury:

NAME _____
Street or PO _____
city, State Zip _____
Telephone _____

Provide the name, address and phone number of the insured's (person who caused the accident) insurance company:

NAME _____
Street or PO _____
city, State Zip _____
Telephone _____

Provide the name, address and phone number of your automobile insurance company:

NAME _____
Street or PO _____
city, State Zip _____
Telephone _____

Please provide the following information:

Location of accident _____

Did another person cause the accident? Yes No

Were you driving or a passenger? Driver Passenger

Do you have a copy of the accident report? Yes No

Please briefly describe the accident _____

I agree that the above information is correct and I understand that this information will be sent to my insurance company so that they may determine their responsibility.

Signature _____ Date 5-20-15

Patient name: Irene Lawrence

(1) Who referred you to us? Williams Smith

(2) Who is your primary care physician? D. R. McCullam

(3) Briefly describe the details of your injury or the initial onset of your symptoms:
Burn sharp pain

(4) How long have the symptoms been present? 3 month

(5) Please provide the following information: 2013
If this was a work injury or a motor vehicle accident: WORK
Please briefly describe the accident/injury: Ceiling on my head and neck and should
Low down on head, shoulders & LOC

Were you taken to the hospital? (Yes) No YR - DEx

Were you hospitalized? Yes (No)

What physicians (or other) healthcare professionals who have treated you for this injury to date?
D. R. Carter
Rec. MRI in 2014 - suggestion inj. & Dr. Daniels
Dr.'s care & injury
Rec. chiro ref.
Dr. massey
ref. to Dr. carter

(6) How would you compare your pain ratio (circle one)

FOR BACK AND LEG PAIN ONLY
1 = 100% back pain and 0% leg pain
2 = 75% back pain and 25% leg pain
3 = 50% back pain and 50% leg pain
4 = (25% back pain) and 75% leg pain
5 = 0% back pain and 100% leg pain

FOR NECK AND ARM PAIN ONLY
1 = (100% neck pain) and 0% arm pain
2 = 75% neck pain and 25% arm pain
3 = 50% neck pain and (50% arm pain)
4 = 25% neck pain and 75% arm pain
5 = 0% neck pain and 100% arm pain

Patient name: [redacted]

(7) Put a check mark next to the activities which change the nature of your pain.

		Aggravates	Relieves
1.	Sitting		
2.	Standing		
3.	Rising from sitting	✓	
4.	Leaning forward (Brushing teeth)		
5.	Walking		
6.	Lying on your side	✓	
7.	Lying on your back	✓	
8.	Lying on your stomach		
9.	Driving	✓	
10.	Coughing/sneezing	✓	
11.	Bending forward	✓	

(8) Please circle the number that best applies to your usual level of pain.
0 = No pain
10 = Pain as bad as it can be

0 1 2 3 4 5 6 7 8 9 (10)

hydrocodone - dulls pain

(9) What makes your pain better?
Medication for a little while

(10) What makes your pain worse?
bending squatting, reaching,

(11) Circle the tests that have been performed thus far:
X-ray CT-Scan Myelogram (MRI) EMG Bone Density Study
If so, when ? 5-14-15

(12) Circle the treatment that you have had so far:
Back Brace (Nerve Block) (Physical Therapy) Chiropractic
TENS Unit
Other: x2 short-term relief 10 visits 3 mo. relief

(13) List all major illnesses (glaucoma, diabetes, high blood pressure, heart attack, etc.) or injuries (concussion, etc.):
None

(14) Past surgeries including neck or back?
[redacted] gallbladder removed 5/14/2010

Patient name: Tyrone [illegible]

(15) List any medications you currently take: _____

_____

(16) Do you have allergies to any medications? YES (NO)
If YES, list the medications: _____

(17) Family History of: (Please Circle)

1- Arthritis	5- Diabetes	9- Tuberculosis
2- Back Pain	6- Glaucoma	10- Other Inheritable Diseases
3- Neck Pain	7- Cancer	11- Blood Transfusion - yes or no
4- Hypertension	8- Stroke	

Other _____

_____

_____

(18) Social History
Have you ever had a blood transfusion? .....YES (NO)

Do you drink alcohol .....YES (NO) If YES, how much? _____

Do you presently smoke?...YES (NO) If YES, how many packs per day?_____
How many years? _____

Are you a past smoker?.....YES (NO) If YES, how many packs per day?_____
How many years? _____

1- If you have been off work this year, how much time have you lost?

1- Unknown	2- About 1 day
3- About 3 days	4- About a week
(5- About 1 month)	6- About 3 months
7- About 6 months	8- About 6 months to a year

(19) Are you (circle one)

1- Unemployed	(2- Employed)	3- Homemaker
4- Student	5- Retired	

(20) If you selected "1" or "2", please answer the following questions:

(21) To help us better understand the physical stresses during your work day, please tell us what type of job you do.

Job Description: Furnace Operator melt hot Fiberglass.

_____

Employer: A.G.Y Aiken S.C.

(22) Do you currently have any problems in the following areas? If YES, please provide additional information.

	YES	NO	Details
Eyes (poor vision, eye pain, tearing, redness, etc.)		✓	
General / constitutional (fever, heat stroke, weight loss, weight gain, unusually tired)		✓	
Ears, nose, throat (hard of hearing, stuffy nose, earache, cough, dry mouth, etc.)		✓	
Cardiovascular (high bp, racing pulse, etc.)		✓	
Respiratory (congestion, wheezing, short of breath, etc.)		✓	
Gastrointestinal (stomach upset, diarrhea, constipation, hernia, ulcers, etc.)		✓	
Genital, kidney, bladder (painful urination, frequent urination, impotence, yellow jaundice, etc.)		✓	
Females are you pregnant? Nursing?			
Muscles, bones, joints (joint pain, stiffness, swelling, cramps, arthritis, etc.)			
Skin (pimples, warts, growths, rash, etc.)			
Neurological (numbness, headache, seizures, paralysis, etc.)			
Psychiatric (anxiety, depression, insomnia)			
Endocrine (diabetes, hypothyroid, etc.)		✓	
Blood / lymph (bleeding, cholesterolemia, anemia, problems related to blood transfusion, etc.)		✓	
Allergic / immunologic (sneezing, swelling, redness, itching, hives, lupus, etc.)		✓	

(23) If you want to make any additional comments please do so below and on the back of this page.

Patient Signature Jhoni Sawyer **Date** 5-20-15

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

William L. Lehman, Jr., MD
W. Scott James, III, MD
James N. Rentz, Jr., MD
Dr. Samuel Davis, MD
E. Neal Powell, Jr., MD
Donald H. McQueen, III, MD
William G. McCarthy, Jr., MD
Michael F. Heinig, MD
Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6237 Carolina Commons Dr. Suite 313
Indian Land, SC 29707
(803) 802-3130

INDEPENDENT MEDICAL EVALUATION

TYRONE LAWRENCE
DOB: [redacted]
ACCT# [redacted]
DOS: 08/07/14
DOI: 08/14/13
SS# [redacted]

This 55 year old man presents for an Independent Medical Evaluation regarding a work related incident which involved his neck and lower back, date of injury 08/14/13.

The following comments are stated as most probable and are true to a reasonable degree of medical certainty. They are based on standard tenets of orthopaedic disability evaluation, personal examination of the patient on today's date, as well as review of records pertinent to his care thus far.

No doctor-patient relationship is presumed to exist. The following report should be considered true and factual, under the penalty of perjury.

RECORDS AVAILABLE FOR REVIEW

Records available for review include those from the Emergency Department, Aiken Regional Medical Center, Aiken, SC; Doctors Care-Aiken Mall, Charity Yonce, P.A. and Dale Gordineer, M.D., Aiken, SC; R. Vaughan Massic, M.D., Carolina Orthopaedic, Aiken, SC; Georgialina Physical Therapy Associates, Sara E. Roberts, DPT, Aiken, SC; Ty W. Carter, M.D., Carolina Orthopaedic, Aiken, SC; MRI Cervical Spine, 12/23/13, Aiken Regional Medical Center, Aiken, SC.

HISTORY OF PRESENT ILLNESS

Mr. Lawrence is a 55 year old man who has been employed for the past thirty-five years at Owens-Corning, Inc., now Advance Glass Fiber and Yarn, at the plant in Aiken, SC, where he has carried out various jobs over the past years, though currently a furnace person operator. On the date of injury, 08/14/13, he was performing his normal work activities when the ceiling fell, with a light fixture impacting his head and back of his neck. The estimated weight of the light fixture and associated structures was between 10-12 pounds, and this fell approximately fifteen feet onto his head and neck. There was no loss of consciousness, though he did have some temporary decreased vision. Mr. Lawrence was sent immediately to the Emergency Department at Aiken Regional Medical Center, where he underwent evaluation by Anthony Toomer, M.D., who noted pain from the neck radiating into the head, moderate in degree, exacerbated by any movement. There was no history of any loss of consciousness. Vital signs were stable. Cervical spine x-ray showed normal alignment with normal disc spaces and no fractures. Neurologic function was described as normal. Mr. Lawrence was provided with light duty activities, which mainly involved sitting activities, monitoring the normal work activities by means of a computer. Diagnoses included soft tissue contusion, as well as neck sprain and strain. He was given Flexeril 5mg and Anaprox DS 550mg to take twice daily.

Mr. Lawrence presented to Doctors Care at the Aiken Mall, on 08/15/13, the following day, still having problems with his neck which was worsening in intensity. Dr. Gordineer noted posterior tenderness in the neck with full ROM, though stiffness was also described. There was no mention of any specific neurologic deficit. Light duty was continued along with his medication. There was a follow-up noted at Doctors Care on 08/19/13, again being evaluated by Dr. Gordineer. At the time of this visit, there continued to be significant neck pain, but there was, at this point, history of tingling and pain with weakness in the right arm. There was also some lower back pain, which had developed between the date of injury, 08/14/13, and 08/19/13. The back symptoms extended into the right leg with some giving way episodes. Dr. Gordineer diagnosed lumbar radiculopathy, but also appears to have acknowledged persistent neck and right arm radicular symptoms, for which a cervical collar was prescribed. An orthopaedic consultation was recommended.

Mr. Lawrence presented to Dr. Massic, Carolina Orthopaedic in Aiken, SC, 10/10/13, documenting the work related injury when a light fixture fell on the top of his head. There was some additional history of potential involvement of the right shoulder. Physical examination showed no loss of motion or point tenderness, or any crepitus on movement of the cervical spine. There was normal function at both shoulders, elbows and wrists. Repeat x-rays were taken including an AP and lateral flexion/extension views of the cervical spine. Dr. Massic apparently was aware of the lower back problem as well, but informed Mr. Lawrence that he could only deal with one issue at a time. Further evaluation and treatment was somewhat delayed, as workers' compensation denied the claim despite the obvious work related injury. Mr. Lawrence was apparently told to apply for at least short term disability. Mr. Lawrence was encouraged to use his private insurance to deal with his ongoing issues and the insurance company is now paying many of the bills. Mr. Lawrence is leaving town to go to Florida for perhaps up to a week, and I encouraged him to continue the home exercise program regarding the right shoulder and neck. Physical therapy was initiated on 10/22/13, and continued through 01/03/14, which offered again, only temporary relief.

A follow-up office visit is noted from 11/11/13, by Dr. Massic, noting resolution of the right arm radicular pain, but persistent neck pain.

Because of persistent neck symptoms, despite relatively complete resolution of the right arm radicular symptoms, Mr. Lawrence was referred to Dr. Carter, also at the Carolina Orthopaedic office, but dealing more with neck and back issues. Mr. Lawrence states that the low back pain, extending into the right leg, has persisted, but evaluation and treatment may be quite limited. Dr. Massic, on 11/11/13, notes continued generalized stiffness of the neck, with pain at the end range of rotation. There was no specific neurologic deficit.

Dr. Carter initially evaluated Mr. Lawrence on 12/09/13, reviewing the history, performing an exam, as well as continuing his medication and limited work activities. Dr. Carter was supposedly consulted because of failure of more conservative methods of treatment. Dr. Carter recommended an MRI of the cervical spine, which only showed some loss of lordosis and a small left osteophyte at the lateral recess at C6-7. There was no evidence of any stenosis of any sort, and no evidence of any specific area of nerve impingement. One final follow-up is available as an office visit dated 12/30/13, again by Dr. Carter. Dr. Carter reviewed the MR scan and noted no specific abnormalities which would explain the symptoms. It was felt that there were "muscle strain issues", though there was also numbness and tingling in the hands. Dr. Carter recommended a cervical epidural steroid injection and possible electrical studies, though electrical studies never having been done. Dr. Carter referred Mr. Lawrence to Dr. Daniels, apparently a physiatrist, providing an epidural steroid injection on one occasion to the cervical spine, but this "eased" the pain for only a few weeks. The lower back difficulties, with right leg radicular symptoms, were never specifically addressed. The epidural steroid injection offered no relief. Mr. Lawrence continues to have significant functional limitations regarding his injury.

Currently, Mr. Lawrence has neck pain which he describes as constant, definitely increased by rotation to either the left or right side, symptoms extending into both scapulae. His right arm radicular pain is much improved. Mr. Lawrence describes his new job as being very rigorous, especially as his job had been "down sized", and [redacted]

repetitive lifting was required, limited to twenty pounds. Symptoms were worsened by repetitive activities, but also repetitive lifting up to twenty pounds.

In terms of the lower back, there continues to be back pain, with some right leg radicular symptoms which have since resolved. Mr. Lawrence denies any specific bowel or bladder discomfort or frequency. He has ambulatory function, as well as climbing and stooping, have been dealt with.

PAST HISTORY
ALLERGIES: No known allergies.

SURGERY: Cholecystectomy.

MEDICATIONS: Lovastatin 20mg daily, Aspirin 81mg daily and Norvasc 10mg daily.

SOCIAL HISTORY: He does not smoke or drink alcohol. He is a high school graduate. He is married. His work history is described above. He has worked at the Glass Fiber Plant for thirty-five years, most recently as a furnace person operator.

FAMILY HISTORY: Mother and father are well. One sister and one brother are well. Two children are well.

REVIEW OF SYSTEMS: Significant for morbid obesity, hypertension, and hyperlipidemia.

OBJECTIVE: Mr. Lawrence is alert and conversant, oriented x 3. He appears to have reasonable judgment and insight into his medical and orthopaedic problems. There is no definite evidence of any embellishment or secondary gain.

VITAL SIGNS
BLOOD PRESSURE: 140/80.
PULSE: 75.
RESPIRATIONS: 15.
WEIGHT: 342 pounds.
HEIGHT: 5'11".

HEENT: PERRL. EOM'S full. TM's intact. Pharynx clear. No oral masses. Neck supple. Thyroid not enlarged. No adenopathy or bruits.

LUNGS: Clear.

HEART: Regular rhythm. No murmurs, bruits or extra sounds.

ABDOMEN: Soft. Nontender. No masses or organomegaly identified though it is difficult to evaluate because of the marked adiposity. Bowel and bladder function appears to be normal.

SPINE: The cervical spine demonstrates normal and physiologic ROM with increased pain at the extremes of rotation to either side, maximum of 60 degrees. Flexion and extension of the neck are relatively unimpaired. At the right shoulder there is definite pain to manipulation, reaching overhead or sleeping at night on a flat surface. The cervical spine demonstrates a negative Spurling's maneuver with no obvious deformity or loss of motion, symptoms being most consistent with myofascial pain.

The lower back has tenderness at the lumbosacral area and possibly the SI joints. There are no radicular symptoms. Mr. Lawrence easily touches the mid calf, if not his toes on forward flexion. There is no specific motor, sensory or reflex abnormality identified. Radicular symptoms were present at the right leg with straight

leg raise, but only pain noted in the back and SI joints. Heel and toe walk is normal. Gait normal. There was increased pain with facet loading, negative Waddell's signs.

IMPRESSION
PERSISTENT CERVICAL MYOFASCIAL PAIN WITH RESOLVED RIGHT ARM RADICULAR SYMPTOMS, AGGRAVATED BY WORK ACTIVITIES; LOW BACK PAIN.

PLAN/DISCUSSION
Mr. Lawrence has been involved in a work related incident dated 08/14/13, when a light fixture and part of the ceiling collapsed on his head and neck. This also caused an axial loading to the lumbar spine as he fell, though fortunately there was no significant evidence of any head trauma or post concussion syndrome. Mr. Lawrence is interested in pursuing further treatment regarding the neck, although the right arm radicular symptoms have essentially resolved. His residual symptoms mainly relate to the neck, and are certainly aggravated by his new job description, which requires a lot more lifting of up to twenty pounds, with reaching overhead to place the glass fiber on the hangers. He may require further evaluation and treatment, including steroid injections, applied to the right knee.

In terms of the lower back and right shoulder and arm, it is most probable, and true to a reasonable degree of medical certainty, that the lower back issue relates to the work injury. There was never any history of back problems prior to this incident. Fortunately, the right leg radicular symptoms have essentially resolved, but there is constant pain up to 5/10, flare-ups creating 7-8/10 impairment. This is increased by increasing hand symptoms, as well as possible carpal tunnel release, possible cubital tunnel release. His diabetes definitely contributes to problems with healing of this injury. Flexibility has been maintained, but should be considered in light of the possibility of recurrence of symptoms.

In terms of the cervical spine, additional treatments may be reevaluation and physical therapy, as well as possible consideration of cervical facet blocks on a trial basis. In terms of the lower back, evaluation has been minimal thus far, but because of recurrent and persistent symptoms, I recommend an MRI of the lumbar spine. An MRI of the lumbar spine may be helpful in localizing the source of the ongoing discomfort, which must be described as myofascial or mechanical pain. Follow-up visits with a physiatrist might be helpful to try to determine if there, in fact, is stable, both the neck and lower back problems significantly contribute to the current level of disability. In terms of the neck, one might suggest at least a reevaluation and physical therapy to determine if anything further can be done in terms of this type of treatment. One might need to consider cervical facet blocks, similar to that which might be done at the lower back.

It is very likely that although Mr. Lawrence continues to require medication to relieve pain about the neck and lower back, and additional treatments have been discussed including physical therapy reevaluation and possible lumbar facet blocks, it is unknown whether these additional treatments will substantially lessen the current level of disability. Vocational Rehabilitation may need to be entertained. I did suggest these additional treatments for the neck, as well as evaluation and treatment of the lower back, most probably and to a reasonable degree of medical certainty, with symptoms most probably related to the work injury of 08/14/13.

Although I have not specifically stated that Mr. Lawrence has reached Maximum Medical Improvement, particularly in terms of the lower back, I can provide at least a preliminary assessment of impairment, based on the current symptomatology, as well as the likelihood that there will be some residual difficulties at the neck and shoulder, despite what would be designed to be an effective conservative treatment. I find no evidence of the need for any surgical intervention. Referring to The AMA Guides to The Evaluation of Permanent Impairment, 5th and 6th Edition, in terms of the cervical spine, there is a 5% whole person impairment, which translates to a 14% regional cervical spine impairment. In terms of the lower back, a similar intraarticular derangement of the right knee appears to be very likely. An arthroscopy may be required to relieve symptoms in this area if problems worsen.

The opinions rendered herein are the opinions of William L. Lehman, Jr., M.D. This examination has been conducted on the basis of the medical examination and the documentation as provided, with the assumption that the material is true and correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this examination.

This opinion is based on the clinical assessment, clinical examination and documentation as provided. The opinion does not constitute, per se, recommendation for specific claims or administrative functions to be made or enforced. Occult illnesses not detectable on physical examination or imaging studies provided could exist in this examinee.

Comments are based on specifics provided with this case and should not be generalized to other cases, nor should they be interpreted as criticizing or supporting the provider.

I appreciate the opportunity to provide orthopaedic evaluation on behalf of Mr. Lawrence, and I will be available for further clarification or opinions as the need arises.

Sincerely,

William L. Lehman, Jr., M.D.
Fellow, American Academy of Orthopaedic Surgeons

WLLjr/kd 801-6174/6175

C: Chappell, Smith and Arden, Attorneys at Law, PO Drawer 12330, Columbia, SC 29211

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

William L. Lehman, Jr., MD William G. McCarthy, Jr., MD
W. Scott James, III, MD E. Neal Powell, Jr., MD Michael F. Heinig, MD
James N. Rentz, Jr., MD Donald H. McQueen, III, MD Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

1690 W. Hwy 160
Fort Mill, SC 29708
(803) 548-2424

6237 Suite 313 Carolina Commons Dr
Indian Land, SC 29707
(803) 802-3130

April 27, 2015

William L. Smith, II
Chappell, Smith & Arden
PO Box 12330
Columbia, SC 29211

RE: Tyrone Lawrence
DOB: [redacted]
DOI: 08/14/2013
SSN: [redacted]

Dear Mr. Smith:

I am in receipt of your letter dated 04/13/2015 requesting clarification regarding my expert opinions regarding a work-related injury dated 08/14/2013, affecting the neck and the lower back.

In this report, I provided a preliminary assessment of impairment for the cervical spine, but also dealt with work-related injuries to the lumbar spine (lower back).

In the report dated 08/07/2014, I mistakenly referred to the right knee, which was not injured as the result of the work injury of 08/14/2013.

Upon review of my report, the discussion and opinions, stated as most probable and to a reasonable degree of medical certainty, relate solely to the cervical and lumbar spine. I provided a preliminary impairment as it relates to the cervical spine. In terms of the lower back, the work-related symptoms to the lower back, affecting the right leg as a radicular process, without neurologic deficit, would provide for a 5% whole person impairment, based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. This can be translated to a regional lumbar spine impairment of 7%.

If you require further clarification of my opinions in this case, please do not hesitate to contact me.

Sincerely,

William L. Lehman, Jr., M.D.

MAY 05 2015

WLLjr/vm 801_6360

[redacted]

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

CMI Orthopedics
CLARK D. MOORE, M.D.
DOUGLAS E. HOLFORD, M.D
TIMOTHY J. SHANNON M D
TY W. CARTER, M.D.
R VAUGHAN MASSIE M.D

CMI Imaging
DAVID D GOLTRA JR M D

CMI Neurology
MICHELLE M LYON M D

CMI Rheumatology & Osteoporosis
EDWIN MARTINEZ de ANDINO M D.

CMI Podiatry
ANGELA D MOLNAR D P M.

June 1, 2015

RE: Tyrone Lawrence
DOB: [redacted]

To Whom It May Concern:

Mr. Tyrone Lawrence is scheduled for cervical spine surgery on 06/04/15. He will be seen for his post-op appointment on 06/16/15. He will be off work from 06/01/15 through 06/16/15. His work status will need to be re-evaluated at his post op appointment.

If you have any questions, please contact our office at 803-644-4264.

Sincerely,

Ty W. Carter, M. D.

jbe

CMI

JUN 02 2015

[redacted]

LAWRENCE, TYRONE (id #2910, dob[redacted])

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 04/10/2015

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	Appt. Date/Time	04/10/2015 09:15AM
DOB	[redacted]	Service Dept.	CMI ORTHOPEDIC UNIV
Provider	KEVIN ARD, PA		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted] Policy/Group [redacted] Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

neck problem

Pt is here for f/u for his neck and Lt shoulder pain and pain in his Lt leg . Pt was last seen in Nov 2014, pt states the pain improved after the ES's but has now returned.

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417
RITE AID-12845 MAIN STREET (ERX): 12845 MAIN STREET, WILLISTON SC 29853, Ph (803) 266-4345, Fax (803) 266-4653
RITE AID-605 NORTH MAIN STREE (ERX): 605 NORTH MAIN STREET, NEW ELLENTON SC 29809, Ph (803) 652-2721, Fax (803) 652-8031

Problems

- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications	
Name	Date
aspirin	08/25/14 entered
Medrol (Pak) 4 mg tablets in a dose pack Take 1 package(s) by oral route as directed.	04/10/15 prescribed
meloxicam 15 mg tablet Take 1 tablet(s) every day by oral route	04/10/15 prescribed
Robaxin 500 mg tablet Take 2 tablet(s) 4 times a day by oral route as needed for 15 days.	04/10/15 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery

Family History

Reviewed Family History
Mother - Hypertensive disorder

LAWRENCE, TYRONE (id #2910, dob: [redacted])

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right.

Vitals

Ht: 5 ft 11 in 04/10/2015 09:24 am	Wt: 289 lbs 04/10/2015 09:24 am	BMI: 40.3 04/10/2015 09:24 am
BP: 152/92 sitting L arm 04/10/2015 09:26 am		

HPI

patient oday for followup of his neck problems. Patient states that he's had significant left-sided neck pain that radiates down his left arm. He states in the past to get injections which do help his symptoms but he does not wish to get anymore of those right now. He denies any recent trauma. He has had an MRI in the past which did not reveal anything very significant. He denies weakness in his arms.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 55-year-old male.

examination the patient's neck reveals full rotation to the right he does have pain with shooting pains down his left arm with cervical rotation to the left. He has 5/5 biceps triceps and deltoid strength. Negative rotator cuff exam. Patient neurovascular intact 2+ distal pulses.

Assessment / Plan

1. Degeneration of lumbar intervertebral disc
   722.52: Degeneration of lumbar or lumbosacral intervertebral disc
   - Medrol (Pak) 4 mg tablets in a dose pack - Take 1 package(s) by oral route as directed. Qty: 1 package(s) Refills: 0 Pharmacy: KROGER ATLANTA 675
   - meloxicam 15 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 3 Pharmacy: KROGER ATLANTA 675
   - Robaxin 500 mg tablet - Take 2 tablet(s) 4 times a day by oral route as needed for 15 days. Qty: 120 tablet(s) Refills: 0 Pharmacy: KROGER ATLANTA 675

2. Neck pain
   723.1: Cervicalgia

Discussion

Discussion Notes

gave the patient a steroid pack for about anti-inflammatory muscle relaxant. The next it would be an injection. Patella patient follow with his primary care Dr. concerning his concerns of maybe her heart issue.

Return to Office

- Kevin Ard, PA for ESTABLISHED PT 15 MINUTES at CMI ORTHOPEDIC UNIV on 05/29/2015 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Kevin Ard, PA, 04/10/2015.

Encounter performed and documented by Kevin Ard, PA
Encounter reviewed & signed by Kevin Ard, PA on 04/10/2015 at 9:50am

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 11/17/2014

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	Appt. Date/Time	11/17/2014 08:00AM
DOB	[redacted]	Service Dept.	CMI ORTHOPEDIC UNIV
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted]7 Policy/Group : [redacted] Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

lower back pain

Low back is doing better

Patient's Care Team

Notes: none

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417
RITE AID-12845 MAIN STREET (ERX): 12845 MAIN STREET, WILLISTON SC 29853, Ph (803) 266-4345, Fax (803) 266-4653
RITE AID-605 NORTH MAIN STREE (ERX): 605 NORTH MAIN STREET, NEW ELLENTON SC 29809, Ph (803) 652-2721, Fax (803) 652-8031

Problems

- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date
amlodipine	08/25/14 entered
aspirin	08/25/14 entered
gabapentin 300 mg capsule Take 1 capsule(s) twice a day by oral route as directed for 30 days. stop 09/24/2014	08/25/14 prescribed
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	08/25/14 prescribed
Lipitor	08/25/14 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed for 30 days.	08/25/14 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y
Hypertension: Y

Surgical History

Reviewed Surgical History

LAWRENCE, TYRONE (id #2910, dob: [redacted]

- Gallbladder Surgery

Family History

Reviewed Family History

Mother - Hypertensive disorder

Social History

Reviewed Social History

Orthopedic Surgery

Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol Intake: None.
Hand Dominance: Right.

Vitals

11/17/2014 08:12 am

Ht: 5 ft 11 in	Wt: 287 lbs	BMI: 40
BP: 120/70		

HPI

this is a 55-year-old gentleman whose son placed in the Dallas Cowboys. He has been traveling quite a bit and even went to London, England for the football game. he is doing much better from the injection that he had in his neck and his low back. He notices some stiffness in his neck, but it is manageable. The patient says his nerve symptoms are much better

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

1. **Low back pain**
   724.2: Lumbago

2. **Degeneration of lumbar intervertebral disc**
   722.52: Degeneration of lumbar or lumbosacral intervertebral disc

Discussion

Discussion Notes

this is a 55-year-old gentleman who was having some lumbar radiculopathy with neck and low back pain. He has received 2 injections and is much better. The patient does not have anything on his MRI scan that is surgical at this point. I will see the patient back here as needed

Return to Office

- as needed

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014
Last updated 10/29/2014

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
BMI Screening and Follow-Up	Out of Range
Colorectal Cancer Screening	Needs Data
Documentation of current medications	No Episodes
Hypertension screening and follow-up	Out of Range
Influenza immunization (MU)	Needs Data

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Provide patient information	Needs Data
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 11/17/2014.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 11/17/2014 at 8:46am

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6609

LAWRENCE, TYRONE (id #2910, dob: 07/02/1959)

The Surgery Center of Aiken

[redacted]

4211 Trolley Line
Aiken, SC 2
Phone (803) 648-
Fax (803) 648-

PATIENT NAME
Lawrence, Tyrone

DATE
10/02/14

DATE OF BIRTH
[redacted]

MEDICAL RECORD NO.
6111

PREOPERATIVE DIAGNOSIS
Lumbar degenerative disc disease with right L5 radiculopathy.

POSTOPERATIVE DIAGNOSIS
Lumbar degenerative disc disease with right L5 radiculopathy.

PROCEDURE PERFORMED
Intralaminar lumbar epidural steroid injection, L4-5.

SURGEON
Russell Daniel, M.D.

DESCRIPTION OF PROCEDURE
The patient gave consent. The patient was taken to the procedure room and after appropriate assessment, wa placed in the prone position. The patient's back was cleaned and prepped with the appropriate antimicrobial substance. A sterile drape was applied. The skin was marked and fluoroscopically assessed. The skin was subsequently anesthetized with 1% Xylocaine. Subsequent to this, an epidural needle was inserted into the epidural space at the appropriate level. After loss of resistance and negative aspiration, Triamcinolone, 40 m was injected mixed with 1 cc of preservative-free normal saline. The patient tolerated the procedure well. Biplanar fluoroscopy was utilized at several points during the procedure in order to confirm appropriate placement. In cases where the patient had no allergy to contrast, if necessary, a small amount of contrast ma have been used for localization and confirmation of placement. The patient was taken to the recovery area.

Russell Daniel, M.D.
D: 10/03/14 T: 10/03/14 TP/kc 18601

LAWRENCE, TYRONE (id #2910, dob: [redacted]
Encounter Summary

Last amended by Kevin Ard, PA on 09/19/2014 at 12:54pm

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	Appt. Date/Time	09/19/2014 11:15AM
DOB	[redacted]	Service Dept	CMI ORTHOPEDIC
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # [redacted] Policy/Group [redacted] Prescription: CMX - Member is eligible. details		

Chief Complaint

Followup: Lumbar radiculopathy
Followup: Low back pain

F/U for lumbar MRI - images on PACS - back is much better when he takes the pain meds - he only took them for 10 days - mobic and gabapentin are helping some but not a good as when then her was taking the pain med too

Patient's Care Team

Notes: none

Patient's Pharmacies

RITE AID-12845 MAIN STREET (ERX): 12845 MAIN STREET, WILLISTON SC 29853, Ph (803) 266-4345, Fax (803) 266-4653
RITE AID-605 NORTH MAIN STREE (ERX): 605 NORTH MAIN STREET, NEW ELLENTON SC 29809, Ph (803) 652-2721, Fax (803) 652-8031

Problems

- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date
amlodipine	08/25/14 entered
aspirin	08/25/14 entered
gabapentin 300 mg capsule Take 1 capsule(s) twice a day by oral route as directed for 30 days., stop 09/24/2014	08/25/14 prescribed
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	08/25/14 prescribed
Lipitor	08/25/14 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed for 30 days.	08/25/14 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y
Hypertension: Y

Surgical History

Reviewed Surgical History

LAWRENCE, TYRONE (id #2910, dob: [redacted]

- Gallbladder Surgery

Family History

Reviewed Family History
Mother: - Hypertensive disorder

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker
Tobacco years of use: 0
Chewing tobacco: none
Alcohol intake: None
Hand Dominance: Right

Vitals

09/19/2014 12:08 pm

Ht: 5 ft 11 in | Wt: 312 lbs | BMI: 43.5

BP: 130/80

ROS

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

Physical Exam

None recorded

Results / Interpretations

EXTERNAL RESULT

the MRI of the lumbar spine shows that the disc spaces are well maintained. He does have the beginnings of degenerative disc disease at L4-5. There is a slight broad based disc bulge at L4-5 with some right sided foraminal stenosis. There is no central stenosis or foraminal stenosis at the other levels

Assessment / Plan

1. Lumbar radiculopathy - the plan is a setup for a lumbar epidural injection. I do feel this will be the best way to treat some of the radicular complaints. He is not having an MRI that would warrant surgical intervention at this point. He is having some side effects of the medication and hopefully the shot gives him relief enough that he can come off of his medicines
   724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified
   - EPIDURAL STEROID INJECTION, LUMBAR (PROC)

Return to Office

- to see Ty Carter, MD at CMI ORTHOPEDIC on or around 10/31/2014

QM

Provider: kard
Programs: PQRS 2014
Last updated 2929

Measure	Status

Amendment Sign-Off

Encounter signed-off by Kevin Ard, PA, 09/19/2014.

Encounter performed and documented by Kevin Ard, PA
Encounter reviewed & signed by Ty Carter, MD on 09/19/2014 at 12:32pm
Amendment closed by Kevin Ard, PA on 09/19/2014 at 12:54pm

LAWRENCE, TYRONE (id #2910, dob: [redacted]
Encounter Summary

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	Appt. Date/Time	08/25/2014 09:00AM
DOB	[redacted]	Service Dept	CMI ORTHOPEDIC
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance #: [redacted] Policy/Group Prescription: CMX - Member is eligible. details		

Chief Complaint

lower back pain

Pt presents today with c/o mid-lower back pain. Pt states he was injured last year on his job when the ceiling fell down on him. Pt now c/o constant mid - lower back pain that radiates into Rt buttock and posterior leg (stops at knee). Describes Rt leg tingling and weakness. Pt had a MRI on his neck last year. *CERVICAL MRI ON PACS*

Patient's Care Team

Notes: none

Patient's Pharmacies

RITE AID-12845 MAIN STREET (ERX): 12845 MAIN STREET, WILLISTON SC 29853. Ph: (803) 266-4345, Fax: (803) 266-4653

Problems

- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date
amlodipine	08/25/14 entered
aspirin	08/25/14 entered
gabapentin 300 mg capsule Take 1 capsule(s) twice a day by oral route as directed for 30 days., stop 09/24/2014	08/25/14 prescribed
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	08/25/14 prescribed
Lipitor	08/25/14 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed for 30 days.	08/25/14 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y
Hypertension: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery

Family History

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Reviewed Family History
Mother Hypertensive disorder

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker
Tobacco years of use: 0
Alcohol intake: None
Hand Dominance: Right

Vitals

Ht: 5 ft 11 in 08/25/2014 09:17 am	Wt: 327 lbs 08/25/2014 09:17 am	BMI: 45.6 08/25/2014 09:17 am
BP: 122/82 sitting L arm 08/25/2014 09:24 am		

ROS

None recorded.

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: ambulating with no assistive devices and limp.

Cardiovascular System: Arterial Pulses Right: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: tenderness of the spinous process at L1, the transverse process on the right at L3, the transverse process on the left at L3, the sacrum, and the coccyx and no tenderness of the sacral promontory. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the pubic tubercle, the iliac tubercle, the sciatic notch, or the ischial tuberosity and tenderness of the PSIS, the SI joint, and the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the PSIS, the sciatic notch, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: tenderness of the paraspinal region at L5, the gluteus maximus, the gluteus medius, and the sciatic nerve. Soft Tissue Palpation on the Left: no tenderness of the paraspinal region, the gluteus maximus, the gluteus medius, the sciatic nerve, or the piriformis. Passive Range of Motion: flexion (70 deg.), extension (10 deg.), and pain with motion.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S1 normal, S2 normal, and decreased sensation on the lateral leg and dorsum of the foot (L5). Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Results / Interpretations

X-RAY, LUMBAR SPINE, 2 VIEW
Possibility of Pregnancy?: N
Review of x-ray, lumbar spine, 2 view taken on 08/25/2014 at IN-OFFICE ORDER shows:
Imaging Studies:
Views: AP and lateral.

LAWRENCE, TYRONE (id #2910, dob: [redacted]

EXTERNAL RESULT

the MRI of the cervical spine from December of 2013 shows no evidence of disc herniation. The patient has some mild disc changes and a central protrusion at C5-6 and C6-7 but no evidence of central stenosis or foraminal stenosis. The overall alignment is maintained.

Assessment / Plan

1. Low back pain - the patient does have some low back pain issues. He was injured on the job a year ago. He continues to have neck pain and low back pain, but now his pain is going down his right leg in the L5 distribution. I think an MRI of his lumbar spine would be warranted. He is already had a MRI of the cervical spine and does not require surgical intervention there. Patient most likely needs to continue with conservative care such as medicine management or epidural injections again.
   724.2: Lumbago
   - X-RAY, LUMBAR SPINE, 2 VIEW
   Possibility of Pregnancy?: N
   - MRI, LUMBAR SPINE
   Height (ft): 5 ft 11 in Weight (lbs): 327
   Possibility of Pregnancy?: N
   - gabapentin 300 mg capsule - Take 1 capsule(s) twice a day by oral route as directed for 30 days. Qty: 60 capsule(s) Refills: 0 Pharmacy: RITE AID-12845 MAIN STREET
   - Mobic 15 mg tablet - Take 1 tablet(s) every day by oral route as directed for 30 days. Qty: 30 tablet(s) Refills: 1 Pharmacy: RITE AID-12845 MAIN STREET
   - hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as directed for 15 days. Qty: 60 tablet(s) Refills: 1 Pharmacy: RITE AID-12845 MAIN STREET

2. Lumbar radiculopathy
   724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified
   - EPIDURAL STEROID INJECTION, LUMBAR (PROC)

3. Neck pain
   723.1: Cervicalgia

Return to Office
- to see Ty Carter, MD at CMI ORTHOPEDIC on or around 10/06/2014

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2013 (Stage 1), PQRS 2014
Last updated 08/25/2014

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
BMI Screening and Follow-Up	Out of Range
Colorectal Cancer Screening	Needs Data
Influenza immunization (MU)	Needs Data
Provide patient information	Needs Data
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 08/25/2014.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 08/25/2014 at 9:50am

Lab Result (#228601)

Interpretation	the MRI of the lumbar spine shows that the disc spaces are well maintained. He does have the beginnings of degenerative disc disease at L4-5. There is a slight broad based disc bulge at L4-5 with some right-sided foraminal stenosis. There is no central stenosis or foraminal stenosis at the other levels

MRI SPINE LUMBAR W/O CONTRAST f[redacted]WRENCE, TYRONE [redacted]

Ordering Provider	TY CARTER, MD	Performing facility	AIKEN REGIONAL MEDICAL CENTER (3RD FLOOR)
Reported Date	09/03/2014 09:44	Accession ID	768392845
Performed Date	09/03/2014		

MRI Lumbar Spine

Indication: Lower back pain following injury.

Technique: Sagittal T1, T2 and inversion recovery; axial T1, T2; T2 MR myelogram.

Findings: There is anatomic alignment. Small Schmorl's nodes are seen at all levels of the lumbar spine. Marrow signal is normal throughout the lumbar spine. Spinal cord terminates at the T12-L1 level. There is minimal desiccation of the L4-5 discs. There is very mild posterior disc bulging L3-4 and L4-5. There are mild hypertrophic changes of the posterior element as well as mild reactive facet disease at the L3-4 level. There is some mild resultant spinal stenosis at the L3-4 and L4-5 level. No direct impingement of the nerve roots is identified.

Impression:
1. No acute lumbar abnormality identified.
2. Mild to moderate degenerative changes at L3-4 and L4-5 with a mild spinal stenosis.

Dictated By:RONALD ROBINSON, MD
DID 44347

D:/T:sc/11188669 /Job ID 12117554 /DT:09/03/2014 13:15:36/TD:09/03/2014 17:20:54 /Rev: 09/03/2014 17:20:54
cc:

This document was electronically signed by RONALD ROBINSON, MD on 09/04/2014 15:22:50 .

***** Final *****

Dictated by:	Robinson MD, Ron P			Dictated DT/TM:	09/03/2(
Transcribed By:	RPRTranscribed by:	RPR		Transcribed D1	
Electronically Signed by:	Robinson MD, Ron P			Signed DT/TM:	09/04/2(

Interpretation for LAWRENCE, TYRONE [redacted]

X-RAY, LUMBAR SPINE, 2 VIEW (#189661, tied to order #189660)

Interpretation	Review of x-ray, lumbar spine, 2 view taken on 08/25/2014 at IN-OFFICE ORDER shows: Imaging Studies: Views: AP and lateral.

Return to Work / School

Patient: Lawrence, Tyrone
DOB: [redacted]
Address: 845 Colbert Bridge Road
Windsor, SC 29856-2532

Date: 08/25/2014
Patient ID: 2910

Note to Patient:

_x__ Was Seen in my office on: ___08/25/2014; Please excuse Mr. Lawrence for 08/24/2014 also.

___ May return to work/school on: _____

___ May Not return to work/school on: _____

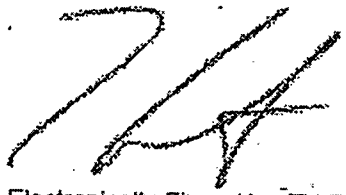
___ Work limitations: _____

___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty: _____



Electronically Signed by: TY CARTER, MD

LAWRENCE, TYRONE (id #2910, dob: [redacted]) Medication History

Name	Date
amlodipine	08/25/14 entered
aspirin	08/25/14 entered
gabapentin 300 mg capsule Take 1 capsule(s) twice a day by oral route as directed for 30 days., stop 09/24/2014	08/25/14 prescribed
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	08/25/14 prescribed
Lipitor	08/25/14 entered
Mobic 15 mg tablet Take 1 tablet(s) every day by oral route as directed for 30 days.	08/25/14 prescribed

Re: Tyrone Lawrence
MRN: [redacted]
DOB: [redacted] SSN: [redacted]

I have been treating Tyrone Lawrence as a result of an injury he sustained on August 14, 2013 when a light fixture fell on his head hitting him directly on top of the head and the right shoulder. Mr. Lawrence has been treated for both right shoulder pain and cervical spine pain. We obtained an MRI scan as well as EMG testing and Mr. Lawrence has been scheduled for cervical epidural steroid injections. It is my opinion that Mr. Lawrence's neck problem and shoulder pain where most probably caused by the event of the light fixture falling on his head and shoulder on August 14, 2013.

✓ I agree with the above statement.

_____ I do not agree with the above statement.

Ty Carter, MD

Dated: 3/14/14

LAWRENCE, TYRONE
60394

OFFICE VISIT
12/30/2013

HISTORY OF PRESENT ILLNESS: This is a 54-year-old gentleman who works at AGY. He weighs 340 pounds. He has history of neck trauma. Dr. Massie has treated him and was sent to see me. I felt he had a muscle strain issue. We obtained an MRI scan.

MRI: MRI scan of the cervical spine is without evidence of degenerative disc disease, collapse, herniation or encroachment of the nerve root.

PLAN: I think he has muscle strain issues. He complains of numbness and tingling in his hands. He might benefit from EMG nerve conduction study of his upper extremities, but he wants to try an epidural injection. A friend has had this test and has had improvement of his neck pain issues. Will schedule cervical epidural steroid injection consultation. He will return for followup as needed. I started him on Neurontin.

Ty W. Carter, MD

TWC/rc/383

LAWRENCE, TYRONE
60394

OFFICE VISIT
12/09/2013

HISTORY OF PRESENT ILLNESS: This is a 54-year-old, black male who weighs 340 pounds. He works at AGY. He was injured when the ceiling collapsed and a ceiling fan struck him in the back of his head. This happened about 4 months ago. He was treated initially at Doctors Care and subsequently sent to see Dr. Massie. Dr. Massie treated him for a cervical strain and sent him to physical therapy. The x-rays did not show any signs of fracture. Physical therapy helped slightly, but his pain has returned. He still works at AGY and doing his normal job. Any overhead activity worsens his pain. He has pain in his neck going down the bilateral shoulders. He occasionally has numbness in his hands, but does not feel any true numbness, tingling or pain shooting down to the hands. He has tried medicine management and physical therapy without relief.

PHYSICAL EXAMINATION: Examination shows a well-developed, well-nourished, black male in no apparent distress. He can rise from a sitting position without difficulty. He is tenderness to palpation in the paraspinal area of his cervical spine; basically the entirety from his occiput down to the cervical hump. He has mild trapezius tenderness. Full range of motion. Negative Lhermitte testing. Good strength in the bilateral deltoid, biceps, triceps, wrist flexion extension and intrinsics of the hand. Intact sensation throughout. Negative Hoffman sign.

X-RAYS: Flexion and extension films of the cervical spine were reviewed and show no obvious acute abnormality.

DIAGNOSIS: Presumed cervical strain.

PLAN: Obtain an MRI scan of the cervical spine. He has had pain for 4 months without improvement. He has tried medicine management and physical therapy. He might benefit from epidural injection. He will return after the MRI and decide how to proceed.

Ty W. Carter, MD

TWC/rc/220

LAWRENCE, TYRONE
60394

OFFICE VISIT
11/11/2013

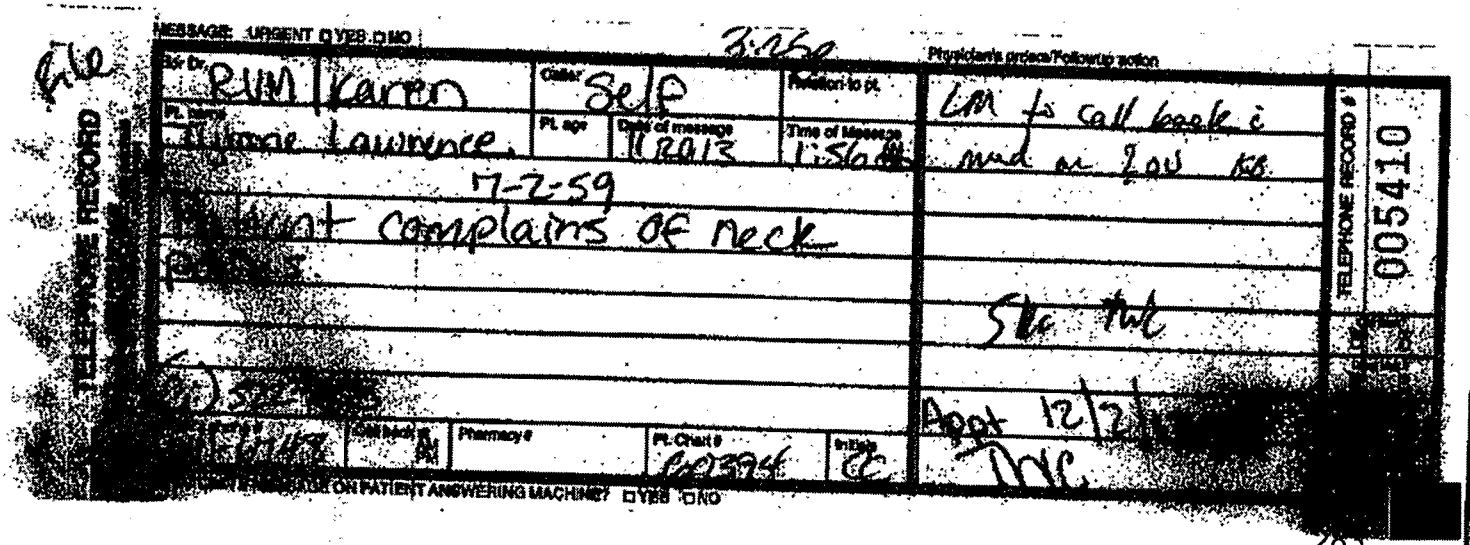
HISTORY OF PRESENT ILLNESS: Mr. Lawrence presents today for followup of his neck injury he sustained on 08/13/2013. He was at work when a light fixture fell on his head hitting him directly on the top of the head and the right shoulder. All of his pain down the right arm had subsided, but he continued to have persistent neck pain. He has been doing his therapy at Georgialina and states he is probably 50% to 60% better. He presents today for followup.

PHYSICAL EXAMINATION: Examination of his neck still reveals stiffness with end ranges of motion. He has limited cervical spine extension, good flexion, good lateral bending left and right and limitation with rotation. He has negative Spurling. He has full range of motion at the shoulders, elbows and wrists. He has 5/5 deltoid, biceps, triceps, wrist flexors, wrist extensors and interossei muscle strength. He has normal sensation to light touch.

ASSESSMENT AND PLAN: He is definitely doing better with regard to his pain. He is gradually improving. He states the main problem is when he is rotating, and he does not have to do that much at work. I will let him return to work next week. He will continue doing his therapy and then progress to a home exercise program as tolerated. I will see him again as needed.

R. Vaughan Massie, M.D.

RVM/ rs/2352



LAWRENCE, TYRONE
60394

OFFICE VISIT
10/10/2013

PAST MEDICAL/SURGICAL HISTORY/CURRENT MEDICATIONS/ ALLERGIES/SOCIAL HISTORY/REVIEW OF SYSTEMS: Thoroughly reviewed and updated. Medical history questionnaire is on the chart for review.

CHIEF COMPLAINT: Neck injury.

HISTORY OF PRESENT ILLNESS: Patient is a 54-year-old black male who sustained an injury nearly 2 months ago to his neck. He states on 08/13/2013, he was at work when a light fixture fell hitting him directly on the top of the head and right shoulder. He was seen at Aiken Regional and was placed in a soft cervical collar. He has worn this for the last 2 weeks. He was initially having some pain shooting down the right side with tingling down the arm, but states this has dissipated and his pain seems to be getting better. He denies any residual numbness and tingling down the arms. He presents today for evaluation.

PHYSICAL EXAMINATION: Well-developed, well-nourished black male in no acute distress. He is pleasant and cooperative throughout the exam. Height: 5 feet 11 inches. Weight: 332 pounds. Blood pressure: 130/82. Exam of his cervical spine reveals some stiffness due to immobilization. He has no point tenderness over the cervical spinous processes. I am unable to elicit any crepitus with range of motion of the C-spine, but he states sometimes he does feel this. He has slightly limited C-spine extension. He has full flexion, near full lateral bending and rotation. He has negative Spurling's. He has full range of motion at the shoulders, elbows and wrists. No focal neurologic deficits. 2+ pulses.

X-RAYS:

1. (ARMC) X-rays of the cervical spine reveal no acute fractures, dislocations, et cetera.
2. Repeat x-rays today, AP, lateral and flexion extension views reveal no evidence of instability. No acute fractures. No soft tissue swelling.

ASSESSMENT AND PLAN: Cervical strain. I am going to let him come out of the soft collar, begin working on range of motion. I have given him some cervical strain exercises. He is also going to continue with his anti-inflammatory medicine. I will see him back in 4 to 6 weeks and hopefully be able to release him to work at that time.

R. Vaughan Massie, M.D.

RVM/ps11/1893

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

60394.

EXCUSE FOR ABSENTEEISM

11/11/13

To whom it may concern:

Please excuse the absence of Tyrone Lawrence today as he was seen in my clinic for medical evaluation.He will be able to return to work on 11/18/13 without any restrictions.

Please contact me if there are any questions/concerns.

Sincerely,

Richard [illegible]sie, M.D.

www.CMI.md
Carolina Musculoskeletal Institute
803-644-4CMI (264)

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

603 94

EXCUSE FOR ABSENTEEISM

10/10/13

To whom it may concern:

Please excuse the absence of Tyrone Lawrence today as he was seen in my clinic for medical evaluation.He is to be off work through 10/10/13 until 11/11/13.

Please contact me if there are any questions/concerns.

Sincerely,

Richard V. Massie, M.D.

ld

60394

FAXED 01/03/14 1/22 RKD

GEORGIALINA PHYSICAL THERAPY ASSOCIATES

Discharge Summary

452 FABIAN DR AIKEN, SC 29803-6001
(803) 226-0249 FAX 803 226 0395

Name	TYRONE LAWRENCE	Admit Date	10/22/13
Diagnosis	723.1	Onset/Condition Chg	August 2013
Physician	MASSIE,VAUGHAN	Return to Doctor	
DOB	[redacted]	Sex	M

SHORT TERM GOALS	Progressing	Met	Not Met
1. Patient to be independent with HEP.	x		
2. Patient to report 20% improvement in night rest since start of PT.		x	
3. Patient to report pain at worst < 5/10 to improve quality of life.	x		
To be met in 1-2 weeks			
LONG TERM GOALS			
1. Patient to demonstrate cervical ROM WFL to assist with environmental scanning.	x		
2. Patient to increase right grip strength to 80 lbs.	x		
3. Patient to report 50% improvement in radicular symptoms since start of PT.		x	
4. Patient to demonstrate spine neutral posture at rest and with activity.			x
5. Patient to return to work at full duty when cleared by MD.	N/A		
To be met in 6 weeks			

CONCLUSIONS AND RECOMMENDATIONS:

We will d/c Tyrone from PT at this time secondary to no new orders received to continue with PT.

was evaluated by Georgialina Physical Therapy and has attended sessions to date.

THERAPIST: SARA E ROBERTS,DPT
Signature: Electronic
Date: 12/31/13

PHYSICIAN MASSIE,VAUGHAN
Signature:
Date: 01/03/14

Xrad 12.5.13

Carolina Musculoskeletal Institute, P

410 University Parkway, Suite 1200 • Aiken, SC 29801
Office Phone (803) 293-1519 Fax (803) 293-1526

Chart # C0324

Appt. Date 12/23/14 Time 9:10

Patient Name: Tyrone Jamison

Allergies/Medications: MRI (-) C-Spine

Ordering Physician: C.R.Lee

History: Neck Pain / Stiff / Numbness, tingling

DOB: 2.2.59

Diagnosis/Symptoms: Neck Pain / Stiff / Numbness, tingling

NOTE: *Other than pain!* Insurance claim may be denied with diagnosis of "pain" alone, must be site specific

Indicate ordering exam by circling selection

MRI		CT	X-RAYS		X-RAYS CONT.	
Brain		Brain	Spine		Lower Extremity ☐ R or ☐ L	
Spine	Cervical	Spine Cervical	C-Spine	AP/Lat	Pelvis	AP
	Thoracic	Thoracic		Flex/Ext		Judet
	Lumbar	Lumbar		Open Mouth		I/O
Extremity	☐ R or ☐ L	Orbits		Obliques	Hip	AP/Lat
Knee		Sinuses	T-Spine	AP/Lat		Bilateral
Hip		Temporal Bones	T/L Spine	AP/Lat		Multiple
Shoulder		CT Myelography	L-Spine	AP/Lat	Femur	AP/Lat
Elbow		CT Discogram		Obliques	Knee	AP/Lat
Wrist		Chest		Flex/Ext		Oblique
Hand		Abdomen	Lateral Bending			Sunrise
Ankle		Pelvis	Max. traction			Standing
Foot		Extremity ☐ R or ☐ L	36" Scoliosis	AP/Lat		Tunnel
Other		Knee	Sacrum/Coccyx		Leg	AP/Lat
Pelvis	Bony	Hip	Ribs		Ankle	AP/Lat
	Soft Tissue	Shoulder	Upper Extremity ☐ R or ☐ L			Oblique (Mortice)
Neck/Soft Tissue		Elbow	Clavicle		Foot	AP/Lat
TMJ	☐ R or ☐ L	Wrist	Scapula			Standing
Brachial Plexus		Hand	AP/Y		Calcaneus	Axial
Other		Ankle	Shoulder	AP/Axillary		Lateral
		Foot	AC Joint	w or w/o weights	Toes	AP/Lat
MRA		Other	Elbow	AP/Lat	PROCEDURES	
Brain		Neck/Soft Tissue		Multiple	Myelogram	Cervical
Carotid/Neck		Bony Pelvis	Forearm	AP/Lat		Thoracic
Aorta	Thoracic	Other	Wrist	AP/Lat		Lumbar
	Abdominal			Oblique	Biopsy	
Extremity	☐ R or ☐ L	CONTRAST		Ulnar Deviation	Lumbar Discogram	
Upper		☐ Yes		Clenched Fist	Arthrography	☐ R or ☐ L
Lower		☐ No	Hand	AP/Lat	Shoulder	
Venography		☐ Unsure		Multiple	Hip	
Location		*If unsure radiologist*		Norgard	Knee	
Other		*will protocol the exam.*	Digits	AP/Lat	Epidural Steroid Injection	
OSTEOPOROSIS			Chest	PA/Lat	Nerve Root Block	
☐ Bone Densitometry			Abdomen	KUB	Facet Block	

Be sure to tell the technologist if you have ever been a metal worker or have had any of the following:

- Pacemaker or Surgical Staples
- Shrapnel
- Hearing Aids or Cochlear Implants
- Dental Bridges
- Metal Implants
- Metal Aneurysm Clips
- Currently pregnant or claustrophobic
- History of Metal Fragments in Eyes
- Inferior Vena Cava Umbrella

Referring Physician's Signature _____ Date of Follow-up Appt. PRN

☐ STAT/CALL REPORT

AIK- Aiken Regional Medical Centers
Aiken, SC 29801-6302
(803) 641-5000

Patient: LAWRENCE, TYRONE
Ordering Physician: Carter MD,Ty
Attending Physician: Carter MD,Ty

Patient Type: Outpatient

Date of Birth: [redacted]
Patient Location: AIK SIC

Imaging

PROCEDURE
MRI Spine Cervical w/o Contrast

EXAM DATE/TIME
12/23/2013 14:10 EST

MRI of cervical spine

Indication: Persistent upper extremity paresthesias; Trauma/ fall 4 months ago..

Technique: Multisequence multiplanar MRI cervical spine without gadolinium.

Comparison: None.

Findings: There is loss of the normal cervical lordosis with straightening. Preserved disc space height and disc hydration. There is a small left lateral osteophyte uncovertebral joint degenerative changes on the left at C6-C7.

No bone edema. No compression fracture or extension injury.

Craniocervical junction unremarkable. Spinal cord shows normal morphology; No myelopathic cord changes.

Discs show normal hydration. No significant bulging. No disc herniation at any level. No central canal stenosis. No cord deformation seen.

Impression: Loss of normal cervical lordosis with straightening. This may indicate neck pain versus muscle spasm. No disc herniation, cord deformation nor myelopathic cord changes.

12/27/13

Dictated By:ROBERT SEARLES, D.O.
DID 45450

D:/T:/9821645 /Job ID 10659212 /DT:12/23/2013 16:29:58/TD:12/23/2013 16:27:15 /Rev: 12/23/2013 16:27:15
cc:

This document was electronically signed by ROBERT SEARLES, D.O. on 12/23/2013 16:29:58
***** *Final* *****

Dictated by: Searles DO, Robert *Dictated DT/TM:* 12/23/2013 4:29 pm
Transcribed By: RSTranscribed by: RS *Transcribed DT/TM:* 12/23/13 16:27:00
Electronically Signed by: Searles DO, Robert *Signed DT/TM:* 12/23/2013 4:29 pm

MRN: AIK033911 FIN: AIK0000114615206 Accession Number: 59-MR-13-003538 Page 1 of 1

Rec'd 12-9-13

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1200 • Aiken, SC 29801
Office Phone (803) 293-1519 Fax (803) 293-1526
Appt. Date 12-23-13 Time 1:30p - Southside

Chart # 60394

Patient Name: Tyrone Lawrence Ordering Physician: Carter
Allergies/Medications: 803-641-6748
History: 803-522-1075 - cell #
DOB: [redacted]
Diagnosis/Symptoms: Chronic neck pain / Strain / Rt neck & shoulder pain

NOTE: *Other than pain!* Insurance claim may be denied with diagnosis of "pain" alone, must be site specific.

Indicate ordering exam by circling selection. Numbers

MRI	CT	X-RAYS	X-RAYS CONT.
Brain	Brain	Spine	Lower Extremity ☐ R or ☐ L
Spine Cervical	Spine Cervical	C-Spine AP/Lat	Pelvis AP
Thoracic	Thoracic	Flex/Ext	Judet
Lumbar	Lumbar	Open Mouth	I/O
Extremity ☐ R or ☐ L	Orbits	Obliques	Hip AP/Lat
Knee	Sinuses	T-Spine AP/Lat	Bilateral
Hip	Temporal Bones	T/L Spine AP/Lat	Multiple
Shoulder	CT Myelography	L-Spine AP/Lat	Femur AP/Lat
Elbow	CT Discogram	Obliques	Knee AP/Lat
Wrist	Chest	Flex/Ext	Oblique
Hand	Abdomen	Lateral Bending	Sunrise
Ankle	Pelvis	Max. traction	Standing
Foot	Extremity ☐ R or ☐ L	36" Scoliosis AP/Lat	Tunnel
Other	Knee	Sacrum/Coccyx	Leg AP/Lat
Pelvis Bony	Hip	Ribs	Ankle AP/Lat
Soft Tissue	Shoulder	Upper Extremity ☐ R or ☐ L	Oblique (Mortice)
Neck/Soft Tissue	Elbow	Clavicle	Foot AP/Lat
TMJ ☐ R or ☐ L	Wrist	Scapula	Standing
Brachial Plexus	Hand	AP/Y	Calcaneus Axial
Other	Ankle	Shoulder AP/Axillary	Lateral
	Foot	AC Joint w or w/o weights	Toes AP/Lat
MRA	Other	Elbow AP/Lat	**PROCEDURES**
Brain	Neck/Soft Tissue	Multiple	Myelogram Cervical
Carotid/Neck	Bony Pelvis	Forearm AP/Lat	Thoracic
Aorta Thoracic	Other	Wrist AP/Lat	Lumbar
Abdominal		Oblique	Biopsy
Extremity ☐ R or ☐ L	**CONTRAST**	Ulnar Deviation	Lumbar Discogram
Upper	☐ Yes	Clenched Fist	Arthrography ☐ R or ☐ L
Lower	☐ No	Hand AP/Lat	Shoulder
Venography	☐ Unsure	Multiple	Hip
Location	*If unsure radiologist*	Norgard	Knee
Other	*will protocol the exam.*	Digits AP/Lat	Epidural Steriod Injection
OSTEOPOROSIS		Chest PA/Lat	Nerve Root Block
☐ Bone Densitometry		Abdomen KUB	Facet Block

Be sure to tell the technologist if you have ever been a metal worker or have had any of the following:

- Pacemaker or Surgical Staples
- Shrapnel
- Hearing Aids or Cochlear Implants
- Dental Bridges
- Metal Implants
- Metal Aneurysm Clips
- Currently pregnant or claustrophobic
- History of Metal Fragments in Eyes
- Inferior Vena Cava Umbrella

Referring Physician's Signature _____ Date of Follow-up Appt. 12-23-13

LAWRENCE, TYRONE
60394

X-RAY EXAM
12/09/2013

X-RAYS: Flexion and extension films of the *cervical spine* were reviewed and show no obvious acute abnormality.

TWC/rc/220

Ty W. Carter, MD

60394
RVM 11/11

GEORGIALINA PHYSICAL THERAPY ASSOCIATES

Physicians Update

452 FABIAN DR AIKEN SC 29803-6001
Phone: (803) 226-0249 Fax: 803-226-0395

Name	TYRONE LAWRENCE	Admit Date	10/22/13
Diagnosis	723.1	Onset/Condition Chg	August 2013
Physician	Dr. MASSIE	Return to Doctor	
DOB	[redacted]	Sex	M

SHORT TERM GOALS	Progressing	Met	Not Met
1. Patient to be independent with HEP	x		
2. Patient to report 20% improvement in night rest since start of PT.		x	
3. Patient to report pain at worst < 5/10 to improve quality of life.	x		
To be met in 1-2 weeks			
LONG TERM GOALS			
1. Patient to demonstrate cervical ROM WFL to assist with environmental scanning.	x		
2. Patient to increase right grip strength to 80 lbs.	x		
3. Patient to report 50% improvement in radicular symptoms since start of PT.		x	
4. Patient to demonstrate spine neutral posture at rest and with activity.			x
5. Patient to return to work at full duty when cleared by MD.			
To be met in 6 weeks			

CONCLUSIONS AND RECOMMENDATIONS:
Increased right grip strength: Was 66 #, now #75 (non-dominant grip strength is 100#). Increased with cervical ROT and LF. Flexion and extension are about the same as evaluation date. Tolerates present exercises that consist of CROM, grip strengthening, and postural strengthing. He is receving cervical traction and reporting a 10% decrease in radicular symptoms. 25% improvement with nighttime rest. Plan to continue with POC unless otherwise advised by MD.

TYRONE LAWRENCE was evaluated by Georgialina Physical Therapy and has attended 7 sessions to date.

THERAPIST: SHELLY BUMGARNER, PTA
Signature: Electronic
Date: 11/7/13

PHYSICIAN: DR. MASSIE
Signature:
Date: 11/08/13

FAXED 11/08/13

60394
RMO
11/11

GEORGIA-LINA PHYSICAL THERAPY ASSOCIATES

Plan of care

452 FABIAN DR AIKEN, SC 29803-6001
(803) 226-0249 803 226 0395

Name	TYRONE LAWRENCE	Admit Date	10/22/13
Diagnosis	723.1	Date of Onset/Injury/Surg	August 2013
Physician	Dr. MASSIE	Return to Doctor	
DOB	[redacted]	Sex	M

PRESENTING NEEDS

Limited cervical ROM
Decreased night rest
Decreased grip strength right UE
Right UE paresthesias
(+) cervical compression and distraction test
Not currently working
Pain 10/10 at worst
Rounded shoulders/forward head

ADDITIONAL COMMENTS

Patient is a 54 year old male complaining of neck pain and right UE pain that began in August after a drop ceilling fell on him at work. Patient has a (+) cervical compression and distraction test with PT exam. Patients signs and symptoms appear consistent with the diagnosis of cervical strain with right UE radiculopathy. Patient could benefit from skilled PT to address impairments to reduce radicular symptoms.

SHORT TERM GOALS

1. Patient to be independent with HEP
2. Patient to report 20% improvement in night rest since start of PT
3. Patient to report pain at worst < 5/10 to improve quality of life.

To be met in 1-2 weeks

LONG TERM GOALS

1. Patient to demonstrate cervical ROM WFL to assist with environmental scanning.
2. Patient to increase right grip strength to 80 lbs.
3. Patient to report 50% improvement in radicular symptoms since start of PT.
4. Patient to demonstrate spine neutral posture at rest and with activity.
5. Patient to return to work at full duty when cleared by MD.

To be met in 6 weeks

MODALITIES / EXERCISES

X	Modalities		Gait Training
X	Therapeutic Activities	X	Neuromuscular Re-education
X	Therapeutic Exercises		Aquatic Therapy
X	Manual Therapy	X	Other: Traction/HEP/Patient Education

Frequency of Treatment:	2-3 times a week for 6 weeks
Rehab potential:	Good
Patient/Family understand and approve of goals:	yes

THERAPIST: MARY K. MERWIN, PT, DPT	PHYSICIAN: DR. MASSIE
Signature: Electronic MKM	Signature:
Date: 10/22/13	Date: 10/24/13

FAXED 10/25/13

Carolina Musculoskeletal Institute,
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

Please call
& sch.

CMI Orthopedics
CLARK D. MOORE, M.D.
DOUGLAS E. HOLFORD, M.D.
TIMOTHY J. SHANNON, M.D.
TY W. CARTER, M.D.
R. VAUGHAN MASSIE, M.D.
ADAM C. SCHAAF, M.D.

CMI Imaging
DAVID D. GOLTRA JR, M.D.

CMI Pain Management
RUSSELL K. DANIEL, M.D

CMI Neurology
MICHELLE M. LYON, M.D.

CMI Rheumatology & Osteoporosis
EDWIN MARTINEZ de ANDINO, M.D.

CMI Podiatry
MACKIE J. WALKER, D.P.M.
ANGELA H. MOLNAR, D.P.M.

Physical Therapy Prescription

PATIENT'S NAME: Tyrone Lawrence **DATE:** 10-14-13

DOB: [redacted] **SS#:** [redacted] **PHONE NUMBER:** (803) 641-6748 / (803) 522-1075

ADDRESS: 845 Colbert Bridge Rd **CITY:** Windsor **ST** SC **ZIP** 29856

PRIMARY INSURANCE: BCBS **POLICY #** [redacted]

Diagnosis/Codes: Cervical Stiff

Physician Orders: Evaluation and treatment as indicated: per protocol

- ☑ Physical Therapy
- ☐ Occupational Therapy
- ☐ Sports Therapy
- ☐ Functional Capacity Evaluation
- ☐ Work Conditioning
- ☑ Modalities
- ☐ Special Splinting

Goals: ☐ Increase Strength
☐ Increase ROM
☐ Increase Endurance
☐ Decrease Pain/Swelling
☐ Return to pre-injury/illness status

Physician Signature: [signature] **Date:** 10/14/13

Physician Name (printed): Martin

Please circle one of the following P.T places:

South Aiken P.T.
681 Silver Bluff Rd,
P-649-9797/F-642-2759

Hitchcock Healthcare(Aiken)
690 Medical Park Dr
P-293-4318/F-648-1631

Hitchcock Healthcare (Barnwell)
10588 Dunbarton Blvd,
P (803) 259-5838/F-(803)259-7493

Hitchcock Healthcare (SS)
440 Society Hill Dr (Aiken)
P-226-0136/F-226-0138

Progressive P.T.
1029 York St, Aiken
P-502-1484/F-502-1485

Sports Plus (Aiken)
170 University Parkway
P-649-9975 F-649-3357

Sports Plus (SS)
1397 Silverbluff rd
P-270-1073 F-380-7044

Georgialina PT (Aiken/SS)
452 Fabian Dr
P-226-0249/Fax-226-8395

Georgialina PT
(Suite 1540/Aiken Med Center)
P-226-0520/Fax-225-0524

OTHER THERAPY LOCATION:
CHIROPRACTOR REFERRAL:

Faxed 10-1[redacted] 294 E-M

LAWRENCE, TYRONE
60394

X-RAY EXAM
10/10/2013

X-RAYS:

1. (ARMC) X-rays of the cervical spine reveal no acute fractures, dislocations, et cetera.
2. Repeat x-rays today, AP, lateral and flexion extension views reveal no evidence of instability. No acute fractures. No soft tissue swelling.

R. Vaughan Massie, M.D.

RVM/ps11/1893

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/22/2015

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	**Appt. Date/Time**	05/22/2015 08:00AM
DOB	[redacted]	**Service Dept.**	CMI ORTHOPEDIC UNIV
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted] Policy/Group Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

neck pain

f/u neck pain.Still hurting. Here today to talk about surgery. Wants to look at the first MRI to compare with the last one.

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417

Problems

- Cervical radiculopathy
- Prolapsed cervical intervertebral disc
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date	
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days	05/11/15	prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery

Family History

Reviewed Family History
Mother - Hypertensive disorder

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right.
Work related injury?: Y.
Auto related injury?: N.

Vitals

05/22/2015 08:20 am

Ht:	5 ft 11 in	**Wt:**	297.9 lbs	**BMI:**	41.5
BP:	140/88 sitting L arm	**Pain Scale:**	8		

HPI

same complaint as before. Went for a second opinion. Here to discuss the surgical intervention further.

ROS

Musculoskeletal: Musculoskeletal: **arthralgias/joint pain.**

Physical Exam

None recorded.

Assessment / Plan

1. Prolapsed cervical intervertebral disc
722.0: Displacement of cervical intervertebral disc without myelopathy
- ANTERIOR CERVICAL DISCECTOMY AND FUSION FOR DECOMPRESSION (SURG) - Note to Provider: ACDF C5-6

2. Degeneration of cervical intervertebral disc
722.4: Degeneration of cervical intervertebral disc

Discussion

Discussion Notes

55-year-old the severe neck pain and left upper extremity pain and weakness. he has an extremely lowers disc herniation and extruded disc fragment at C5-6 causing severe spinal cord and foraminal stenosis. The patient would definitely require an ACDF C5-6 to alleviate his symptoms. he went for a second opinion by Dr. Poletti in the same surgery was recommended. The patient is here to set up surgery. I did go over the surgery at length with him today.The risks and benefits associated with the surgery were discussed at length today, including but not limited to, death, heart and lung, anesthesia, DVT/PE, infection, bleeding, neurovascular injury, nonunion, hardware failure, chance of continued postoperative pain, chance of other surgeries, vocal cord injury, difficulty swallowing, etc.. The patient wishes to proceed.

Return to Office

None recorded.

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015
Last updated 05/21/2015

Measure	Status

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Colorectal Cancer Screening	Needs Data
Influenza immunization (Full-year)	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episodes
BMI Screening and Follow-Up	Out of Range
Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 05/22/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 05/22/2015 at 8:42am

Encounter Date: 05/11/2015

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	**Appt. Date/Time**	05/11/2015 09:45AM
DOB	[redacted]	**Service Dept.**	CMI ORTHOPEDIC UNIV
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted] Policy/Group [redacted] Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

Test Results

MRI RESULTS OF C-SPINE. PT SAYS HE IS STILL HAVING SHOOTING PAIN ON LT SIDE.

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417

Problems

- Cervical radiculopathy
- Prolapsed cervical intervertebral disc
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Name	Date
aspirin 325 mg tablet Take 1 tablet(s) every day by oral route.	05/11/15 entered
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	05/11/15 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery

Family History

Reviewed Family History
Mother - Hypertensive disorder

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right

Vitals

Ht: 511 ft 05/11/2015 11:10 am	**Wt:** 292.5 lbs 05/11/2015 11:10 am	**BMI:** 0 05/11/2015 11:10 am
BP: 132/84 sitting L arm 05/11/2015 11:14 am		

HPI

55-year-old gentleman who I treated for low back problems in the past and he was having worsening neck pain and left upper extremity pain with weakness. Pain medicines are not working. He is continuing to have a decrease in function and cannot work. He was sent for an MRI and is here for followup

ROS

None recorded.

Physical Exam

None recorded.

Results / Interpretations

EXTERNAL RESULT

MRI cervical spine shows generalized spondylosis. He has an extremely large central and left-sided disc herniation with extruded disc causing severe spinal stenosis and encroachment upon the left C6 nerve root

Assessment / Plan

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Provider TY CARTER, MD

Insurance Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC
Insurance # : [redacted]
Policy/Group [redacted]
Prescription: CMX - Member is eligible. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

neck pain

Pt states that his neck pain is getting worse. Pt has trouble sleeping at night and cant use his left arm. Pt has had injections with Dr Daniel, Medro Dose Pack, and hydrocodone. No Relief using any of that

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417
RITE AID-12845 MAIN STREET (ERX): 12845 MAIN STREET, WILLISTON SC 29853, Ph (803) 266-4345, Fax (803) 266-4653
RITE AID-605 NORTH MAIN STREE (ERX): 605 NORTH MAIN STREET, NEW ELLENTON SC 29809, Ph (803) 652-2721, Fax (803) 652-8031

Problems

- Cervical radiculopathy
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date
aspirin	08/25/14 entered
hydrocodone 5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	04/17/15 prescribed
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days	04/24/15 prescribed
meloxicam 15 mg tablet Take 1 tablet(s) every day by oral route.	04/10/15 prescribed
Robaxin 500 mg tablet Take 2 tablet(s) 4 times a day by oral route as needed for 15 days	04/10/15 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

1. Degeneration of cervical intervertebral disc

722.4: Degeneration of cervical intervertebral disc

2. Prolapsed cervical intervertebral disc

722.0: Displacement of cervical intervertebral disc without myelopathy

- hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as directed for 15 days. Qty: 60 tablet(s) Refills: 0 Pharmacy: KROGER ATLANTA 675

Discussion

Discussion Notes

55-year-old the severe neck pain and left upper extremity pain and weakness. he has an extremely lowers disc herniation and extruded disc fragment at C5-6 causing severe spinal cord and foraminal stenosis. The patient would definitely require an ACDF C5-6 to alleviate his symptoms. I do not think that epidural injection or physical therapy play a role in the treatment plan at this point since his disc extrusion is so large. The patient is going to talk to his wife about the surgery and let me know. I did go over the surgery at length with him today.The risks and benefits associated with the surgery were discussed at length today, including but not limited to, death, heart and lung, anesthesia, DVT/PE, infection, bleeding, neurovascular injury, nonunion, hardware failure, chance of continued postoperative pain, chance of other surgeries, vocal cord injury, difficulty swallowing, etc.. The patient wishes to proceed.

Return to Office

- Kevin Ard, PA for ESTABLISHED PT 15 MINUTES at CMI ORTHOPEDIC UNIV on 05/29/2015 at 01:00 PM

QM

Provider: tcarter23

Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015

Last updated 05/09/2015

Measure	Status
BMI Screening and Follow-Up	Needs Data
Colorectal Cancer Screening	Needs Data
Influenza immunization (MU)	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episodes
Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 05/11/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 05/11/2015 at 11:45am

Encounter Date: 04/24/2015

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	**Appt. Date/Time**	04/24/2015 10:30AM
DOB	[redacted]	**Service Dept.**	CMI ORTHOPEDIC UNIV

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

· Gallbladder Surgery

Family History

Reviewed Family History
Mother - Hypertensive disorder

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right.

Vitals

Ht: 5 ft 11 in 04/24/2015 10:48 am	**Wt:** 295 lbs 04/24/2015 10:54 am	**BMI:** 41.1 04/24/2015 10:54 am
BP: 140/88 04/24/2015 10:54 am	**Pain Scale:** 9 04/24/2015 10:54 am	

HPI

55-year-old gentleman who was treated by me in the past for a low back problem. He is back to work. He is now having worsening symptoms of his neck and left arm. He has been seen in our office a few months ago by the physician's assistant with cervical radiculopathy. The patient had an MRI in 2013 of his cervical spine because of some symptoms at that time also. The patient is getting worse. He denies recent trauma here he has tried activity modification and medications recently without relief. A few months ago he underwent a cervical epidural injection and only got about 6 weeks of relief. The patient feels that the pain isn't so much more severe now that he might benefit from surgery. The patient describes symptoms from his back, through the left trapezius and down the posterior left arm to the hand. The patient feels that he is getting weakness. The patient does not feel he can work with this amount of pain

ROS

None recorded.

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Right: carotid normal and subclavian normal. Arterial Pulses Left: carotid normal and subclavian normal.

Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the paracervicals, the sternocleidomastoid, the trapezius, or the rhomboid. Soft Tissue Palpation on the Left: **tenderness of the paracervicals, the sternocleidomastoid, and the trapezius; trapezius trigger point pain;** and no tenderness of the rhomboid. Bony Palpation: no tenderness of the occipital protuberance or the mastoid process and **tenderness of the transverse process left at C 7, the C6 spinous process, and the C7 spinous process.** Passive Range of Motion: **flexion (70 deg.)** and **extension (10 deg.)** and rotation normal.

Motor Strength: Neck Strength (Intrinsics): extension 5/5, flexion 5/5, rotation 5/5, and lateral flexion 5/5. C5 on the Right: abduction deltoid 5/5, external rotation infraspinatus 5/5, and internal rotation supraspinatus 5/5. C5 on the Left: abduction deltoid 5/5, external rotation infraspinatus 5/5, and internal rotation supraspinatus 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5 and flexion wrist 5/5. C7 on the Left:

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Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

extension triceps 5/5 and flexion wrist 5/5. C8 on the Right: flexion fingers 5/5. C8 on the Left: flexion fingers 5/5. T1 on the Right: abduction fingers 5/5. T1 on the Left: abduction fingers 5/5.

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: **diminished (1).** Sensation on the Right: normal median nerve distribution and ulnar nerve distribution and C5 normal, C6 normal, C7 normal, C8 normal, T1 normal, T2 normal, and sensation of the distal extremities normal. Sensation on the Left: normal median nerve distribution and ulnar nerve distribution; **C7 decreased sensation of the middle finger** and **C8 decreased sensation of the 4th and 5th digits, ulnar hand and distal forearm**; and C5 normal, C6 normal, T1 normal, T2 normal, and **distal** extremities normal. Special Tests on the Right: Spurling's test negative and Hoffman's reflex absent. Special Tests on the Left: Hoffman's reflex absent and **Spurling's test positive.**

Skin: Head and Neck: normal. Right Upper Extremity: normal. Left Upper Extremity: normal.

Assessment / Plan

1. Cervical radiculopathy

353.2: Cervical root lesions, not elsewhere classified

- MRI, C-SPINE

Height (ft.): 5 ft 11 in Weight (lbs): 294

Possibility of Pregnancy?: N

- hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as directed for 15 days. Qty: 60 tablet(s) Refills: 0 Pharmacy: KROGER ATLANTA 675

2. Degeneration of cervical intervertebral disc

722.4: Degeneration of cervical intervertebral disc

3. Neck pain

723.1: Cervicalgia

Discussion

Discussion Notes

55-year-old gentleman who had a previous work-related injury to his back. He is back to work and is now having worsening cervical radiculopathy. He has been treated for his neck a few times over the last 6 months. He is describing worsening pain from his neck down the posterior left arm to the hand. The epidural injection only gave him relief for about 6 weeks. He has been to see Dr. Daniel for different medicines. The medicines are not controlling symptoms. He has tried activity modification and home exercises. The patient's last MRI was in 2013. I will order a new cervical MRI. I suspect he would benefit from an ACDF C6-7. We will discuss his options when he returns. I will keep him out of work until I see him back

Return to Office

- to see Ty Carter, MD at CMI ORTHOPEDIC UNIV on or around 05/01/2015
- Kevin Ard, PA for ESTABLISHED PT 15 MINUTES at CMI ORTHOPEDIC UNIV on 05/29/2015 at 01:00 PM

QM

Provider: tcarter23

Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015

Last updated 04/23/2015

Measure	Status
Colorectal Cancer Screening	Needs Data
Influenza immunization (MU)	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episodes
BMI Screening and Follow-Up	Out of Range

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 04/24/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 04/24/2015 at 11:46am

Best Available Copy

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Lab Results

Lab Result 05/11/2015 (#521052)

Interpretation	MRI cervical spine shows generalized spondylosis. He has an extremely large central and left-sided disc herniation with extruded disc causing severe spinal stenosis and encroachment upon the left C6 nerve root.

Best Available Copy

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800

LAWRENCE, TYRONE (id #2910, dob: [redacted]

MRI SPINE CERVICAL W/O CONTRAST

(#519960, Final, 05/07/2015)

MRI Cervical Spine

Indication: Left arm, neck, and leg pain, cervical radiculopathy, nerve root lesion.

Technique: Multiplanar T1 and T2 MR images through the cervical spine are provided.

Comparison: 12/23/13.

Findings: Cervicomedullary junction is normal. No abnormal signal is seen in the cervical spinal cord. There is straightening of the cervical lordosis suggesting muscle spasm versus positioning.

C1-2: Within normal limits.
C2-3: Within normal limits.
C3-4: Mildly bulging disc compressing the anterior thecal sac. No canal or foraminal stenosis.
C4-5: Mild disc bulge compressing the anterior thecal sac. No canal or foraminal stenosis.
C5-6: There is a large broad-based approximately 10 x 5 x 10 mm left paracentral lesion compressing the left lateral recess and creating left recess and foraminal stenosis. Signal intensity is isointense to intervertebral disc. Differential diagnosis includes intradural disc herniation extending along the nerve root versus a nerve root lesion (Schwannomas/ neurofibroma or meningioma). Correlate clinically and with history. If warranted consider follow-up with Gadolinium. There is impingement in the exiting left C5-6 and the nerve root is affected. No myelopathic changes are seen in the cervical cord. The right neuroforamen is patent.
C6-7: Bulging disc compressing the anterior thecal sac. No canal or foraminal stenosis.
C7-T1: Within normal limits.

Impression:

1. Large left paracentral left lateral recess lesion causing left neuroforaminal stenosis and affecting the left C5-6 nerve root. This may represent an intradural disc herniation, but nerve root/ sheath nerve root tumor cannot be completely excluded. Clinical correlation and if warranted follow-up with Gadolinium are recommended to differentiate a disc versus Schwannomas/ neurofibroma, meningioma, or other neoplastic process. No myelopathic changes are seen in the cervical cord at this level.
2. Multilevel degenerative disc bulges which appear to be neurologically insignificant, as discussed in the above details.

Dictated By:ANTHONY TOOMER, MD
DID 45443

D:/T:pt/12479774 /Job ID 13493043 /DT:05/08/2015 09:14:41/TD:05/08/2015 10:39:56 /Rev: 05/08/2015 10:39:56
cc:

This document was electronically signed by ANTHONY TOOMER, MD on 05/08/2015 16:12:20 .

***** Final *****

Dictated by:	Toomer, Anthony MD		Dictated DT/TM:	05/08/2015 9:1
Transcribed By:	ATTranscribed by:	AT	Transcribed DT/TM:	
Electronically Signed by:	Toomer, Anthony MD		Signed DT/TM:	05/08/2015 4:1

Return To Work Form

CENTER LOCATION:

- ☐ Aiken Mall - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☐ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

PATIENT INFORMATION:

Name: Virginia Lawrence Arrival Time: 9:21 Discharge Time: 11:56

Date: 8-19-13 Company Name:

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

Return for re-evaluation at this location on _____ Time: _____

☑ 3. May work with the following accommodations as of: 8/19/13

- ☑ No lifting more than 0 lbs.
- ☑ No operation of hazardous or fast-moving machinery, no driving.
- ☑ Ground level work only, no ladders or heights.
- ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☑ No continuous standing and/or sitting
- ☑ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☑ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: ✓ referred to Ortho

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Lumbar Radiculopathy, Cervical Radiculopathy Medications: ☑ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Orthopedics Date: _____ Time: _____

For: _____

Address: _____

Doctors Care

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ 8-19-13
Employee Signature Date

X _____ 8/19/13
Provider Signature Date

Occupational Medicine Note

LAWRENCE, TYRONE - [redacted]

Neck Pain *

Patient: **LAWRENCE, TYRONE** MRN: [redacted] FIN: 1666050
Age: 54 years Sex: Male DOB: [redacted]
Associated Diagnoses: Lumbar Radiculopathy
Author: Gordineer MD, Dale

Visit Information

Date of Service: 08/19/2013 09:45 am Performing Location: Doctors Care - Aiken Mall Encounter#: 1666050

Primary Care Provider (PCP): D9003 -GORDINEER, DALE R

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint
8/19/2013 10:12 AM EDT wc f/u

History of Present Illness
The patient presents with neck pain. Workers comp follow up. Neck pain after ceiling collapsed on him. Now states has a clicking in his back and right leg is giving out on him. Also having tingling and pain and weakness in his right arm..

Review of Systems
Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative except as documented in history of present illness.
Psychiatric: Negative.

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Documented Medications
Documented
Flexeril 5 mg oral tablet: 0 Refill(s), Type: Maintenance
Norvasc: 0 Refill(s), Type: Maintenance
naproxen sodium 550 mg oral tablet: 0 Refill(s), Type: Maintenance
Problem list:
All Problems
Morbid Obesity / ICD-9-CM 278.01 / Probable

Histories
Past Medical History:
No active or resolved past medical history items have been selected or recorded.
Family History:
Diabetes Mellitus

Occupational Medicine Note

LAWRENCE, TYRONE - [redacted]

Mother
HTN (Hypertension)
Brother

Social History:
Alcohol Assessment
Never
Tobacco Assessment
Never

Physical Examination
Eye: Pupils are equal, round and reactive to light. Extraocular movements are intact.
Neck: Posterior neck tenderness.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
VS/Measurements
Vital Signs

8/19/2013 10:12 AM EDT

Temperature Oral	98.0 DegF
Peripheral Pulse Rate	70 bpm
Respiratory Rate	18 br/min
Systolic Blood Pressure	126 mmHg
Diastolic Blood Pressure	84 mmHg
Mean Arterial Pressure	98 mmHg

, Measurements from flowsheet : Measurements
8/19/2013 10:12 AM EDT

Height	71 in
Weight	329 lb
BSA	2.73 m2
Body Mass Index	45.88 kg/m2

Musculoskeletal:
Mobility/ gait: Right UE strength 4/5. Dtr's 2+ equal.,
Lower extremity exam: Lower extremity exam is within normal limits.
Integumentary: Warm, Dry.
General: Alert and oriented, No acute distress.

Impression and Plan
Diagnosis
Lumbar Radiculopathy (ICD9 724.4).
Plan: C-collar.
Refer to: Orthopedics.
Summary: At this point will keep pt on limited duty and refer ro ortho..
Orders
Orders.
Requests (Consults / Referrals):
Referral (Request) (Order): Referred to: Orthopaedics
Orders.
Charges (Evaluation and Management):
99214 office/outpatient visit est (Charge) (Order): Quantity: 1

Signature Line

Signed and Authored by Dale Gordineer on 08/19/2013 10:52 AM EDT

Printed by: Fischer, Jennifer
Printed on: 01/08/2014 3:44 PM EST

Occupational Medicine Note

LAWRENCE, TYRONE - [redacted]

Charted Date: August 19, 2013 10:23 AM EDT
Subject / Title: Neck Pain *
Performed By: Gordineer MD, Dale on August 19, 2013 10:52 AM EDT
Electronically Signed By: Gordineer MD, Dale on August 19, 2013 10:52 AM EDT
Visit Information: 1666050, Doctors Care - Aiken Mall, Outpatient, 08/19/2013 - 08/21/2013

Return To Work Form

CENTER LOCATION:

- ☑ Aiken Mall - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☐ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

PATIENT INFORMATION:

Name: Jaime Lawrence Arrival Time: _____ Discharge Time: _____

Date: 8-15-13 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - Return for re-evaluation at this location on _____ Time: _____
- ☑ 3. May work with the following accommodations as of: 8/15/13
  - ☐ No lifting more than 10 lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☑ Ground level work only, no ladders or heights.
  - ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☐ No continuous standing and/or sitting.
  - ☐ Minimal walking or climbing (including stairs)
  - ☐ Limited use of _____
  - ☑ No overhead lifting.
  - ☐ No high repetitive hand activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☑ 5. Return for re-evaluation at this office on 8/22/13 Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Cervical Strain Medications: ☑ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____

For: _____

Address: _____

DOCTOR'S CARE/AIKEN
830 AIKEN MALL BLVD.
AIKEN, SC 29803

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ Date _____ X _____ 8/15/13

Employee Signature

Occupational Medicine Note

LAWRENCE, TYRONE - [redacted]

Neck Pain *

Patient: **LAWRENCE, TYRONE** MRN: [redacted] FIN: [redacted]
Age: **54 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **Neck pain; Cervical Strain**
Author: **Gordineer MD, Dale**

Visit Information

Date of Service: 08/15/2013 12:33 pm **Performing Location:** Doctors Care - Aiken Mall **Encounter#:** 1661028

Primary Care Provider (PCP): D9003 -GORDINEER, DALE R

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint
8/16/2013 2:26 PM EDT EST WKC cervical strain

History of Present Illness
The patient presents with neck pain. The neck pain is worsening. The context of the neck pain: occurred in association with work. Ceiling collapsed on head yesterday at work. Went to ER. Took x-rays and gave medications..

Review of Systems
Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative except as documented in history of present illness.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.

Health Status
Allergies:
Allergic Reactions (All)
No known allergies
Medications: (Selected)
Documented Medications
Documented
Flexeril 5 mg oral tablet: 0 Refill(s), Type: Maintenance
Norvasc: 0 Refill(s), Type: Maintenance
naproxen sodium 550 mg oral tablet: 0 Refill(s), Type: Maintenance
Problem list:
All Problems
Morbid Obesity / ICD-9-CM 278.01 / Probable

Histories
Past Medical History:
No active or resolved past medical history items have been selected or recorded.
Family History:
Diabetes Mellitus

Printed by: Fischer, Jennifer
Printed on: 01/09/2014 3:44 PM EST

Occupational Medicine Note

LAWRENCE, TYRONE [redacted]

Mother
HTN (Hypertension)
Brother

Social History:
Alcohol Assessment
Never
Tobacco Assessment
Never

Physical Examination
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.
HENT: Normocephalic, Tympanic membranes are clear.
Neck: Tenderness at posterior, Full range of motion, Stiffness.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.
Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop.
VS/Measurements
Vital Signs

8/15/2013 2:26 PM EDT

Temperature Oral	97.9 DegF
Peripheral Pulse Rate	58 bpm LOW
Respiratory Rate	16 br/min
Systolic Blood Pressure	126 mmHg
Diastolic Blood Pressure	82 mmHg
Mean Arterial Pressure	97 mmHg
BP Site	Left arm

. Measurements from flowsheet : Measurements

8/15/2013 2:26 PM EDT

Height	71 in
Weight	329 lb
BSA	2.73 m2
Body Mass Index	45.88 kg/m2

Musculoskeletal: Normal range of motion, Normal strength.
Integumentary: Warm, Dry.
General: Alert and oriented.

Impression and Plan
Diagnosis
Neck pain (ICD9 723.1).
Cervical Strain (ICD9 847.0).
Plan: C-collar.
Refer to: Reviewed x-ray report from ER. No acute findings..
Summary: If any increased pain or other concerns go to ER..
Orders
Orders.
Charges (Evaluation and Management):
99214 office/outpatient visit est (Charge) (Order): Quantity: 1
Requests (General Services):
C-Collar (Order): C-Collar

Signature Line

Signed and Authored by Dale Gordineer on 08/15/2013 03:16 PM EDT

Employer Authorization Form

Complete this form and fax or bring to your Doctors Care center

Error on

Patient Name: ~~Street~~ Tyrone Lawrence Date: 8/15/13

Company: AIG Contact/Phone: 643-1147 Fax: 643-1259

Company Address: 2556 Wagener Rd. Aiken SC BT Account #:

Temporary Staffing Agency: ___ Contact/Phone: ___

REQUIRED SERVICES (check all that apply)

Work Related

☒ Worker's Compensation Injury Treatment:

Date of Injury: 8/14/13

Type of Injury: Contusion + Soft Tissue Sprain To Neck

☐ Post-accident Drug Screen required NO

Drug Screen/Breath Alcohol Testing

☐ Drug Screen

☐ NIDA: (check agency below)

DOT Agency: ☐ FMCSA ☐ FTA ☐ PHMSA ☐ FAA ☐ FRA ☐ USCG

☐ Non-NIDA: (fill in test code below)

☐ 5 Panel ☐ 9 Panel ☐ 10 Panel ☐ 7 Panel ☐ Other ___

☐ Instant

☐ Breath Alcohol

☐ NIDA ☐ Non-NIDA

Physical Examination

☐ DOT Physical

☐ Pre-Employment PE

☐ Respirator Clearance PE

☐ Physical (Other):

Specify: ___

Special Examination

☐ Audiogram ☐ Blood Lead Level

☐ Chest X-ray ☐ Hepatitis B Immunization

☐ Hepatitis B Profile ☐ Spirometry with Letter

☐ PPD (TB test) ☐ Tetanus

☐ Flu Shot

☐ Other: ___

☐ Other: ___

☐ Other: ___

☐ Other: ___

REQUIRED FOR ALL WORKER'S COMPENSATION CLAIMS:

Has Employer filled out First Report of Injury? ☒ Yes ☐ No (send copy if available)

Where are claims to be filed? ☐ Employer ☒ Carrier

WC Carrier: Strategic Comp Services Phone #: 1-800-467-7725

Address: PO B 1445

City: Alpharetta State: GA Zip: 30009

This Certifies that the above information is correct.

I authorize the medical provider to provide medical treatment to the employee named above.

Ann Tyler RN BSN 8/15/13 11:55 AM

Signature or Company Authorization Number Date

Ann Tyler RN BSN COHN-S/DCM

Printed Name Position Title

For Internal Use Only

Form Completed By: ___ Initials: ___

Center Name: ___ Date: ___

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[OCC-F001-(08-11)]

AIK- Aiken Regional Medical Centers
Aiken, SC 29801-6302
(803) 641-5000

Patient: LAWRENCE, TYRONE
Ordering Physician: n/a
Attending Physician: Carter MD,Ty

Patient Type: Outpatient

Date of Birth: [redacted]
Patient Location: AIK SIC

Imaging

PROCEDURE
MRI Spine Cervical w/o Contrast

EXAM DATE/TIME
12/23/2013 14:10 EST

MRI of cervical spine

Indication: Persistent upper extremity paresthesias; Trauma/ fall 4 months ago..

Technique: Multisequence multiplanar MRI cervical spine without gadolinium.

Comparison: None.

Findings: There is loss of the normal cervical lordosis with straightening. Preserved disc space height and disc hydration. There is a small left lateral osteophyte uncovertebral joint degenerative changes on the left at C6-C7.

No bone edema. No compression fracture or extension injury.

Craniocervical junction unremarkable. Spinal cord shows normal morphology; No myelopathic cord changes.

Discs show normal hydration. No significant bulging. No disc herniation at any level. No central canal stenosis. No cord deformation seen.

Impression: Loss of normal cervical lordosis with straightening. This may indicate neck pain versus muscle spasm. No disc herniation, cord deformation nor myelopathic cord changes.

Dictated By:ROBERT SEARLES, D.O.
DID 45450

D:/T:/9821645 /Job ID 10659212 /DT:12/23/2013 16:29:58/TD:12/23/2013 16:27:15 /Rev: 12/23/2013 16:27:15
cc:

This document was electronically signed by ROBERT SEARLES, D.O. on 12/23/2013 16:29:58 .
***** *Final* *****

Dictated by: Searles DO, Robert *Dictated DT/TM:* 12/23/2013 4:29 pm
Transcribed By: RSTranscribed by: RS *Transcribed DT/TM:* 12/23/13 16:27:00
Electronically Signed by: Searles DO, Robert *Signed DT/TM:* 12/23/2013 4:29 pm

MRN: AIK033911 FIN: AIK0000114615206 Accession Number: n/a

AIK- Aiken Regional Medical Centers
Aiken, SC 29801-6302
(803) 641-5000

Patient: LAWRENCE, TYRONE
Ordering Physician: n/a
Attending Physician: Caskie PA,Daniel

Patient Type: Emergency

Date of Birth: [redacted]
Patient Location: AIK ED

Imaging

PROCEDURE
XR Spine Cervical 2 or 3 Views

EXAM DATE/TIME
8/14/2013 13:57 EDT

Cervical Spine

Indication: Head injury, fall, neck pain.

Technique: Anterior and lateral projections of the cervical spine are provided.

Findings: Cervical vertebral body height and alignment are normal. No acute fracture or subluxation is seen. If concerns persist, follow-up with a complete cervical series and/or cross-sectional imaging.

Impression:

Mild degenerative changes in the cervical spine. No acute osseous abnormality within the limitation of this study.

Dictated By:ANTHONY TOOMER, MD
DID 45443

D:/T:pt/9120253 /Job ID 9916078 /DT:08/14/2013 14:59:33/TD:08/14/2013 16:16:00 /Rev: 08/14/2013 16:16:00
CC:

***** Preliminary *****

Dictated by: Toomer, Anthony MD
Transcribed By: AT

Dictated DT/TM: 08/14/2013 2:59 pm
Transcribed DT/TM 08/14/2013 4:16 pm

MRN:AIK033911 FIN:AIK0000114114242 Accession Number: n/a

* Transcribed *

MED REC# [redacted]

PT# [redacted]	PATIENT NAME: LAWRENCE, TYRONE									SEX: M	RACE: EA
ADDRESS: 845 COLBERT BRIDGE RD											COUNTY: 002
CITY: WINDSOR			STATE: SC	[redacted]	PHONE: (803)641-6748		EXT.		PATIENT LANGUAGE: ENGLISH		
AGE: 54 Y	DOB: 07/02/1959	SEX: M	RACE: 2	WT: 41	PREVIOUS NAME				RELIGION: BAP		
ADM DATE: 08/14/2013	TRS: 1247	SUS: EO	METHOD: T	PRI: X	ACCIDENT INFO: 0 08/14/2013 1156						
PHYSICIAN: AGY			TELEPHONE: (803)648-8351		EXT		DESCRIPTION: AGY				
EMPLOYER ADDRESS: P O BOX 499 HWY 302											
CITY: AIKEN			STATE: SC	ZIP: 29802	RETIREMENT DATE: //						
NEAREST RELATIVE NAME: LAWRENE, YVONNE											
RELTN: U	ADDRESS: 845 COLBERT BRIDGE RD										
CITY: WINDSOR			STATE: SC	ZIP: 298562532	PHONE: (803)641-6748		EXT.				
GUARANTOR CONTACT NAME: LAWRENCE, YVONNE											
RELTN: U	ADDRESS: 845 COLBERT BRIDGE RD										
CITY: WINDSOR			STATE: SC	ZIP: 298562532	PHONE: (803)641-6748		EXT.				
GUARANTOR NAME: LAWRENCE, TYRONE									SEX: S		
ADDRESS: 845 COLBERT BRIDGE RD										PHONE: (803)641-6748	
CITY: WINDSOR			STATE: SC	ZIP: 298562532	OCCUPATION: AGY					EXT.	
EMPLOYER/SCHOOL: AGY					PHONE: (803)648-8351		EXT.				
ADDRESS: P O BOX 499 HWY 302											
CITY: AIKEN			STATE: SC	ZIP: 29802						PC: H	
INSURANCE NAME 1: BLUE CROSS PPC OP		PLAN: N11	PHONE: (800)868-2510		[redacted]					AUTH#	
MAILING ADDRESS: PO BOX 100300					CITY: COLUMBIA				STATE: SC	ZIP: 29202	
SUBSCRIBER NAME: LAWRENCE, TYRONE			REL TO PAT: ACHS OF SC - OP		SUBSCRIBER #: M				DOB: 7/2/1959	GRP#	
INSURANCE NAME 2		PLAN	PHONE		POLICY		GROUP#			AUTH#	
MAILING ADDRESS					CITY				STATE	ZIP	
SUBSCRIBER NAME		REL TO PAT			SUBSCRIBER #				DOB	GRP	
INSURANCE NAME 3		PLAN	PHONE		POLICY		GROUP#			AUTH#	
MAILING ADDRESS					CITY				STATE	ZIP	
SUBSCRIBER NAME		REL TO PAT			SUBSCRIBER #				DOB	GRP	
ATTENDING PHYSICIAN: CASKIE,DANIEL			REFERRING #: 049064		NURSE		ADMIT		PRIV CERTIFICATE	PRIV CERT RECEIVED	
ADM DIAGNOSIS: HEAD INJURY			SERVICE: EMR		ROOM		INTERFACE			EXPECTED LOS: N	
ATTENDING PHYSICIAN: CASKIE,DANIEL			CONSULTING #: 049064		AUTHORIZED BY						
PROCEDURE			CLINICAL CLASSIFICATION						ADMIT PATIENT TO FACILITY/LOCATION: AMB AMBULATORY		
REL OF INJ:	48 HOUR	EXPIRATION	LOCATION OF WILL/OBJECTIVE		FAMILY DOCTOR: SAAVEDRA, ROLAND				FAMILY DOCTOR #: 049031	DX	

VERIFIED BY: DATE:	VERIFIED BY: DATE:
NAME OF INSURED:	NAME OF INSURED:
INSURED ADDRESS:	INSURED ADDRESS:
TELEPHONE NO:	TELEPHONE NO:
NAME OF PERSON (CASE) INFO	NAME OF PERSON (CASE) INFO
PREAUTHORIZED BY/NO: AUTHORIZATION:	PREAUTHORIZED BY/NO: AUTHORIZATION:
EFFECTIVE DATE OF THIS POLICY: ELIGIBILITY:	EFFECTIVE DATE OF THIS POLICY: ELIGIBILITY:
WAITING PERIOD	WAITING PERIOD
PRE EXIST: PPS:	PRE EXIST: PPS:
BEN CRITERIA	BEN CRITERIA
NOK $ _____	NOK $ _____
MAJOR MED $/%	MAJOR MED $/%
DEDUCTIBLE: _____	DEDUCTIBLE: _____
BALANCE NOK $ _____	BALANCE NOK $ _____

Aiken Regional Medical Centers
302 University Pkwy
PO Drawer 1117
Aiken, SC 29801

EL0012

MEDICAL RECORD

UHS-0002
Rev. 05/11

Patient Identification

114114242-33911

LAWRENCE, TYRONE
DOB: [redacted] 54 Y SX: M EMR
MRN: 33911 ADM/REG DT: 08/14/2013
Aiken Regional Medical Centers

Emergency Dept

DOCUMENT NAME: ED Physician Record
SERVICE DATE/TIME: 8/14/2013 13:10 EDT
RESULT STATUS: Auth.(Verified)
PERFORM INFORMATION: Caskie PA,Daniel (8/14/2013 13:22 EDT)
SIGN INFORMATION: Miller MD,Nathan (8/15/2013 06:38 EDT); Caskie PA,Daniel (8/14/2013 14:10 EDT)

njury of neck

'atient: LAWRENCE, TYRONE **MRN: AIK033911** **FIN: AIK0000114114242**
ge: 54 years Sex: Male DOB: [redacted]
ssociated Diagnoses: None
uthor: Caskie PA, Daniel

asic Information
Time seen: Date & time 08/14/2013 13:05:00, Provider Assignment.
Caskie PA, Daniel assigned at 08/14/2013 13:03

History source: Patient.
Arrival mode: Private vehicle.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint.

08/14/2013 13:02 EDT	Chief Complaint	hit in head with light fixture
08/14/2013 12:48 EDT	Chief Complaint	hit in head with light fixture

istory of Present Illness
The patient presents with neck injury and patient states he was working when a light fixture fell from the ceiling striking him in the head in the ack of his neck patient denied loss of consciousness. . The onset was just prior to arrival. The course/duration of symptoms is constant. ocation: Posterior neck. Type of injury: direct blow. The location where the incident occurred was at work. Radiating pain to the head. The haracter of symptoms is pain. The degree at present is moderate. The exacerbating factor is movement. The relieving factor is none. Risk ctors consist of none. Prior episodes: none. Therapy today: none. Associated symptoms: none.

eview of Systems
Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI, Warm and Dry.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI, no shortness of breath, no cough, no hemoptysis.
Cardiovascular symptoms: Negative except as documented in HPI, No chest pain,
Gastrointestinal symptoms: Negative except as documented in HPI, no nausea, no vomiting, no diarrhea.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Negative except as documented in HPI.
Neurologic symptoms: Negative except as documented in HPI, no dizziness, no weakness.
Psychiatric symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

ealth Status
Allergies: .
Allergic Reactions (All)
Severity Not Documented
No Known Medication Allergies- No reactions were documented.

st Medical/ Family/ Social History
Medical history: PMH/Problems ST.

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

No qualifying data available

Surgical history: .
No active procedure history items have been selected or recorded.
Family history: .
No family history items have been selected or recorded.
Social history: Social History ST.
Social & Psychosocial Habits

Tobacco
08/14/2013 **Patient Smoked Cigarettes During Last 12 Months:** No
08/14/2013 **Smoking History:** Never smoker

Physical Examination

Vital Signs
Vital Signs (ST).

Vitals Signs (24 hrs)	Last Charted	Minimum	Maximum
Temp	36.8 (AUG 14 12:48)	36.8 (AUG 14 12:48)	36.8 (AUG 14 12:48)
Heart Rate	97 (AUG 14 12:48)	97 (AUG 14 12:48)	97 (AUG 14 12:48)
Resp Rate	18 (AUG 14 12:48)	18 (AUG 14 12:48)	18 (AUG 14 12:48)
SBP	H 166 (AUG 14 12:48)	H 166 (AUG 14 12:48)	H 166 (AUG 14 12:48)
DBP	84 (AUG 14 12:48)	84 (AUG 14 12:48)	84 (AUG 14 12:48)
SpO2	97 (AUG 14 12:48)	97 (AUG 14 12:48)	97 (AUG 14 12:48)

Per nurse's notes.
Oxygen saturation.
General: Alert, no acute distress.
Skin: Warm, dry, pink.
Head: Normocephalic, On exam: Mild, occipital, tenderness.
Neck: Supple, Tenderness: Right, posterior, upper, middle, lower.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact.
Ears, nose, mouth and throat: Tympanic membranes clear.
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, No cardiac rub,
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, No Rales, No Rhonchi, No Wheezing.
Chest wall: No tenderness.
Musculoskeletal: Normal ROM, normal strength, no tenderness.
Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly, No Masses/Pulsations/Distension.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Differential Diagnosis: Neck injury, cervical strain, neck pain, cervical fracture.
Orders Launch Orders.
Radiology:
XR Spine Cervical 3 View (Order): 08/14/2013 13:21 EDT, Stat, Reason: Neck Pain - Trauma, Transport Mode: Patient Bed
C-Spine X-Ray: Normal alignment, normal disc spaces, no fractures, interpretation by Emergency Physician.

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Impression and Plan

Diagnosis

Contusion of the neck 920 - ICD9 920,
HEAD INJURY, UNSPECIFIED - ICD9 959.01,

Plan

Condition: Stable.
Prescriptions: Launch PrescriptionWriter.
Pharmacy:
Flexeril 5 mg oral tablet (Prescribe): 5 mg, 1 Tabs, Oral, TID, 21 Tabs
Anaprox-DS 550 mg oral tablet (Prescribe): 550 mg, 1 Tabs, Oral, BID, 20 Tabs, PRN, for pain
Patient was given the following educational materials: CONTUSION, Soft Tissue, NECK SPRAIN/STRAIN.
Limitations: Off work today, return tomorrow with limited duty until Friday. He cleared for normal duty and the symptoms persist and will follow with worker's comp Monday..
Follow up with: Roland Saavedra Within 2-4 days; Return to Emergency Department Within 1-2 days 03-Return immediately if symptoms worsen.
Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.
Disposition: Launch Disposition Order.
Admit/Transfer/Discharge:
Discharge Request (Order): 08/14/2013 14:10 EDT, Home Routine

Electronically Signed By: Caskie, Daniel PA
On: 08.14.2013 14:10 EDT

Electronically Signed On: 08.15.2013 06:38 EDT
Miller, Nathan MD

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	8/14/2013 13:02 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Gleaton RN,Jeremy (8/14/2013 13:02 EDT)
SIGN INFORMATION:	Gleaton RN,Jeremy (8/14/2013 13:02 EDT)

ED Triage Continued Adult Entered On: 08/14/2013 13:03 EDT
Performed On: 08/14/2013 13:02 EDT by Gleaton RN, Jeremy

Condensed Triage Adult ED
DCP GENERIC CODE
Tracking Acuity : 4 - Less Urgent
Tracking Group : AIK ED Tracking Group

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

Chief Complaint, Acuity : hit in head with light fixture
Lynx Mode of Arrival : Private vehicle

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

General/Screenings Adult
Suicide Assessment : None
Document Fall Risk Screening : Pass
Document Infectious Disease Screening : Yes

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

Languages
Preferred Languages : English

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

Abuse/Neglect Assessment
Threatened/Physically Hurt in past year : No
Domestic Abuse : No

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

Social History
Smoking History--MU : Never smoker
Cigarette Smoking Last 365 Days : No

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

Social History

(As Of: 08/14/2013 13:03:05 EDT)

ED Infectious Diseases Screening
TB Symptoms Grid
Bloody Sputum : No
Fatigue : No
Fever : No
Loss of Appetite : No
Night Sweats : No
Persistent Cough Greater Than 3 Weeks : No
Weight Loss : No

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

DCP GENERIC CODE
Alcohol and Drug Use : No
Employee of Institutional Living Environment : No
Health Care Employee : No
History of Exposure to TB : No
History of Positive Chest X-Ray for TB : No
History of Positive TB Skin Test : No
Homeless : No
Known Immunosuppression : No
Recent Immigrant : No
Resident of Institutional Living Environment : No

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

MRSA Screen Hx MRSA : No

Gleaton RN, Jeremy - 08/14/2013 13:02 EDT

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 8/14/2013 12:48 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Pippin RN,Mary L (8/14/2013 12:48 EDT)
SIGN INFORMATION: Pippin RN,Mary L (8/14/2013 12:48 EDT)

ED Quick Entry Form Entered On: 08/14/2013 12:49 EDT
Performed On: 08/14/2013 12:48 EDT by Pippin RN, Mary L

Quick Entry Form
DCP GENERIC CODE

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Tracking Acuity : 4 - Less Urgent
Tracking Group : AIK ED Tracking Group

Pippin RN, Mary L - 08/14/2013 12:48 EDT

Chief Complaint, Acuity : hit in head with light fixture
Vital Signs Assessed : Yes
ED Pain Symptoms : Yes
Document Allergies : Document
Lynx Mode of Arrival : Private vehicle

Allergies

Pippin RN, Mary L - 08/14/2013 12:48 EDT

(As Of: 08/14/2013 12:49:49 EDT)

Allergies (Active)

No Known Medication Allergies *Estimated Onset Date:* Unspecified ; *Created By:* Pippin RN, Mary L; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No Known Medication Allergies ; *Type:* Allergy ; *Updated By:* Pippin RN, Mary L; *Reviewed Date:* 08/14/2013 12:48 EDT

Vitals/Ht/Wt

Systolic Blood Pressure : 166 mmHg (HI)
Diastolic Blood Pressure : 84 mmHg
Peripheral Pulse Rate : 97 bpm
Respiratory Rate : 18 br/min
SpO2 : 97 %
Temperature : 36.8 DegC
Temperature Convert C to F : 98.2 DegF
Temperature Method : Oral
UoM System : Imperial System (lb / in)
Height in Inches : 71.0 inch
Height Convert in to cm : 180 cm
Weight Pounds : 320.0 lb
Weight Convert lb to kg : 145.45 kg
BMI Calculation Imperial : 45

Primary Pain

Pippin RN, Mary L - 08/14/2013 12:48 EDT

Numeric Rating : 7

Pippin RN, Mary L - 08/14/2013 12:48 EDT

DOCUMENT NAME: ED Patient Education Note
SERVICE DATE/TIME: 8/14/2013 14:31 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)
SIGN INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)

ED Patient Education Note
Diagnosis

CONTUSION,SOFT TISSUE

You have a CONTUSION, which is a bruise with swelling and some bleeding under the skin. There are no broken bones. This injury takes a few days to a few weeks to heal.

HOME CARE:

1) Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.

2) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every 1-2 hours the first day. Continue this 3-4 times a day until the pain and swelling goes away.

3) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your doctor or this facility if you are not improving within the next THREE days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

-- Pain or swelling increases

-- Injured arm or leg becomes cold, blue, numb or tingly

-- Redness, warmth or drainage from the skin

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NECK SPRAIN or STRAIN

A sudden force that causes turning or bending of the neck (such as in a car accident) can stretch or tear muscles (strain) and ligaments (sprain) and cause neck pain. Sometimes neck pain occurs after a simple awkward movement. In either case, muscle spasm is commonly present and contributes to the pain.

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Unless you had a forceful physical injury (for example, a car accident or fall), X-rays are usually not ordered for the initial evaluation of neck pain. If pain continues and dose not respond to medical treatment, x-rays and other tests may be performed at a later time.

HOME CARE:

1) You may feel more soreness and spasm the first few days after the injury. Reduce your activity level until symptoms begin to improve.

2) When lying down, use a comfortable pillow that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward.

3) Use ice packs (ice in a plastic bag, wrapped in a towel) to treat acute pain. Apply for 20 minutes every 2-4 hours during the first two days. Then, begin local heat (hot shower, hot bath or heating pad) and massage to reduce muscle spasm. Some patients feel best alternating hot and cold treatments, or just staying with one method only. Do what feels the best to you and gives the most relief.

4) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your physician or this facility if your symptoms do not show signs of improvement after one week. Physical therapy may be needed.

NOTE: A radiologist will review any X-rays or CT scans that were taken. We will notify you of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Pain becomes worse or spreads into your arms

-- Weakness or numbness in one or both arms

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Medication

MEDICATION: CYCLOBENZAPRINE

11892en

Cyclobenzaprine (brand: Flexeril) is a sedative and muscle relaxant medication. It is intended to be used along with rest, heat or ice packs, and other measures to relieve acute muscle spasm.

DIRECTIONS FOR USE:

Cyclobenzaprine may be taken on an empty stomach or with food. Take the medicine at regular intervals. If the label says "every 8 hours", this means 3 times per day. Doses don't have to be exactly 8 hours apart, but you should take 3 doses a day. This medicine should not be taken daily for more than 3 weeks without consulting your doctor.

WHAT TO WATCH FOR:

POSSIBLE SIDE EFFECTS: Drowsiness, dizziness (Take it less often and contact your doctor if symptoms persist). Dry mouth (Chew gum or suck on hard candy). Constipation (Contact your doctor). Difficulty passing urine; seizure (Stop the medicine and contact your doctor).

MEDICAL CONDITIONS: Before starting this medicine, be sure your doctor knows if you have any of the following conditions:

- Pregnancy or breastfeeding, sleep apnea
- Glaucoma, prostate enlargement, seizure disorder, asthma, or lung disease

DRUG INTERACTIONS: Before starting this medicine, be sure your doctor knows if you are taking any of the following drugs:

- MAO inhibitors within the last 14 days [Nardil (phenelzine), Parnate (tranylcypromine)];
- Tricyclic antidepressants [amitriptyline (Elavil), doxepin (Sinequan), imipramine (Tofranil), and others],
- Phenothiazines: Thorazine, Haldol, Mellaril, Compazine, and others
- Antihistamines Benadryl, Vistaril, Atarax and others; Bentyl, Donnatal, Librax, Pro-Banthine, Cystospaz, Cogentin, Artane, Combivent, or Atrovent inhalers; anti-Parkinson drugs

WARNINGS:

Do not drive, ride a bicycle, or operate dangerous equipment while taking this medicine until you know how it will affect you.

- May cause excess drowsiness when taken with alcohol, muscle relaxant, sedative, or pain medicine. Use with caution.
- May cause thickened mucus and worsening of asthma, COPD, or emphysema. Use with caution.

[NOTE: This information topic may not include all directions, precautions, medical conditions, drug/food interactions and warnings for this drug. Check with your doctor, nurse, or pharmacist for any questions that you may have.]

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MEDICATION: NAPROXEN

Naproxen (brand names: Naprosyn, Anaprox, Aleve, Naprelan, Pamprin, Midol) is an anti-inflammatory drug which is very useful for pain and inflammatory conditions.

DIRECTIONS FOR USE:

You may take this medicine with food to reduce stomach upset.

WHAT TO WATCH FOR:

POSSIBLE SIDE EFFECTS: Nausea, upper abdominal pain, drowsiness, dizziness, ringing in the ears (Contact your doctor if these symptoms persist or become severe). Bleeding from the stomach, which may appear as blood in vomit or stool (red or black color); rapid weight gain, leg swelling or easy bruising, change in the amount of urine, confusion/mood changes, very stiff neck, yellowing of the eyes/skin (Contact your doctor or return to this facility promptly).

ALLERGIC REACTION: Rash, itching, swelling, trouble breathing or swallowing (Contact your doctor or return to this facility promptly).

MEDICAL CONDITIONS: Before starting this medicine, be sure your doctor knows if you have any of the following conditions:
Stomach ulcer (active or in the past), history of vomiting blood or bloody stools
Allergic reaction to aspirin or other anti-inflammatory medicines
Asthma, nasal polyps or angioedema; pregnancy or breastfeeding
Liver or kidney disease; bleeding disorder, diabetes

DRUG INTERACTION: Before starting this medicine, be sure your doctor knows if you are taking any of the following drugs:
Blood thinners [Coumadin (warfarin), low molecular weight heparins, heparin], cyclosporine, diuretics (water pills), blood pressure pills, ACE inhibitors (Lotensin, Capoten, Vasotec, Zestril, and others), diabetes pills, steroids

(methylprednisolone, prednisone), aspirin or other anti-inflammatory drugs, methotrexate, probenecid, cidofovir, antiplatelet drugs such as Pletal (cilostazol) or Plavix (clopidogrel), desmopressin, drugs for osteoporosis [Fosamax(alendronate)], lithium, pemetrexed, bile acid binding resins, drotrecogin, SSRI antidepressants (fluoxetine, sertaline)

WARNINGS:

- Do not take with prednisone, other anti-inflammatory drugs, or alcohol since this increases the risk of getting a bleeding ulcer.
- Do not drive, ride a bicycle, or operate dangerous equipment while taking this medicine until you know how it will affect you.

[NOTE: This information topic may not include all directions, precautions, medical conditions, drug/food interactions, and warnings for this drug. Check with your doctor, nurse, or pharmacist for any questions that you may have.]

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WORK RELEASE FORM

This notice verifies that your employee Tyrone Lawrence

was seen in this facility ARMC today august 14, 2013 (or on if checked [ ]).

He/she may return to work on August 15, 2013 with the following restrictions:

None: [ ]

No heavy lifting: [ ] (over pounds)

No prolonged standing: [ ]

Desk Work Only: [ ]

Other: [x] (described below) No heavy lifting above head prior to August 17, 2013

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

These restrictions apply through . After this date, your employee should be able to participate fully in work duties.

BE ADVISED: If symptoms continue and the employee is unable to perform the full duties of their job by this date, please advise the employee to make an appointment with your worker's comp physician. If that is not possible, the employee should see his or her own doctor or the referral doctor provided by us.

Physician or Nurse

NOTES:

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)OCUMENT NAME: ED Patient Summary
SERVICE DATE/TIME: 8/14/2013 14:31 EDT
RESULT STATUS: Auth (Verified)
'ERFORM INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)
SIGN INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)

:D Patient Summary

AIKEN REGIONAL MEDICAL CENTER

Confirmation of Receipt of Instructions

lame: LAWRENCE, TYRONE

\ge: 54 Years Date of Birth [redacted] 12:00 AM

IRN: AIK033911 FIN: AIK0000114114242 Arrival Time: 8/14/2013 12:47 PM

)iagnosis: Contusion of the neck 920; HEAD INJURY, UNSPECIFIED

'atient Visit Summary:

AWRENCE, TYRONE has been provided patient education materials, follow-up instructions and rescriptions.

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

My Signature Below Indicates:

- I have received and understood the oral instructions regarding my current medical problem.
- I will arrange follow-up care as instructed, outlined in this and any following page(s).
- I acknowledge continuing medications prescribed by my regular doctor.
- I acknowledge receipt of the written instructions as outlined in this and any previous page(s).
- I will read and review these instructions.
- I acknowledge that I will contact my Primary Care Physician or return to the Emergency Department immediately if symptoms worsen or persist.

) Patient Refuses to Sign

) Patient Left Without Signing

) Patient was informed of their non-emergent status

_____

Patient Signature

_____

Parent / Guardian (if patient is a minor)

_____

Nurse Signature (if not patient signature)

_____

Hospital Witness Signature (if no patient signature)

NOTE: Permanent Medical Record

AIKEN REGIONAL MEDICAL CENTER

302 University Parkway, Aiken, SC 29801

www.aikenregional.com

(803) 641-5000

Name: LAWRENCE, TYRONE
Age: 54 Years Date of Birth: [redacted] 12:00 AM
MRN: AIK033911 FIN: AIK0000114114242 Arrival Time: 8/14/2013 12:47 PM
Diagnosis: Contusion of the neck 920; HEAD INJURY, UNSPECIFIED
Emergency Department Care Team:

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Provider: Caskie PA, Daniel

The Emergency Department physician has reviewed the information that you have provided concerning medications that have been prescribed previously and found there to be no conflict with any therapy recommended by the Emergency Department physicians. Unless instructed by the Emergency Department physician to discontinue specific medications, you should continue medications prescribed by your regular doctor and follow-up with your doctor or with the physician/facility recommended by the ED as appropriate.

If you plan on operating a motor vehicle or using any dangerous equipment within the next several hours, please check with your physician or nurse to make sure that none of the medicines that you received in the Emergency Department could interfere with your performance of these tasks.

The physicians and staff of the Aiken Regional Medical Center encourage you to lead a healthy lifestyle. If you smoke, we strongly urge you to quit. Contact your local American Lung Association for additional information.

Allergies:

No Known Medication Allergies

Vaccination/Immunologic Information

Prescriptions Given to Patient/Caregiver(s):

Prescription	Display
cyclobenzaprine (Flexeril 5 mg oral tablet)	5 mg = 1 Tabs, Oral, TID, # 21 Tabs, 0 Refill(s), Maintenance
naproxen (Anaprox-DS 550 mg oral tablet)	550 mg = 1 Tabs, Oral, BID, PRN for pain, # 20 Tabs, 0 Refill(s), Maintenance

Medication Special Considerations:

Patient Education Materials Provided:

CONTUSION, Soft Tissue; NECK SPRAIN/STRAIN; WORK RELEASE FORM; FLEXERIL; NAPROSYN

Comment:

Follow-up Instructions:

With:	Address:	When:

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Radiology Orders

Name	Status	Details
XR Spine Cervical 2 or 3 Views	Ordered	08/14/13 13:21:00 EDT, Stat, Reason: Neck Pain - Trauma, Transport Mode: Patient Bed, 180 cm, 145.45

Cardiology Orders

No cardiology orders were placed.

DOCUMENT NAME: ED Clinical Summary
SERVICE DATE/TIME: 8/14/2013 14:31 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)
SIGN INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:31 EDT)

ED Clinical Summary

AIKEN REGIONAL MEDICAL CENTER
302 University Parkway Aiken, SC 29801
www.aikenregional.com
(803) 641-5000

Patient Information:

Name: LAWRENCE, TYRONE
Sex: Male
MRN: AIK033911
Arrival Date: 8/14/2013 12:47 PM

Age: 54 Years
Language: English
FIN: AIK0000114114242
Disposition: ED Home, Routine

DOB: [redacted] 12:00 AM
PCP: Saavedra, Roland MD
FC:
Discharge: 8/14/2013 2:31 PM
ED Depart Time:
8/14/2013 2:31 PM

Address: 845 COLBERT BRIDGE RD WINDSOR SC 298562532

Phone: (803)641-6748

Medical Information:

Diagnosis Information:

Contusion of the neck 920; HEAD INJURY, UNSPECIFIED

Allergy Information:

No Known Medication Allergies

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Emergency Dept

Medication Information:

Medications Administered in the Emergency Department:

Vaccination/Immunologic Information

Prescriptions Given to Patient/Caregiver(s):

Fill New Prescriptions:
cyclobenzaprine (Flexeril 5 mg oral tablet) 5 mg By Mouth 3 Times a Day 7 Days
naproxen (Anaprox-DS 550 mg oral tablet) 550 mg By Mouth 2 Times a Day 10 Days as needed for for pain

Home Medications per Patient/Caregiver(s):

Patient Education Information:

Instructions Provided:

CONTUSION, Soft Tissue; NECK SPRAIN/STRAIN; WORK RELEASE FORM; FLEXERIL; NAPROSYN

Follow-up and/or Special Medication Instructions:

With:	Address:	When:
Return to Emergency Department		Within 1-2 days

Comments:
03-Return immediately if symptoms worsen

With:	Address:	When:
Roland Saavedra	191 CENTRE SOUT BLVD AIKEN, SC 298036313 (803)335-1477 Business (1)	Within 2-4 days

Comments:

Physician Documentation / Notes:

* Auth (Verified) *

Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801

Outpatient Coding Summary

Account Number: [redacted]					
Patient Name LAWRENCE, TYRONE		Sex Male	Birth Date [redacted]	Age 54	MR Number [redacted]
Admit Date 08/14/13 12:47 PM	Discharge Date 08/14/13 11:59 PM	LOS 1	Financial Class MANAGED CARE		Disposition AHR ROUTINE DISCHARGE
Attending Physician 049213		Coder Kingrey, Teresa			Patient Type OP-TRAUMA/ER

Admit Diagnosis

9598 Other/unspecified injury to specified site, including multiple

Diagnosis Reason for Visit

Primary Diagnosis

920 Contusion of face/scalp/neck except eye

Secondary Diagnosis

95901 Other/unspecified injury to head
E9179 Striking against or struck accidentally by object(s)/person(s) with or without subsequent fall
E8493 Injury or poisoning occurring at/in industrial place and premises
E030 Unspecified activity
E0000 Civilian activity done for income or pay

Procedures	Provider	Date

CPT Procedures and Modifiers	Provider	Date
72040 Radex spine cervical 2-3 views		08/14/13

APC	CPT	APC Text	APC Weight	APC Pct	APC Reimb	CMS Reimb
00260	72040	00260 Level I Plain Film Except Teeth	0.64	1.00	45.13	35.96

APC Total Reimbursement	APC Total Weight	Total CMS Reimbursement
45.13	0.64	35.96

Bill Type	Claim Type	Claim Disposition	Condition Code
131	Single day ancillary	No edits on claim	None

Assessment Forms

Cardiovascular
Heart Rhythm : Regular
Nail Bed Color : Pink
Capillary Refill : Less than 3 seconds

Pulses — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Radial Pulse, Left : 2+ Normal

Respiratory — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Respirations : Unlabored
Cough : None

Neurological — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Characteristics of Speech : Clear
Loss of Consciousness : No
Orientation Assessment : Oriented x 4
Level of Consciousness : Alert

Gastrointestinal — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Symptoms : None

Integumentary — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Skin Integrity : Intact, no abnormalities
Skin Turgor : Elastic
Mucous Membrane Color : Pink
Mucous Membrane Description : Moist

Social History — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT
Smoking History--MU : Never smoker
Cigarette Smoking Last 365 Days : No
Cultural Practices to be honored? : No

Social History — Gleaton RN, Jeremy - 08/14/2013 13:06 EDT

(As Of: 08/14/2013 13:08:25 EDT)

DOCUMENT TYPE: ED Vital Signs and Pain - Text
SERVICE DATE/TIME: 8/14/2013 14:29 EDT
RESULT STATUS: Auth (Verified)
PERFORMED INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:29 EDT)
SIGNED INFORMATION: Gleaton RN,Jeremy (8/14/2013 14:29 EDT)

ED Reassess / Vital Signs and Pain Adult Entered On: 08/14/2013 14:31 EDT
Performed On: 08/14/2013 14:29 EDT by Gleaton RN, Jeremy

itals/Ht/Wt
ystolic Blood Pressure : 128 mmHg
iastolic Blood Pressure : 91 mmHg (HI)
eripheral Pulse Rate : 85 bpm

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Assessment Forms

Respiratory Rate : 16 br/min
SpO2 : 100 %

ED Nurse Reassessment — Gleaton RN, Jeremy - 08/14/2013 14:29 EDT
Nursing Note : reviewed discharge and rx information with patient; pt taken to lab for workmans comp labwork

Discharge Note — Gleaton RN, Jeremy - 08/14/2013 14:29 EDT
Mode of Discharge : Ambulates without assistance
Discharge Transportation : Private vehicle
Accompanied By : Alone

Gleaton RN, Jeremy - 08/14/2013 14:29 EDT

Problems

Problem Name: Injury of head
Last Updated: 8/14/2013

Imaging

PROCEDURE
XR Spine Cervical 2 or 3 Views

EXAM DATE/TIME
8/14/2013 13:57 EDT

Report

Cervical Spine

Indication: Head injury, fall, neck pain.

Technique: Anterior and lateral projections of the cervical spine are provided.

Findings: Cervical vertebral body height and alignment are normal. No acute fracture or subluxation is seen. If concerns persist, follow-up with a complete cervical series and/or cross-sectional imaging.

Impression:

Mild degenerative changes in the cervical spine. No acute osseous abnormality within the limitation of this study.

Dictated By:ANTHONY TOOMER, MD
MID 45443

I:/T:pt/9120253 /Job ID 9916078 /DT:08/14/2013 14:59:33/TD:08/14/2013 16:16:00 /Rev: 8/14/2013 16:16:00
C:

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Imaging

PROCEDURE
XR Spine Cervical 2 or 3 Views

EXAM DATE/TIME
8/14/2013 13:57 EDT

Report

This document was electronically signed by ANTHONY TOOMER, MD on 08/16/2013 17:14:03 .

***** *Final* *****

Dictated by: *Toomer, Anthony MD* *Dictated DT/TM:* *08/14/2013 2:59 pm*
Transcribed By: *ATTranscribed by:* *AT* *Transcribed DT/TM:* *08/14/13 16:16:00*
Electronically Signed by: *Toomer, Anthony MD* *Signed DT/TM:* *08/16/2013 5:14 pm*

Measurements

Procedure	Recorded Date / Recorded Time / Recorded By
Height	180
Height in Inches	71.0
Weight	145.45
Weight Pounds	320.0
Body Mass Index Measured	45

Vital Signs

Procedure	8/14/2013 14:29 EDT Gleaton RN,Jeremy	8/14/2013 12:48 EDT Pippin RN,Mary L
Temperature (Route Not Specified)	-	36.8
Temperature Convert C to F	-	98.2
Temperature Method	-	Oral
Peripheral Pulse Rate	85	97
Respiratory Rate	16	18
Systolic Blood Pressure	128	166 H
Diastolic Blood Pressure	91 H	84

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Pain Assessment

Recorded Date / Recorded Time / Recorded By / Procedure	8/14/2013 13:06 EDT Gleaton RN,Jeremy	8/14/2013 12:48 EDT Pippin RN,Mary L
Primary Pain Location	Head	-
Primary Pain Laterality	Bilateral	-
Primary Pain Radiation	No	-
Primary Pain Quality	Aching	-
Primary Pain Duration	x 2 hours	-
Numeric Pain Scale	7	7
Primary Pain Comment	See Below T1	-

Textual Results
T1: 8/14/2013 13:06 EDT (Primary Pain Comment)
pt also complaining of bilateral neck pain

Assessments and Treatments

Recorded Date / Recorded Time / Recorded By / Procedure	8/14/2013 14:29 EDT Gleaton RN,Jeremy	8/14/2013 13:06 EDT Gleaton RN,Jeremy	8/14/2013 13:02 EDT Gleaton RN,Jeremy
Nail Bed Color	-	Pink	-
Capillary Refill	-	Less than 3 seconds	-
Heart Rhythm	-	Regular	-
Radial Pulse,Left	-	2+ Normal	-
Respirations	-	Unlabored	-
Cough	-	None	-
SpO2	100	-	-
GI Symptoms	-	None	-
Skin Turgor	-	Elastic	-
Skin Integrity	-	Intact, no abnormalities	-
Mucous Membrane Color	-	Pink	-
Mucous Membrane Description	-	Moist	-
Characteristics of Speech	-	Clear	-
Level of Consciousness	-	Alert	-
Loss of Consciousness	-	No	-
Suicidal Ideation	-	-	None
Orientation Assessment	-	Oriented x 4	-
Threatened/Physically Hurt in Past Year	-	-	No
Cultural Practices to be honored?	-	No	-

Patient: LAWRENCE, TYRONE
MRN: AIK033911
DOB/Sex: [redacted] / Male
Attending: Miller MD,Nathan

Admit: 8/14/2013
Disch: 8/14/2013
FIN: AIK0000114114242

Assessments and Treatments

	Recorded Date / Recorded Time / Recorded By
	8/14/2013 12:48 EDT Pippin RN,Mary L
Procedure	
SpO2	97

Infection Control

	Recorded Date / Recorded Time / Recorded By
	8/14/2013 13:02 EDT Gleaton RN,Jeremy
Procedure	
Alcohol and Drug Use	No
Employee of Institutional Living	No
Health Care Employee	No
History of Exposure to TB	No
History of Positive Chest X-Ray for TB	No
History of Positive TB Skin Test	No
Homeless	No
Known Immunosuppression	No
Recent Immigrant	No
Resident of Institutional Living	No
Bloody Sputum	No
Fatigue	No
Fever	No
Loss of Appetite	No
Night Sweats	No
Persistent Cough > 3 Weeks	No
Weight Loss	No

Form Date: 08/12/08

AGY Aiken Incident Report Form

Initial Report

Resource usually fills out this page (PRINT in ink and write LEGIBLY)

___ Near Hit
___ Prop damage
___ Injury
___ Illness

Affected Person

Full Name: Tyrone Lawrence
Clock #: 3940
Sex: (M) or F
Dept. #: 110
Resource: D. Kelley
JOB Experience: Under 120 days / 120 day - 6 mo / Over 6 mo.
Job Title: FPOO

Timing / Location of Incident

Date: 8/14/13
Time: 11:55 AM
Day of Week: M T W TH F S S
(AM) or PM
Days into shift: 1 2 3 4 5 6 7
Shift (A1, C2, etc.): D-1
On overtime: Yes or (No)
Exact Location of Incident (to include in which Plant which the incident occurred FY, TF, AM, or Site): D-WING Position # 7

Injury Information

NOTE: IF A DECISION NEEDS TO BE MADE ON WHETHER OR NOT TO TAKE SOMEONE TO THE EMERGENCY ROOM (non-life-threatening), TWO RESOURCES SHOULD CONFER BEFORE DOING SO!!

Type injury / illness & Location on Body: Hit by FALLING light Fixture IN ceiling. Hit BACK of Head + BACK of Neck

Action Taken: None / Local First Aid / Sent to Medical / Sent to Doctor's Care Open (8 AM to 8 PM) / Sent to Hospital (LIFE OR DEATH) / (Other (describe) Sent to ER For evaluation ? Concussion — AGY nurses

Did injured / ill employee return to work on same shift: Yes or (No)

Property Damage

What was damaged:
Type of damage: Broken light Fixture + supports in ceiling.

Affected Employee's Statement: (What happened, Why, What could have prevented it?)

4D7 Goins to hand Down [redacted] 4D7 when the light Fell down and my head.

X Signature: Tyrone Lawrence

Witnesses: Employee Stated (NONE) Circle NONE, other wise list names with statement below / Ask around for Witne

Names: EE states Lpore 11 (AGY)
Date: 8/14/13
Statement:

AGY

Report filled out by (Resource Name):

Comments: EE reports he told Martha Cain FPO to Case Worker for help. She did not see incident. She was working in some wing but far away from EE. Nurse Complete report b/c Supervisor type what EE returned to

Date report filled out (if different from accident date): 8/14/13 4PM

If not on date of event, why not?

340

583

agy

TOTAL HEALTH TEAM REFERRAL

Time Sent: 11:55 AM

8/14/13
DATE

Employee Name: Tyrone Lawrence

Referred To: HEALTH SVS CASE MGMT WELLNESS P.T. Dept. 110

REASON REFERRED (Check Appropriate Block)

✓ On the Job Injury (Accident Report Completed: Yes ___ No X); ___ Illness

___ Medical Advice ___ Personal ✓ Job Related Condition ___ Mod. Duty

___ Wellness ___ Physical Therapy

Employee Signature: Darrell Fuller

Supervisor/Resource Signature: _____

Total Health Remarks: P 104 | BPm RRR. 2 open wounds. C/o frontal Headache + sore neck. Denies ~~Dizziness~~ Dizziness. X3. Send to ER for eval for visual disturbances.

Seen By: ~~HEALTH SVS~~ CASE MGMT WELLNESS P.T.

THT Signature Dr Clarke BSN

Time RTW After ER eval

NAME Lynne Lawrence

EMPLOYEE NO.

S.S. NO. Clock # 3940

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SHEET NO. 2

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
8/15/13	9:10 A		120/70	EE in clinic for recheck. States "I	
	Pulse 68			am feeling terrible — I need to see	
	SPO2 95%			a better doctor. I already called my	
	HCT			doctor's office but their answering	
PE: Nurse				service answered. The lower part of	
Lupita				my neck (points to C-6/C-7 area) and	
ASA 325 1 dose				the lower part of my back is hurting	
				now (points to lower thoracic area).	
"NKDA"				I took both of the medicines last	
				night but I have been awake	
States				since 2AM. I have burning pain	
"Took Naproxen +				in those two areas — it was more	
Flexeril" (8/2)				severe last night than it is this	
				morning." Asked EE about home care,	
				he states "I used heat last	
				night!" Reminded EE he was instructed	
				to use ice for the first 48 hours.	
				O: EE is walking slowly with head	
				held guarded and tilted to	

540

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATE
8/15/13	cont'd			~~Right~~ the ~~Left~~ EE is very tentative about letting the nurse even touch his trapezius muscles or any part of the top of his upper back – he jerks away and says "a of that hurts". No obvious bruising, redness or injury. Rhomboids & assist muscle status for spasms. EE can use other arm & touch that area & show nurse where pain is using fingers (arm & shoulder in full ER. He can use both arms in full IR & part & lower thoracic area that is painful even if just lightly touched by the nurse. No bruising or redness visible at that area either. EE gets up and down from chair 5 my problems & pulls shirt tail out of pants & put back 5 my assistance or problems.	
			A)	Stiffness from jarring injury sustain 8/14/13.	
			P)	EE is reports that he cannot reach above his head or bend at all or	

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541

NAME Yvonne Lawrence

EMPLOYEE NO.

S.S. NO. 22.3940

343

SHEET NO. 3

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
8/15/13	cont'd			Dgerat as he cannot do his job accord to him. Offered light work of wash empty plaster totes and he states he can do no way I can do that. Supervisor David Keely is present - asked EE if she could push a broom for light housekeeping + EE says "I can try." Rx pain provided for EE to use PRN. EE agrees to try work today and will discuss w MD f/u c this nurse tomorrow morn. Biofreeze Rub applied to reported painful area. EE bent head forward c No complaint to allow this nurse to put rub on back of neck + upper back area. EE pulled T-shirt up c/o both arms & any difficulty & expose thoracic area of back & got Rub on it. NO c/o pain & touch during tx.	542

DATE	TIME	TEMP.	B.P.	DIAGNOSIS; COMPLAINT, TREATMENT AND ADVICE (T)	TREAT
8/15/13	11:30AM			EE brought to clinic by David Kelly - supervisor once EE came & his gun and told him he was to bed & be at work. Advised EE that if he was feeling this much worse he needs to be seen by ER again or Doctors Care EE states (C) need to see a Real doctor - that person I saw at the Emergency room told me he was an intern and I need to see someone w D.R. in front of his name. TC to Doctors Care regarding Dr. Gordeneer is in the office - they state "yes" Appointed EE to see Dr. Gordeneer now. EE left and drive himself to Doctors Care.	344 54B
8/15/13	4PM			EE has gun Doctors Care wearing a cervical Collar. Asked EE what his instructions were from MD about the collar & he states "D'or supposed to wear it all the time" I go back on the 22nd" Modified Duty Paper provided to EE. Read Collar instructions to EE. He Verbalized understanding	

NAME Jesse Lawrence

EMPLOYEE NO.

S.S. NO. 0#3990

345

SHEET NO. 3

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
8/16/13	9:10 AM	132	82	EE in for recheck. States "I slept better last night than I have in months after taking that Flexeril. I felt woozy this morn so my wife drove me in." Asked EE if he had any coffee yet or food? States "I just had coffee but I need to eat something." Advised EE to try eating Flexeril in holy tonight and see if works O.K. EE states "I can do the modified work." Wears neck collar. No difficulty walking or sitting in clinic. RTC: 8/19/13 9AM for Recheck.	[illegible] PA-C
8/16/13	2:50 PM			T/C to Supervisor David Kelly to check on EE. He states "he is doing fine - he has not come to me w any complaints or concerns."	
8/19/13	9AM			EE came to clinic reporting "I am not doing well at all" EE walked in with non-antalgic gait	[illegible] PA-C

545

NAME Tyrone Thurmond

EMPLOYEE NO.

S.S. NO. CL & 3940

346

SHEET NO. 6

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
8/19/13	Cont'd			got up from chair and walked into clinic (with limp). "I had my (R) leg give out on me this morning getting in the shower" - EE rubs Rt hip and down Rt side of leg. Asked EE whether he was supposed to return to Doctors Care and he states "this morning". Asked why he did not go there first thing and he said "I thought I was supposed to see you before my doctor appts". Contacted EE's supervisor to have her clock EE out so he could go to Doctors Care now. EE knows he is to return to this clinic after MD visit.	AZ LPN BS
8/19/13	9:36 AM			Spoke to Dawn Kelly - supervisor who reports Mr. Tyrone did not complain at all about anything over the weekend and he did not call - OK from work at all.	AZ LPN
8/19/13	11:30 AM			EE back from MD (Dr. Lindner) to PW for	AZ LPN

546

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREAT
8/19/13	Cont'd			Ord restrictions unclear w/the request. Asked EE "what is it to request for?" EE stat. "for the leg numbness and numbness + arm pain." Asked EE why he did not report that to the nurse this morning he states "I am sharing that with you now just like I did with the doctor." EE is standing, walking + getting up and down out of chair in clinic. No reports of problems nor any visible signs of discomfort or artalgia. D/ Restrictions removed. TC to Doctors Care to see if O.K. for EE to be able to lift up to 1/2 lb. Dr. Lindgreen agrees that is O.K. Robert Padgett - Jonny Supervisor will assign EE to Spiral Shop and train him to do Spirals. Employee voiced "OK" when offered that assignment. ——— Byler-BS	347
8/19/13	12:30 PM			TC from Robert Padgett advising this nurse he has work available in D-Wing where EE will monitor yardage checker, computer work and communicate work to others. He can not	

547

NAME Tyson Guerrero

EMPLOYEE NO.

S.S. NO. CH 3940

SHEET NO. 8

348

DATE	TIME	TEMP.	B.P.	DIAGNOSIS, COMPLAINT, TREATMENT AND ADVICE	TREATED BY
9/10/13	9:15		TC & EE re: Letter he wants STD pay or just since he said he would notify me of his decision after Tdy & his attorney on 9/11/13. EE says "yes". STD benefits to begin 9/18/13.		

549

Workers' Compensation Temporary Prescription ID Card

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858
Step 2: Enter processor control A4
Step 3: Enter the group number as it appears above
Step 4: Enter the injured worker's nine-digit ID number
Step 5: Enter the injured worker's first and last name
Step 6: Enter the injured worker's date of injury (enter in PA field in the format YYYYMMDD).

ID #: [redacted]
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: 8/14/13 (MM/DD/YYYY)

Group #: G5XA

Employee Date of Birth: [redacted]

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

Tyrone (First) — (M) — Lawrence (Last)

845 Colbert Bridge Rd (Street Address or PO Box)

Windsor (City) — SC (State) — 29856 (ZIP)

Employer Name

AGY / (Aiken LLC)

EXPRESS SCRIPTS

agy

Name Tyrone Lawrence Phone # _____ DOB _____ Date 8/19/13

SSN _____ Clock # 3940 Last Date Worked 8/18/13 Shift D

Job Title FPO Dept 110 Supervisor D. Kelly

MODIFIED DUTY FORM FOR WORK RESTRICTIONS

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 8/19/13

UNTIL: 8/21/13

NEXT PHYSICIAN APPOINTMENT: to be made

In a work day, can stand/walk (hr) 1 2 3 4 5 6 7 8 9 10 11 12 No Continuous standing

With a rest break every 30 min _____ 1 hr. _____ 2 hr. _____

In a workday, can climb height/stairs: Never X 50% of 8 hr. shift _____ Frequently _____

Must work at ground level: (Yes) ✓ No _____

Can lift: ~~5 – 12 pounds~~ 1/2 pound ✓ 12 – 25 pounds _____ 26 – 35 pounds _____

Greater than 35 pounds _____

The weight is to be lifted: Never _____ 50% of 8 hr. shift _____ Frequently As tolerated

Employee is able to reach above shoulder level: Yes ✓ No _____ 50% of 8 hr. shift _____

Employee can squat: No _____ Yes ✓ 50% of 8 hr. shift not repetitively

Employee can bend: No _____ Yes ✓ 50% of 8 hr. shift not repetitively

Employee can stoop: No _____ Yes ✓ 50% of 8 hr. shift not repetitively

Employee can work with high speed/heavy equipment: Yes _____ No ✓

Additional Comments: _____

Physician Signature: Dr Gile

Date: 8/19/13

Disability Case Manager Review: Anne Fuller RN BS

Approved by Robert Padgett 8/19/13 11:45AM

RVD: 8/6/2009

Agy

Start Review 8/19/13 12NOON (ADD)
End Date Revised 8/27/13 (ADD)

Name Tyrone Lawrence Phone # _____ DOB _____ Date 8/19/13
SSN _____ Clock # 3940 Last Date Worked 8/18/13 Shift D
Job Title FPO Dept 110 Supervisor D. Kelly

MODIFIED DUTY FORM FOR WORK RESTRICTIONS

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 8/19/13
UNTIL: 8/27/13 Appt made & attd.
NEXT PHYSICIAN APPOINTMENT: To be made

In a work day, can stand/walk (hr) 1 2 3 4 5 6 7 8 9 10 11 12 No Continuous standing

With a rest break every 30 min _____ 1 hr. _____ 2 hr. _____

In a workday, can climb height/stairs: Never X 50% of 8 hr. shift _____ Frequently _____ Minimal amount (ADD)

Must work at ground level: (Yes) ✓ No _____

Can lift: ~~5 – 12 pounds~~ 1/2 pound ✓ 12 – 25 pounds _____ 26 – 35 pounds _____

Greater than 35 pounds _____

The weight is to be lifted: Never _____ 50% of 8 hr. shift _____ Frequently As tolerated

Employee is able to reach above shoulder level: Yes ✓ No _____ 50% of 8 hr. shift _____

Employee can squat: No _____ Yes ✓ 50% of 8 hr. shift Not repetitively

Employee can bend: No _____ Yes ✓ 50% of 8 hr. shift Not repetitively

Employee can stoop: No _____ Yes ✓ 50% of 8 hr. shift Not repetitively

Employee can work with high speed/heavy equipment: Yes _____ No ✓

Additional Comments: EE can walk stairs to get to D wing and on breaks.
See attached, for Doctor

Physician Signature: [signature]
Date: 8/19/13

Disability Case Manager Review: [signature] RN BSN

Approved by Robert Padgett 8/19/13 11:45 AM

RVD: 8/6/2009

agy

Name Jesse Lawrence Phone # _____ DOB _____ Date 8/15/13

SSN _____ Clock # 3940 Last Date Worked 8/15/13 Shift D

Job Title EP00 Dept 110 Supervisor D. Kelly

MODIFIED DUTY FORM FOR WORK RESTRICTIONS

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 8/15/13

UNTIL: 8/22/13

NEXT PHYSICIAN APPOINTMENT: 8/22/13

In a work day, can stand/walk (hr) 1 2 3 4 5 6 7 (8) 9 10 11 12

With a rest break every 30 min _____ 1 hr. _____ 2 hr. _____

In a workday, can climb height/stairs: Never ✓ 50% of 8 hr. shift _____ Frequently _____

Must work at ground level: Yes ✓ No _____

Can lift: 5 – ~~12~~ 10 pounds yes 11 – ~~12~~ 25 pounds no 26 – 35 pounds no

Greater than 35 pounds no

The weight is to be lifted: Never _____ 50% of 8 hr. shift _____ Frequently _____

Employee is able to ~~reach~~ LIFT above ~~shoulder~~ Head level: Yes _____ No ✓ 50% of 8 hr. shift _____

Employee can squat: No _____ Yes ✓ 50% of 8 hr. shift not Repetitive

Employee can bend: No _____ Yes ✓ 50% of 8 hr. shift not Repetitive

Employee can stoop: No _____ Yes ✓ 50% of 8 hr. shift not Repetitive

Employee can work with high speed/heavy equipment: Yes _____ No ✓

Additional Comments: Neck Collar when out of bed.

Physician Signature: Dr Giles / Dr. Gordineer

Date: 8/15/13

Disability Case Manager Review: Dr Dyer RN BSN

NO lifting Overhead

RVD: 8/6/2009

Injured Worker Interview Form

This is Steve Anthony the date is 8/27/13 the time is 9:23 a.m.

I am in AGY-Aiken interviewing Tyrone Lawrence

Please state your full name and spell your last name. Have you ever been known by any other name? No.

If Hispanic: Do you have a third name or family name? N/A.

On what date were you injured? 8/14/13.

Street address: 845 Colbert Bridge Road, Windsor, SC 29856

How long have you lived at this address? 15 years.

Do you receive your mail at a Post Office Box? No.

Home phone: 803-681-6748 Cellular phone: 803-523-1075

Please state your date of birth [redacted]

What is your social security number? [redacted]

Are you single, married, separated, divorced, or widowed?

If married, what is your spouses name? Yvonne.

Do you have any children or other dependents? grown children

What are their ages? N/A.

Do they live with you? No.

Please state your height & weight: Ht: 5/11 Wt: 320lbs.

What is your dominant hand? right.

[redacted]

Have you filed for Social Security Disability benefits? No.

If so, date of filing & regarding what body part or disability? N/A

Are you currently receiving any kind of government benefits? No.

Have you filed for or been denied any government benefits? No
(Medicare, Medicaid, food stamps, etc.)

Who is your employer? AGY.

Are you an employee, independent contractor or supplied by an employment agency? employee.

Address and phone number? 2556 Wagener Road, Aiken SC

How long have you been employed by this employer? 34 years.

Did you graduate from high school? Yes.

If not, what is the last grade you completed? N/A.

Have you attended college, technical school or received any other type of formal education? No

Who were your employers for the past 5 years (dates, locations, occupations)?

Employer	Location	Dates Employed	Occupation
N/A			
N/A			
N/A			

Who is your supervisor? David Kelly.

What is your salary?
20.81 per hour
working an average of 44 hours per week
~~paid overtime for hours~~ paid shift differential
How often are you paid? weekly.

What is your normal shift or scheduled work hours?
rotating shifts.

Do you have any other employment, or work at home? No.

If so, where? N/A.

Do you have any other means of income? No.

What is your occupation or job title? Furnace Person Operator

Please describe your job duties: Maitaing 20 positions ("positions are where the glass fiber comes down). "I hand glass down on those 20 positions." Tend to broken fiber as occurs. No lifting involed. Work is at above shoulder level, at chest level and ankle level. Work involes reaching bending and squatting. Require to control heat on fiber by use of computer.

You stated that you were injured on 8/14/13.

What time of day did your injury occur? about 11:55a.m

What date and to whom did you report this injury? 8/14/13 to David Kelly, my supervisor.

Explain the delay in reporting your injury? N/A

Where did your injury occur? "going towards position number 7 positio

Why were you in this area? normal work area

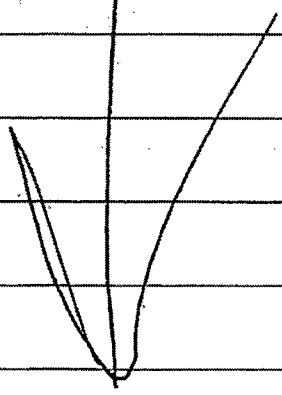
What body part or parts did you injure? neck (back of), right shoulder, ~~mid~~ low back, and right leg.

Please describe what you were doing and how your injury occurred:

"going toward position number 7, when something fell on top of my head and hit me on the shoulder." The "something" was the light fixture in the ceiling, all of it came down at once."

What caused it to fall is the age of the building & structure.

N/A



Were there any witnesses? "I don't know of any."

If so, who? N/A

Had you been drinking alcohol prior or taking any prescription or nonprescription drugs prior to this incident occurring? High blood pressure medicine only.

Was another person responsible for your injury? No

If so, who? N/A

Was this caused by a machine malfunction? No.

Name or type of machine? N/A

What happened after the injury? Did anyone help you? Yes. David Kelly called his manager, Robbert Padgett, Ann Tyler (plant nurse). "Ann examined me." "Robert Padgett drove me to the emergency room to get checked out." This is at Aiken Regional Medical Center.

What doctors have you seen for this injury? Aiken Regional Medical Center, Doctors Care - Aiken, and that is all.

What is the date of your initial medical treatment? 8/14/13

On a scale of zero to 10, zero being no pain & 10 being the worst, what was your pain on the date of injury? 9/10. What is your pain today? 5/10.

What did they say your medical problem is? Contusion, neck contusion

Did the doctor say that this is related to work? NO

Has the doctor taken or written you out of work for this injury? No. "He did place me on restricted duty."

Have you lost time from work due to this injury? No

Have you recovered from the injuries you sustained? NO

Do you have medical/health insurance? Yes.

Do you have a regular family doctor? Yes.

What is his/her address? Dr. Boland I. Saavedra, Aiken SC

Have you ever had any prior injuries to your neck (back of), right shoulder ~~head~~ low back or right leg? (body part for this claim)

Yes. Mid back. In the 1980's I had back spasms. No other problems.

Have you ever had any workers compensation injuries other than the one we are discussing today? No.

If so, when, what body part was injured & did you receive a settlement?

"I did injure my right middle finger but it was not filed under workes comp."

"No others."

Have you ever had any automobile claims? Yes. One.

If so, when, what body part was injured and did you receive a settlement?

"In the 1990's, and I injured my upper back. I received a settlement, but do not remember how much."

"No others"

Have you ever had any other kind of insurance claim (not including health insurance claims)? No.

If so, when, what body part was injured and did you receive a settlement? N/A

Do you have any kind of medical condition that you are treating for, or that a doctor or medical professional is following you for? Yes.

If so, what is the condition(s)? High Blood Pressure, treated by Dr. Saavedra.

What medications are you currently taking? High Blood Pressure medicine.

What doctors, hospitals and clinics have you been seen at in the past 10 years?

Dr. Saavedra, Aiken Regional Medical Center, Doctors Care. "No others."

N/A

Have you ever been arrested or convicted for any criminal activity? No

If so, what activity & were you convicted? N/A

Do you drink alcohol (how much & how often)? No

Do you take illegal drugs? No

Do you smoke cigarettes, cigars, or smokeless tobacco? No

How much do you smoke or chew? N/A

How long have you smoked used smokeless tobacco? N/A

Are you currently under court order to pay child support? No

If yes, how much & to whom? N/A

You are wearing a cervical collar, was this prescribed for you? "Yes." By whom? "Doctors Care" Are instructed to wear this all the time? except a night, until seen by orthopedic." Are you wearing per theses instructions? "Yes, correct."

Were you in the military service? NO.

Which branch? N/A. What type of discharge did you receive? N/A. Did you sustain any injuries while in the military? N/A

What hobbies or sports do you participate in? NO

Does your injury prevent you from doing any of these? N/A.

Which ones & why?

Does your injury prevent you from performing any activities of daily living or any other activities? "doing my lawn (mowing), cleaning my car, doing my laundry"

N/A

Are there any of your usual activities that this injury prevents you from doing? NO.

What are your current symptoms caused by this injury? "right shoulder and right hand go numb, right leg hurts me."

Are there any specific physical actions or activities that bring about the above stated symptoms or that cause you pain? No, it just comes and goes.

If yes, what are these physical actions or activities? N/A

N/A

Are you performing or doing any of these physical actions or activities that bring on your symptoms or cause you pain? N/A

If yes, which physical actions or activities? _____

Have you understood all of my questions? Yes.

Have your answers to my questions been true and correct? Yes.

Employee's signature: Diane Saurice 8/27/13
(signature) (date)

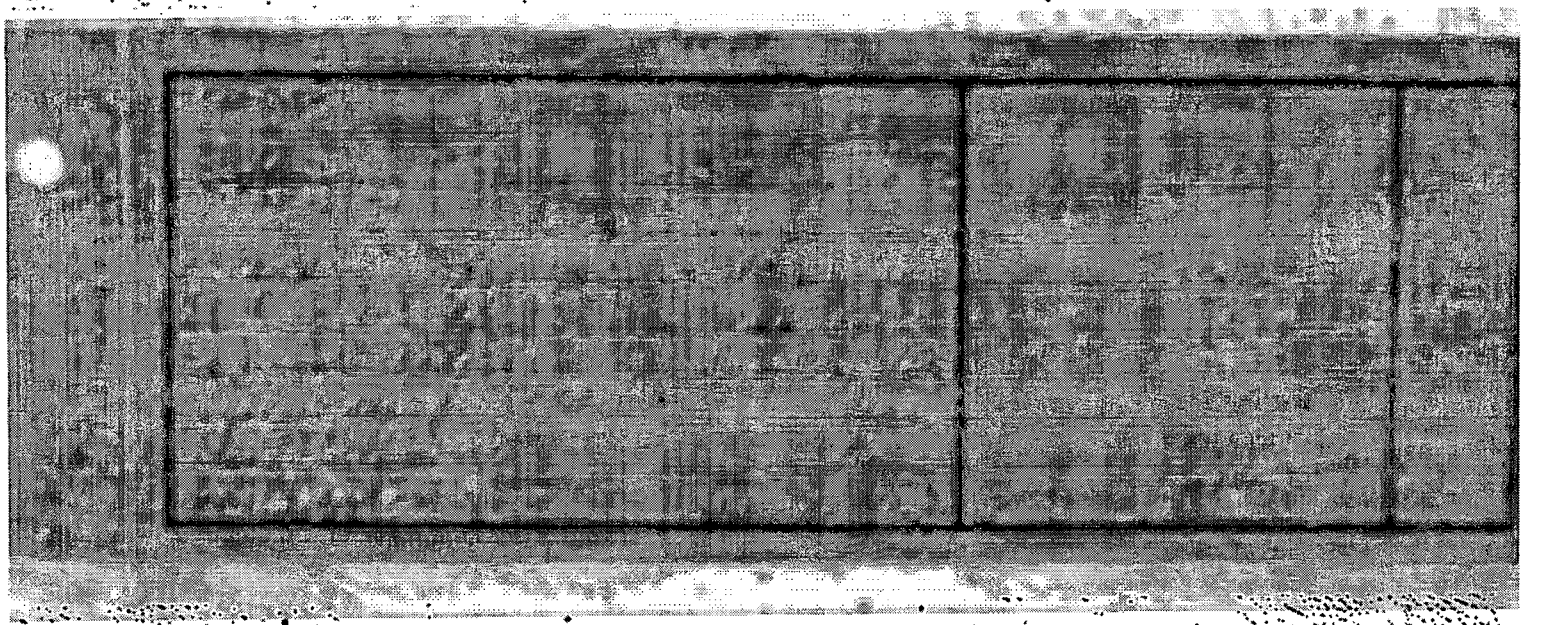
Interviewer's signature: [signature] 8/27/13
(signature) (date)

LAWRENCE, TYRONE
60394
APRIL 7, 1998
OFFICE VISIT

The patient is back at full duty. He is trying to play some semi-pro baseball with some older players in Augusta. He says he can't throw the curve ball because of the finger. He has good motion, but he lacks some suppleness in the DIP joint. His scar is still thickened, and he needs to work on massaging that, which he states he is. I have asked him to continue to do vigorous scar massage for three months, and then let me check him back.

JJH:mjk

James J. Hill, Jr., M.D.



LAWRENCE, TYRONE # [redacted]

2/2/06 OFFICE VISIT NEW PROBLEM:

WHAT: Neck and back
HOW: Auto Accident
WHEN: 1/27/06
WHERE: Aiken

HISTORY: This is a 46 year-old driver of an automobile that was hit on the passenger side, sort of tossed about car. He laid down right afterwards and had a lot of pain and tenderness. He was taken to the emergency room and had xrays of his neck were taken. He was given some Vicodin and Naprosyn. He continues to have problems. It is now starting to hurt in his lower back. He has a hard time bending his neck and twisting. He has occasional pain radiating into his left shoulder. It hurts across the lower portion of his back and goes down into his hips. No significant numbness and tingling in his legs.

PAST MEDICAL ILLNESS: None.
PREVIOUS SURGERIES: None.
REVIEW OF SYSTEMS: Complete and non-contributory.

PHYSICAL EXAMINATION: **Height** 5'10" **Weight** 319 **Blood Pressure** 132/80
He flexes 20 degrees, extends 20 degrees, and laterally bends 15 degrees. Pain with motion. Deltoid, biceps, triceps and intrinsics are equal in strength. Mild tenderness over his left trapezius. He abducts his shoulders 90 degrees, forward flexes 170 degrees, externally rotates 40, internally rotates 30. He has tenderness over L4-5, 5-1. He flexes 30 degrees, extends 20 degrees, laterally bends 15 degrees. Tenderness over the left posterior suprailiac spine. No significant tenderness along the sciatic notch nerve. Straight leg raising is positive at the back at 70 degrees. No weakness of the extensor hallus longus, peroneals, tibialis anterior, gastrocs, hamstrings. No tenderness in the tibialis anterior gastroc motor point. He is able to toe and heel walk.

X-RAY EXAMINATION: X-rays of his cervical spine that brought with him shows the disk space appears well maintained. No evidence of soft tissue injuries or fractures. AP lateral of the lumbar spine shows 5 lumbar vertebras. Disk spaces are well maintained. Soft tissue is unremarkable. Hip joints appear well maintained.

IMPRESSION: Cervical and lumbar strains.

TREATMENT: We will put him on a Medrol Dose Pack to see if that doesn't quiet it down. See him back here.

Douglas E. Holford, M.D.

DEH:jtc

CAROLINA MUSCULOSKELETAL INSTITUTE, P.A.
ORTHOPEDIC HISTORY FORM

TODAY'S DATE 2/2/06 PATIENT NAME TYRONE LAWRENCE AGE 46

PRESENT PROBLEM:
When did it happen? [redacted] Time 1:00 a.m. p.m.

Describe in your own words the problem or injury you are being seen for. Include what happened, how it happened, when it happened and how long you have had this problem or injury. BACK + Should + NECK ISSUE 9/12 OF PAIN I WAS IN A CAR WRECK.

What treatment has been done and by whom? BY THE HOSPITAL - PAIN MEDICINE

PAIN HISTORY:

Describe your pain BACK + Should + NECK hurt.

How long does it last? All day

Where is it located? low PART OF BACK + UP PART OF MY Should + NECK.

What makes it worse? WALK.

Does it wake you up at night? YES

Are you stiff in the morning? YES

Occupation A. G. 4.

Have you been off work? Yes ☑ No ☐ Since when 1/28/06

Why? Because MY PAIN.

Do you require:

Crutches	Walker	Braces	Other:
Cane	Splints	Shoes	

List any allergies NONE

Physician's Comments

BM (R) handed
(-) smoker
A. G. 4

1/27/06 - in a car accident (car was hit on the side)
c/o neck pain that radiates into (L) shld & c/o lower back pain

TX: xrays @ AEMC
pain meds

DATE 2/2/06

CMI EMPLOYEE KH

If you have had or have any significant illnesses, please circle the condition or list if not included below. Put date above illness.

Hepatitis, TB, HIV, AIDS, Blood transfusion, Tension or migraine headache, heart trouble, rheumatic fever, heart murmur, bladder or kidney trouble, diabetes, neurological disease, poliomyelitis, epilepsy, tumor or cancer, respiratory illness, pneumonia, emphysema, asthma. Psoriasis or other skin disease; chronic alcohol or drug addiction; inguinal, diaphragmatic or other hernia; high blood pressure, stroke; phlebitis; peptic ulcer; pancreatitis; anemia; other blood disorder or bleeding problem; mental or nervous disorder; liver or gallbladder trouble; jaundice; thyroid disorder; colitis; tropical disease; genital or gynecological conditions.

Rheumatism; recurrent joint swelling or pain; dislocated joints; loose body in joint; torn cartilage or ligaments; severely injured or sprained joints; known arthritic condition; gout or joint infection; joint laxity; loss of joint motion or other abnormality involving joints. Neck or back pain; ruptured disc or sciatica; spinal curvature or other spine abnormality; chest deformity. Brittle or soft bones; osteoporosis; known bone cyst or bone infection. Inherited or congenital abnormality of extremities, trunk or other areas; amputation. Bursitis, tendinitis, painful bone spurs, torn muscles or tendons; other

_____

_____

Have you ever been hospitalized - why, when and where?

N/O

Fractures or other injuries - what and when?

N.O.

Surgeries - what, when and where?

N.O.

Females only: Date of last menstrual period _____

Number of pregnancies _____ miscarriages _____ abortions _____

If under 21, date or age of first menstrual period _____

COMPENSATION INJURIES: (answer if injured on the job)

Employer _____

Present job title (do not abbreviate) _____

Briefly describe duties, including lifting, stretching, bending, pushing, pulling and equipment used _____

_____

BLOOD TYPE: _____

REVIEW OF SYSTEMS Please draw a circle around any symptoms or conditions in this section which you have had or now have. If your symptoms or condition is not in the list, please write it in.

Please indicate your approximate use or intake of the following:
Coffee NONE
Tobacco Products NONE
Alcoholic Beverages NONE

Eye & Vision Loss or change of vision; eye pain or redness; excessive watering; double vision; other than listed: NO

Ears & Hearing Loss of hearing; buzzing or noises in ears; ear infection or drainage; other than listed: NO

Nose & Throat Hoarseness; excessive sneezing; blocked nasal passages; nosebleeds; frequent running nose; difficulty swallowing; other than listed: NO

Respiratory Wheezing; large quantity of sputum; bloody sputum; excessive cough; shortness of breath with little exercise or at rest; night sweats; pain with breathing; other than listed: NO

Cardiovascular Chest pain; abnormal or fast heartbeat; abnormally low blood pressure; calf cramps with walking; excessive sensitivity of fingers & toes to cold; varicose veins; frequent & marked swelling of ankles & feet; other than listed: NO

Gastrointestinal Digestion difficulties; frequent nausea or vomiting; bloody vomitus; lack or loss of appetite; stomach or abdominal pain; frequent belching; frequent loose bowel movements; recurring diarrhea; blood in the stool; hemorrhoids or piles; gallbladder trouble; frequent or severe constipation; persistent anal itch; other than listed: NO

Genital-Urinary Urinary incontinence or dribbling; bloody urine; increased frequency of urination; chronic urgency of urination; difficulty starting or passing urine; painful urination; narrowing of urinary stream; flank pain; excess urine; other than listed: NO

Genital-Urinary (Male Patients) Penile pain, infection, or sores; abnormality of testicles; scrotal swelling; varicocele; prostatitis; stricture; sterility; difficulty in sexual functioning; other than listed: NO

Genital-Urinary (Female Patients) Breast discharge, swelling, lumps, pain or infection; nipple changes or irritation; vaginal pain, infection, discharge or itch; known uterine fibroids or tumors; tubal infections; abnormality of menstrual flow; painful menses; infertility or difficulty in becoming pregnant; marked change in body hair distribution; difficulty in sexual functioning; other than listed:

Neurological Severe or frequent headaches; unusual head or neck tension; dizziness; fainting spells; seizures; fits or convulsions; shaking or twitching spells; paralysis of limbs; frequent or constant numbness or tingling of parts of body; severe lapses of memory; blackouts; other than listed: NO

Emotional or psychological Emotional illness; depression; recurrent feelings of loneliness or hopelessness; excessive worry; severe tension; feelings of worthlessness; recurrent fear; nervous exhaustion; frequent crying; insomnia; nervous breakdown; frequent nightmares; hysterical attacks; constant unhappiness; other than listed: NO

Other Medical or Surgical Conditions Not Already Listed Include blood type and hospitalizations not previously noted. (List): NO

Physician's Comments

DATE 2/25/02

CMI EMPLOYEE KD

FAMILY HISTORY Please complete the following and enter all medical conditions of each person. Refer to List of Conditions under **Past History** section and also add any orthopedic condition or symptoms that you now have and any member of your family has now or did have.

	Deceased or Living	Age Now or at Time of Death	Medical Conditions including Cause of Death, if deceased
Father	BOBBIE	70	HTN
Mother	THELMA	71	HTN
Brothers (List)	GARY	45	
Sisters (List)	BOBBIE	40	
Children (List)	ASHANDA	26	
	ELLIOTT	24	
	DEMARCUS	13	

Physician's Comments

Physician's Comments

DATE 2/2/06

PATIENT INFORMATION (PLEASE PRINT)

Patient's Name	Marital Status	Date of Birth	Age	Sex	Social Security #
TYRONE LAWRENCE		[redacted]	46	M	[redacted]

Street Address / Mailing Address (if different)	City and State / E-mail Address	Zip Code	Home Phone / Permanent address? Yes No
845 Colbert Bridge Rd.	Windsor SC	29856	649-5668

Patient's Employer	Occupation	Business Phone #
A.G.4.	WINDER	648-8351

Employer's Street Address	City and State	Zip Code
2648 WAGNER R.D.	AIKEN S.C.	29801

If Minor, Name of Person Responsible for Bill	Address if different	

Responsible Person's Employer	Occupation	Business Phone #

Employer's Street Address	City and State	Zip Code

In Case of Emergency, Call:		
Name: YVONNE LAWRENCE	Relationship: WIFE	Phone # 649-5668

MEDICAL INFORMATION

Injury ✓ Yes ___ No	Date of Injury 1-27-06
Were you injured on the job? ___ Yes ✓ No	Have you reported this injury? Yes ✓ No ___ To Whom:
Was an automobile involved? ✓ Yes ___ No	Do you have an attorney? ___ Yes ✓ No Name of Attorney: Address:

Describe injury or problem you are being seen for: MY BACK, SHOULD NECK IS IN PAIN.

Were x-rays taken of this injury or problem? ✓ Yes ___ No	If Yes, where were x-rays taken (Hospital, etc.) YES	Date x-rays taken 1-28-06

Has any member of your immediate family been treated by our physicians before? ___ Yes ✓ No If yes, who:

Family Doctor	Address (city, state, zip)	Phone No.
VASOVSKI		
Who referred you?	**Address if physician**	**Phone No.**
AIKEN REGIONAL		

INSURANCE INFORMATION - PLEASE PRESENT PROOF OF INSURANCE (I.D. CARD) TO THE RECEPTIONIST

Name of Insurance Company	Policy or I.D. Number	Name, Social Security No. and Date of Birth of POLICY HOLDER (Policy Holder is person named on Insurance Card)
1. BLUE CROSS BLUE SHIELD		Name: TYRONE LAWRENCE Soc. Sec. No. [redacted] Date of Birth [redacted]
2.		Name: Soc. Sec. No.: Date of Birth:
3.		Name: Soc. Sec. No.: Date of Birth:

Does insurance Co. require pre-approval/second opinion for surgery/hospitalization? ___ Yes ___ No

Are you in a managed care PPO ✓ Yes ___ No If yes, name of employer A.G.4.

PAYMENT RESPONSIBILITY AND AUTHORIZATION

I understand that I am responsible for all fees incurred for services rendered and that full payment is expected at the time these services are rendered, unless advance arrangements are made with our patient counselor before services are rendered in office OR Carolina Musculoskeletal Institute, PA has a contractual agreement with your insurance carrier.

I hereby authorize the release of any medical or other information necessary to process insurance claims and I hereby authorize payment of medical benefits to Carolina Musculoskeletal Institute, PA for all services rendered if FULL payment is not made at the time of service. This authorization applies to all occasions of service until it is revoked.

Date 2/2/06 Patient's or Authorized Person's Signature Tyrone Lawrence [redacted]

LAWRENCE, TYRONE # 60394

3/2/06 OFFICE VISIT

He is feeling much better. Neurological exam is intact. Full range of motion of his spine. Final impairment is 0%. See him back here as needed.

Douglas E. Holford, M.D.

DEH:jtc

LOWER EXTREMITY EVALUATION

NAME Tyrone Lawrence ACCOUNT#: [redacted]

		R	L	R	L	R	L	R	L	
		DATE 2/2/22		DATE		DATE		DATE		
CIRCUMFERENCE	↑	64	62							
	↓	46	43							
LENGTH		96	95							

LAWRENCE, TYRONE
60394

OFFICE VISIT
07/01/2013

PAST MEDICAL/SURGICAL HISTORY/CURRENT MEDICATIONS/ ALLERGIES/SOCIAL HISTORY/REVIEW OF SYSTEMS: Thoroughly reviewed and updated. Medical history questionnaire is on the chart for review.

CHIEF COMPLAINT: Right knee pain and popping.

HISTORY OF PRESENT ILLNESS: Patient is a 53-year-old black male who injured his right knee 4 days ago, on 06/27/2013. He was playing softball, when he went down to kneel to get a ball, he twisted his knee, felt and heard a pop. Within a couple of hours, he noted some swelling about the knee. Since this time, he has noted popping, clicking and catching. He denies any significant locking. He saw his primary care physician, Dr. Saavedra, who referred him here. He presents today for evaluation.

PHYSICAL EXAMINATION: Well-developed, well-nourished black male in no acute distress. He is pleasant and cooperative throughout the exam. Height: 5 feet 11 inches. Weight: 329 pounds. Blood pressure: 128/74. Exam of his right lower extremity reveals no irritability about the hip. Exam of his knee reveals trace effusion. He has mild varus deformity. He has point tenderness along the medial joint line. No lateral joint line tenderness. He has no varus/valgus instability. Negative Lachman. He has 0 to 120 degrees range of motion, limited by his leg size. He has positive McMurray medially. Calf is soft, nontender. Neurovascularly intact.

X-RAYS: 4 views of the right knee reveal mild medial joint space narrowing, but no acute fractures, dislocations, et cetera.

ASSESSMENT AND PLAN: I definitely think he likely has a medial meniscal tear. We are going to proceed with an MRI, and I will see him back pending these results.

R. Vaughan Massie, M.D.

RVM/ps11/4219

LAWRENCE, TYRONE
60394

X-RAY EXAM
07/01/2013

X-RAYS: 4 views of the right knee reveal mild medial joint space narrowing, but no acute fractures, dislocations, et cetera.

R. Vaughan Massie, M.D.

RVM/ps11/4219

CAROLINA MUSCULOSKELETAL INSTITUTE, PA - Orthopedics

PATIENT HISTORY

Today's date 7/1/13

Patient's Name Tyrone Lawrence AGE 53 Were you referred by a Physician? Yes ✓ No ___
Referring Physician D.R. SAAVEDRA Family Physician D.R. SAAVEDRA
Reason for seeking medical attention Knee Hurt

Date of injury or duration of symptoms 4 days Work Related? Yes ___ No ✓ Right or Left handed? ___
Have you had any diagnostic studies for this condition, such as X-Ray, MRI, Bone Scan, etc? Please list ___
Have you seen anyone else regarding this condition? Yes ✓ No ___ If yes, list names and dates D.R. SAAVEDRA today

Have you ever been diagnosed with any of the following medical conditions:

	YES	NO		YES	NO		YES	NO
Asthma	___	___	Rheumatoid Arthritis	___	___	Osteoarthritis	___	___
Kidney Disease	___	___	Anemia	___	___	Alcoholism	___	___
Lupus	___	___	Migraines	___	___	Sickle Cell Disease	___	___
Bleeding Tendencies	___	___	Cancer	___	___	Colitis	___	___
Heart Disease	___	___	Diabetes	___	___	Stroke	___	___
Epilepsy	___	___	Goiter	___	___	Stomach Ulcers	___	___
High Blood Pressure	✓	___	Lung Disease	___	___	Depression/Anxiety	___	___
Polio	___	___	Nervous Sys. Disorder	___	___	Pelvic Radiation	___	___
Hepatitis	___	___	Tuberculosis	___	___	COPD (Chronic Obstructive Pulmonary Disease)	___	___

Other Medical Conditions: hyperlipidemia
Are there law suits pending on your orthopedic condition? ___
Please list any orthopedic surgeries and dates: ___
Please list any other surgeries and dates: Cholecystectomy

Please list all current medications and dosages:
See list

Allergies: (please list reaction)
NKDA

Do you currently use tobacco: Cigarettes ___ Pipe ___ Smokeless ___ Amount per day: ___ Quit when ___
Do you drink alcohol: Beer ___ Liquor ___ Wine ___ Amount per day: ___ or per week: 0

Has anyone in your family had: (check all that apply)
High Blood Pressure ✓ Heart Disease ___ Diabetes ✓ Bleeding Problems ___ Lung Disease ___ *Cancer ___
*If yes, what type of Cancer? ___

CAROLINA MUSCULOSKELETAL INSTITUTE, PA - Orthopedics

PATIENT HISTORY CONTINUED...

Have you recently had any of the following problems or symptoms:

	YES	NO		YES	NO
Chest Pain		✓	Irregular Heart Beat		✓
Breathing Difficulties		✓	Cough		✓
Numbness or Tingling		✓	Dizziness		✓
Vision Changes		✓	Fever or Chills		✓
Abdominal Pain		✓	Nausea or Vomiting		✓
Bloody or Black Tarry Stools		✓	Loss of Control of Bowels		✓
Pain or Burning on Urination		✓	Blood in Urine		✓
Fainting Spells		✓	Unexpected Weight Loss		✓
Cough with Blood		✓	Diarrhea		✓
Headaches or Migraines		✓	Loss of Control of Bladder		✓

Physician/Nurse's Comments: (to be completed by CMI employee or Physician)

BM (Rt) handed, ø Smoker, ø ETOH

% 6-27-13 he had played a ½ inning of softball then he went to kneel on (Rt) Knee & heard & felt a pop. (Rt) Knee swelled & was sore on medial patella

tx: none

CMI Employee: KB

Patient Signature: [signature] Physician's Signature: _____ Date: _____

(I have reviewed this information with patient)

CAROLINA MUSCULOSKELETAL INSTITUTE, PA

PATIENT INFORMATION (please print)

DATE 1 1

Patient's Name	Marital Status	Date of Birth	Age	Sex	Social Security #
Tyrone Lawrence		[redacted]	53	M	[redacted]

Street Address	City and State	Zip Code	Home Phone
845 Colbert Bridge Rd.	Windsor S.C.	29856	(803) 641-6748

Mailing Address (if different)	E-mail Address	Permanent address? Yes No

Patient's Employer	Occupation	Business Phone #
A.G.Y.	Furnace Operation	(803) 648-8351

Employer's Street Address	City and State	Zip Code
	Aiken S.C.	29801

If Minor, Name of Person Responsible for Bill:	Address if different	

Responsible Person's Employer	Occupation	Business Phone #

Employer's Street Address	City and State	Zip Code

In Case of Emergency, Call:		
Name:	Relationship:	Phone #

MEDICAL INFORMATION

Injury ____ Yes ____ No	Date of Injury 6/29/13
Were you injured on the job? ____ Yes ✓ No	Have you reported this injury? Yes ____ No ✓ To Whom:
Was an automobile involved? ____ Yes ✓ No	Do you have an attorney? ____ Yes ✓ No Name of Attorney: Address:

Describe injury or problem you are being seen for: Knee Hurt

Were x-rays taken of this injury or problem? ____ Yes ✓ No	If Yes, where were x-rays taken (Hospital, etc.)	Date x-rays taken

Has any member of your immediate family been treated by our physicians before? ✓ Yes ____ No If yes, who: me

Family Doctor D.R. Saavedra	Address (city, state, zip)	Phone No. (803) 335-1477

How did you hear about us? (Check all that apply) ☐ Newspaper ☐ TV ☐ Real Yellow Pages ☐ Talking Phone Book
☐ Established Patient ☑ Doctor (Name Dr. Saavedra) ☐ Friend (Name ____)
☐ Internet (Website Name ____) ☐ Other (Please list ____)

INSURANCE INFORMATION - PLEASE PRESENT PROOF OF INSURANCE (I.D. CARD) TO THE RECEPTIONIST

Name of Insurance Company	Policy or I.D. Number	Name, Social Security No. and Date of Birth of POLICY HOLDER (Policy Holder is person named on insurance Card)
1. Blue Cross BlueShield		Name:
Policy Holder's Employer		Soc. Sec. No: / Date of Birth:
2. A.G.Y.		Name:
Policy Holder's Employer		Soc. Sec. No: / Date of Birth:
3.		Name:
Policy Holder's Employer		Soc. Sec. No: / Date of Birth:

Does Insurance Co. require pre-approval/second opinion for surgery/hospitalization? ____ Yes ____ No

Are you in a managed care PPO ✓ Yes ____ No If yes, name of employer

PAYMENT RESPONSIBILITY AND AUTHORIZATION

I understand that I am responsible for all fees incurred for services rendered and that full payment is expected at the time these services are rendered, unless advance arrangements are made with our patient counselor before services are rendered in office OR Carolina Musculoskeletal Institute, PA has a contractual agreement with your insurance carrier.

I hereby authorize the release of any medical or other information necessary to process insurance claims and I hereby authorize payment of medical benefits to Carolina Musculoskeletal Institute, PA for all services rendered if FULL payment is not made at the time of service. This authorization applies to all occasions of service until it is revoked.

Date 7/1/13 Patient's or Authorized Person's Signature Tyrone Lawrence 380

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0542
www.CMI.md

PATIENT: LAWRENCE, TYRONE
DOB: [redacted]
FILE:
PHYSICIAN: Ty W. Carter, M.D.
EXAM: Follow-up
DATE: 02/25/2014

Mr. Lawrence is a 56-year-old gentleman who works at ACY. I saw him in January. He came to see me because of neck pain. No previous cervical surgery. His MRI imaging had a significant lack of findings. His pain seemed to be more muscular than anything else and paraspinous muscular injections gave him no significant amount of improvement.

After a long discussion with the patient about his improvement and his marked increase in functional capacity from the trigger point injections, we decided to repeat that and see him back in followup. He understands and agrees.

SIGNATURE:

RUSSELL E. DANIEL, M.D.
RED/ag

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

PATIENT: LAWRENCE, TYRONE
DOB: [redacted]
FILE:
PHYSICIAN: Ty W. Carter, M.D.
EXAM: Procedure note
DATE: 02/25/2014

After thorough explanation of the intended procedure two trigger point injections were done at the base of the patient's spine after an alcohol prep. He tolerated the procedure well. Marcaine 0.5% and 20 mg of triamcinolone was utilized in each injection. A total of 2 cc per injection was utilized.

SIGNATURE:

RUSSELL E. DANIEL, M.D.
RED/pg

Aiken Regional Medical Centers 202 University Parkway, Aiken, South Carolina 29801 (803)641-5000

PT NO 11031978	PATIENT LAST NAME LAWRENCE	FIRST NAME TYRONE		HOME TELEPHONE 803-652-8048	MEDICAL RE 33511						SEX M
ADDRESS 411 LONG ST		CITY NEW ELLENTON			ST SC	ZIP 29809-0000					COUNTY 2
AGE 17	[redacted]	BIRTH DATE 09	RACE 5	SUB M	MARITAL STATUS	RELIGION BAP	[redacted]				BED
ADMIT DATE 05/07/92	TIME 00:01	ADM TYPE EC	PT TYPE I	PTS 3	ACCIDENT STATE				VOLUNTARY ADMISSION ORGAN DONOR2		
PT EMPLOYER			TELEPHONE		OCCUPATION OCP						
EMPLOYER ADDRESS OCP			CITY			ST	ZIP				
NEAREST RELATIVE NAME			NEXT TELEPHONE		EMERGENCY CONTACT NAME YVONNE LAWRENCE						HOME TELEPHONE 803-652-8048
REL	ADDRESS		WORK TELEPHONE		RP ADDRESS 411 LONG ST						WORK TELEPHONE
CITY		ST	ZIP		CITY NEW ELLENTON				ST SC	ZIP 29809-	[redacted]
GUARANTOR NAME TYRONE LAWRENCE					REL S	HOME TELEPHONE 803-652-8048					
ADDRESS 411 LONG ST					CITY NEW ELLENTON				ST SC	ZIP 29809-0000	
GUARANTOR EMPLOYER		TELEPHONE	ADDRESS OCP		CITY				ST	ZIP -	
INSURANCE NAME 1 ARTNA/OWENS CORNG	[redacted]		GROUP # 0006644 19 101		SUBSCRIBER LAWRENCE ,TYR		REL SE	AUTH # NA			
INSURANCE NAME 2											
INSURANCE NAME 3											
ATTENDING PHYSICIAN SCRUB			ATTENDING # 044198	REF SRC	ADMIT BRONNY	PREV ADM DATE		PREVIOUS FACILITY			
ADMITTING PHYSICIAN PHAD			MED SVC SUR	CODE	ALLERGIES ROCK						
LIVING WILL	IF YES LOCATION				METHOD OF ARRIVAL/ ACCOMPANIED BY AMB						
PRIV/FAMILY PHY					RETIREMENT DATE			SURGERY DATE			
ADMITTING PHYSICIAN SCRUB			ADMITTING # 044198		BIRTH BY:						

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED) CODE

PROCEDURES

CONSULTING PHYSICIANS

ORG

LOS

DISCHARGE DATE	TIME	STATUS DESCRIPTION	CODE

TRANS TO: ACUTE ☐ SNF ☐ REHAB ☐ HOSPICE ☐ HOME HEALTH ☐ HOME IV ☐ AGAINST MED ADV ☐ HOME ☐

OTHER _____

EXPIRED ☐ TIME _____ ,<48HRS ☐ >48HRS ☐ CORONER ☐ AUTOPSY YES ☐ NO ☐

"I CERTIFY THAT THE NARRATIVE DESCRIPTION OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE."

_____
ATTENDING PHYSICIAN SIGNATURE & DATE

PM-2707001 (9803) Forms Automation Solutions by ELECTRONIC LASER FORMS, INC. - (800) 933-4853

CHART COPY - DO NOT REMOVE FROM CHART

EMERGENCY ENCOUNTER RECORD

☐ ER ☐ EXP

11031978 37
LAWRENCE, TYRONE

[redacted]

ADDRESSOGRAPH

Lawrence, Tyrone 37 M/B

NURSING GUIDELINE:

arrival w/ams c c/o S.O.B. onset Quark this p.m. "gas-like" pain to chest area since this a.m. Painful to palp. to ① shoulder area. INT # 18 NS ICVO per EMS @ AC. patent @

ASA qd (back pain)

0002 to room 4 via stretcher, monitor x3. MD aware.
0030 IV meds given as ordered. Qtr
0050 Pt D/C'd to home. States pain only c lifting arms - Qtr

Awake, ① Chest pain.

BS - HBs on arrival 2am. Pt Alert, VSS
ABD soft
Chest - CTA bilat
① Chest: CLASS c/ lung
Tenderness 3rd rib ant to lat
+ on ① Anterior/Shoulder
PMH - Nephrolithiasis, CVA, MI. ENDS
pain (esp Forward motion) on arrival alert (at 90°) - Dismissed

Pt ambulated c steady gait

① ① Pectoralis Pain - Chronic.
786.50

LABS AND OTHER CHARGES	ORD	INIT
CBC c diff		
CHEM 7		
SMA 19		
AMYLASE		
PSI		
LIVER PROFILE II		
ALCOHOL		
TYPE & SCREEN		
TYPE & RH		
BLOOD CULT X ____		
OCUA		
CATHUA		
URINE C & S		
U PREG		
HCG QUAN		
URINE DRUG SCR		
EKG		
OP ABG		
PA/LAT CXR		
P CXR		
C-SPINE		
L-SPINE		
ACUTE ABD		
OLD RECORDS		
OLD ED DICT.		

TIME	T	P	R	BP
2200	97.8	70	16	140/89
0009		52	16	131/79

5 yrs
NKA

1. 30 mg Toradol SIVP 0030 Qtr
2. 2 Tylox 2 tabs (Qty 6)
3. Ice Mepergan SIVP 0050 Qtr
4. Rx Motrin x10D
5. Tylenol #3

DISPOSITION STATUS
DATE 3/19/97 TIME 0050
☐ ROUTINE (HOME) ☐ AMA
☐ ADMIT TO PHYSICIAN
☐ TRANSFERRED TO:
☐ ACCEPTING PHYSICIAN
☐ TRANSFER FORMS COMPLETED
☐ RECORDS c/ PATIENT

EXPIRED
☐ IN E.R. ☐ CORONER'S CASE
☐ DOA ☐ AUTOPSY

CONDITION ON DISCHARGE
☑ STABLE
☐ UNSTABLE
EMERGENCY MEDICAL CONDITION OR PREGNANCY WITH CONTRACTIONS PRESENT.

DISPOSITION OF PATIENT
☐ AMBULATORY ☐ AMBULANCE
☐ WHEELCHAIR ☐ STRETCHER
☐ CARRIED ☐ OTHER

ACCOMPANIED BY
☐ SELF ☑ RELATIVE ☐ POLICE
☐ OTHER EXPLAIN:

DISCHARGE INSTRUCTIONS
☑ VERBAL ☐ WRITTEN
☐ NOT GIVEN (why) ____
☐ PT. VERBALIZES UNDERSTANDING

NAME OF PHYSICIAN THAT ADMITTED PATIENT [redacted] TIME MD IN TO SEE PT.

PHYSICIAN'S SIGNATURE DATE

9490 (8/96)

MEDICAL RECORDS

REPORT NO. (1-6) 000713530

DHEC PATIENT CARE FORM

Q.A. NO.

TRIP NO. 0159-01

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10-29): Lawrence | FIRST NAME (30-45): Tyrone | MI (46):

STREET (47-71): 411 Long St | APT. #:

CITY (72-87): New Ellenton | STATE (88-89): SC | ZIP CODE (90-94): 29809

SEX (95): 1 Male | 2 Female | 3 Undetermined

RACE (96): 1 White | 2 Black | 3 Am. Indian | 4 Hispanic | 5 Asian | 6 Other

AGE (97-100): 57 | CHECK ONE: 1 YRS. | 2 MOS. | 3 DAYS

DISPOSITION (101-102)

01 TREAT/NO TRANS. | 02 DOA AT SCENE | 03 HOSPITAL ER | 04 HOSP. DIR. ADMIT. | 05 TRAUMA CENTER | 06 PATIENT'S HOME | 07 NURSING HOME | 08 DR.'S OFFICE | 09 OUTPATIENT | 10 PT. REFUSED TREAT.

TYPE OF INCIDENT

TRAUMA (103): 1 MVA | 2 MC | 3 BIKES | 4 PED | 5 ASSAULT | 6 FALL | 7 FIRE | 8 INTERFAC | 9 OTHER

MEDICAL (104): 1 ENVIRON | 2 BEHAV | 3 OB/GYN | 4 RESP | 5 CARDIAC | 6 INTERFAC | 7 OTHER

PATIENT STATUS

TO SCENE (105)	ON SCENE (106)	FROM SCENE (107)
1 EMERGENT	1 EMERGENT	1 EMERGENT
2 NONEMERGENT	2 NONEMERGENT	2 NONEMERGENT
CODE 03	CODE 07	

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.: Hwy 302 OCF

CITY: Aiken | COUNTY (108-109): 02

SAFETY EQP (110): 1 Seatbelts | 2 Helmets | 3 Airbags | 4 Child Seat | 5 None | 6 Unkn.

SITE OF INCIDENT (111): 1 ROADWAY | 2 RESIDENCE | 3 INDUSTRIAL | 4 RECREATIONAL | 5 AGRICULTURAL | 6 OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 3) (112-119)

03 Seizure | 04 Diabetic | 11 Abrasion/Contusions | 13 Laceration | 23 Fracture | 24 Multitrauma/Shock | 30 Head Injury | 32 Spinal Injury | 33 Stroke | 51 G.I. Problems | 74 Respiratory Distress | 80 Coronary Problems | 83 Cardiac Arrest | Other | Other

TREATMENT PROCEDURES (120-153)

01 Dressing Applied | 02 Limb Splinted | 03 Spine Immobilized | 04 Neck Immobilized | 05 CB Assistance | 06 Oral Airway Used | 07 Oxygen Given | 08 Suction Used | 09 Antishock Trousers | 10 Airway Maintained | 11 Antishock Treatment | 12 Artificial Resp. | 13 Cardiac Massage | 14 Bleeding Controlled | 15 Cold Application | 16 Patient Restrained | 17 Other (Use Comments)

PRIMARY IMPRESSION (154-159): 80

SITE OF TRAUMA (155-164): 1 Head | 2 Face | 3 Neck | 4 Chest | 5 Abdomen | 6 Hip/Pelvic | 7 Upper Extr. | 8 Lower Extr. | 9 Back

ADVANCED PROCEDURES (165-182)

1. First Defib Attempted — Post Defib — Watt Sec. ____ Time ____ Rhythm ____
2. Second Defib Attempted — Post Defib — Watt Sec. ____ Time ____ Rhythm ____
3. Third Defib Attempted — Post Defib — Watt Sec. ____ Time ____ Rhythm ____
4. ORTUBATED (Method) ____ Size ____
5. EXTERNAL PACING
7. BLOOD DRAWN — DEXTROSE SOL. 50
8. IV STARTED/GAUGE 18 — SOLUTION NS — RATE KVO — IV TIME 2340 — IV VOLUME 250
9. IV STARTED/GAUGE ____ — SOLUTION ____ — RATE ____ — IV TIME ____ — IV VOLUME ____
10. PLEURAL DECOMPRESSION — Time ____
11. INTRAOSSEOUS INF.
12. AUTOMATIC DEFIB.
13. PATIENT ASSISTED MEDS
14. IMV ATTEMPTED

Ordering Physician ____ (Written) ____ (Signature) ____

DRUGS USED (183-209)

DRUG	DOSE	UNITS	ROUTE	DOSE #	TIME

REVISED TRAUMA SCORE

GCS: (209) EYES ____ (210) VERBAL ____ (211) MOTOR ____ (212-213) GLASGOW ____

(214-216) SBP ____ (217-219) RR ____ (220) ANATOMICAL INJ. 1 YES 2 NO

RTS (221-223)

VITAL SIGNS

BP	PULSE RATE	PULSE REG./IRREG.	RESPIRATIONS RATE	RESP. REG./IRREG.	PUPILS	LEVEL OF CONSC.	TIME
128/86	80	REG.	20	REG.	E	A	2325
126/84	84	REG.	20	REG.	E	A	2336
/		REG.		REG.			
/		REG.		REG.			
/		REG.		REG.			

PUPILS: E=EQUAL, U=UNEQUAL, NR=NO RESP., C=CONSTR., D=DILATED

LEVEL OF CONSC.: A=ALERT, V=VERBAL ST., P=PAINFUL ST., U=UNRESP.

EXPOSURE TO PT's BODY FLUIDS? (220) 1. YES 2. NO

1ST Responder (224) 1. YES Name ____ 2. NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS, PT SCENE RESPONSE TO STIMULI)

Arr Scene Pt sitting on edge of bed in medical office. Pt alert & oriented x3 skin w/d/e Good Color. Pt c/o moderate SOB & chest pain. Pt c/o pain 8/10 described this pain as a sharp pain. Pt's pain not relieved by rest. Pt denies N/V/D. Pt denies dizziness, blurred vision, other pain or complaints. Denies any known allergies. Placed on O2 @ 12 lpm via NRB placed on EPH. ISR BGL 140 VS 128/86 P 80 RR 20 SpO2 98% RA. Placed IV 18 gauge KVO rate NS running. Pt VS monitored. Pt VS 126/84 P 84 RR 20 SpO2 98% on 12 lpm via NRB. Pt transported to ED via EMS ambulance without incident. Pt remained on Arr scene unloaded ED -> to bed 4. Oral/written reports given to nurse & EMS crew.

Patient Care Form Left In: 1. ED 2. ICU 3. OTHER ____ See Page 2

TIME RECORD

RUN DATE (225-232): MONTH 05 | DAY 06 | YEAR 97

Call Received: (233-236)	2317
Call Dispatched: (237-240)	2317
Unit En Route: (241-244)	2318
Arrive Scene: (245-248)	2329
Departed Scene: (249-252)	2335
Arrive Destination: (253-256)	2351

CAUSE OF DELAY ____

DHEC PERSON NO. (257-261): 00704

RECEIVING AGENCY (262-268): 4001

SENDING AGENCY (269-275): ____

PROVIDER TIME (OPTIONAL): 0004

ATTENDANT'S SIGNATURE & CERTIFICATION NO.

Wade Threatt — 613085

PRIMARY PATIENT ATTENDANT (276-279): 2276V

2ND ATTENDANT/DRIVER (275-278): ____

3RD ATTENDANT/DRIVER (280-284): ____

(RECEIVING NURSE OR PHYSICIAN) ____

DHEC 3050 (6/88) RECEIVER'S COPY

Aiken Regional Medical Centers
Emergency Services

11031978 37
[redacted] 05/27/97 T EMR

GENERAL INSTRUCTIONS

- ☐ Call the next business day and make an appointment to see: _____
  Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: _____ days or less - or - _____ days or less if still ill
- ☐ Have your blood pressure checked at _____ within _____ days
- ☐ Return to the Emergency Department after 10 am in _____ days for suture removal or recheck
- ☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever
- ☒ Work / school excuse from 5/6 thru 5/8
- ☒ See your company doctor per your company's policy. Light duty until 10 days (5/14
  (No use of Adam No lifting over 5 lbs.)
- ☐ _____

Your diagnosis was: (1.) (L) Rectoralis Pain

INSTRUCTION SHEETS You may receive one or more of the following:

Abdominal (green sheet)
- ☐ Abdominal Pain in Adults
- ☐ Abdominal Pain in Children
- ☐ Nausea, Vomiting, Diarrhea, Adults
- ☐ Nausea, Vomiting, Diarrhea, Children
- ☐ Kidney stone

OB / GYN (pink sheet)
- ☐ Threatened Miscarriage
- ☐ Pelvic Inflammatory Disease

Orthopedics (white sheet)
- ☐ Splints and Casts
- ☒ Sprains and Strains
- ☐ Walking with Crutches
- ☐ Low Back Pain
- ☐ Cervical Strain

Environmental (grey sheet)
- ☐ Bug Bites
- ☐ Allergic Reactions

Trauma (red sheet)
- ☐ Accident
- ☐ Head Injury
- ☐ Wound Care
- ☐ Burns
- ☐ Corneal Abrasion
- ☐ Animal Bite
- ☐ Hematoma

Respiratory (blue sheet)
- ☐ Croup
- ☐ Asthma
- ☐ Bronchiolitis
- ☐ Bronchitis
- ☐ Sore Throat
- ☐ Nose Bleed
- ☐ Sinusitis in Adults

Infection (yellow)
- ☐ Fever in Adults
- ☐ Fever in Children
- ☐ Taking Temperatures
- ☐ Otitis Media
- ☐ Chicken Pox
- ☐ Skin Infection / Abscess
- ☐ Urinary Tract Infection
- ☐ Conjunctivitis
- ☐ Scabies and Lice

General (orange sheet)
- ☐ Pediatric Followup
- ☐ Medication Precautions
- ☐ Test Results
- ☐ Headache

Other (on computer)
- ☐ _____
- ☐ _____
- ☐ _____

IMPORTANT Please read carefully before signing. Do not leave if you have unanswered questions

- I have received the instruction sheets indicated above.
- I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for my followup care.
- I realize all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
- Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X-rays. If cultures were obtained, results will not be final for 3 or more days.
- I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
- The Medical Records Department is open Monday-Friday, 8:00 am to 4:30 pm to obtain copies of your medical records.

_____ Physician 5/7 Date [redacted] Patient or Responsible Person

MEDICAL RECORDS COPY

Aiken Regional
MEDICAL CENTERS
The Health Choice

202 University Parkway, Aiken, SC 29801

MED. REC. NO. 33911

PT NO 17061128	PATIENT NAME LAWRENCE , TYRONE											COUNTY 2	
ADDRESS 845 COLBERT BRIDGE ROAD													
CITY WINDSOR				STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT	[redacted]					
AGE 43	[redacted]	SEX M	RACE 2	MS M	PREVIOUS NAME					RELIGION HAP	NOK	MARRIED	
ADM DATE 10/21/02	TIME 02:17	ENC RO	PT TYPE T	ER X	ARRIVED INFO W	10/21/02 02:00	VOLUNTARY ADM			ORGAN DNR N	SSOL	INFANT ADM	
PT EMPLOYER AGY					TELEPHONE 803-648-8351	EXT	OCCUPATION UNK						
EMPLOYER ADDRESS P O BOX 499					HWY 302								
CITY AIKEN				STATE SC	ZIP 29802-					RETIREMENT DATE			
NEAREST RELATIVE NAME LAWRENE , YVONNE													
RLTN ADDRESS U 845 COLBERT BRIDGE ROAD													
CITY WINDSOR				STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT						
EMERGENCY CONTACT NAME LAWRENE , YVONNE													
RLTN ADDRESS U 845 COLBERT BRIDGE ROAD													
CITY WINDSOR				STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT						
GUARANTOR NAME LAWRENCE , TYRONE									REL S	[redacted]			
ADDRESS 845 COLBERT BRIDGE ROAD										PHONE 803-649-5668			
CITY WINDSOR				STATE SC	ZIP 29856-0000	OCCUPATION UNK				EXT			
GUARANTOR EMPLOYER AGY					PHONE 803-648-8351	EXT							
ADDRESS P O BOX 499					HWY 302								
CITY AIKEN				STATE SC	ZIP 29802-							FC I	
INSURANCE NAME 1 WORKERS COMP	[redacted]				GROUP #		SUBSCRIBER LAWRENCE ,		REL S	AUTH #			
INSURANCE NAME 2		CODE	POLICY #		GROUP #		SUBSCRIBER		REL	AUTH #			
INSURANCE NAME 3		CODE	POLICY #		GROUP #		SUBSCRIBER		REL	AUTH #			
ATTENDING PHYSICIAN GRANT STEPHEN					ATTENDING # 003848	REF SRC	ADMIT WESTL	PREV ADM DATE		PREVIOUS FACILITY			
ADM DIAGNOSIS BACK PAIN					MED SVC EMR	CODE	ATTENDING NTLK					SURGERY DATE	
ADMITTING PHYSICIAN GRANT STEPHEN					ADM TYPE 003848	AUTHORIZED BY							
PROCEDURE					CLINICAL COMMENT					MODE OF ARRIVAL/ACCOMPANIED BY			
REL W/ HPP	ADV DIR	LIVING WILL	LOCATION OF WILL/DIRECTIVE			FAMILY DOCTOR							

Div.

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED)

CODE

844.2
E927
E849.3

PROCEDURES

CONSULTING PHYSICIANS

DRG

LOS

TRANS TO: ACUTE ☐ SNF ☐ REHAB ☐ HOSPICE ☐ HOME HEALTH ☐ HOME IV ☐ AGAINST MED ADV ☐ HOME ☐

DISCHARGE DATE | TIME | OTHER

EXPIRED ☐ TIME _____ <48HRS ☐ >48HRS ☐ CORONER ☐ AUTOPSY YES ☐ NO ☐

ATTENDING PHYSICIAN SIGNATURE & DATE

RELASER, INC. C2488-20031 (714) 986-1559 (2/99) **CHART COPY - DO NOT REMOVE FROM CHART**

[redacted]

AIKEN REGIONAL MEDICAL HEALTH CENTERS
EMERGENCY PHYSICIAN REPORT

Patient Name: LAWRENCE, TYRONE
Patient ID: 000017061128 Admit Date/Time: 10/21/2002 02:17
DOB: [redacted] Gender: M Race: Black

Patient arrived via ambulance. Care received during transport included: treatments per EMS protocol.

CHIEF COMPLAINT: back pain
Patient complains of an injury, while lifting, to the lower back approximately 1 hour prior to arrival. The pain radiates to legs. There has been no tingling. There has been no numbness. There has been no weakness.
The symptoms are aggravated by: movement. There has been no abdominal pain. There has been an injury to the back which happened at the same time. The injury allegedly occurred while lifting. The injury allegedly occurred while at work. Alcohol and drug testing is not requested.

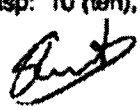
PATIENT'S ALLERGIES: dairy
PATIENT'S CURRENT MEDICATIONS: none
REVIEW OF SYSTEMS:
Genitourinary: No dysuria, No hematuria, No hesitancy, No frequency, No incontinence, No flank pain.
Gastrointestinal: No abdominal pain, No Melena, No Hematochezia, No Nausea, No Vomiting, No Diarrhea, No Hematemesis.
PMH: Medical History: negative
SOCIAL HISTORY:
FAMILY HISTORY: No Family History is pertinent to the present complaint.

PHYSICAL EXAM: Vital Signs: Reviewed Nurse's notes.
PATIENT STATUS: Is in moderate distress.
ABDOMEN: Soft, nontender, good bowel sounds. No hepatosplenomegaly, rebound, guarding, firm or pulsatile mass. No flank tenderness.
BACK: Bilateral lower lumbar tenderness.
NEUROLOGICAL: Alert and cooperative. Sensory and motor functions intact.
REFLEXES: normal.

TREATMENT:
Demerol and Phenergan IM was given. After treatment the patient's symptoms were moderately relieved.

DIAGNOSIS: acute low back strain

DISPOSITION: Patient was discharged home.
Patient was instructed to follow-up with their doctor, and EHS, or return to the Emergency Department if:
Their condition worsens unexpectantly, their condition does not improve as expected, or they develop new symptoms.
PRESCRIBED MEDICATIONS:
Naprosyn 375 mg Tablet, Disp: 30, 1 tab(s) po q 6 hrs, Refills: 0, may substitute
Vicodin 5 mg Tablet, Disp: 15 (fifteen), 1-2 tab(s) po prn pain, Refills: 0, may substitute
Valium 5 mg Tablet, Disp: 10 (ten), 1 tab(s) po prn , Refills: 0, may substitute



Aiken Regional ED ENCOUNTER Record

(4)

Chief Complaint:

HP

Current Meds:

☐ See ED nurses notes

Past Medical History: ☐ NKA, Prenat Hx, Social Hx, Fam Hx, & ROS Unobtainable due to: ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Renal Disease ☐ Asthma ☐ COPD ☐ CHF ☐ As Above ☐ Other:

Past Surgical History:

Family History: ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Asthma ☐ COPD ☐ CHF

Social History: Tobacco ☐No ☐Yes Amt _____ ETOH ☐ No ☐Yes Amt _____ ☐ Other

Review Of Systems: Check ☐ if normal Check ○ if abnormal (If not Checked then not applicable)

☐ Other ROS Neg

Eyes:	☐	○ Diplopia	☐	○ Blurred	☐	○ Vision chge	GU:	☐	○ Dysuria	☐	○ Urgency	☐	○ Hematuria
ENT:	☐	○ Rhinitis	☐	○ Sore throat	☐	○ Nose bleeds	MS:	☐	○ Myalgia	☐	○ Back pain	☐	○ Neck pain
Card:	☐	○ CP	☐	○ Palpitation			Neuro:	☐	○ Seizures	☐	○ Dizziness	☐	○ Syncope
Respir:	☐	○ SOB	☐	○ Cough	☐	○ Hemoptysis		☐	○ Weakness	☐	○ Numbness		
GI:	☐	○ Nausea	☐	○ Vomiting	☐	○ Diarrhea	Endo:	☐	○ Polyuria	☐	○ Hypoglyc	☐	○ Thyroid Dys
	☐	○ Abd pain	☐	○ Melena	☐	○ Hematochez	Hem/Lymp:	☐	○ Anemia	☐	○ Bleeding		

☐ For allergies see ED nurses notes

TETANUS STATUS: Other ROS

ALLERGIES:

Physical Exam:

☐ For vitals see ED nurses notes

Weight	TIME	PULSE OX:	TEMP	P	R	BP

Check ☐ if normal Check ○ if abnormal Abn Findings:

General:	☐	○ Mental Status						
Eyes:	☐	○ Conjun NL	☐	○ Lids	☐	○ PERRL		
Head:	☐	○ NL cephalic	☐	○ Sinuses	☐	○ Nose		
ENT:	☐	○ Oropharynx	☐	○ Right TM	☐	○ Left TM		
Neck:	☐	○ Palpation	☐	○ Thyroid	☐	○ Trachea		
Chest:	☐	○ Palpation	☐	○ Excursion	☐	○ Symmetry		
Cardio:	☐	○ Heart sounds	☐	○ R & R				
Respir:	☐	○ Respir effort	☐	○ Lung sounds				
Abdom:	☐	○ Palpation	☐	○ Bowel Sounds				
MS:	☐	○ RUE	☐	○ RLE	☐	○ Digits		
	☐	○ LUE	☐	○ LLE	☐	○ Back		
	☐	○ Pelvis	☐	○ Gait				
Skin:	☐	○ Temp	☐	○ Appear	☐	○ Color		
Neuro:	☐	○ CN3	☐	○ Strength	☐	○ Sensation		

Med Decision Making:

☐ Med records reviewed:
☐ Xrays reviewed by me:
☐ EKG reviewed by me:
☐ Labs reviewed by me:

TEST:		
CBC W DIFF:		
CHEM 6:		
URINE PREG:		
QCUA:		
CATH UA:		
URINE C&S:		
EKG:		
OLD EKGS:		
TROPONIN:		
PMPT:		
FINGER ST GL:		
BLOOD CULT X		
TYPE & SCREEN:		
TYPE CROSS UNITS:		
LIVER PANEL:		
CBP:		
AMYLASE:		
LIPASE:		
HEMOCULT:		
TYPE & RH:		
HCG QUANT:		
URINE DRUG S:		
ALCOHOL:		
ED ABG:		
PA/LAT CXR:		
PCXR:		
C-SPINE:		
L-SPINE:		
ACUTE ABD:		
OLD RECORDS:		
OLD ED Record:		

TIME INITIAL ✓TEST ORDERED:

PHYSICIAN'S ORDERS: TIME ORD: TIME CORP INITIAL:

→ URINE PREG RESULTS:

Panel 100 Flagyl 500 IVPB

IM

CC TIME: 4 WUN

DIET Dx:

Consults:

NAME OF PHYSICIAN THAT ADMITTED PT:

NAME OF PHYSICIAN THAT PT IS ADMITTED TO:

☐ Diagnostic only
☐ Dictated only
☐ Temp chart only
☐ Dictated & Transcribed
☐ Dictated & Temp chart

DISCHARGE DIAGNOSIS:

Acute Low Back Strain

CODES

STABLE

☐ UNSTABLE SEE NOTE

Name: Race: Sex: Age:

Addressograph

17061128 43

[redacted]

M 2 BAP ENR

Physician Signature: Time MD IN:

ED Encounter Record

830.70

MEDICAL RECORDS

10-24129

[redacted]

AIKEN REGIONAL MEDICAL CENTERS

NOTE: THIS FORM MAY BE USED WHEN VITAL SIGNS ARE MORE FREQUENT THAN EVERY FOUR HOURS

DATE	TIME	TEMP	PULSE	RESP	B/P	OUT-PUT			COMMENTS	INITIAL
6/21	0247								Pt pulled IV to L hand pain	
									Pt biting up 50 lb c work	
	0315								Demerol 100 and phenergan	
									50 IM to @ DG.	
									BRAT x 2	
	0345								Pt states pain has decreased	
	0545								Pt states feels better & ready	
									to go home	

INIT.	SIGNATURES	INIT.	SIGNATURES

PATIENT INFORMATION

[redacted]

SUPPLEMENTAL VITAL SIGNS FLOW SHEET

MEDICAL RECORDS COPY

Aiken Regional Medical Centers

Emergency Services

ADDRESSOGRAPH

17061128 43

[redacted] 1/21/02 T E

GENERAL INSTRUCTIONS:

☐ Call the next business day and make an appointment to see: PLANT MEDICINE MONDAY.

Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: _____ days or less or _____ days or less if still ill.

☐ Have your blood pressure checked at _____ within _____ days.

☐ Return to the Emergency Department after 12:30 p.m. in _____ days for suture removal or re-check.

☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.

☐ Work / school excuse from _____ thru _____.

☐ See your company doctor per your company's policy. Light duty until 10/28.

(No use of _____ No lifting over 20 lbs.)

Naprosyn 3X a day; Vicodin & Valium at Night as Needed

Rest x 2 days; then Light Duty x 5 days.

Your diagnosis was: Acute Muscle Strain

INSTRUCTION SHEETS You may receive one or more of the following:

* Preprinted Instructions

Abdominal (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
- ☐ Nausea, Vomiting, Diarrhea, Adults*
- ☐ Vomiting, Diarrhea, Children*
- ☐ Kidney Stone –

OB/GYN (pink sheet)
- ☐ Threatened Miscarriage*
- ☐ Pelvic Inflammatory Disease*

Orthopedics (white sheet)
- ☐ Splints and Casts*
- ☐ Sprains and Strains*
- ☐ Walking with Crutches*
- ☐ Low Back Pain*
- ☐ Cervical Strain

Environmental (grey sheet)
- ☐ Bug Bites*
- ☐ Allergic Reactions*

Trauma (red sheet)
- ☐ Accident*
- ☐ Head Injury*
- ☐ Wound Care*
- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

Respiratory (blue sheet)
- ☐ Croup*
- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
- ☐ Sore Throat*
- ☐ Nose Bleed*
- ☐ Sinusitis in Adults

Infection (yellow sheet)
- ☐ Fever in Adults*
- ☐ Fever in Children*

- ☐ Taking Temperatures*
- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

General (orange sheet)
- ☐ Pediatric Followup*
- ☐ Medication Precautions*
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ Tetanus/Diptheria booster*
- ☐ Blood/Body Fluid Exposure Follow-up

Other (on computer)
- ☐ _____
- ☐ _____

IMPORTANT (Please read carefully before signing. Do not leave if you have unanswered questions.)

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X-Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.

Physician / Staff _____ Date 1/21/02 _____ Patient or Responsible Person

630.05 Rev. 09/02 FORM 10-2183 3/89

WHITE - MEDICAL RECORDS CANARY - PATIENT PINK - EMERGENCY DEPARTMENT GOLDENROD - PATIENT

REPORT NO. (1-9) 414049

DHEC PATIENT CARE FORM

Q.A. NO.

TRIP NO. C 77

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10-29) | FIRST NAME (30-45) | MI (46)

STREET (47-71) | APT. #

CITY (72-87) | STATE (88-89) | ZIP CODE (90-94)

SSN (95-103)

SEX (104): 1 ☑ Male; 2 ☐ Female; 3 ☐ Undetermined

RACE (105): 1 ☐ White; 2 ☑ Black; 3 ☐ Am. Indian; 4 ☐ Hispanic; 5 ☐ Asian; 6 ☐ Other

AGE (106-109): 043 — CHECK ONE: 1 ☑ YRS.; 2 ☐ MOS.; 3 ☐ DAYS

DISPOSITION (110-111)

01 ☐ TREATED/NO TRANS.
02 ☐ DOA AT SCENE
03 ☑ HOSPITAL ER
04 ☐ HOSP. DIR. ADMIT.
05 ☐ PATIENT'S HOME
07 ☐ NURSING HOME
08 ☐ DR.'S OFFICE
09 ☐ OUTPATIENT
10 ☐ PT. REFUSED TREAT.
13 ☐ EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112): 1 ☐ MVA; 2 ☐ MC; 3 ☐ BIKES; 4 ☐ PED; 5 ☐ ASSAULT; 6 ☐ FALL; 7 ☐ FIRE; 8 ☐ INTERFAC; 9 ☑ OTHER

MEDICAL (113): 1 ☐ ENVIRON; 2 ☐ BEHAV; 3 ☐ OB/GYN; 4 ☐ RESP; 5 ☐ CARDIAC; 6 ☐ (INTERFAC); 7 ☑ OTHER

CALL TYPE

TO SCENE (114): 1 ☑ EMERGENT; 2 ☐ NONEMERGENT; CODE

PATIENT STATUS

ON SCENE (115): 1 ☐ URGENT; 2 ☑ NON URGENT; CODE

FROM SCENE (116): 1 ☐ URGENT; 2 ☑ NON URGENT; CODE

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.

CITY

County (117-118) | Zip Code (119-123): 29801

SAFETY EQP. (124)

1 ☐ Seatbelts; 2 ☐ Helmets; 3 ☐ Airbags; 4 ☐ Child Seat; 5 ☑ None; 6 ☐ Unkn.

SITE OF INCIDENT (125)

1 ☐ ROADWAY; 2 ☐ RESIDENCE; 3 ☑ INDUSTRIAL; 4 ☐ RECREATIONAL; 5 ☐ AGRICULTURAL; 6 ☐ OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)

000 ☐ Seizure; 004 ☐ Diabetic; 011 ☐ Abrasion/Contusions; 013 ☐ Laceration; 020 ☐ Fracture; 024 ☐ Multitrauma/Shock; 030 ☐ Head Injury; 032 ☐ Spinal Injury; 034 ☐ Stroke; 051 ☐ G.I. Problems; 074 ☐ Respiratory Distress; 080 ☐ Coronary Problems; 083 ☐ Cardiac Arrest; Other

PRIMARY IMPRESSION (138-140)

029

TREATMENT PROCEDURES (141-179)

01 ☐ Dressing Applied; 02 ☐ Limb Splinted; 03 ☐ Spine Immobilized; 04 ☐ Neck Immobilized; 05 ☐ OB Assistance; 06 ☐ Oral Airway Used; 07 ☐ Oxygen Given; 08 ☐ Suction Used; 09 ☐ Antishock Trousers; 10 ☐ Airway Maintained; 11 ☐ Antishock Treatment; 12 ☐ Artificial Resp.; 13 ☐ Cardiac Massage; 14 ☐ Bleeding Controlled; 15 ☐ Cold Application; 16 ☐ Patient Restrained; 17 ☐ Other (Use Comments); 18 ☐ Ventilator

HCFA CODES (175-180)

SITE OF TRAUMA (181-189)

1 ☐ Head; 2 ☐ Face; 3 ☐ Neck; 4 ☐ Chest; 5 ☐ Abdomen; 6 ☐ Hip/Pelvis; 7 ☐ Upper Extr.; 8 ☐ Lower Extr.; 9 ☑ Back

ADVANCED PROCEDURES (199-223)

1. ☐ EKG Monitored — Rhythm — Time
2. ☐ First Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm
3. ☐ Second Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm
4. ☐ Third Defib Attempted — Watt Sec. — Time; Post Defib — Rhythm

INTUBATED 5. ☐ ET Size — Total # Attempts ☐ (224); 15 ☐ RSI; 16 ☐ LMA; 17 ☐ Cric

6. ☐ EXTERNAL PACING
7. ☐ BLOOD DRAWN — DEXTROSE BOL
8. ☐ IV STARTED/GAUGE — SOLUTION; RATE — IV TIME — IV VOLUME
9. ☐ IV STARTED/GAUGE — SOLUTION; RATE — IV TIME — IV VOLUME
14. ☐ IV ATTEMPTED Total # ☐ (225)
10. ☐ PLEURAL DECOMPRESSION — Time
11. ☐ INTRAOSSEOUS INF.
12. ☐ AUTOMATIC DEFIB
13. ☐ PATIENT ASSISTED MEDS.

Ordering Physician (Name) (Signature)

DRUGS USED (226-241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME

REVISED TRAUMA SCORE

GCS: (242) EYES 4; (243) VERBAL 5; (244) MOTOR 6; (245-246) GLASGOW 15

(247-249) SBP; (250-252) RR

RTS (254-256)

(253) ANATOMICAL INJ. 1 ☐ YES 2 ☐ NO

EXPOSURE TO PT's BODY FLUIDS? (258) 1 ☐ YES 2 ☑ NO

1st Responder (257) 1. ☐ YES Name 2 ☑ NO

VITAL SIGNS

BP	PULSE RATE	PULSE REG./IRREG.	RESPIRATIONS RATE	RESPIRATIONS REG./IRREG.	PUPIL	LEVEL OF CONSC.	TIME
144/72	72	☑ REG. ☐ IRREG.	18	☑ REG. ☐ IRREG.	E U N C O	A V P U	0154
144/72	76	☑ REG. ☐ IRREG.	16	☑ REG. ☐ IRREG.	E U N C O	A V P U	A1 0220
1		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.			
1		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.			
1		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.			

COMPLAINTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Arr. @ Scene pt. W/ wife in Company's Wheelchair, W/ crew, pt. to Ambulance, pt. placed on stretcher, pt. placed in supine position, pt. secured to stretcher, pt. moved to Ambulance

Aiken Regional
MEDICAL CENTERS
The Health Choice

202 University Parkway, Aiken, SC 29801

MED. REC. NO. 33911

PT NO 102376084	PATIENT NAME LAWRENCE , TYRONE											PT STS: ET	
ADDRESS 845 COLBERT BRIDGE ROAD												COUNTY 2	
CITY WINDSOR			STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT.	[redacted]						
[redacted]	SEX M	RACE 2	MS M	PREVIOUS NAME				BLDLESS:	RELIGION BAP	ID TRIG	PATIENT TRIG27		
ADM DATE 01/27/06	TIME 23:02	ADM 20	PT TYPE T	ER X	ACCOUNT NO [redacted]	01/27/06 23:00		VOLUNTARY ADM	CERTAIN DATE N	REL	INFANT AGE		
PT. EMPLOYER AGY					TELEPHONE 803-648-8351	EXT	OCCUPATION PRODUCTION						
EMPLOYER ADDRESS P O BOX 499					HWY 302								
CITY AIKEN			STATE SC	ZIP 29802-					RETIREMENT DATE				
NEAREST RELATIVE NAME LAWRENE , YVONNE													
RLTN U	ADDRESS 845 COLBERT BRIDGE ROAD												
CITY WINDSOR			STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT							
EMERGENCY CONTACT NAME LAWRENCE , YVONNE													
RLTN U	ADDRESS 845 COLBERT BRIDGE ROAD												
CITY WINDSOR			STATE SC	ZIP 29856-0000	PHONE 803-649-5668	EXT							
GUARANTOR NAME LAWRENCE , TYRONE									RLTN S	[redacted]			
ADDRESS 845 COLBERT BRIDGE ROAD									PHONE 803-649-5668				
CITY WINDSOR			STATE SC	ZIP 29856-0000	OCCUPATION PRODUCTION				EXT				
GUARANTOR EMPLOYER AGY					PHONE 803-648-8351	EXT							
ADDRESS P O BOX 499					HWY 302								
CITY AIKEN			STATE SC	ZIP 29802-					FC H				
INSURANCE NAME 1 BLUE CROSS PPC		CODE MTC	[redacted]				SUBSCRIBER LAWRENCE ,		REL S	AUTH #			
INSURANCE NAME 2		CODE	POLICY #		GROUP #		SUBSCRIBER		REL	AUTH #			
INSURANCE NAME 3		CODE	POLICY #		GROUP #		SUBSCRIBER		REL	AUTH #			
ATTENDING PHYSICIAN SCEMS D			ATTENDING # 044198		REF SRC	ADMIT WARDAS	PREV ADM DATE		PREVIOUS FACILITY				
ADMITTING DIAGNOSIS SHOULDER/BACK PAIN					MEDICINE BMR	CODE	ALLERGIES				SURGERY DATE		
ADMITTING PHYSICIAN SCEMS D			ADMITTING # 044198		AUTHORIZED BY								
PROCEDURE					CLINICAL COMMENT				MODE OF ARRIVAL/ACCOMPANIED BY POV				
REL OF INFO Y	ADV DIR	LIVING WILL	LOCATION OF WILL/DIRECTIVE				FAMILY DOCTOR SCEMS D		044198				

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED)

CODE

847.0
923.00
E8129
E8799

PROCEDURES

CONSULTING PHYSICIANS

DRG

LOS

TRANS TO: ACUTE ☐ SNF ☐ REHAB ☐ HOSPICE ☐ HOME HEALTH ☐ HOME IV ☐ AGAINST MED ADV ☐ HOME ☐

DISCHARGE DATE | TIME | OTHER

EXPIRED ☐ TIME _____ <48HRS ☐ >48HRS ☐ CORONER ☐ AUTOPSY YES ☐ NO ☐

ATTENDING PHYSICIAN SIGNATURE & DATE

RELASER, INC. C2406-20051 (714) 966-1559 (2/99) **CHART COPY - DO NOT REMOVE FROM CHART**

EMERGENCY ENCOUNTER RECORD

(3)

102376084

LAWRENCE , TYRONE
DOB: [redacted] 46 SX: M EMR
MRN: 33911 ADM/REG DT: 01/27/06
AIKEN REGIONAL MEDICAL CENTER

☒ ER ☐ EXP

Charges in computer _____ INITIALS

Discharged in computer by _____ INITIALS

CHIEF COMPLAINT: pt c/o L shoulder and back pain s/p 2 MVC's over past 2 days

Level

PAIN-L

ADDRESSOGRAPH

PATIENT NAME: Lawrence, Tyrone AGE/SEX: 46/M ROOM: 6 MED

PHYSICIAN: Arevalo

NURSE'S NOTES:

PMD

MODE OF ARRIVAL: ☐ EMERGENT ☐ URGENT ☒ NON URGENT

☒ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ STRETCHER ☒ PERSON ACCOMPANIED PATIENT ☐ EMS ☒ POV ☐ PER SELF

ARRIVED FROM:

CONDITION ON ARRIVAL: ☒ GOOD ☐ FAIR ☐ POOR ☒ CONSCIOUS ☐ UNCONSCIOUS

TIME	T	P	R	BP
1203	97	64	18	133/62
1303				

CRITICAL CARE FLOWSHEET INITIATED ☐

DOCTOR'S ASSESSMENT:

NURSE'S SIGNATURE:

LABS AND OTHER STUDIES	ORD	INT
CBC & diff		
CHEM 7		
CMP		
AMYLASE		
LIPASE		
PT/PTT		
TROPONIN		
MYOGLOBIN		
LIVER PANEL		
ALCOHOL		
TYPE + CROSS ___ UNITS		
TYPE & SCREEN		
TYPE & Rh		
BLOOD CULT X ___		
DDIA		
CATHUA		
URINE C & S		
FINGER STICK GLUCOSE		
HCG QUANT.		
URINE DRUG SCR.		
EKG		
ER ABG		
PA/LAT CXR		
P CXR		
C-SPINE		
L-SPINE		
ACUTE ABD		
HEMOCCULT		
OLD RECORDS		
OLD ED DICT.		

MEDS GIVEN: 100 Demerol

ALLERGIES: NKDA

PAST PROBLEMS:

SIGNIFICANT EXCESS:

1.
2. L Shoulder Xray (1)
3.
4. C-Spine (2)
5.
6.
7.
8.
9. DC Tylenol
10.
11. DC Vicodin 2 PO
12.
13. Toradol Vicodin
14. P.O.D.2 Discharged Pt.
15.
16.
17.
18.
19.
20.
21.
22.
23.

DISCHARGE DIAGNOSIS | CODES

1. Acute Cervical Strain 2. L Shoulder Contusion

DISCHARGE STATUS

DATE | TIME

☐ ROUTINE (HOME) ☐ AMA

☐ ADMIT TO PHYSICIAN _____

☐ TRANSFERRED TO: _____

☐ ACCEPTING PHYSICIAN _____

☐ TRANSFER FORMS COMPLETED

☐ RECORDS E PATIENT

EXPIRED: ☐ IN E.R. ☐ CORONER'S CASE ☐ DOA ☐ AUTOPSY

CONDITION ON DISCHARGE: ☐ STABLE ☐ UNSTABLE

EMERGENCY MEDICAL CONDITION OR PREGNANCY WITH CONTRACTIONS PRESENT.

METHOD OF DISCHARGE: ☐ AMBULATORY ☐ AMBULANCE ☐ WHEELCHAIR ☐ STRETCHER ☐ CARRIED ☐ OTHER

ACCOMPANIED BY: ☐ SELF ☐ RELATIVE ☐ POLICE ☐ OTHER ☐ FRIEND

EXPLAIN:

AFTER CARE INSTRUCTIONS: ☐ VERBAL ☐ WRITTEN ☐ NOT GIVEN (why) ☐ PT. VERBALIZES UNDERSTANDING

NAME OF PHYSICIAN THAT ADMITTED PATIENT

TIME MD IN TO SEE PT.

PHYSICIAN'S SIGNATURE

DATE

DISCHARGE NURSE

DATE

URINE PREG ☐ NEGATIVE ☐ POSITIVE ☐ INDETERMINANT

630.09 (12/02)

10-2276

MEDICAL RECORDS

Aiken Regional Medical Centers

Emergency Services

ADDRESSOGRAPH
102376084
LAWRENCE , TYRONE
DOB: [redacted] 46 SX: M EMR
MRN: 33911 ADM/REG DT: 01/27/
AIKEN REGIONAL MEDICAL CENTER

GENERAL INSTRUCTIONS:

- Call the next business day and make an appointment to see: Dr Gilliehan
  Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: _____ days or less or 5 days or less if still ill.
- ☐ Have your blood pressure checked at _____ within _____ days.
- ☐ Return to the Emergency Department after 12:30 p.m. in _____ days for suture removal or re-check.
- ☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.
- Work / school excuse from 1/27 thru 1/28. May return to work _____.
- ☐ See your company doctor per your company's policy. Light duty until _____.
  (No use of _____ No lifting over _____ lbs.)
- Pain Meds Rx Needed

Your diagnosis was:

INSTRUCTION SHEETS You may receive one or more of the following.

Abdominal (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
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- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

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- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
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- ☐ Nose Bleed*
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- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

General (orange sheet)
- ☐ Pediatric Followup*
- ☐ Medication Precautions*
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ Tetanus/Diptheria booster*
- ☐ Blood/Body Fluid Exposure Follow-up

Other (on computer)
- ☐ _____
- ☐ _____

IMPORTANT (Please read carefully before signing. Do not leave if you have unanswered questions.)

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X_Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.

Physician _____ Date 1/28/06 _____ Patient or Responsible Person

630.06 Rev. 10/05 WHITE - RECORDS CANARY - PATIENT PINK - EMERGENCY DEPARTMENT GOLDENROD - PATIENT FORM 10-2183 3/96

102376084

LAWRENCE, TYRONE
DOB: [redacted] 46 SX: M EMR
MRN: 33911 ADM/REG DT: 01/27/06
AIKEN REGIONAL MEDICAL CENTER

KEN REGIONAL MEDICAL HEALTH CENTERS
EMERGENCY PHYSICIAN REPORT

CHIEF COMPLAINT: shoulder and neck pain
Patient was involved in a(n) auto accident approximately 1 day prior to arrival. The patient was driving and was wearing seat belts. Patient denies having hit their head. The patient was ambulatory after the accident. The vehicle which was traveling at a low speed was struck by an auto which was traveling at a moderate speed broadside. The extent of damage is moderate. Patient complains of left shoulder pain. There has been no apparent head trauma. There is neck pain. It was second accident in 2 days, first medical attention.

PATIENT'S ALLERGIES: none
PATIENT'S CURRENT MEDICATIONS: none
REVIEW OF SYSTEMS: General: No mental status change.
Cardiac: No unexpected chest pain.
GI: No significant abdominal pain, no nausea, no vomiting.
Eye: No vision loss.
ENT/Mouth: No tooth loss.
Musculoskeletal: No muscle weakness.
Neuro: No seizure, no paralysis.
Pulmonary: No SOB, no hemoptysis.
Skin: No rash.
PMH: Medical History: negative
SOCIAL HISTORY: The patient lives in the local area.
FAMILY HISTORY: No Family History is pertinent to the present complaint.

PHYSICAL EXAM: Vital Signs: Reviewed Nurse's notes.
PATIENT STATUS: alert and cooperative.
HEAD: Atraumatic, without temporal or scalp tenderness.
EYES: PERRL, EOMI, no discharge or injection.
NECK: Supple. Lateral tenderness. Without spasm. Range of motion: full. No lymphadenopathy.
CHEST: Nontender, symmetrical, no retractions.
LUNGS: Clear to auscultation and breath sounds equal, no wheezes, rales, or rhonchi.
ABDOMEN: Soft, nontender, good bowel sounds. No hepatosplenomegaly, rebound, guarding, firm or pulsatile mass. No flank tenderness.
BACK: No costovertebral, paravertebral, intervertebral, or vertebral tenderness or spasm.
SHOULDER: Left shoulder. Tender. Nonswollen. Range of motion: limited secondary to pain. No deformity.
SKIN: Normal. Neurovascular status: normal.
NEUROLOGICAL: Alert and cooperative. Sensory and motor functions intact.

TREATMENT:
X-RAY: left shoulder and c spine negative for fracture or dislocation interpretation by the ED physician.

DIAGNOSIS: cervical strain, left shoulder contusion

DISPOSITION: Patient was discharged home.
Patient was instructed to follow-up with their doctor, and/or the doctor that they were referred to, or return to the Emergency Department if:

Patient ID:
Patient Name:

Their condition worsens unexpectantly, their condition does not improve as expected, or they develop new symptoms.
PRESCRIBED MEDICATIONS:
Naprosyn 375 mg Tablet, Disp: 30, 1 tab(s) po q 6 hrs, Refills: 0, may substitute
Vicodin 5 mg Tablet, Disp: 20 (twenty), 1-2 tab(s) po prn pain, Refills: 0, may substitute

S Grant, Sat Jan 28, 2006 02:41 am

AIKEN REGIONAL MEDICAL CENTERS 1127 RADIOLOGICAL CONSULTATION

PT NAME: LAWRENCE, TYRONE
ROOM #: ERDC-16
BILLING#:102376084
DOB: [redacted]
DATE DONE: 01/28/06
SSN:
SEX: M
TEST REASON: mvc
COMMENTS:
ADMIT DIAG: SHOULDER/BACK PAIN
PROCEDURE #1: SHOULDER 2V LT
PROCEDURE #2:
PROCEDURE #3:

VT: ER SEQ: 00020
XRAY#: 1008619
MEDREC#: 33911
REF PHYS: STEPHEN GRANT
PRI PHYS:

CPT#1: 73030LT
CPT#2:
CPT#3:

CONFIDENTIAL - IF NOT INTENDED FOR YOU, PLEASE CALL (803) 641-5060

Job Number:170111 Text Status:checked Text Body:

Job#170111 MedRec# 33911 A0088294

Left Shoulder

Indication: MVA. Shoulder pain.

Technique: Scapular Y, internal and external AP views.

Findings: The soft tissues are unremarkable and the joint spaces are well preserved. The subacromial space is unremarkable and the shoulder is normally aligned. No fracture, dislocation, periosteal new bone formation, bone erosion, or destructive lesions are identified.

Impression:

Negative Left shoulder.

DATE DICTATED: 01/28/06

PT NAME: LAWRENCE, TYRONE
ROOM#: ERDC-16
DATE REQUESTED: 01/28/06
DATE TRANSCRIBED: 01/30/06
TRANSCRIBED BY: COOKSC

DATE SIGNED: 01-30-06
TIME SIGNED: 11:14

READ BY: ROBERT F SEARLES, D.O.

ELECTRONICALLY SIGNED BY: ROBERT F SEARLES, D.O.

PAGE # 1

AIKEN REGIONAL MEDICAL CENTERS RADIOLOGICAL CONSULTATION

PT NAME: LAWRENCE, TYRONE VT: ER SEQ: 00021
ROOM #: ERDC-16 XRAY#: 1008619
BILLING#:102376084 MEDREC#: 33911
DOB: [redacted] REF PHYS: STEPHEN GRANT
DATE DONE: 01/28/06 PRI PHYS:
SSN:
SEX: M
TEST REASON: mvc
COMMENTS:
ADMIT DIAG: SHOULDER/BACK PAIN
PROCEDURE #1: C-SPINE 2V CPT#1: 72040
PROCEDURE #2: CPT#2:
PROCEDURE #3: CPT#3:

CONFIDENTIAL - IF NOT INTENDED FOR YOU, PLEASE CALL (803) 641-5060

Job Number:170110 Text Status:checked Text Body:

Job#170110 MedRec# 33911 A0088295

Cervical Spine

Indication: MVA. Shoulder pain. Neck pain.

Technique: Frontal, lateral, open mouth odontoid, and swimmers view were obtained.

Findings: There is normal alignment of the cervical spine with no evidence for fracture or subluxation. No significant prevertebral soft tissue swelling is identified. The disc spaces are maintained.

Conclusion:

Negative cervical spine.

DATE DICTATED: 01/28/06

PT NAME: LAWRENCE, TYRONE
ROOM#: ERDC-16
DATE REQUESTED: 01/28/06 DATE SIGNED: 01-29-06
DATE TRANSCRIBED: 01/29/06 TIME SIGNED: 14:14
TRANSCRIBED BY: COOKSC

READ BY: ROBERT F SEARLES, D.O.

ELECTRONICALLY SIGNED BY: ROBERT F SEARLES, D.O.

[redacted]

AIKEN REGIONAL MEDICAL CENTERS

302 University Parkway • Aiken, South Carolina 29802

TREATMENT AREA Room # 25 Time 0040 Report to Tammy VIA amb

Review above information, assess patient, document changes

MENTATION ☑ Normal Adult Pattern ☐ Normal Pediatric Pattern
☐ Disoriented ☐ Agitated ☐ Resp to verbal stim
☐ Combative ☐ Unresponsive ☐ Resp to painful stim

PUPILS ☐ Equal ☐ Unequal
Size R ___ mm L ___ mm
R ☐ Fixed ☐ Dilated ☐ Non-reactive
☐ Pinpoint ☐ Sluggish
L ☐ Fixed ☐ Dilated ☐ Non-reactive
☐ Pinpoint ☐ Sluggish

Visual Acuity R: ___ L: ___ Both: ___

SENSATIONS

		DECREASED	ABSENT
ARM	R		
ARM	L		
LEG	R		
LEG	L		

ROM

		DECREASED	ABSENT
ARM	R		
ARM	L		
LEG	R		
LEG	L		

☑ Normal Adult Pattern ☐ Normal Pediatric Pattern

HEART ☐ Chest pain Describe: ___

EXTREMITIES ☐ Edema ☐ Obvious deformity
Describe: pt c/o of left shoulder

CAP REFILL ☐ < 2 Sec ☐ > 2 Sec

PULSES

		DECREASED	ABSENT
RADIAL	R		
RADIAL	L		
FEMORAL	R		
FEMORAL	L		
PEDAL	R		
PEDAL	L		

☑ Normal Adult Pattern ☐ Normal Pediatric Pattern

RESP ☐ Dyspnea ☐ Stridor ☐ Retraction ☐ Nasal Flaring
COUGH ☐ Productive Describe: ___
☐ Non-Productive

LUNG SOUNDS

	RIGHT	LEFT
Wheezes		
Rales		
Crackles/Course		
Diminished		

CHEST EXPANSION SYMMETRICAL ___ ASYMETRICAL ___ TENDERNESS ___ Describe: ___

☑ Normal Adult Pattern ☐ Normal Pediatric Pattern

ABDOMEN ☐ Firm ☐ Distended:
☐ Tenderness Describe: ___

APPETITE ☐ Fair ☐ Poor
☐ Special Diet at home: ___

STOOL ☐ Diarrhea ☐ Incontinence ☐ Incontinence
☐ Last BM: ___ ☐ Nausea ☐ Vomiting

☑ Normal Adult Pattern ☐ Normal Pediatric Pattern

FEMALE ☐ Vaginal Discharge Color: ___
☐ Vaginal Bleeding Describe: ___
☐ Breast Problem ☐ R ☐ L Describe: ___

MALE ☐ Prostate Problem Describe: ___
☐ Genitalia tenderness / swelling / discharge
Describe: ___

VOIDING ☐ Frequency ☐ Urgency ☐ Hematuria ☐ Incontinence
☐ Last Void: ☐ Catheter

☑ Normal Adult Pattern ☐ Normal Pediatric ☐ Laceration
☐ Abrasion ☐ Amputation ☐ Avulsion ☐ Bruising ☐ Burn ☐ Bleeding ☐ Diaphoresis ☐ Abnormal Skin Color ☐ Lesions ☐ Rash
Describe: ___

Eyes: ☐ Contact Lenses ☐ Glasses ☐ Foreign Body ☐ Cataracts ☐ Mucous Membranes Moist/Dry
☐ Injury: ___
Ear/Nose/Throat/Mouth: ___
Visual Acuity: L ___ R ___
☐ Dentures ☐ Glasses ☐ Contacts ☐ Disposition ___

RN/LPN Signatures: [signature]

PAIN ASSESSMENT

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

ADDRESSOGRAPH
102376084
LAWRENCE , TYRONE
DOB: [redacted] 46 SX: M SMR
MRN: 33911 ADM/REG DT: 01/27/06
AIKEN REGIONAL MEDICAL CENTER

ED NURSING ASSESSMENT RECORD

TIME	PROCEDURE	COMMENTS	BY WHOM	RESULTS	INITIALS
	☐ NG ☐ OG	Side/Location _____ placement verified by auscultation		Amount	
	Pulse oximeter			O_2 Saturation	
	PEG replacement			Size:	
	Pelvic Exam			Cultures obtained: ☐ Yes ☐ No	
	Ring Removal	Given to:		Skin color/temp. cap. refill _____ sec	
	Side rails up x _____ for patient safety & call bell given			Verbalized understanding	
	Sling			Skin color/temp. cap. refill _____ sec	
	Suture placement	Supplies		Wound edges approximated	
	Other				
	Other				
	Wound Care			Verbalized understanding	

Clothing: ☐ Shirt ☐ Sweater ☐ Coat ☐ Vest ☐ Pants ☐ Underwear ☐ Tie/Scarf ☐ Socks/Hose ☐ Hat/Cap ☐ Gloves ☐ Cutoff PTA/ETC (ea)

Accessories: ☐ Shoes ☐ Purse ☐ Wallet ☐ Keys ☐ Other _____

Jewelry: ☐ Yellow Metal (describe): _____ ☐ Yellow Metal (describe): _____

Miscellaneous: ☐ Home Meds ☐ W/Patient ☐ W/Family ☐ to Pharmacy
☐ Dentures ☐ Upper ☐ Lower ☐ Partial ☐ Glasses ☐ Contact Lenses R / L ☐ Hearing Aid R / L ☐ Walker/Cane

Valuables: ☐ W/Patient ☐ W/Family ☐ Security ☐ Other _____

Admitting Physician _____

Room # _____ Time of Admission _____

VIA ☐ Nurse ☐ Escort ☐ Neg. Agent

Report:

Time: _____

Called to: _____

Portable Monitor: ☐ Yes ☐ No Rhythm: _____

Portable Oxygen: ☐ Yes ☐ No _____ L/M Via _____

Transfer Restraints: ☐ Yes ☐ No

☐ Unchanged From Initial Assessment _____ Time _____ Int.
☐ Unchanged From Initial Assessment _____ Time _____ Int.
☐ Unchanged From Initial Assessment _____ Time _____ Int.
Assessment changes (time & initials)

Pt arrived to ER
25 Pt c/o pain
Pt ambulated
Pt verbalized understanding

DISPOSITION

VIA:
- ☐ Ambulatory
- ☐ Wheelchair
- ☐ Stretcher
- ☐ Carried

TYPE
- ☐ Morgue
- ☐ LWBS
- ☐ AMA
- ☐ Elopement
- ☐ Discharge
- ☐ Transfer - See Transfer Record

INSTRUCTIONS
- ☐ See Discharge Instruction Sheet
- ☐ Verbal/Written Instruction Given To/By: pt friend
- ☐ Expresses Understanding
- ☐ Discharged by Physician
- ☐ Instructed not to drive

VS: BP ____ P ____ R ____ T ____ RTB ____ GCS ____

Signature: _____ Time 0210

Medications/Procedure ordered by _____ M.D.

102376084
LAWRENCE , TYRONE
DOB: [redacted] 46 SX: M EMR
MRN: 33911 ADM/REG DT: 01/27/06
AIKEN REGIONAL MEDICAL CENTER

Tyrone Lawrence 44 years old 166148
B/m

OCT 25 2002

Tyrone Lawrence is a 44 year old black male who had onset of back pain, August 3rd, when bending over at a bobbin for Shaw Industry for A.G.Y. when he developed severe back pain. He was seen by his family physician and started on some medications and a back exercise program. He did relatively well until Monday night when his symptoms recurred. This is associated with some pain down his right leg, but his back pain is worse than his leg pain. He has no fever, chills, or recent weight loss.

PAST MEDICAL HISTORY: Negative for hypertension, diabetes. He is a nonsmoker. His mother and father have hypertension.

EXAM: This 5'11", 280 pound black male is in no acute distress. He does have pain with extension of his lumbar spine. He has 5 out of 5 strength in his toe extensors, plantar flexors, peroneals. His sensation is intact to touch. Reflexes are 2+.

ASSESSMENT: ACUTE IDIOPATHIC LOW BACK PAIN.

RECOMMEND: Voltaren 75mg., 1 b.i.d., Skelaxin 2 q.i.d., back exercise program. Followup in three weeks. We will give him off for the next 48 hours and he can resume his activities on Monday.

JAG/fp

NOV 15 2002

Tyrone Lawrence returns for follow up. He continues to have intermittent backache. He says when he lifts more than 25 pounds at work. As long as he is doing lighter activities his back is alright. He says it goes out on him every two days or so. Denies any radicular pain. Any bowel or bladder symptoms.

CLINICAL EXAM: This 280 pound black male is in no acute distress. He has 5 out of 5 strength in his lower extremities. His sensations intact to touch He has a painless range of motion of his hips and no stretch signs. He does have 2 Waddell's signs present.

ASSESSMENT: MECHANICAL BACK PAIN CURRENTLY IMPROVED.

RECOMMEND: Activities as tolerated. I have given him a weight limit per his related activity aggravation of 10 pounds. He should try to see if he can get some kind of change of position at work. See him back on an as needed basis.

JAG/lmj

reminder 11/27/02

721 Anthony Road
Augusta, Georgia 30910-0799
Telephone (706) 738-1191
Fax (706) 738-1319

AUGUSTA ORTHOPAEDIC CLINIC a professional association

James L. Becton, M.D.
Joe D. Christian, Jr., M.D.
H. North Goodwin, M.D.
Craig Todd Kerins, M.D.
Edward M. Crosland, M.D.
J. Allan Goodrich, M.D.

MEDICAL TREATMENT CERTIFICATE

Tyrone Lawrence 166148 has been treated by me on _____. The following limitations are recommended:

☐ Resume full activity.

[redacted]

☐ Limited activity that avoids _____.

LIFTING

☐ No Lifting

☐ Lifting with a limit of

- ☐ 1-5 lbs.
- ☐ 6-10 lbs.
- ☐ 11-25 lbs.
- ☐ 26-40 lbs.
- ☐ 41-75 lbs.
- ☐ _____ lbs.

☐ No reaching ABOVE shoulders

POSITIONS

☐ No continuous walking or standing to exceed 50% of work time

☐ No crawling, kneeling or cramped position

☐ No work requiring repeated stooping

☐ No continuous sitting

☐ No repetitive bending

DEXTERITY

☐ No exposure to vibrating tools

☐ No constant finger motion

☐ No repetitive wrist motion

☐ No use of ____ Left ____ Right hand

☐ Wear splint/brace at work

PUSHING/PULLING

☐ No pushing or pulling

☐ Pushing or pulling with a limit of

- ☐ 1-5 lbs.
- ☐ 6-10 lbs.
- ☐ 11-25 lbs.
- ☐ 26-40 lbs.
- ☐ 41-75 lbs.
- ☐ _____ lbs.

CLIMBING

☐ No work requiring repeated or frequent stair climbing

☐ No work on ladders or exposed heights

REMARKS _____

Date of Next Visit _____

Physician's Signature J. A. Goodrich Date 10-20-04

1521 Anthony Road
Augusta, Georgia 30910-0799
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Craig Todd Kerins, M.D.
Edward M. Crosland, M.D.
J. Allan Goodrich, M.D.

MEDICAL TREATMENT CERTIFICATE

Tyron Lawrence 166148 has been treated by me on _____. The following limitations are recommended:

- ☐ Resume full activity.
- ☒ No work 2 days.
- ☐ Limited activity that avoids _____

LIFTING

- ☐ No Lifting
- ☐ Lifting with a limit of
  - ☐ 1-5 lbs.
  - ☐ 6-10 lbs.
  - ☐ 11-25 lbs.
  - ☐ 26-40 lbs.
  - ☐ 41-75 lbs.
  - ☐ _____ lbs.
- ☐ No reaching ABOVE shoulders

POSITIONS

- ☐ No continuous walking or standing to exceed 50% of work time
- ☐ No crawling, kneeling or cramped position
- ☐ No work requiring repeated stooping
- ☐ No continuous sitting
- ☐ No repetitive bending

DEXTERITY

- ☐ No exposure to vibrating tools
- ☐ No constant finger motion
- ☐ No repetitive wrist motion
- ☐ No use of _____ Left _____ Right hand
- ☐ Wear splint/brace at work

PUSHING/PULLING

- ☐ No pushing or pulling
- ☐ Pushing or pulling with a limit of
  - ☐ 1-5 lbs.
  - ☐ 6-10 lbs.
  - ☐ 11-25 lbs.
  - ☐ 26-40 lbs.
  - ☐ 41-75 lbs.
  - ☐ _____ lbs.

CLIMBING

- ☐ No work requiring repeated or frequent stair climbing
- ☐ No work on ladders or exposed heights

REMARKS _____

Date of Next Visit _____

Physician's Signature _____ Date 12-25-94

903 643-1259

1521 Anthony Road
Augusta, Georgia 30910-0799
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Fax (706) 738-1319

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Edward M. Crosland, M.D.
J. Allan Goodrich, M.D.

MEDICAL TREATMENT CERTIFICATE

Tyrone Lawrence 166148 has been treated by me on _____. The following limitations are recommended:

- ☐ Resume full activity.
- ☐ No work _____ days.
- ☐ Limited activity that avoids _____.

LIFTING

- ☐ No Lifting
- ☐ Lifting with a limit of
  - ☐ 1-5 lbs.
  - ☒ 6-10 lbs.
  - ☐ 11-25 lbs.
  - ☐ 26-40 lbs.
  - ☐ 41-75 lbs.
  - ☐ _____ lbs.
- ☐ No reaching ABOVE shoulders

POSITIONS

- ☐ No continuous walking or standing to exceed 50% of work time
- ☐ No crawling, kneeling or cramped position
- ☐ No work requiring repeated stooping
- ☐ No continuous sitting
- ☐ No repetitive bending

DEXTERITY

- ☐ No exposure to vibrating tools
- ☐ No constant finger motion
- ☐ No repetitive wrist motion
- ☐ No use of ____Left ____Right hand
- ☐ Wear splint/brace at work

PUSHING/PULLING

- ☐ No pushing or pulling
- ☐ Pushing or pulling with a limit of
  - ☐ 1-5 lbs.
  - ☒ 6-10 lbs.
  - ☐ 11-25 lbs.
  - ☐ 26-40 lbs.
  - ☐ 41-75 lbs.
  - ☐ _____ lbs.

CLIMBING

- ☐ No work requiring repeated or frequent stair climbing
- ☐ No work on ladders or exposed heights

REMARKS Persisting LBP (Persisting LBP) Aggravation

Date of Next Visit _____

Physician's Signature [signature] Date 11-15-02

DATE	PROGRESS NOTES

PROGRESS NOTE (MULTI-SYSTEM) NEW PATIENT ESTABLISHED PATIENT

Name Tyrone Lawrence (M) F Pt# DOB [redacted] Date 10-29-13

Wt. 326 lbs 2 oz Ht 5'11" T 97.6 P 76 R 18 BP 120/88 Nurse Initials/Time (S) 840

OC 1 wk; F U 97

HPI:

* Pt- had NL stress test (see record)

10/28/13

CC: 52 y/o AA dt we have "had muscle spasms since 5X years." "I was packing the yard." Pt. is here for [illegible] given [illegible] (see note) ☹ HA, ☹ SOB, ☹ CP, ☹ swelling, ☹ urinary freq.

= Pt dec. NEFect ↓ iron.

ROS pertinent: PMH, NL + ITG2, HA

Ref: ☹ A/C/E

(A) (1) HTN
(2) Anemia (↓ iron)
(3) Back spasm
(4) Urinary frequency
(5) Proteinuria

(P) (1) Stable, Life
(2) Continue rx
(3) Rx F/up-1
(4) - Urinalysis, Protein
(5) on MCE-406

SOUTHSIDE FAMILY MEDICINE

10/31/12 MB

AIKEN REGIONAL MEDICAL CENTERS

302 UNIVERSITY PARKWAY
AIKEN, SOUTH CAROLINA 29801
PATHOLOGISTS:
ROBERT WILLIAMS, M.D.
TRENT TRZPUC, M.D.

Patient: LAWRENCE, TYRONE
M.R.#: 33911
Financial #: [redacted]
DOB: [redacted] Age: 53yr Sex: M
Location: OUTP Room/Bed:
Admit Date: 10/29/12
Discharge Date:
Physician: SAAVEDRA ROLAND 049031

CLINICAL LABORATORY REPORT

CHEMISTRY

Collected: 10/29/12 @ 09:30 Accn: 75791

Test	Result	Flag	Reference Range	Units
PSA test repeated	<0.2		0.0 - 4.0	ng/ml

SPECIAL CHEMISTRY

Test	Result	Flag	Reference Range	Units
Hemoglobin A1C	5.9		4.5 - 6.1	%

NC

10/31/12

Legend
High = H Low = L Critical = C

10/31/12
Pt aware of lab results

PROGRESS NOTE (MULTI-SYSTEM) NEW PATIENT ESTABLISHED PATIENT

Name Lawrence, Tyrone (M) P Pt# 121/8C DOB [redacted] Date 07/04/13

Wt 327 lbs ___ oz Ht 6'1 T 55 P ___ R ___ B/P ___ Nurse Initials/Time ___

CC ___ 98.6

HPI: 53 y/o AA here Flu

6 months

Q. knee injury 4 day head

a few d. Tooth trbl Dr Sindell, Hunts

Past Hx Dated ___ Reviewed & Unchanged [ ] Unchanged Except [ ]

Review of Systems √ in box = NORMAL CIRCLED = POSITIVE RESPONSES

OTHER/REMARKS: PMH

[ ]CONST wt. loss/gain fever chills fatigue night sweats appetite

[+]EYES blurred blackout floaters diplopia irritation pain foreign body

[ ]ENT rhinorrhea epistaxis sinus pain sinus drainage sore throat hearing ear pain

[ ]CV CP SOB DOE palpitations syncope arm/jaw pain claudication

[ ]RESP cough wheeze stridor hemoptysis SOB

[ ]GI dysphagia nausea vomiting diarrhea heartburn hemoptysis loss of appetite abdom pain

[ ]GU burning d/c frequency hesitancy hematuria poor stream incont impotence

[ ]GYN irreg. periods dysmenorrhea libido pruritis dyspareunia LMP ___ Last Pap ___ Hyster Partial/Complete: ___ OCP HRT

[ ]BREAST pain masses nodules discharge

[ ]MSC myalgia arthralgia swelling cramp crepitus stiffness injury

[ ]NEURO LOC paralysis weakness numbness tingling slurred speech

[ ]PSYCH insomnia depression anxiety memory loss poor concentration

[ ]ENDO heat/cold intolerance up down energy

[ ]SKIN rash pruritis lesions bleeding erythemia poor healing

[ ]ALL/IMMUNO ___ [ ]HEME/LYMPH ___

[ ]All other systems negative Fuel

Pt. states he was "going" for a subsequent finally need 2-3 hours late, & plan walk. Self

PAST MEDICAL HISTORY

[ ] Past Medical History

		Self (age)	Father (age)	Mother (age)	Siblings (age)
Does Patient/ Family have?	Heart dz	[ ]	[ ] DNW	[ ] ATW (78)	[ ]
	HTN	[ ]	[ ] 79	[ ] -HTN	[ ]
	Stroke	[ ]	[ ]	[ ]	[ ]
	Migraine	[ ]	[ ]	[ ]	[ ]
	Cataract/glauc	[ ]	[+] rcld	[-] rcld	[ ]
	Seizure	[ ]	[ ]	[ ]	[ ]
	Asthma/COPD	[ ]	[+] HTN	[ ]	[ ]
	Diabetes	[ ]	[ ]	[ ]	[ ]
	Cancer	[ ]	[ ]	[ ]	[ ]
	Psych	[ ]	[ ]	[ ]	[ ]
	Other	[ ]	[ ]	[ ]	[ ]

[ ] Family History

[ ] Social History

[ ] tobacco – qty ___

[ ] alcohol – qty ___

[ ] pot, drugs – qty ___

[ ] beverage – qty ___ 1 cup

[ ] seatbelts Y N

[ ] occu. hazards ___

[ ] STD/risk ___

[ ] Married/Single Divorced/Widowed

[ ] Children – Y N # 3

[ ] Employment

Allergies: ___

Medications: Fibercleanse

SURGICAL HISTORY: ___

Name _____ DOB _____ Date _____

EXAMINATION CIRCLE = NORMALS X = ABNORMAL

[ ] NO EXAM PERFORMED

		Abnormalities
[ ] Gen'l	alert oriented well developed well nourished NAD vitals as above	
[ ] EYES	conjunctivae and lids PERLA EOMI	
[ ] ENT	mucosa/septum/turbinates TM R L canals pharynx hearing	
[ ] NECK	supple no JVD no nodes thyroid symm/ nl no nodules no bruit	
[ ] CV	RRR nl S1 S2 no S3 S4 no murmurs no RR PMI	
[ ] RESP	CTA no W/R nl excursion no retract no acc. um trach midline	
[ ] ABDOM GI	pos BS x 4 Soft no tenderness no distention no masses no organomegaly occult blood test	
[ ] GU	nl ext genitalia nl rectal tone prostate symmetrical no nodules no hernia	
[ ] GYN	nl adnexa vagina cervix uterus no d/c nonpalpable	
[ ] BREAST	nl no masses no nodules no d/c no lymphadenopathy	
[ ] MSC	nl ROM strength UE LE Crepitus nl no joint swelling edema	
[ ] BACK	nl ROM nl spine midline paraspinous mus tend CVA tend muscle spasm	
[ ] NEURO	CN 2-12 intact 2+DTR BL UE/LE 5+STR BL UE/LE pinprick grossly intact nl gait	
[ ] SKIN	nl turgor thickness pigment no abrasions scars erythema/weeping	
[ ] VISION	R _____ L _____ w/wo lenses peripheral color	
[ ] PSYCH	mood affect orient insight judgement speech memory	
[ ] Other		

Kacee gen surgery, Brittenham, Francis Sophie nella, Ital. dictated Olbrich hx ? pain, Kona dr. / pelvic fluid/Int

ASSESSMENT

Minor problem _____ Established problem worse _____

Established problem stable _____ New problem stable _____

Established problem stable _____ New problem stable _____

Established problem stable _____ New problem needs work up _____

PLAN

_____ Time Spent face-to-face with patient _____ Time Spent performing counseling/coordination of care

Discussed with patient following checked items: [ ] Rest [ ] blood diet [ ] GERD diet [ ] Low fat/Chol diet [ ] exercise

[ ] weight loss [ ] caffeine intake [ ] Smoking Cessation [ ] clear fluids [ ] diabetes education [ ] ice [ ] heat [ ] back care

[ ] ROM [ ] Strength [ ] wound care [ ] Scheduling Mammogram [ ] discussed potential side effects of medication with patient

[ ] discussed labs with patient during this visit [ ] observe [ ] REQUEST OLD RECORDS FROM: _____

[ ] REVIEW AND SUMMARY OF OLD RECORDS _____ US mass Tina Counce liver

1 Colonoscopy 2017 - needs f/u bloodwork

Prescriptions: 1 HCTZ

Procedure: 2 HTN - stable

Referral to _____ for _____ 2 — ↓ urine micro Alb — ↓ Lab

3 + Clinic 3 will be referred to Dr. Moriarty

Call office if: 4 fever 4 cough

Excuse Slip: Today Appt Other M T W Th F Sat Sun 4 Work Life School Other 2:30

Follow up: 5 Days ____ Weeks ____ Months ____ PRN/Sched Appt 5 + flax seeds

ABS: Glucose Lipid Panel CBC Thyroid Panel UA C&S Stool Occult PT PTT Hepatic Panel CMP BMP GGT PSA HgbA1C Cholesterol 6 Referral Made

OTHER: CXR, PFT, EKG, ST, US _____

Provider Signature Date 07/01/18

LTIPLE	73180		SHORT LEG	29405	
			ST LEG WALKING	29425	
TER - 2 VIEWS	73140		PO ...P SHOE (WOODEN)	L3260	
VIS - 1 VIEW	72170				
LTIPLE	72190				
- 1 VIEW	73500				
LTIPLE	73510				
ATERAL	73520				
1 VIEWS	73550				
ANDING BOTH	73565				
- 1-2 VIEWS	73560				
E - 3 VIEWS	73562				
E - COMPLETE 4+ VWS	73564				
ER LEG - 2 VIEWS	73580				
E - 2 VIEWS	73600				
TIPLE	73610				
- 2 VIEWS	73620				
TIPLE	73630				
ANEUS	73650				
	76075				
	72010				

PERSONAL HISTORY OF MALIGNANT NEOPLASM	V10
PERSONAL HISTORY OF MENTAL DISORDER	V11
FAMILY HISTORY OF MALIGNANT NEOPLASM	V19
FAMILY HISTORY OF DIABETES MELLITUS	V18.0
UPPER LIMB AMPUTATION STATUS-FINGERS	V49.62
LOWER LIMB AMPUTATION STATUS - GREAT TOE	V49.71
LOWER LIMB AMPUTATION STATUS - OTHER TOE(S)	V49.72
LOWER LIMB AMPUTATION STATUS - BELOW KNEE	V49.75
LOWER LIMB AMPUTATION STATUS - ABOVE KNEE	V49.76
AFTERCARE INVOLVING REMOVAL OF FRACTURE PLATE OR OTHER INTERNAL FIXATION DEVICE	V54.0
OTHER ORTHOPEDIC AFTERCARE	V54.9
ISSUE OF MEDICAL CERTIFICATES	V68.0
ISSUE OF REPEATING PRESCRIPTIONS	V68.1
LACK OF PHYSICAL EXERCISE	V69.0
INAPPROPRIATE DIET AND EATING HABITS	V69.1
GENERAL MEDICAL EXAM (SPORTS COMPETITION)	V70.3
GENERAL MEDICAL EXAM (PRE-EMPLOYMENT)	V70.5

/ENTS/ORDERS Xrays back, neck, Shoulder Pain

TIME	PATIENT	REASON	PRIOR BALANCE
/02/05 8.30	TYRONE LAWRENCE	5/BA/NE/PAIN	0.00

T NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAYS CHARGE
902354	2	HOLFORD MD	CNT ORTHOPEDIC	[redacted]	

NT NO.	RESPONSIBLE PARTY	PH# 803	REFERRING DR.	ADJUSTMENTS
094	TYRONE LAWRENCE	549 5668 *EMPLOYER		

I	P	ADDRESS	CITY/STATE	ZIP CODE
		845 COLBERT BRIDGE RD	WINDSOR	SC 29856

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	MY CODE	TODAYS PAYMENT
0.00	0.00	0.00	0.00	0.00		1	0		129.00 Cash

INCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED	BALANCE DUE
WORKS COMPENSATIO	A	E	[redacted]	S P O O	

1. TYLENOL #3	102593	1-2PO4 6-1
2. VICODIN	020998	10-0

800. 7997500 Farm Bureau

SC FR-10 to: Office of Motor Vehicle Responsibility
SC Department of Public Safety
PO Box 1498 Columbia SC 29216

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT

Date	Time	County	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary	Collision Location (Rt. # / Name)	1-Main line 6-Connector 2-Alternate 7-Business 3-Spur	Miles	Dir. N E S W	to / Near City or Town of:
9/02/05	1225	07		6 19		1.0		Aiken

To Vehicle Owner / Operator

Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

N/A

T-121114

Driver/Pedestrian's Full Name	Unit	Sex	Race	Street/R.F.D.
HARMAN-TERRELL MARIE	1	F	W	1101 Shiloh Church Rd
Birth Date	City, State, & Zip			
[redacted]	Aiken SC 29801			

State	Driver's License #	Insurance Company
SC	[redacted]	Farm Bureau

Year	Body	Vehicle Make	VIN #
1996	PKP	FORD	1FTCX23F6TKA57281

State	Year	License Plate #	Owner's D.L. #
SC	1996	934984	[redacted]

Home Telephone	Owner's Full Name
(803) 649-8877	Bunker-Harvey E
Bus. Telephone	Street/R.F.D.
( ) N/A	1101 Shiloh Church Rd
Contributed To Collision	City, State, & Zip
(Yes) No	Aiken SC 29801

T-121115

Driver/Pedestrian's Full Name	Unit	Sex	Race	Street/R.F.D.
Lawrence-Tyrone	2	M	B	845 Colbert Bridge Rd
Birth Date	City, State, & Zip			
[redacted]	Windsor SC 29856			

State	Driver's License #	Insurance Company
SC	[redacted]	Allstate

Year	Body	Vehicle Make	VIN #
1994	PKP	CHEV	1GNCS18W3R0113175

State	Year	License Plate #	Owner's D.L. #
SC	1996	470-GAA	[redacted]

Home Telephone	Owner's Full Name
(803) 649-3648	Lawrence-Tyrone
Bus. Telephone	Street/R.F.D.
( ) NA	845 Colbert Bridge Rd
Contributed To Collision	City, State, & Zip
Yes (No)	Windsor SC 29856

T-121116

Driver/Pedestrian's Full Name			
Unit	Sex	Race	Street/R.F.D.
N/A			
Birth Date	City, State, & Zip		
State	Driver's License #	Insurance Company	
Year	Body	Vehicle Make	VIN #
State	Year	License Plate #	Owner's D.L. #
Home Telephone	Owner's Full Name		
Bus. Telephone	Street/R.F.D.		
Contributed To Collision	City, State, & Zip		

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D.P.S. USE ONLY

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 2012)

Page # 1 of 1

# of Units 2

Date: 11/28/2016 Time: 1832 Day: 02

1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary

Collision Location (Rt. # / Name): 5 11.91

3-Main 6-Connector 2-Alternate 7-Business 5-Spur

Milepost: Dir. N E S W

In / Near City or Town of: North Augusta

Latitude: ° ' "

Longitude: ° ' "

Lane # / Dir.: 1 N E S W

Distance: Miles / Feet

Direction: N E S W

1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary 6- Other

Base Intersection (Rt. # / Name): Martintown Rd #121

Second Intersection (Rt. # / Name): 5th St.

3-Main 6-Connector 2-Alternate 7-Business 5-Spur 8-Other

R.R. Id.: n/a

From: N E S W

Ramp Only: 1 - Entrance 2 - Exit

To: N E S W

1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary 6- Other

Agency code / Milepost

Latitude

Longitude

S-961489

Driver / Pedestrian's Full Name: Lawrence Tyrone

Unit: 1 Sex: M Race: B

Street/R.F.D.: 845 Talbert Bridge Rd

Birth Date: [redacted] City, State, & Zip: Aiken SC 29856

State: SC Driver's License #: [redacted] Insurance Company: Allstate

Year: 2002 Body: SW Vehicle Make: Ford VIN #: 1FMZU63E12UB91529

State: SC Year: 2016 License Plate #: 715 GVP Owner's D.L. #: 083278222

Home Telephone: (803) 642-2268 Owner's Full Name: Lawrence Tyrone

Bus. Telephone: (803) 641-7883 Street/R.F.D.: 845 Talbert Bridge Rd

Contributed To Collision: Yes (No) City, State, & Zip: Aiken SC 29856

Estimated Speed: 40 Speed Limit: 45 C.D.L. Req: Yes (No) Summons #: n/a Code: - Summons #: n/a Code: - Towed By: n/a

TIB 8 Req: Yes (No) Alc/Drg Info (see back): Yes (No)

S-961490

Driver / Pedestrian's Full Name: Beth Hanover Michelle

Unit: 2 Sex: F Race: W

Street/R.F.D.: 137 Sudlow Lake Rd

Birth Date: [redacted] City, State, & Zip: North Augusta SC 29841

State: SC Driver's License #: [redacted] Insurance Company: State Farm

Year: 2014 Body: SV Vehicle Make: Ford VIN #: 1FMCU0GX4EUB13249

State: SC Year: 2016 License Plate #: 110 SKP Owner's D.L. #: 088723259

Home Telephone: (706) 592-2559 Owner's Full Name: Beth Hanover Michelle

Bus. Telephone: (706) 724-1375 Street/R.F.D.: 137 Sudlow Lake Rd

Contributed To Collision: Yes (No) City, State, & Zip: North Augusta SC 29841

Estimated Speed: 45 Speed Limit: 45 C.D.L. Req: Yes (No) Summons #: n/a Code: - Summons #: n/a Code: - Towed By: n/a

TIB 8 Req: Yes (No) Alc/Drg Info (see back): Yes (No)

S-961491

Driver / Pedestrian's Full Name:

Unit: Sex: Race: Street/R.F.D.:

Birth Date: City, State, & Zip:

State: Driver's License #: Insurance Company:

Year: Body: Vehicle Make: VIN #:

State: Year: License Plate #: Owner's D.L. #:

Home Telephone: Owner's Full Name:

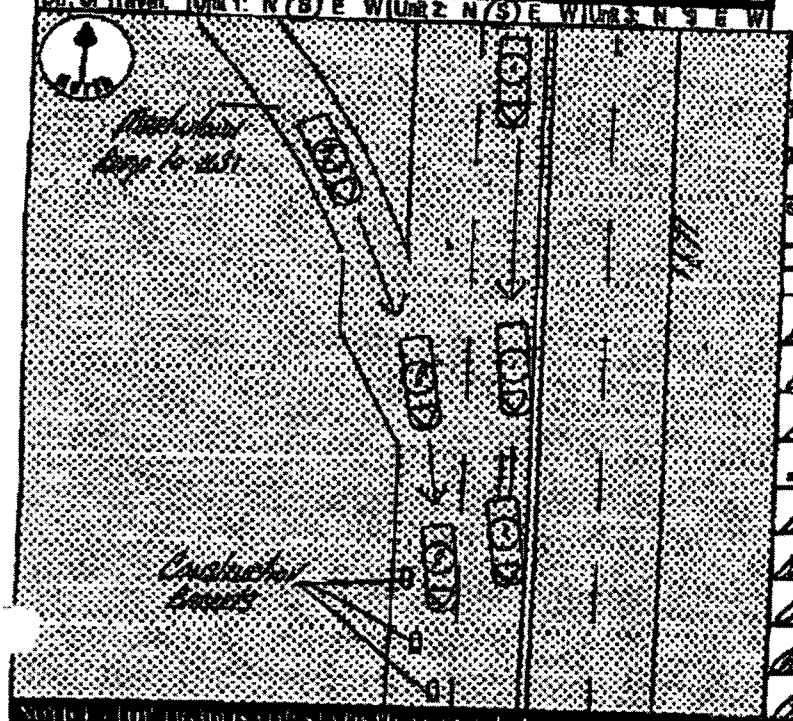
Bus. Telephone: Street/R.F.D.:

Contributed To Collision: Yes No City, State, & Zip:

Estimated Speed: Speed Limit: C.D.L. Req: Yes No Summons #: Code: Summons #: Code: Towed By:

TIB 8 Req: Yes No Alc/Drg Info (see back): Yes No

Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
$ 1500 (2)	$ 0 00	$ n/a	$ n/a	$ n/a

Property Owner/Address: n/a

Property Owner/Address: n/a

Address:

State: Zip: Phone:

State: Zip: Phone:

Photo: Y (N)

Direction Most Happened (Refer to Units by Number):

Unit #1 braking South on #121 in lane #1 Unit #2 entered #121 from Parkland Dr. (lane #2 Eastbound) Driver of Unit #1 and Unit #2 driving into lane #1 observed vehicles and did not proceed. Driver of Unit #2 stated seeing Unit #1 just before changing lanes but did not react into lane #1 due to lack of information and collided at they both made aware and contributed

SUBSCRIBED TO BASED ON MY OBSERVATIONS AND/OR REPORTS OF THE DRIVER'S BEST KNOWLEDGE, OPINION AND BELIEF CONCERNING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE TRUTH OF SUCH STATEMENTS THEREIN.

Investigating Officer's Name: Todd [illegible] Badge #: 72 Station #: 72 Code: Aiken Date: 11/28/2016 Reviewer's Name: [illegible] Rank: CT Reporting Agency Code: 3201 LBA

ORIGINAL

1-30-06 CAL

DPS Use ONLY
06008629

Page 1 of 1

Investigating Officer's Name (Last, First, MI) — Badge/ID # — Unit # — Agency Name — Number of Units — Arrived — Left — Scene

Date — Time — Report Type: 1- Interstate 4- Secondary; 2- US Primary 5- County; 3- SC Primary — Collision Location (Rt. 8 / Name) — Main / Alternate / Bypass: 1-Connector 7-Business 8-Other — Mile Marker — Dir. from: N E S W — Ft. / Near City or Town of:

1-27-06 | 1325 | 02 | | 19 | | LO | | Adams

Units 8 / Dir. | Distance Oldest | Direction | Report Type | Same Intersection (Rt. 8 / Name) | Main / Alternate / Bypass | (ASE) Code | Severity

8 / 1 | 64 | 50 | Feet | N E S W | 1- Interstate 4- Secondary; 2- US Primary 5- County; 3- SC Primary 6- Other | 1400 | 1-Connector 7-Business 8-Other

R.R. ID. | From: Ramp Only: 1 - Entrance 2 - Exit | To: 1- Interstate 4- Secondary; 2- US Primary 5- County; 3- SC Primary 6- Other | Second Intersection (Rt. 8 / Name) | Main / Alternate / Bypass: 1-Connector 7-Business 8-Other | Latitude | 33 ° 30 ' 57"

NA | | | 2039 | | Longitude | 81 ° 42 3500"

T-121114

Driver / Pedestrian's Full Name: CRAWFORD-TIFFANI MARIE

Unit # 1 | State: SC | Race: W | Street/R.F.D.: 1101 Shiloh Estates Rd | Birth Date: [redacted] | City, State, & Zip: Anderson SC 29621

Sex: F | Driver's License #: [redacted] | Insurance Company: Safeco Insurance

Year: 2006 | Body: PKP | Vehicle Make: Ford | VIN #: 1FTYR21F66PA57281

State: SC | Year: 2006 | License Plate #: PBC4984 | Owner's D.L. #: UNK

Home Telephone: (803) 649-8479 | Owner's Full Name: Crawford-Tiffani E

Bus. Telephone: NA | Street/R.F.D.: 1101 Shiloh Estates Rd

Contributed To Collision: No | City, State, & Zip: Anderson SC 29621

Speed: 40 | Limit: 45 | D.R.I. Ring: Yes | Tow & Ring: Yes | Working With Area Wrecker: Yes | Wrecker #: 157052 | Code: | Business #: NO | Code: | Towed By: NA

T-121115

Driver / Pedestrian's Full Name: LAWRENCE-TYRONE

Unit # 2 | State: SC | Race: B | Street/R.F.D.: 215 Crescent Ridge Rd | Birth Date: [redacted] | City, State, & Zip: Williamston SC 29697

Sex: M | Driver's License #: [redacted] | Insurance Company: Allstate

Year: 1999 | Body: PKP | Vehicle Make: Chev | VIN #: 1GNCS18W3X0113175

State: SC | Year: 2006 | License Plate #: 45-GAA | Owner's D.L. #: 20820 2202

Home Telephone: 843 864-5463 | Owner's Full Name: Lawrence-Tyrone

Bus. Telephone: NA | Street/R.F.D.: 215 Crescent Ridge Rd

Contributed To Collision: Yes | City, State, & Zip: Williamston SC 29697

Speed: 40 | Limit: 45 | D.R.I. Ring: Yes | Tow & Ring: Yes | Working With Area Wrecker: Yes | Wrecker #: NA | Code: | Business #: NA | Code: | Towed By: NA

T-121116

Driver / Pedestrian's Full Name:

Unit # NA | State: | Race: | Street/R.F.D.: | Birth Date: | City, State, & Zip:

Sex: | Driver's License #: | Insurance Company:

Year: | Body: | Vehicle Make: | VIN #:

State: | Year: | License Plate #: | Owner's D.L. #:

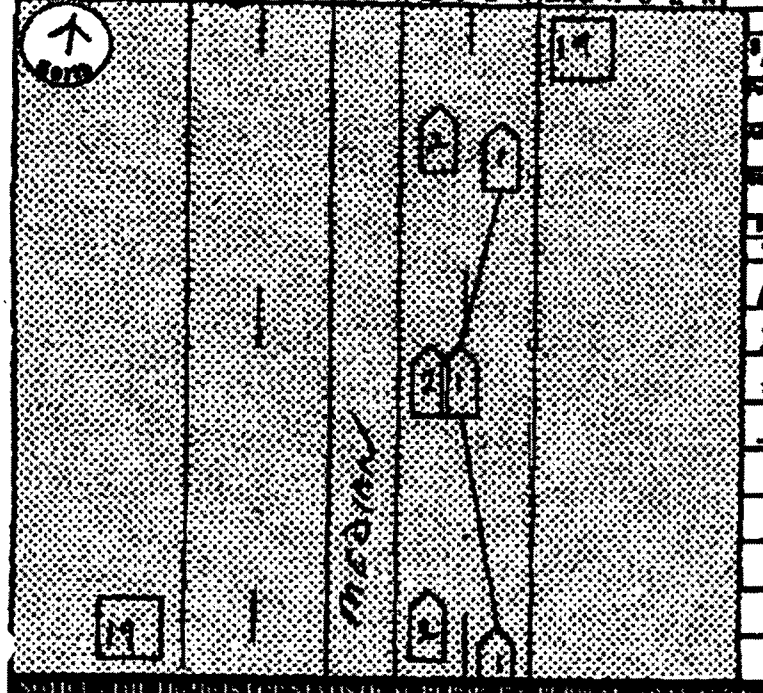
Home Telephone: | Owner's Full Name:

Bus. Telephone: | Street/R.F.D.:

Contributed To Collision: | City, State, & Zip:

Speed: | Limit: | D.R.I. Ring: | Tow & Ring: | Working With Area Wrecker: | Wrecker #: | Code: | Business #: | Code: | Towed By:

Dir. of Travel: Unit 1: N E S W | Unit 2: N E S W | Unit 3: N E S W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
$ 900.00	$ 500.00	$	$ NA	$ NA

Property Owner/Address: NA | Property Owner/Address: NA

Unit 1 has Driver Side damage

Unit 2 has Front Side damage

Unit 1 was traveling South on SC-19. The Driver of Unit # 1 makes an improper Lane Change and Side-Swipes Unit # 2 in the Right side.

NOTICE: THE DRIVER OF ANY VEHICLE INVOLVED IN AN ACCIDENT RESULTING IN INJURY TO OR DEATH OF ANY PERSON OR TOTAL PROPERTY DAMAGE TO THE APPARENT EXTENT OF $1,000.00 OR MORE SHALL REPORT SUCH ACCIDENT AS REQUIRED IN SECTION 56-5-1240, SOUTH CAROLINA CODE OF LAWS.

Investigating Officer: Brissell-JC | Type: Ofcr | Badge/ID #: 364 | Agency Name: ANDO | Date: 1-27-06 | Reviewer's Name: Smith-RD | Date: 1-30-06 | Reviewed Agency Code: 01002

Unit	Date of Birth	Sex	Race	DU	Seat	Rstrnt	Airbag	Ejct	LAI	Trans	Name	Street Address	Zip Code
1	[redacted]	F	W	0	4	13	1/3	1	1	2			
2	[redacted]	M	W	0	01	13	1/3	1	1	2			

Race: A - Asian/Pacific Islander; B - African American; H - Hispanic; W - Caucasian; O - Other; I - Alaskan Native or American Indian; U - Unk

Air Bag Deployment / Switch: 1-Deployed Front; 2-Deployed Side; 3-Deployed Both; 4-Not Deployed; 5-Deployed Unk; 6-Switch In On Position; 7-Not Applicable; 8-Switch in Off Position; 9-Unknown

Ejection: 1- Not Ejected; 2- Part. Ejected; 3- Tot. Ejected; 7- Not Applicable; 9- Unk.

a) Injury Status: 0- Not Injured; 1- Possible; 2- Suspected Minor; 3- Incapacitating; 4- Fatal; 5- Non-motorist

b) Motorcycle Only — Helmet Worn: 1-Yes; 2-No

Location After Impact: 1- Not Trapped; 2- Extricated (Non-vehicle Means); 3- Freed (non-mech.); 4- Not Applicable; 9- Unknown

Seating Loc.: 01 02 03 / 04 05 06 / 07 08 09; 20- Pedestrian; 30- Trailing Unit; 40- Bus or Van (4th Row or Higher); 50- Other Enclosed Area (penetrating); 51- Other Unenclosed Area (penetrating); 60- Stopped or Cab; 70- Riding on Unit Exterior; 80- Lap; 99- Unk./NA

a) Transported to Medical Facility: 1- Yes; 2- No; 3- Unknown

b) By: 1- EMS; 2- Police; 3- Other; 9- Unk.

Restraint/Safety Device: 00- None Used; 01- Child Safety Seat; 11- Shoulder Belt Only; 12- Lap Belt Only; 13- Shoulder & Lap Belt; 96- Other; 99- Unk

Pedestrian, Motor/Pedalcycle Only: 31- Helmet; 51- Reflective Clothing; 61- Protective Pads; 81- Lighting

Sequence of Events

Non-Collision: 01- Cross Median/Center Line; 02- Cross Opposite Lane; 03- Downhill Runaway; 04- Equipment Failure; 05- Separation of Units; 06- Ran off Road Left; 07- Ran off Road Right; 08- Jackknife; 09- Fire/Explosion; 10- Overturn/Rollover; 11- Other Non-collision

Collision Not Fixed: 20- Animal (Deer Only); 21- Animal (All Other); 22- Motor Veh. (In Transport); 23- Motor Veh. (Parked); 24- Motor Veh. (Other Roadway); 25- Pedalcycle; 26- Railway Veh.; 27- Pedestrian; 28- Work Zone Maint. Equip.; 29- Other Movable Object; 30- Unk. Motor Vehicle Object

Collision Fixed Object: 40- Embankment; 41- Equipment; 42- Fence; 43- Guardrail End; 44- Guardrail Face; 45- Highway Traffic Sign Post; 46- Impact Attenuator/Crash Cushion; 47- Light Support; 48- Mail Box; 49- Median Barrier; 50- Overhead Sign Support; 51- Other (Post, Pole, Support, Etc.); 52- Other (Wall, Building, Tunnel, Etc.); 53- Tree; 54- Utility Pole; 55- Work Zone Maint. Equipment; 56- Other

1st Event: 1- Separation of Units; 2- Ran off Road; 3- Other Non-collision; 4- Pedestrian; 5- Railway Vehicle; 6- Work Zone Maint. Equip.; 7- Other Movable Object; 8- Unk. Motor Vehicle Object; 9- Unk. Non-collision

Manner of Collision (Single Veh.): 00- Not Collision; 01- Not Coll. W/ Motor Veh.; 10- Rear End; 20- Head On; 30- Rear-to-Rear; 40- Angle (↘↙↗); 50- Sideswipe Same Dir.; 60- Sideswipe Opposite Dir.; 70- Backed Into; 80- Angle (→↓←); 90- Unknown

1st / Most Damaged Area: 1st Damaged: 11 19; Most Damaged: 11 91

21- Pedestrian; 81- None; 82- Rollover; 83- Total; 84- Under Carriage; 85- Other; 99- Unk

Vehicle Type: 01- Automobile; 02- Light Truck; 03- Pickup Truck; 04- Truck Tractor; 05- Other Truck; 15- Full Size Van; 16- Mini Van; 17- Sport Utility; 18- Motorcycle; 19- Other Motorbike; 27- Pedalcycle; 28- Animal Drawn Veh.; 29- Animal (Ridden); 51- Train; 81- School Bus; 82- Passenger Bus; 83- Other; 99- Unk. (Hit and Run Only)

Vehicle Use Code: 01- Personal; 02- Driver Training; 03- Construction/Maint.; 04- Ambulance; 05- Military; 06- Transport Passengers; 07- Transport Property; 08- Police; 09- Wrecker or Tow; 10- Fire; 11- Government; 12- Farm Use; 13- Logging; 14- Other; 41- Pedestrian

Vehicle Attachment: 1- None; 2- Mobile Home; 3- Boat Trailer; 4- Utility Trailer; 5- Farm Trailer; 6- Trailer w/Boat; 7- Camper Trailer; 8- Towed Motor Vehicle; A- Petroleum Tanker; B- Livestock Trailer; C- Accessorized Trailer; D- Flat Bed; E- Yam Trailers; F- Other

Action Prior to Impact — Vehicle: 01- Backing; 02- Changing Lanes; 03- Entering Traffic Lane; 04- Leaving Traffic Lane; 05- Making U-Turn; 06- Merging; 07- Overtaking/Passing; 08- Parked; 09- Slowing or Stopping in Traffic; 10- Turning Left; 11- Turning Right; 12- Other; 13- Unk.

Action Prior to Impact — Non-motorist: 21- Approaching/Leaving Vehicle; 22- Entering/Crossing Location; 23- Playing/Working on Vehicle; 24- Pushing Vehicle; 25- Standing; 26- Walking, Playing, Cycling; 27- Working; 28- Other; 99- Unk.

Weather Condition: 1- Clear (no adverse conditions); 2- Rain; 3- Cloudy; 4- Sleet, Hail; 5- Snow; 6- Fog, Smog, Smoke; 7- Blowing Sand, Soil, Dirt or Snow; 8- Severe Crosswinds; 9- Unk.

Light Condition: 1- Daylight; 2- Dawn; 3- Dusk; 4- Dark (Lighting Unspecified); 5- Dark (Street Lamp Lit); 6- Dark (Street Lamp Not Lit); 7- Dark (No Lights); 8- Other; 9- Unk.

Junction Type: 00- Not a Junction; 01- Crossover; 02- Driveway; 03- Four-way Intersection; 04- Five-point or More; 05- Railway Grade Crossing; 06- T-Intersection; 07- Shared Use Paths or Trail; 08- Traffic Circle; 09- Unk.; 13- Y-Intersection; 14- Roundabout

Primary Contributing Factor — Driver: 01- Driving Too Fast for Conditions; 02- Exceeded Authorized Speed Limit; 03- Failed to Yield Right of Way; 04- Ran off Road; 05- Fatigued/Asleep; 06- Followed Too Closely; 07- Improper Backing; 08- Improper Passing; 09- Improper Turning; 10- Medical Related; 11- Aggressive Operation of Vehicle; 12- Over-correcting/Over-steering; 13- Swerving to Avoiding Object; 14- Wrong Side or Wrong Way; 15- Under the Influence; 16- Other Impairment; 17- Vision Obscurement (Within Unit); 18- Improper Lane Usage/Change; 19- Other Improper Action; 20- Unk.

Roadway: 30- Debris; 31- Non-Highway Work; 32- Obstruction in Roadway; 33- Road Surface Condition (i.e., Wet); 34- Rut, Holes, Bumps; 35- Shoulders (None, Low, Soft, High); 36- Traffic Control Device (i.e., Missing); 37- Work Zone (Construction, Maint., Utility); 38- Worn, Travel-Polished Surface; 39- Other; 40- Unk.

Non-Motorist: 50- Inattentive; 51- Lying &/or Illegally in Roadway; 52- Failure to Yield R of W.; 53- Not Visible (Dark Clothing); 54- Disregard Signs, Signals, Etc.; 55- Improper Crossing; 56- Darting; 57- Wrong Side of Road; 58- Other; 59- Unk.

Environmental: 60- Animal on Road; 61- Glare; 62- Obstruction; 63- Weather Cond.; 68- Other; 69- Unk.

Vehicle Defect: 70- Brakes; 71- Steering; 72- Power Plant; 73- Tires/Wheels; 74- Lights; 75- Signals; 76- Windows/Shield; 77- Restraint System; 78- Truck Coupling; 79- Cargo; 80- Fuel System; 88- Other; 89- Unk.

Alcohol / Drug Test Given: 1- Given - Known Refusal; 2- Given - Unavailable; 3- Given - Pending; 4- None; 5- Refused

Test Type: 1- Blood; 2- Breath (All Only); 3- Urine; 4- Serum; 5- Other

Drug Results: 1- Amphetamines; 2- Cocaine; 3- Marijuana; 4- Opiates; 5- PCP; 6- Other

Alc. Test Results: A1- ; A2- ; A3-

Speed-Use Only

Underride/Override: 0- None; 1- Under - Compartment Intrusion; 2- Under - No Intrusion; 3- Under - Unknown; 4- Over - MV in Transport; 5- Over - Other Vehicle; 6- Side; 9- Unk.

Extent of Deformity: 0- None; 1- Functional Damage; 2- Disabling Damage; 3- Severe/Totaled; 4- Not Applicable; 9- Unk.

Traffic Flow: 1- Two-way, Not Divided; 2- Two-way, Divided, Unprotected Median; 3- Two-way, Divided, Barrier; 4- One-Way; 5- Other

TrafficWay: 2

Road Character: 1- Straight - Level; 2- Straight - On Grade; 3- Straight - Hillcrest; 4- Curve - Level; 5- Curve - On Grade; 6- Curve - Hillcrest

Road Surface Condition: 1- Dry; 2- Wet; 3- Snow; 4- Slush; 5- Ice; 6- Sand, Mud, Dirt, Oil, Gravel; 7- Water (Standing, etc.); 8- Other; 9- Unk.

Traffic Control Type: 01- Stop and Go Light; 02- Flashing Traffic Signal; 11- RR (Flashing Lights & Gates); 12- RR (Flashing Lights); 13- RR (Flashing Only); 21- Officer or Flagman; 22- Oncoming Emergency Vehicle; 23- Pavement Markings (only); 41- Stop Sign; 42- School Zone Sign; 43- Yield Sign; 44- Work Zone; 51- Flashing Beacon; 88- None; 89- Other Warning Sign; 99- Unk.

Yes, Directly; Yes, Indirectly; No; Unk.

School Bus Involved: 1- Yes; 2- No

Work Zone: 1- Before 1st Sign; 2- Advance Warning Area; 3- Transition Area; 4- Activity Area; 5- Termination Area

Work Zone Location: 1- Shoulder/Median Work; 2- Lane Shift/Crossover; 3- Intermittent/Moving Work; 4- Lane Closure; 5- Other; 9- Unk.

Work Zone Type: 1- Yes; 2- No

Workers Present:

Narrative

Narrative Continued

ORIGINAL

10-1206 ONLY

S.P.D. USE ONLY
0612224

Page 1 of 1

TRAFFIC COLLISION REPORT

OF Units 2

Reported: 1723 Arrived: 1756

Date: 10-11-2006 Time: 1715 County: 02

1- Interstate 4- Secondary
2- US Primary 5- County
3- SC Primary

Collision Location (Rt. # / Name): 278

C- Main 6-Connector
2-Alternate 7-Business
3-Spur 8-Other

Miles: 1.0 Dir. N E S W

In / Near City or Town of: North Augusta

Lane # / Dir.: # 1 Dir. N E S W

Distance Offset: .13 Miles Yards

Direction: N E S W

1- Interstate C-Secondary
3- US Primary 5- County
3- SC Primary 6- Other

Cross Street: Same Intersection (Rt. # / Name): 2083

C- Main 6-Connector
2-Alternate 7-Business
3-Spur 8-Other

AUSRU code:

R.R. Id.: NA

Prefix: N E S W

Range Only: 1 - Entrance 2 - Exit

To: N E S W

1- Interstate C-Secondary
3- US Primary 5- County
3- SC Primary 6- Other

Second Intersection (Rt. # / Name): 1690

C- Main 6-Connector
2-Alternate 7-Business
3-Spur 8-Other

Latitude: 33° 24' 35.10"

Longitude: 81° 51' 85.10"

T-115477

Driver/Pedestrian's Full Name: Lawren - Tyrone

Unit # 1 | Sex: M | Race: B

Street/R.F.D.: 845 Gilbert Bridge Rd

Birth Date: [redacted] City, State, & Zip: Windsor SC 29856

State: SC Driver's License #: [redacted] Insurance Company: Allstate

Year: 1994 Body: 4dr Vehicle Make: Chev VIN #: 1GNCS18W3R0113175

State: SC Year: 2007 License Plate #: 490 RRA Owner's D.L. #: SC 00820202

Home Telephone: (803) 649-5468 Owner's Full Name: Lawren Tyrone

Bus. Telephone: (803) 648-8351 Street/R.F.D.: 845 Gilbert Bridge Rd

Contributed To Collision: Yes No City, State, & Zip: Windsor SC 29856

Estimated Speed: 40 Speed Limit: 55 C.D.L. Req: Yes No Tilt-B Req: Yes No Alc/Drg Influence: Yes No Booking #: Code: Towed By: NA

T-115478

Driver/Pedestrian's Full Name: Bush. Avis D.

Unit # 2 | Sex: F | Race: B

Street/R.F.D.: 162 Independence Blvd

Birth Date: [redacted] City, State, & Zip: Aiken SC 29803

State: SC Driver's License #: [redacted] Insurance Company: State Farm

Year: 1998 Body: 4Ds Vehicle Make: Chev VIN #: 1V1SK52P5WZ176591

State: SC Year: 2007 License Plate #: 297 BKR Owner's D.L. #: Unknown

Home Telephone: (803) 652-3515 Owner's Full Name: Cranings Sabrina

Bus. Telephone: ( ) NA Street/R.F.D.: 405 Dye Bend Rd

Contributed To Collision: Yes No City, State, & Zip: Aiken SC 29803

Estimated Speed: 5 Speed Limit: 55 C.D.L. Req: Yes No Tilt-B Req: Yes No Alc/Drg Influence: Yes No Booking #: Code: Towed By: NA

T-115479

Driver/Pedestrian's Full Name:

Unit # NA | Sex: | Race:

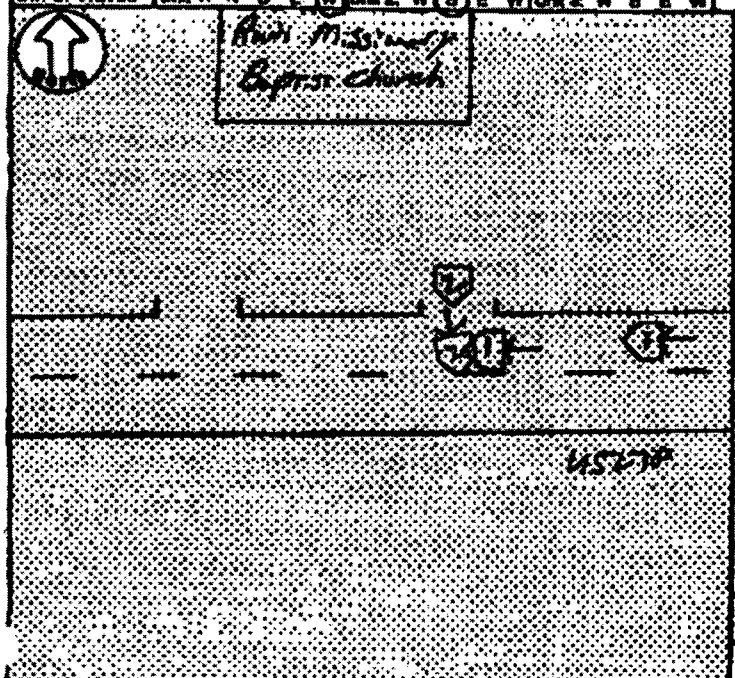
Street/R.F.D.:

Birth Date: City, State, & Zip:

State: Driver's License #: Insurance Company:

Year: Body: Vehicle Make: VIN #:

Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
$ 1200.00	$ 2000.00	$	$ NA	$ NA

Property Owner/Witness: NA | Property Owner/Witness:

Address: | Address:

State | Zip | Phone | State | Zip | Phone

Photos: Y N

Describe What Happened (Refer to Units by Number):

Unit #1 traveling west on US 278. Unit #2 pulling south from parking lot attempting to make a left turn onto US 278. Unit #2 failed to yield right of way to Unit #1, causing Unit #1 to strike Unit #2.

Investigating Officer's Name: Lyles W. H. | Beat: 237 | Badge: NA700 | Date: 10-07-2006 | Reviewed By: Kelley - CR | Dept.: | Internal Agency Code: 175689

Unit	Date of Birth	Sex	Race	INJ	Seat	YOB	AGE	Ejec	LA	Type	Name	Street Address	Zip Code
1	[redacted]	M	B	0	01	13	71	1	1	21			
2	[redacted]	F	B	0	01	13	68	1	1	21			

Race: A - Asian/Pacific Islander; B - African American; H - Hispanic; I - American Native or Amerindian Indian; W - Caucasian; O - Other; U - Unk

a) Injury Status: 0- Not Injured; 1- Possible; 2- Non-incapacitating; 3- Incapacitating; 4- Fatal

b) Motorcycle Only — Helmet Use: 1- Helmet; 2- No Helmet; 3- Unknown

Seating Loc.: 01 02 03 / 04 05 06 / 07 08 09; 20- Pedestrian; 60- Sleeper of Cab; 70- Riding on Unit Exterior; 80- Unk; 90- Other Enclosed Area (nonliving); 91- Other Unenclosed Area (nonliving); 92- Unk Area

Restraint/Safety Device: 00- None Used; 11- Shoulder Belt Only; 12- Lap Belt Only; 13- Shoulder & Lap Belt; 71- Child Safety Seat; 80- Other; 99- Unk

Pedestrian, Motor/Pedalcycle Only: 51- Helmet; 52- Reflective Clothing; 53- Protective Pads; 61- Lighting

Air Bag Deployment / Switch: 1-Deployed Front; 2-Deployed Side; 3-Deployed Both; 4-Not Deployed; 7-Not Applicable; 0-Deployment Unk; 1- Switch in On Position; 2- Switch in Off Position; 9- Unknown

Ejection: 1- Not Ejected; 2- Part Ejected; 3- Tot. Ejected; 7- Not App.; 9- Unk

Head Injury: 1-Yes; 2-No

Location After Impact: 1- Not Trapped; 2- Extricated (Mechanical Means); 3- Freed (non-mech.); 4- Not Applicable; 9- Unknown

a) Transported to Medical Facility: 1- Yes; 2- No; 3- Unknown

b) By: 1- EMS; 2- Police; 8- Other; 9- Unk

Sequence of Events

1	22			
2				
3				
4				
5				
6				

1st Harmful

Non-Collision: 01- Cargo/Equip Loss or Shift; 02- Cross Median/Center Line; 03- Downhill Runaway; 04- Equipment Failure; 05- Fire/Explosion; 06- Immersion; 07- Jackknife; 08- Overturn/Rollover; 09- Ran off Road Left; 10- Ran off Road Right; 11- Separation of Units; 12- Spill (Non-Motor Veh.); 13- Other Non-collision; 14- Unk Non-collision

Collision with Fixed Object: 25- Impact Attenuator/Crash Cushion; 26- Bridge Overhead Structure; 27- Bridge Pier or Abutment; 28- Bridge Rail; 29- Culvert; 30- Curb; 31- Ditch; 32- Embankment; 33- Guardrail End; 34- Guardrail Face; 35- Highway Traffic Sign Post; 36- Light Support; 37- Mail Box; 38- Median Barrier; 39- Other Fixed Object; 40- Other Post, Pole, Support; 41- Other Wall, Building, Tunnel; 42- Tree; 43- Utility Pole; 44- Work Zone Maint. Equipment

Collision with Object Not Fixed: 20- Animal (Deer Only); 21- Animal (All Other); 22- Motor Veh. in Transport; 23- Motor Veh. (Parked); 24- Motor Veh. (Other Working); 25- Motor Veh. (Person); 26- Pedalcycle; 27- Pedestrian; 28- Railway Veh.; 29- Work Zone Maint. Equip.; 30- Other Movable Object; 99- Unk. Harmful Event

Manner of Collision (Struck Veh.): 00- Not Collision; 01- Rear-to-Rear; 02- Rear-to-Side; 03- Rear-to-Rear; 04- Sideswipe Same Dir.; 05- Sideswipe Opposite Dir.; 06- Hit Fixed Object; 07- Hit Motor Veh.; 08- Hit Ped.; 09- Other; 10- Head On; 11- Angle ("L" or "T"); 12- Angle (→ ←); 13- Angle (Other); 14- Backed Into; 99- Unknown

1st Most Deformed Area: 21- Pedestrian; 01- None; 02- Rollover; 03- Total; 04- Under Carriage; 05- Other; 09- Unk

1st Deformed: 1 1 0

Most Deformed: 1 1 0

Vehicle Type: 01- Automobile; 02- Pickup Truck; 03- Truck Tractor; 04- Other Truck; 15- Full Size Van; 16- Mini Van; 17- Sport Utility; 18- Motorcycle; 20- Other Motorcycle; 21- Pedalcycle; 22- Animal Drawn Veh.; 23- Animal (Ridden); 41- Pedestrian; 51- Train; 81- School Bus; 82- Passenger Bus; 99- Other; 88- Unk. (Hit and Run Only)

Vehicle Use Code: 01- Personal; 02- Driver Training; 03- Construction/Maint.; 04- Ambulance; 05- Military; 06- Transport Passengers; 07- Transport Property; 08- Farm Use; 09- Weather or Tow; 10- Police; 11- Government; 12- Fire Fighting; 13- Logging; 14- Other; 41- Pedestrian

Vehicle Attachment: 1- None; 2- Mobile Home; 3- Semi-Trailer; 4- Utility Trailer; 5- Farm Trailer; 6- Trailer w/Boat; 7- Camper Trailer; 8- Towed Motor Vehicle; 9- Petroleum Tanker; A- Logging Trailer; B- Autocarrier Trailer; C- Other Trailer; D- Flat Bed; E- Twin Trailers; F- Other

Alc. Test Results: A1- ; A2- ; A3-

Alcohol / Drug Test Given: 1- Given - Known Results; 2- Given - Unknown; 3- Refused; 4- None; 5- Pending

Test Type: 1- Breath (Alc Only); 2- Blood; 3- Urine; 4- Serum; 8- Other

Drug Results: 1- Amphetamines; 2- Cocaine; 3- Marijuana; 4- Opiates; 5- PCP; 8- Other; 9- None/Unknown

Special Use Only

Underride/Override: 6

Extent of Deformity: 2

Action Prior to Impact (Vehicle): 01- Backing; 02- Changing Lanes; 03- Entering Traffic Lane; 04- Leaving Traffic Lane; 05- Making U-turn; 06- Movements Essentially Straight Ahead; 07- Overtaking/Passing; 08- Parked; 09- Slowing or Stopping; 10- Turning Left; 11- Turning Right; 12- Improper Lane Usage; 88- Other; 99- Unk.

Action Prior to Impact (Ped-related): 21- Approaching/Leaving Vehicle; 22- Entering/Crossing Location; 23- Playing/Working on Vehicle; 24- Pushing Vehicle; 25- Standing; 26- Walking, Playing, Cycling; 27- Working

Trafficway: 1

Road Character: 1

Road Surface Condition: 1

Traffic Control Type: 99

Weather Condition: 1- Clear (No adverse conditions); 2- Rain; 3- Cloudy; 4- Sleet, Hail; 5- Snow; 6- Fog, Smog, Smoke; 7- Blowing Sand, Dirt or Snow; 8- Severe Crosswinds; 9- Unk.

Light Condition: 1- Daylight; 2- Dawn; 3- Dusk; 4- Dark (Lighting Unspecified); 5- Dark (Street Lamp Lit); 6- Dark (Street Lamp Not Lit); 7- Dark (No lights); 9- Unk.

Junction Type: 01- Crossover; 02- Driveway; 03- Five/More Points; 04- Four-way Intersection; 05- T-Intersection; 06- Railway Grade Crossing; 07- Shared Use Paths or Trail; 08- Traffic Circle; 12- Y-Intersection; 13- Roundabout; 99- Unk.

Primary: 05

Contributing Factors

Driver: 01- Disregarded Signs, Signals, Etc; 02- Distracted/Inattention; 03- Driving Too Fast for Conditions; 04- Exceeded Authorized Speed Limit; 05- Failed to Yield Right of Way; 06- Ran off Road; 07- Fatigued/Asleep; 08- Followed Too Closely; 09- Made an Improper Turn; 10- Medical Related; 12- Aggressive Operation of Vehicle; 13- Over-correcting/Over-steering; 14- Swerving to Avoiding Object; 15- Wrong Side or Wrong Way; 16- Under the Influence; 17- Vision Obscured (Within Unit); 18- Improper Lane Usage/Change; 88- Other Improper Action; 19- Unk

Roadway: 30- Debris; 31- Non-highway Work; 32- Obstruction in Roadway; 33- Road Surface Condition (Ice, Wet); 34- Rut, Holes, Bumps; 35- Shoulders (None, Low, Soft, High); 36- Traffic Control Device (Inc., Missing); 37- Work Zone (Construction/Maint.); 38- Worn, Travel-Polished Surface; 48- Other; 49- Unk

Non-Motorist: 50- Inattentive; 51- Lying and/or Illegally in Roadway; 52- Failure to Yield R of W; 53- Not Visible (Dark Clothing); 54- Disregard Signs, Signals, Etc; 55- Improper Crossing; 56- Darting; 57- Wrong Side of Road; 58- Other; 59- Unk

Environmental: 60- Animal in Road; 61- Glare; 62- Obstruction; 63- Weather Cond.; 68- Other; 69- Unk.

Vehicle Defect: 70- Brakes; 71- Steering; 72- Power Plant; 73- Tires/Wheel; 74- Lights; 75- Signals; 76- Windows/Shield; 77- Restraint System; 78- Truck Coupling; 79- Cargo; 80- Fuel System; 88- Other; 89- Unk

Work Zone: 2

Work Zone Location:

Work Zone Type:

1- Yes 2- No Workers Present:

School Bus Involved: 3

SOUTHERN FARM BUREAU CASUALTY INS CO

CLAIMS
COPY

7615777

TYRONE LAWRENCE & YVONNE
LAWRENCE AS HUSBAND & WIFE AND
CHRISTOPHER J HUDSON,ATTORNEY
4024 WASHINGTON RD MARTINEZ , GA

SCELICK (01/2003) REMITTANCE STATEMENT 7615777

CLAIMANT	POLICY ITEM	COVG/LOSS	CAUSE OF LOSS	PYMT CODE	ENDORSEMENT	DISP	AMOUNT
03		BI		F	721610299 CLAIM NO: 0874880 ADJUSTER: 5B PRINT DT: 05/18/2006	C	*******3,200.00

DETACH BEFORE CASHING

SOUTHERN FARM BUREAU CASUALTY INSURANCE CO.
PO Box 2124 West Columbia, SC 29171-2124

67-449/539 BANK OF AMERICA COLUMBIA, S.C. 7615777

DATE	PAY THIS AMOUNT
05/18/2006	*******3,200.00

In Full Payment For ANY AND ALL CLAIMS Date of Accident 01/27/2006

Insured HARVEY E GUNTER

Claim Number AU0874880 Policy Number AU0814830 County 02 Adjuster 5B

■ THREE THOUSAND TWO HUNDRED DOLLARS AND NO CENTS *********

NOT VALID AFTER 90 DAYS

PAY TO THE ORDER OF TYRONE LAWRENCE & YVONNE
LAWRENCE AS HUSBAND & WIFE AND
CHRISTOPHER J HUDSON,ATTORNEY
4024 WASHINGTON RD MARTINEZ , GA

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CLAIM CHECK - NM

VOID/NON-NEGOTIABLE

AUTHORIZED SIGNATURE

VOID OVER $3,200.00

[redacted]

#: [redacted]

CAROLINA MUSCULOSKELETAL INSTITUTE, PA

410 UNIVERSITY PARKWAY • AIKEN, SC 29801

WWW.CMLMD

CMI-ORTHOPEDICS Suite 1000 803-649-6563 Fax 649-6543

CMI-NEUROSURGERY Suite 1400 803-649-3339 Fax 649-2259

CMI-IMAGING Suite 1200 803-650-1518 Fax 650-1529

DISABILITY CERTIFICATE

To whom it may concern:

Name Tigane Lawrence

is my patient and has been under my care from 2/2006

to present and is able to return to light regular work / school / sports

on Pending Next Appt

Restrictions: On 3/2006 (off work)

Dr. [signature] Date 2/2006

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Request for Leave of Absence or Extension of Leave

Note: Requests for extension must be made prior to the expiration date of initial leave or previous extension.

Name				Clock#
Lynn Lawrence				3940
Phone 644-5668	Job W10	Platform 110	Shift 1	Supervisor/Resource Person

Reason for Request:

☒ Medical ☐ Military ☒ FMLA (I understand that this leave will be applied towards the 12 weeks FMLA entitlement)

☐ Extension ☐ Emergency/Personal

Period Requested: From 2/2/06 (shift/AM/PM/Day/Date) Through 3/2/06 (shift/AM/PM/Day/Date) (w.o. appt 10 AM)

Return to Work Date: 3/3/06 (shift/AM/PM/Day/Date)

Complete this section for FMLA leave only:

☐ Personal Medical (leave due to the serious health condition of the employee)

☐ Family Medical (leave due to the serious health condition of employee's parent, spouse or child)

☐ Family Bonding (at time of birth or placement of adopted/foster child)

☐ Intermittent/Reduced Leave

I understand that I will return to my current job upon expiration of my leave, within the provisions of the Contract and Working Agreement. I understand that I am required to make the necessary premium contributions for continued health care coverage. I understand that this leave will be applied to the 12 weeks entitlement of FMLA. I further understand that I will be treated as a termination if: (1) I do not return to work on or before the expiration date of the leave, (2) I work elsewhere during this leave, (3) I notify the company that I do not intend to return to work, or (4) falsification of this request is discovered.

All Leaves of Absence and Extensions granted by Advanced Glassfiber Yarns are according to Union Contract. The company may require a Medical Examination establishing the fact that the employee is able to resume his/her regular job. I further understand that I will be treated as a termination if: 1) I do not return to work on or before the expiration date of this leave/extension, 2) I work elsewhere during this leave/extension, 3) I notify the company I do not intend to return to work, or 4) falsification of the request is discovered.

I authorize the company representatives to have/obtain/release any pertinent health information necessary to process this leave request.

Lynn Lawrence
Employee's Signature and Date

Distribution: Disability Case Manager
Resource Person
Union
Employee

This leave request is ☒ approved ☐ not approved.

Leave of Absence Approved By: [signature] Date: 3/8/06

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☒ DISABLE BADGE - MUST CLEAR THROUGH MEDICAL FOR RTW

STD - Day 1

agy

Request for Leave of Absence or Extension of Leave

Note: Requests for extension must be made prior to the expiration date of initial leave or previous extension.

Name: Igor Laurence				Clock#: 3940
Phone: 649-8668	Job: 010	Platform: 110	Shift: 1	Supervisor/Resource Person: [illegible]

Reason for Request:

☒ Medical ☐ Military ☒ FMLA (I understand that this leave will be applied towards the 12 weeks FMLA entitlement)

☐ Extension ☐ Emergency/Personal

Period Requested: From 4/27/06 (shift/AM/PM/Day/Date) Through 4/29/06 (shift/AM/PM/Day/Date)

Return to Work Date: 5/1/06 (shift/AM/PM/Day/Date) (Dr. O. appt 5/2/06 @ 8AM)

Complete this section for FMLA leave only:

☐ Personal Medical (leave due to the serious health condition of the employee)

☐ Family Medical (leave due to the serious health condition of employee's parent, spouse or child)

☐ Family Bonding (at time of birth or placement of adopted/foster child)

☐ Intermittent/Reduced Leave

I understand that I will return to my current job upon expiration of my leave, within the provisions of the Contract and Working Agreement. I understand that I am required to make the necessary premium contributions for continued health care coverage. I understand that this leave will be applied to the 12 weeks entitlement of FMLA. I further understand that I will be treated as a termination if: (1) I do not return to work on or before the expiration date of the leave, (2) I work elsewhere during this leave, (3) I notify the company that I do not intend to return to work, or (4) falsification of this request is discovered.

All Leaves of Absence and Extensions granted by Advanced Glassfiber Yarns are according to Union Contract. The company may require a Medical Examination establishing the fact that the employee is able to resume his/her regular job. I further understand that I will be treated as a termination if: 1) I do not return to work on or before the expiration date of this leave/extension, 2) I work elsewhere during this leave/extension, 3) I notify the company I do not intend to return to work, or 4) falsification of the request is discovered.

I authorize the company representatives to have/obtain/release any pertinent health information necessary to process this leave request.

Igor Laurence
Employee's Signature and Date

Distribution: Disability Case Manager
Resource Person
Union
Employee

This leave request is ☒ approved ☐ not approved

Leave of Absence Approved By: [signature] Date: 1/30

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☒ DISABLE BADGE - MUST CLEAR THROUGH MEDICAL FOR RTW

STD - day 1 - accident

Medical Leave Process Guidelines (Attachment)
To: Employees going on Medical Leave
From: Disability Case Management (DCM)

Your medical leave of absence has been approved in accordance with the Medical Leave Process Guidelines for the dates indicated on your Leave Approval Form.

While on medical leave of absence:

1. You will be restricted to the Medical Department and Total Health Team areas when visiting the Plant for your safety. Your badge will be disabled.
2. The time you are off work will be applied to your eligibility for family and medical leave in accordance with the Family and Medical Leave Act. For up to 12 weeks (sixty, 8-hour work days), you will be granted return to work to the same or equivalent job.
3. Case Management will work with you, your manager, and your physician to assure quality of medical care and rehabilitation, continued recovery, and assistance in your safe return to work.
4. You are responsible for follow-up with Disability Case Management as instructed.
5. You may not work elsewhere without written permission from Human Resources. Engaging in gainful employment at another establishment while on medical leave is prohibited and will lead to termination of benefits and employment.
6. You may not return to work until you have been cleared by Plant Medical. You are responsible for obtaining this clearance before your scheduled return to work date.
7. You must adhere to all provisions of the Medical Leave Process Guidelines, the Contract, and the Aiken Plant Rules.

Short-Term Disability Benefits:

1. Disability benefits are paid on a forty hour seven day week at 60% of your base rate of pay.
2. All current payroll deductions will be taken from your disability check.
3. Partial week disability checks will be included on your regular payroll check.
4. Disability checks may be picked up at the Guard's desk in the same manner as regular payroll checks. Checks that are not picked up will be mailed to you.
5. In the case of an accident, benefits begin on the first day you are treated by a physician (if you did not work that day).
6. For all other medical problems, benefits begin on the eighth day after being seen and treated by a physician (assuming you did not work the day you sought medical care).
7. Short Term Disability Benefits must be reimbursed to the company if you receive wage replacement from any third party (worker's compensation, insurance, or litigation).

To view the complete Medical Leave Policy, see the bulletin board outside the plant Medical Department. Any questions regarding your medical leave or disability benefits should be directed to Case Management at 643-1147 (Ann Tyler).

The information above has been explained to me and I have received a copy of this letter.

Employee's Signature — Date: 1-30-06

DCM's Signature

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Revised 1/23/06

CAROLINA [redacted] SCOLOSKELETAL INSTITUTE, PA
AIKEN MEDICAL CENTER
410 UNIVERSITY PARKWAY SUITE 1000
AIKEN S C 29801

LOCATION: CMI ORTHOPEDIC PT-0019 PAGE: 1

TYRONE LAWRENCE
845 COLBERT BRIDGE RD
WINDSOR SC 29856

BILLING DATE: 04/07/06
AMOUNT DUE : 4.00-

BILL TO: LAWRENCE TYRONE CHART #: [redacted]

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			T LAWRENCE			
			DOUGLAS E HOLFORD MD			
02/02/06	O	72100	XRAY L SPINE 2 VIEW	113.00		113.00
		DX:	847.2 STRAIN BACK LUMBAR			
02/02/06	O	99213	OFFICE VISIT-ESTAB. LEVEL 3	80.00		193.00
		DX:	847.0 STRAIN BACK CERVICAL			
02/07/06			BLUE SHIELD SC 401 PPC # 9023541 Filed			
			T LAWRENCE			
			DOUGLAS E HOLFORD MD			
02/02/06	O	99080	DISABILITY REPORT OR FORM	10.00		203.00
		DX:	847.2 STRAIN BACK LUMBAR			
02/03/06			CASH		22.00-	181.00
02/03/06			CASH		10.00-	171.00
			T LAWRENCE			
			DOUGLAS E HOLFORD MD			
03/02/06	O	99213	OFFICE VISIT-ESTAB. LEVEL 3	80.00		251.00
		DX:	847.2 STRAIN BACK LUMBAR			
03/06/06			BLUE SHIELD SC 401 PPC # 9032391 Filed			
03/02/06			CASH		22.00-	229.00
03/20/06			PAYMENT BC BS OF SC PPC Pc# 9023541		65.05-	163.95
03/20/06			WRITE-OFF BC BS PP c# 9023541		107.95-	56.00
03/20/06			Co-ins 20.00			
03/20/06			PAYMENT BC BS OF SC PPC Pc# 9032391		17.80-	38.20
03/20/06			WRITE-OFF BC BS PP c# 9032391		42.20-	4.00-
03/20/06			Co-ins 20.00			

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AIKEN REGIONAL MED CENTERS PHONE 803-641-5650 PG# 1
302 UNIVERSITY PKWY TID# [redacted] DATE: 02/24/06
AIKEN SC 29802 FC: R PT: T ACCT TYPE: O

PATIENT NAME: LAWRENCE ,TYRONE PATIENT NUMBER: [redacted]
ADMIT DATE: 01/27/06 DISCHARGE DATE: BIRTH DATE: [redacted]

GUAR: LAWRENCE TYRONE
INFO 845 COLBERT BRIDGE ROAD
WINDSOR SC 298560000

ACCOUNT BALANCE: 429.93
PATIENT BALANCE: .00

DATE	DESC/QTY	SVC CD	INS1: M10 BAL: 429.93	INS2:	INS3:	PATIENT .00
012706	3 00	OUTPATIE	63890618 0.00	0.00	0.00	0.00
012706	1 45	LEVEL 3	43022359 266.00	0.00	0.00	0.00
012806	1 32	XR C-SPI	53204053 248.00	0.00	0.00	0.00
012806	1 32	XR SHOUL	53216354 235.00	0.00	0.00	0.00

Insurance Benefits Assigned To
Aiken Regional Medical Centers

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AIKEN MEDICAL CENTER
410 UNIVERSITY PARKWAY SUITE 1000
AIKEN S C 29801

LOCATION: CMI ORTHOPEDIC PT-0019 PAGE: 2

TYRONE LAWRENCE
845 COLBERT BRIDGE RD
WINDSOR SC 29856

BILLING DATE: 04/07/06
AMOUNT DUE : 4.00-

BILL TO: LAWRENCE TYRONE CHART #: 60394

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			STATEMENT-FOR YOUR INFORMATION PLEASE PAY ANY DEDUCTIBLE AND CO-INSURANCE DUE AFTER YOUR INSURANCE PAYS.			

CURRENT	30-60 DAYS	60-90 DAYS	>90 DAYS	TOTAL	INS PENDING	TOTAL DUE
4.00-	0.00	0.00	0.00	4.00-	0.00	4.00-

CAROLINA MUSCULOSKELETAL INSTI
410 UNIVERSITY PK 1000
AIKEN SC 29801

LOCATION : CMI ORTHOPEDIC

PHONE : 803 649 0563 REFERRING DOCTOR : DAVIS M D

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Employment Verification Form

Name Tyrone Lawrence **Date** April 24,2006

Social Security # [redacted] **Birth Date** [redacted]

Address 845 Colbert Bridge Road (Street) 803-649-6668 (Telephone)

Windsor (City) SC (State) 29869 (Zip Code)

Name of Employer AGY/Aiken Plant

Employer's Address 2556 Wagener Road (Street)

Aiken (City) SC (State) 29801 (Zip Code) 803-643-1208 (Telephone)

Dates of Employment March 1, 1996 (Start Date) - current (End Date)

Position/Department WIO / Forming

Employment Status ☒ Full-Time ☐ Part-Time **Hours per week** 40

Wages $ 13.67 ☒ hourly ☐ weekly ☐ semi-weekly ☐ monthly ☐ yearly

Total Gross Amount if Worked $ 3291.68 including shift diff and overtime

Short Term Disability Gross Pay $ 49.87 daily $ 338.08 weekly $ 1499.79 total

Effective Date 1/27/2006 (Start Date) - 3/05/2006 (End Date) **Total Days** 35

Signature of Person Verifying Employment Laura Chapman

Position/Title H/R, Payroll Specialist **Date** April 24, 2006

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LAWRENCE, TYRONE #[redacted]

2/2/06 OFFICE VISIT NEW PROBLEM:

WHAT: Neck and back
HOW: Auto Accident
WHEN: 1/27/06
WHERE: Aiken

HISTORY: This is a 46 year-old driver of an automobile that was hit on the passenger side, sort of tossed about car. He laid down right afterwards and had a lot of pain and tenderness. He was taken to the emergency room and had xrays of his neck were taken. He was given some Vicodin and Naprosyn. He continues to have problems. It is now starting to hurt in his lower back. He has a hard time bending his neck and twisting. He has occasional pain radiating into his left shoulder. It hurts across the lower portion of his back and goes down into his hips. No significant numbness and tingling in his legs.

PAST MEDICAL ILLNESS: None.
PREVIOUS SURGERIES: None.
REVIEW OF SYSTEMS: Complete and non-contributory.

PHYSICAL EXAMINATION: **Height** 5'10" **Weight** 319 **Blood Pressure** 132/80
He flexes 20 degrees, extends 20 degrees, and laterally bends 15 degrees. Pain with motion. Deltoid, biceps, triceps and intrinsics are equal in strength. Mild tenderness over his left trapezius. He abducts his shoulders 90 degrees, forward flexes 170 degrees, externally rotates 40, internally rotates 30. He has tenderness over L4-5, 5-1. He flexes 30 degrees, extends 20 degrees, laterally bends 15 degrees. Tenderness over the left posterior supralliac spine. No significant tenderness along the sciatic notch nerve. Straight leg raising is positive at the back at 70 degrees. No weakness of the extensor hallus longus, peroneals, tibialis anterior, gastrocs, hamstrings. No tenderness in the tibialis anterior gastroc motor point. He is able to toe and heel walk.

X-RAY EXAMINATION: X-rays of his cervical spine that brought with him shows the disk space appears well maintained. No evidence of soft tissue injuries or fractures. AP lateral of the lumbar spine shows 5 lumbar vertebras. Disk spaces are well maintained. Soft tissue is unremarkable. Hip joints appear well maintained.

IMPRESSION: Cervical and lumbar strains.

TREATMENT: We will put him on a Medrol Dose Pack to see if that doesn't quiet it down. See him back here.

Douglas E. Holford, M.D.

DEH:jtc

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410 UNIVERSITY PARKWAY • AIKEN, SC 29801
WWW.CMI.MD

CMI-ORTHOPEDICS Suite 1000 803-649-0503 Fax 649-0543
CMI-RHEUMATOLOGY Suite 1400 803-649-3333 Fax 649-2289
CMI-SURGERY Suite 1200 803-293-1510 Fax 293-1525

DISABILITY CERTIFICATE

To whom it may concern:

Name [illegible]

is my patient and has been under my care from [illegible]

to [illegible] and is able to return to light regular work/school/sports

on this date Jan 31 as of Feb 1 2006

Restrictions: [illegible]

Dr. [signature] Date 1/31/2006

#[redacted]

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CMI-SURGERY Suite 1200 803-293-1510 Fax 293-1525

DISABILITY CERTIFICATE

To whom it may concern:

Name Tyanne Lawrence

is my patient and has been under my care from 2/2/06

to present and is able to return to light regular work/school/sports

on Pending next Appt

Restrictions: On 3/2/06 I Off Work

Dr. [signature] Date 2/2/06

RECEIVED
MAY 08 2006
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#Lu394 (W)

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Suite 1000
803-649-6543 Fax 649-6543

CMI-RHEUMATOLOGY
Suite 1400
803-648-3333 Fax 649-2269

CMI-NAGHD
Suite #200
803-220-4515 Fax 220-4526

DISABILITY CERTIFICATE

To whom it may concern:

Name Tyrone Lawrence

is my patient and has been under my care from 2/2/06

to present and is able to return to light (regular) work / school/ sports

on 3/6/06

Restrictions: _____

Dr. [signature] Date 3/2/06

RECEIVED
MAY 08 2006
FB

AM974860

B. 03

Final Release and Settlement of Claim

FOR AND IN CONSIDERATION of the payment of Three thousand two hundred and no/100 ($3200.00) DOLLARS to me/us in hand paid by Harvey E Gunter and Tiffani M Chapman hereinafter called payor(s), the receipt of which is hereby acknowledged I/we Tyrone Lawrence and Yvonne Lawrence, address 845 Colbert Bridge Rd Windsor, SC 29856, being of lawful age, do hereby release, acquit and forever discharge the said payor(s), their agents and employees, and all other persons, firms or corporations who are or might be liable, from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, loss of consortium, expenses and compensation on account of or in any way growing out of any and all known and unknown personal injuries and property damage, resulting or to result from an accident that occurred on or about the 27th day of January, 2006 by reason of Auto Accident including any other property that I/we may have which arose at the time of or prior to such accident, and do hereby for myself (or ourselves) heirs, executors, administrators, successors and assigns, covenant with the said payor(s), their agents and employees, and all other persons, firms or corporations which are or may be liable to indemnify and save them harmless from all claims and demands, costs, loss of services, loss of consortium, expenses and compensation on account of or in any way growing out of said accident or its results, known and unknown, or prior claims, both to persons and property.

I/we know and understand the injuries sustained may be permanent and progressive and recovery therefrom is uncertain and indefinite and there may be injuries or results of injuries not yet evident, recognized or known and in making this release, I/we rely wholly upon my/our judgment, knowledge and belief as to the nature, extent and duration of said injuries as to the questions of liability involved and have not been influenced by any representations regarding the same; that the claims are doubtful and disputed and the above consideration is accepted in full compromise, accord and satisfaction thereof, and the payment of said consideration is not an admission of liability.

This release and settlement executed this the 31 day of May, 2006.

IMPORTANT! ATTENTION!

YOU ARE SIGNING A FINAL RELEASE AND SETTLEMENT OF CLAIM

Witness:

X Tyrone Lawrence

Witness: [illegible]

Address

4024 Lexington Rd

Martinez, GA 30907

Address

Signatures:

X Yvonne Lawrence

X

RECEIVED

JUN - 2 2006

AIKEN CLAIMS

RELEASE RECEIVED JUN 05 2006 FB

RETURN TO WORK FORM

MIDLANDS AREA

☐ AIKEN
209 Abbeville Ave., NW
Aiken, S.C. 29801
648-1464

☐ CAMDEN
1327 Haile St.
Camden, S.C. 29020
432-0451

☐ CAYCE
977 Knox Abbott Drive
Cayce, S.C. 29033
794-0476

☐ BELTLINE
511 Beltline Blvd.
Columbia, S.C. 29205
782-4051

☐ COLUMBIA EAST
7659 Garners Ferry Road
Columbia, S.C. 29209
783-2661

☐ FOREST ACRES
4416 Forest Dr., Suite A
Columbia, S.C. 29206
738-9522

☐ NORTHEAST
110 Atrium Way
Columbia, S.C. 29223
788-1153

☐ SEVEN OAKS
6168 St. Andrews Rd.
Columbia, S.C. 29212
772-5030

☐ WOMEN'S CHOICE BREAST IMAGING CENTER
6168 St. Andrews Rd., (2nd Floor)
Columbia, S.C. 29212
551-2213

☐ DOCTORS' SURGICAL GROUP
6168 St. Andrews Rd.
Columbia, S.C. 29212
779-3865

☐ LEXINGTON
247 Columbia Ave.
Lexington, S.C. 29072
359-5539

☐ WATEREE
1060 Highway 1 South
Lugoff, S.C. 29078
436-9759

☐ SUMTER
220 Broad St.
Sumter, S.C. 29150
778-6555

☐ FAMILY MEDICAL CENTER
111 East Medical Lane
W. Columbia, S.C. 29169
796-4251

☐ ORTHOPEDIC MEDICAL PRACTICE
110 E. Medical Lane, Suite 120
W. Columbia, S.C. 29169
791-8000

☐ WEST COLUMBIA
720 Old Charleston Hwy.
W. Columbia, S.C. 29169
791-0734

☐ NEW ELLENTOWN
400 Main St.
New Ellentown, S.C. 29809
652-2288

one Lawrence

3-07

: 10:40 AM

IME: _____

ME: _____

Check appropriate boxes)

Full Duty work as of _____ without accommodations.

to work-related condition.

turn to work date modified duty: Aug 7th.

turn to work date full duty: _____.

e-evaluation at this office on Aug 7th **Time:** 8-8:30 PM.

:h the following accommodations as of: _____.

more than _____ lbs.

ion of hazardous or fast-moving machinery; no driving.

vel work only, no ladder or heights.

ed bending, stooping, squatting, pushing, jerking, twisting or bouncing.

ous standing and/or sitting.

wa[redacted], climbing (includes stairs).

e o: _____.

ad lifting.

petitive hand activities for extended periods of time.

_____.

Maximum Medical improvement (MMI).

evaluation at this office on _____ Time: _____

GE INSTRUCTIONS: ☐ Diagnosis: Lumbar Strain

directed ☐ as needed

y Care:

clean ☐ do not remove dressing ☒ Home exercise instructions given

emity ☐ apply ice every _____ ☐ Follow instruction sheet given

; ☐ apply heat every _____ ☐ Bed rest for _____

: support/immobilizer/keep taped

ferral is made to Therapy, or another Physician, please complete this section)

_____ **Date:** _____ **Time:** _____

ove instructions and what to do for my follow-up care. I have received a copy of these instructions for mp[redacted].

TURE: _____ **Date:** _____

TURE: _____ **Date:** 8-7-07

MRI, LUMBAR SPINE for LAWRENCE, TYRON[redacted]

Ordering Provider:	Ty Carter, MD	Performing Facility:	
Reported Date:		Accession ID:	
Performed Date:	09/03/2014 09:44		

9/4/2014 3:42:40 PM Page 1 of 1

AIK- Aiken Regional Medical Centers
Aiken, SC 29801-6302
(803) 641-5000

Patient: LAWRENCE, TYRONE Date of Birth: [redacted]
Ordering Physician: Carter MD,Ty W Patient Type: Outpatient Patient Location: AIK SIC
Attending Physician: Carter MD,Ty W

Imaging

PROCEDURE	EXAM DATE/TIME
MRI Spine Lumbar w/o Contrast	9/3/2014 09:44 EDT

MRI Lumbar Spine

Indication: Lower back pain following injury.

Technique: Sagittal T1, T2 and inversion recovery; axial T1, T2; T2 MR myelogram.

Findings: There is anatomic alignment. Small Schmorl's nodes are seen at all levels of the lumbar spine. Marrow signal is normal throughout the lumbar spine. Spinal cord terminates at the T12-L1 level. There is minimal desiccation of the L4-5 discs. There is very mild posterior disc bulging L3-4 and L4-5. There are mild hypertrophic changes of the posterior element as well as mild reactive facet disease at the L3-4 level. There is some mild resultant spinal stenosis at the L3-4 and L4-5 level. No direct impingement of the nerve roots is identified.

Impression:
1. No acute lumbar abnormality identified.
2. Mild to moderate degenerative changes at L3-4 and L4-5 with a mild spinal stenosis.

Dictated By:RONALD ROBINSON, MD
DID 44347

D:/T:sc/11188669 /Job ID 12117554 /DT:09/03/2014 15:19:36/TD:09/03/2014 17:20:54 /Rev: 09/03/2014 17:20:54
cc:

This document was electronically signed by RONALD ROBINSON, MD on 09/04/2014 15:22:50 .
***** Final *****

Dictated by: Robinson MD, Ron P Dictated DT/TM: 09/03/2014 1:15 pm
Transcribed By: RPRTranscribed by: RPR Transcribed DT/TM: 09/03/14 17:20:00
Electronically Signed by: Robinson MD, Ron P Signed DT/TM: 09/04/2014 3:22 pm

MRN: AIK033911 FIN: AIK0000115694904 Accession Number: [redacted] Page 1 of 1

AIK- Aiken Regional Medical Centers
Aiken, SC 29801-6302
(803) 641-5000

Patient: LAWRENCE, TYRONE Date of Birth: [redacted]
Ordering Physician: Carter MD,Ty W Patient Type: Outpatient Patient Location: AIK SIC
Attending Physician: Carter MD,Ty W

Imaging

PROCEDURE	EXAM DATE/TIME
MRI Spine Cervical w/o Contrast	5/7/2015 16:18 EDT

MRI Cervical Spine

Indication: Left arm, neck, and leg pain, cervical radiculopathy, nerve root lesion.

Technique: Multiplanar T1 and T2 MR images through the cervical spine are provided.

Comparison: 12/23/13.

Findings: Cervicomedullary junction is normal. No abnormal signal is seen in the cervical spinal cord. There is straightening of the cervical lordosis suggesting muscle spasm versus positioning.

C1-2: Within normal limits.
C2-3: Within normal limits.
C3-4: Mildly bulging disc compressing the anterior thecal sac. No canal or foreminal stenosis.
C4-5: Mild disc bulge compressing the anterior thecal sac. No canal or foraminal stenosis.
C5-6: There is a large broad-based approximately 10 x 5 x 10 mm left paracentral lesion compressing the left lateral recess and creating left recess and foraminal stenosis. Signal intensity is isointense to intervertebral disc. Differential diagnosis includes intradural disc herniation extending along the nerve root versus a nerve root lesion (Schwannomas/ neurofibroma or meningioma). Correlate clinically and with history. If warranted consider follow-up with Gadolinium. There is impingement in the exiting left C5-6 and the nerve root is affected. No myelopathic changes are seen in the cervical cord. The right neuroforamen is patent.
C6-7: Bulging disc compressing the anterior thecal sac. No canal or foraminal stenosis.
C7-T1: Within normal limits.

Impression:

1. Large left paracentral left lateral recess lesion causing left neuroforaminal stenosis and affecting the left C5-6 nerve root. This may represent an intradural disc herniation, but nerve root/ sheath nerve root tumor cannot be completely excluded. Clinical correlation and if warranted follow-up with Gadolinium are recommended to differentiate a disc versus Schwannomas/ neurofibroma, meningioma, or other neoplastic process. No myelopathic changes are seen in the cervical cord at this level.
2. Multilevel degenerative disc bulges which appear to be neurologically insignificant, as discussed in the above details.

Dictated By:ANTHONY TOOMER, MD
DID 45443

AIK- Aiken Regional Medical Centers

Patient: LAWRENCE, TYRONE Date of Birth: [redacted]
Ordering Physician: Carter MD,Ty W Patient Type: Outpatient Patient Location: AIK SIC

Imaging

PROCEDURE	EXAM DATE/TIME
MRI Spine Cervical w/o Contrast	5/7/2015 16:16 EDT

D:/T:pt/12479774 /Job ID 13493043 /DT:05/08/2015 09:14:41/TD:05/08/2015 10:39:56 /Rev: 05/08/2015 10:39:56
cc:

This document was electronically signed by ANTHONY TOOMER, MD on 05/08/2015 16:12:20 .
***** Final *****

Dictated by: Toomer, Anthony MD Dictated DT/TM: 05/08/2015 9:14 am
Transcribed By: ATTranscribed by: AT Transcribed DT/TM: 05/08/15 10:39:00
Electronically Signed by: Toomer, Anthony MD Signed DT/TM: 05/08/2015 4:12 pm

AIK- Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801-6302

Patient: LAWRENCE, TYRONE
MRN: [redacted]
FIN:
DOB/Sex: [redacted] / Male
Patient Room: AIK PCU; PCU2; 60

Admit: 6/4/2015
Disch: Disch Time:
Attending: Carter MD,Ty W
Copy To: n/a

Operative Record

DOCUMENT NAME:	Operative Reports
SERVICE DATE/TIME:	6/4/2015 11:23 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Carter MD,Ty W (6/4/2015 11:28 EDT)
SIGN INFORMATION:	Carter MD,Ty W (6/4/2015 11:28 EDT)

Indication for Surgery

Preoperative Diagnosis
Cervical degenerative disc disease C5-6
extensive extruded disc C5-6
Cervical spinal stenosis
Cervical radiculopathy

Postoperative Diagnosis
Same

Operation
Anterior cervical discectomy C5-6
Anterior cervical fusion C5-6
Anterior cervical instrumentation C5-6
Placement of interbody fusion peek cage C5-6
placement of local bone and allograft for spine surgery
Micro-osseous dissection

Surgeon(s)
Carter MD, Ty W (Surgeon)

Assistant
Vaughan Massie, MD

Anesthesia Type and Anesthesiologist
General
Cassingham, Robert MD (Anesthesiologist of Record)
Boswell CRNA, Jeffrey S (Nurse Anesthetist)

Estimated Blood Loss

Urine Output

Findings
Large extruded disc

Specimen(s)

Complications
None

AIK- Aiken Regional Medical Centers

Patient:	LAWRENCE, TYRONE	Admit:	6/4/2015
MRN:	AIK033911	Disch:	
FIN:	AIK0000116883554	Attending:	Carter MD,Ty W

Operative Record

Technique

The patient was brought back to the operating room in supine position on the operating table. The patient was then placed under general anesthesia by the anesthesiology service and was placed in supine position on the operating table. The patients neck was then prepped and draped in standard surgical fashion. Fluoroscopy x-rays were used to confirm appropriate skin incision level. Scalpel was then used to make a skin incision in the right paracervical area in line with the skin crease. This was carried down through the subcutaneous tissue to the level of the platysma. The platysma was split longitudinally in line with the muscle fibers. Esophagus and trachea retracted medially and the carotid artery was retracted laterally. The anterior surface of the cervical spine was identified. Fluoroscopy x-rays were again used to confirm appropriate levels. Starting at the C5-6 level, 11 blade scalpel was then used to perform an annulotomy. Pituitary rongeurs and curettes were then used to take down the entirety of the disc material back to the posterior osteophyte formation and the posterior longitudinal ligament. The microscope was then brought in and a bur was then used to decorticate the endplates of C5-6 in preparation for the fusion. Small Kerrison rongeurs were then used to remove the posterior osteophytes off of the inferior aspect of C5 and superior of C6. Bony foraminotomies were performed bilaterally over the C 6 nerve roots. The patient was noted to have a vertical tear in the posterior longitudinal ligament centrally and to the left. The patient was noted to have some disc material that was visible just posterior to this annular tear and part of this disc material was grasped with a pituitary and removed. There was obvious more extruded disc fragment behind the PLL. The posterior longitudinal ligament was taken down to reveal the anterior surface of the spinal cord. The PLL was severely thickened. The patient was noted to have significant foraminal stenosis due to disc material . Nerve hooks and pituitary rongeurs were used to sweep behind the vertebral body of C5 and C6 and to remove several large extruded disc fragments. Foraminotomies were performed laterally over the C6 nerve roots. Homostasis was achieved. Appropriate sizing maneuvers were then performed. A 6 mm interbody fusion Medtronic peek graft packed with local and allograft bone was placed at the C5-6 level without difficulty. X-rays confirmed appropriate placement of this interbody fixation device. Appropriate sized Medtronic plate was then placed on the anterior surface of the cervical spine. Screws are placed transfixing the plate to bone at each level. X-rays confirmed of the plates and screws. Hemostasis was achieved. The platysma was closed with Vicryl, the skin was closed with Vicryl. The patient was awakened from anesthesia and went to recovery room in good condition.

Electronically Signed By: Carter, Ty MD
On: 06.04.2015 11:28 EDT

CAROLINA MUSCULOSKELETAL INSTITUTE, PA – Orthopedics

PATIENT HISTORY

Today's Date 9-17-13

Patient's Name Tyrone Lawrence Age 54 Were you referred by a physician? Yes ✓ No ___
Referring Physician ___ Family Physician ___
Reason for seeking medical attention (please include: where your pain is, how you injured yourself, what treatments you have tried including medications) Neck Shoulder leg

Date of injury or duration of symptoms 8-13-13 Work Related? Yes ✓ No ___ Right or Left Handed? R
Have you had any imaging studies for this condition, (x-ray) MRI, CT, Bone scan, etc? Please list which scan, where they were done and the dates 8-13-13
Have you seen another physician for this problem? Yes ✓ No ___ If yes, please list the names Doctor Care & Hospital
Are there any lawsuits pending on your orthopedic condition? Yes

Have you ever been diagnosed with any of the following medical conditions:

	Yes	No		Yes	No		Yes	No
Asthma	___	✓	Epilepsy	___	✓	Diabetes	___	✓
COPD or Emphysema	___	✓	Tuberculosis	___	✓	Stomach Ulcers	___	✓
High Blood Pressure	✓	___	Sickle Cell Disease	___	✓	Anxiety	___	✓
Coronary Artery Disease	___	✓	High Cholesterol	✓	___	Depression	___	✓
Stroke	___	✓	Anemia	___	✓	Migraines	___	✓
Cancer (list type below)	___	✓	Hypothyroidism	___	✓	Alcoholism	___	✓
___			Hyperthyroidism	___	✓	Hepatitis (list type)	___	✓
Bleeding Tendencies	___	✓	Lupus	___	✓	Rheumatoid Arthritis	___	✓
Atrial Fibrillation	___	✓	GERD	___	✓	Polio	___	✓

Other Medical Condition: ___

Please list any surgeries and dates: Gall Bladder

Please list all current medications and dosages:

Allergies (Please include reactions): None

Do you currently use tobacco: Cigarettes___ Pipe___ Smokeless___ Amount per day:___ Quit when:___
Do you drink alcohol: Beer___ Liquor___ Wine___ Amount per day:___ or per week:___

Has anyone in your family had: (check all that apply)
High Blood Pressure ✓ Stroke___ Diabetes___ COPD___ Asthma___ Cancer (list type below)___
Type of Cancer: ___
Other medical conditions: ___

CAROLINA MUSCULOSKELETAL INSTITUTE, PA – Orthopedics

PATIENT HISTORY CONTINUED...

[redacted]e you had any of the following problems or symptoms:

	Yes	No		Yes	No
Chest Pain	___	___	Loss of control of bowels	___	___
Irregular Heart beat	___	___	Loss of control of bladder	___	___
Breathing difficulties	___	___	Abdominal pain	___	___
Cough	___	___	Vision Changes	___	___
Dizziness	___	___	Cough with blood	___	___
Fainting spells	___	___	Nausea or Vomiting	___	___
Headaches or Migraines	___	___	Unexpected weight loss	___	___

Physician/Nurse's Comments: (to be completed by CMI employee or Physician)

54yr BM (H) Non-Smoker

Clo
- neck + rt shoulder pain
- @ work + ceiling + light fixture fell hitting him in head + rt. shoulder
- 8-13-2013
- since then constant neck pain + stiffness - pain mostly rt. sided - pain w/ turning neck.

rt. shoulder burning sensation - occasional tingling to arm - w/ activity shoulder pops.

Tx: Doc. Conv. → referral to orthopedics.

Patient Signature: _____

Prime
X-ray, dc w/ Contusion
Flexeril + Vicodin
↓
stopped felt like something was crawling on him.

CMI Employee: _____ Physician's Signature: _____

Date: _____

TELEPHONE RECORD

MESSAGE: URGENT ☐ YES ☐ NO

For Dr.	Caller	Relation to pt.	Physician's orders or advice
Pam Nurse	Self		Utram OK?
Pt. name: Tyrone Lawrence	Pt. age:	Date of message: 7/8/13	Time of Message: 10:10
			Dx:
Pt wants pain med			715 pt not @ home spoke c wife aware will call in Rx
803 or 528 1075 Pt Cell New Elect			
Call back by: 24hr 7-4?	Call back at: AM PM	Pharmacy:	Pt Chart #: 100394 Initials: KV

OK TO LEAVE MESSAGE ON PATIENT ANSWERING MACHINE? ☐ YES ☐ NO

TELEPHONE RECORD

MESSAGE: URGENT ☐ YES ☐ NO

For Dr.	Caller	Relation to pt.	Physician's orders or advice
Massie			Rx
Pt. name: Tyrone Lawrence	Pt. age:	Date of message: 10/5/13	Time of Message: 9:15 AM
This is the patient that should be			Want to see
was under WC and was put Attorney			pt
but has denied payment BCBS sent			
in claim no they do pay claims. Dr. Massie			
did not dictate. Pt wants to see Dr again			
I know not he mentioned MRI? Does he need			appt for MRI sched
Call back by: 24hr 7-4?	Call back at: AM PM	Pharmacy:	Pt Chart #: 100394 Initials: CB

OK TO LEAVE MESSAGE ON PATIENT ANSWERING MACHINE? ☐ YES ☐ NO

Carolina Musculoskeletal Institute, PA
410 University Parkway, Suite 1000
Aiken, SC 29801
(803) 644-4264 • Fax (803) 649-0543
www.CMI.md

01/22/14

Tyrone Lawrence is my patient and has been under my care from 01/22/2014 to 02/12/2014 and is able to return to an 8 hour work day on 01/22/2014until his follow up with me on 02/12/2014
Restrictions: .

Russell K. Daniel, MD
01/22/14

Written By:
ShereeW

Clearance from CE at 8:30 AM on 1/23/14

SPINE PATIENT QUESTIONNAIRE

Please answer the following questions with the most accurate response possible. If some of the questions are unclear or do not apply, skip ahead to the next question. Your doctor will be going over this questionnaire with you during your visit, and you can clarify your answers at that time. Thank you.

Name: Tyrone Lawrence Date: 1-22-14
Age: 54 DOB: [redacted] ☑ Male ☐ Female Occupation: A.G.4.
Referred by: D.R. Carter

A. 1. Location of initial pain: ☑ Neck pain ☑ Arm pain ☐ Back pain ☐ Leg pain
2. How long has the pain (or your problem) been present? 6 months
3. What started the pain/problem? Light Felt on my head.

B. For patients with NECK or ARM PAIN ONLY: (for back pain, skip this section and go to "C")
1. Does pain go into arms? 40% %Left 40% %Right
2. Raising the arm: ☐improves the pain ☑worsens the pain ☐no change
3. Moving the neck: ☐improves the pain ☑worsens the pain ☐no change
4. There is: ☑Weakness in the arms or hands ☐NO weakness in the arms or hands
5. There is: ☑Numbness in the arms or hands ☐NO numbness in the arms or hands
6. Do you have difficulty picking up small objects or buttoning your buttons? ☑YES ☐NO
7. Do you have problems with balance, or trip frequently? ☐YES ☑NO

C. For patients with BACK PAIN, LEG PAIN, NUMBNESS OR WEAKNESS
1. What percent of your pain is back pain (from mid-back to buttocks)? _____%
2. What percent of your pain goes down your leg? ☐Left _____% ☐Right _____%
3. Do you have pain that "shoots" or goes below your knees? ☐YES ☐NO
4. There is weakness of my: _____
5. There is numbness of my: _____
6. The worst position for my pain is: ☐Sitting ☐Standing ☐Walking
7. How many minutes can you stand in one place without pain? _____minutes
8. How many blocks can you walk without pain? _____blocks
9. Lying down: ☐Eases my pain ☐Makes my pain worse ☐No effect

D. ALL PATIENTS should answer the following:
1. There is: ☑NO loss of bowel or bladder control ☐Loss of control since _____
2. Diagnostic tests done to evaluate this problem:
☑ X-ray: _____
☐ Cat Scan: _____
☐ Myelogram: _____
☑ MRI: _____
☐ EMG: _____
☐ Bone Scan: _____
☐ Epidural injections: _____times. How long did they relieve the pain for? _____

E. MEDICATIONS YOU TAKE (list dose and frequency): ☐ None

Medication	*Dosage*
Neurontin	

F. ORAL OR INJECTABLE STEROIDS (are you currently on or have you ever taken in the past):
ND

G. MEDICATIONS YOU HAVE TRIED FOR YOUR PROBLEM (list dose and frequency):

Medication	*Dosage*
Ultram + Neurontin	

H. *MEDICATIONALLERGIES:*

Medication	*Reaction*
None	☐rash ☐upset stomach ☐wheezing or shock ☐other:
None	☐rash ☐upset stomach ☐wheezing or shock ☐other:
None	☐rash ☐upset stomach ☐wheezing or shock ☐other:

I. YOUR MEDICAL HISTORY (check all that apply): ☐ None apply

☐Heart attack	☐Mental illness	☐Stomach ulcers
☐Heart failure	☐Kidney stones	☐Liver trouble
☑High Blood Pressure	☐Kidney failure	☐Hepatitis
☐Osteoarthritis	☐Cancer	☐Thyroid trouble
☐Rheumatoid arthritis	☐Alcoholism	☐Bleeding disorder
☐Ankylosing Spondylitis	☐Lung disease	☐Anemia
☐Gout	☐AIDS	☐Serious injury:
☐Osteoporosis	☐Tuberculosis	☐Other:
☐Diabetes	☐Asthma	☐Other:
☐Stroke	☐Blood clot in leg	☐Other:

J. SURGICAL HISTORY (including spine):

Operation	*Surgeon/City*	*Date*
Gall bladder		

K. INJURY HISTORY:
1. Do you have a prior history of back or neck problems? ☐YES ☐~~NO~~ Explain:

L. PAIN SCALE:

1. CIRCLE THE NUMBER ON THE LINE BEST DESCRIBING YOUR CURRENT **BACK OR NECK** PAIN:

0 1 2 3 4 5 (6) 7 8 9 10
No pain — Moderate pain — Severe pain

2. CIRCLE THE NUMBER ON THE LINE BEST DESCRIBING YOUR CURRENT **LEG OR ARM** PAIN:

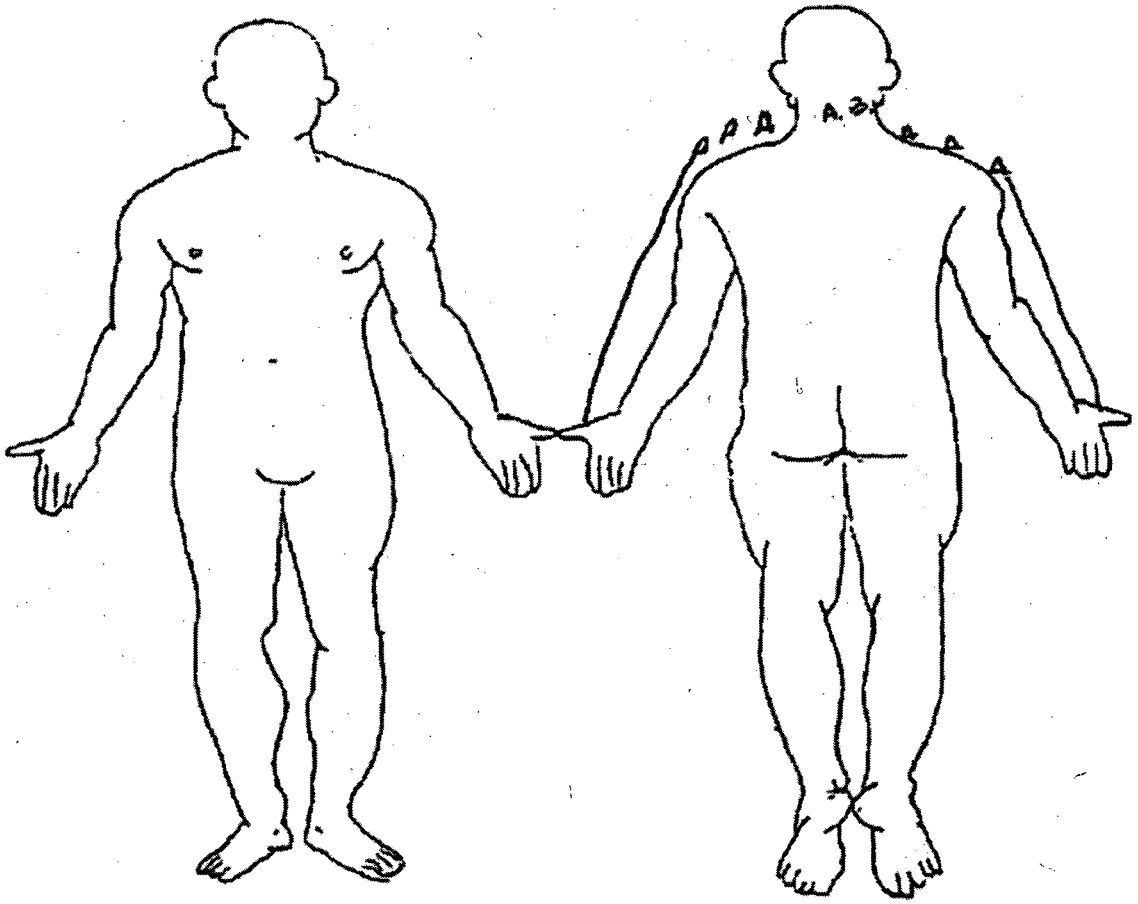
0 1 2 3 4 5 (6) 7 8 9 10
No pain — Moderate pain — Severe pain

M. In the past year, have you been given and/or taken any steroid medication for any reason not otherwise mentioned in this questionnaire? ☐ ***YES*** ☑ ***NO***
If yes explain _____

_____

N. Indicate the location and description of your pain by placing the appropriate letter symbols on the body diagram below:

TYPE OF PAIN	SYMBOL
Aching	AAAA
Burning	BBBB
Numbness	NNNN
Pins & Needles	PPPP
Stabbing	SSSS



Carolina Musculoskeletal Institute - Imaging

CONSENT

I hereby give doctor; **Russell K. Daniel, MD** and/or such assistants as may be selected by him/her permission to perform: Trigger Point Injections.
Possible adverse reactions: _____ on _____ (myself or name of patient).

I consent to the administration of such anesthetics as may be considered necessary or advisable by the person responsible for such service.

I recognize that during the course of the operation, unforeseen conditions may necessitate additional or different procedures or services than those set forth above and I further authorize and request that the above-named physician or surgeon and/or his/her associates, partners, assistants or designees perform such procedures as are, in his/her professional judgment, necessary and desirable.

The : (1) diagnosis, (2) general nature of the contemplated procedure, (3) material risks involved in the procedure, (4) probability of success associated with the procedure, (5) prognosis if the procedure is not carried out, and (6) existence of any alternatives to the procedure have been fully explained to me by the physician performing the procedure. No guarantees or assurances have been made or given by anyone as to the results that may be obtained. I further acknowledge that all questions I have asked about the procedure have been answered in a satisfactory manner by my physician.

I understand I may be tested for any and all communicable diseases which may pose a threat to other patients or health care personnel.

I understand a pathologist will examine and/or disposal of any tissue or specimen which may be removed during the course of the operation.

My initials below indicate that I do or do not consent to the following:
_____ **I do**; _____ **I do not**; consent to photographing or video taping for the purpose of documentation or education.
_____ **I do**; _____ **I do not**; consent to the presence of students, business representatives, and/or observers as authorized by the physician performing the procedure.

I, the undersigned, have read and understand the above information.

Witness _____ Signature of Patient _____ Date 12/22/14

Witness** _____ Signature of Other Than Patient _____ Date

**Two (2) witnesses are required if consent is via telephone or if patient cannot sign his/her name and only makes a mark.

Relationship to Patient _____

I, the undersigned Physician, obtained informed consent. Patient Name _____
DOB _____ Chart # _____

Signature of physician _____

MEDICATIONS LIST FOR PATIENT: Lawrence, Tyrone ACCOUNT# [redacted]

DATE	MEDICATION	# OF TABS & REFILLS	DATE GIVEN	COMPLICATIONS
1-22-14	① Ultram ER 100mg - PO q 24° #30		/ /	
	② Gabapentin 400mg - PO qhs #30		1-22-14 YP	
	~~③ Voltaren cream for MUSCLES given by KKD.~~			
2-25-14	No Voltaren gel 100g		RMD	

Re: Tyrone Lawrence
MRN: [redacted]
DOB: [redacted] SSN: [redacted]

I have been treating Tyrone Lawrence as a result of an injury he sustained on August 14, 2013 when a light fixture fell on his head hitting him directly on top of the head and the right shoulder. Mr. Lawrence has been treated for both right shoulder pain and cervical spine pain. We obtained an MRI scan as well as EMG testing and Mr. Lawrence has been scheduled for cervical epidural steroid injections. It is my opinion that Mr. Lawrence's neck problem and shoulder pain where most probably caused by the event of the light fixture falling on his head and shoulder on August 14, 2013.

✓ I agree with the above statement.

_____ I do not agree with the above statement.

Ty Carter, MD

Dated: 3/14/14

Emailed 3/14/14 LH
to Chappell, Smith & Arden

LAWRENCE, TYRONE (id #2910, dob: [redacted]

MRI SPINE CERVICAL W/O CONTRAST

(#519960, Final, 05/07/2015)

MRI Cervical Spine

Indication: Left arm, neck, and leg pain, cervical radiculopathy, nerve root lesion.

Technique: Multiplanar T1 and T2 MR images through the cervical spine are provided.

Comparison: 12/23/13.

Findings: Cervicomedullary junction is normal. No abnormal signal is seen in the cervical spinal cord. There is straightening of the cervical lordosis suggesting muscle spasm versus positioning.

C1-2: Within normal limits.
C2-3: Within normal limits.
C3-4: Mildly bulging disc compressing the anterior thecal sac. No canal or foraminal stenosis.
C4-5: Mild disc bulge compressing the anterior thecal sac. No canal or foraminal stenosis.
C5-6: There is a large broad-based approximately 10 x 5 x 10 mm left paracentral lesion compressing the left lateral recess and creating left recess and foraminal stenosis. Signal intensity is isointense to intervertebral disc. Differential diagnosis includes intradural disc herniation extending along the nerve root versus a nerve root lesion (Schwannomas/ neurofibroma or meningioma). Correlate clinically and with history. If warranted consider follow-up with Gadolinium. There is impingement in the exiting left C5-6 and the nerve root is affected. No myelopathic changes are seen in the cervical cord. The right neuroforamen is patent.
C6-7: Bulging disc compressing the anterior thecal sac. No canal or foraminal stenosis.
C7-T1: Within normal limits.

Impression:

1. Large left paracentral left lateral recess lesion causing left neuroforaminal stenosis and affecting the left C5-6 nerve root. This may represent an intradural disc herniation, but nerve root/ sheath nerve root tumor cannot be completely excluded. Clinical correlation and if warranted follow-up with Gadolinium are recommended to differentiate a disc versus Schwannomas/ neurofibroma, meningioma, or other neoplastic process. No myelopathic changes are seen in the cervical cord at this level.
2. Multilevel degenerative disc bulges which appear to be neurologically insignificant, as discussed in the above details.

Dictated By:ANTHONY TOOMER, MD
DID 45443

D:/T:pt/12479774 /Job ID 13493043 /DT:05/08/2015 09:14:41/TD:05/08/2015 10:39:56 /Rev: 05/08/2015 10:39:56
cc:

This document was electronically signed by ANTHONY TOOMER, MD on 05/08/2015 16:12:20 .

***** Final *****

Dictated by:	Toomer, Anthony MD	Dictated DT/TM:	05/08/2015 9:1
Transcribed By:	ATTranscribed by: AT	Transcribed DT/TM:	
Electronically Signed by:	Toomer, Anthony MD	Signed DT/TM:	05/08/2015 4:1

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Tobacco screening and cessation intervention — Satisfied
Up-to-date problem list — Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 07/21/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 07/21/2015 at 8:16am

Encounter Date: 06/16/2015

Patient

Name	LAWRENCE, TYRONE (55, M) ID# 2910	**Appt. Date/Time**	06/16/2015 08:00AM
DOB	[redacted]	**Service Dept.**	CMI ORTHOPEDIC SOUTH
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted] Policy/Group Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

post-op check

Pt is here for his post op check following an ACDF C5-6, pt states he is improving daily, he still has minimal pain but pain meds controls it. Pt is requesting a refill on rx hydrocodone.

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417

Problems

- Cervical radiculopathy
- Prolapsed cervical intervertebral disc
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as directed for 15 days.	05/11/15 prescribed
Percocet 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	06/16/15 prescribed

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery
- Anterior cervical discectomy and fusion for decompression (surg) - 06/04/2015

Family History

Reviewed Family History

LAWRENCE, TYRONE (id #2910, dob: [redacted]
Mother - Hypertensive disorder

Social History

[redacted]eviewed Social History
[redacted]rthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right.
Work related injury?: Y.
Auto related injury?: N.

Vitals

Ht:	5 ft 11 in 06/16/2015 08:10 am	**Wt:**	293 lbs 06/16/2015 08:19 am	**BMI:**	40.9 06/16/2015 08:19 am
BP:	126/80 sitting L arm 06/16/2015 08:19 am				

HPI

55-year-old gentleman status post ACDF C5-6. He is 2 weeks status post surgery. He is doing fairly well. He is increasing his activities at home.

ROS

None recorded.

Physical Exam

None recorded.

Results / Interpretations

[redacted]RAY, CERVICAL SPINE, 2 VIEW
Possibility of Pregnancy?: N
Review of x-ray, cervical spine, 2 view taken on 06/16/2015 at IN-OFFICE ORDER shows:
Imaging Studies:
Views: AP and lateral.
x-rays of the cervical spine show stable instrumentation with plates and screws and bone grafting at C5-6

Assessment / Plan

1. Prolapsed cervical intervertebral disc
722.0: Displacement of cervical intervertebral disc without myelopathy
- X-RAY, CERVICAL SPINE, 2 VIEW

Possibility of Pregnancy?: N
- Percocet 5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 60 tablet(s) Refills: 0
  Pharmacy: KROGER ATLANTA 675

Discussion

Discussion Notes
55-year-old gentleman status post ACDF C5-6. Doing fairly well. Increase his activities as tolerated. See me back here in 6 weeks for followup cervical x-ray. He will let me know if there is any problem sooner. I refilled his medicines

Return to Office

None recorded.

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015
[redacted]ast updated 06/09/2015

Measure	Status
Colorectal Cancer Screening	Needs Data
Influenza immunization (Full-year)	Needs Data
Provide patient information	Needs Data

LAWRENCE, TYRONE (id #2910, dob: [redacted])

Documentation of current medications	No Episodes
BMI Screening and Follow-Up	Out of Range
Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Ty Carter, MD, 06/16/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 06/16/2015 at 8:57am

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LAWRENCE, TYRONE (id #2910, dob: [redacted]

Return to Work / School

Patient: Lawrence, Tyrone
DOB: [redacted]
Address: 845 Colbert Bridge Road
Windsor, SC 29856-2532

Date: 06/16/2015
Patient ID: 2910

Note to Patient:

_X__ Was Seen in my office on: _6/16/16_____

_X__ May return to work/school on: __Pending follow up on 7/21/15_____

___ May Not return to work/school on: _____

___ Work limitations: _____

___ May Not participate in physical education:_____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty:_____

Electronically Signed by: TY CARTER, MD

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Return to Work / School

Patient: Lawrence, Tyrone
DOB: [redacted]
Address: 845 Colbert Bridge Road
Windsor, SC 29856-2532

Date: 07/21/2015
Patient ID: 2910

Note to Patient:

_X__ Was Seen in my office on: __07/21/15_____

_X__ May return to work/school on: _07/27/15_____

___ May Not return to work/school on: _____

_X__ Work limitations: _No over time, only 8 hour days Increase activates as tolerated. ____

___ May Not participate in physical education:_____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty:_____

Electronically Signed by: TY CARTER, MD

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries

[redacted]counter Date: 07/21/2015

[redacted]tient

Name	LAWRENCE, TYRONE (56, M) ID# 2910	**Appt. Date/Time**	07/21/2015 08:00AM
DOB	[redacted]	**Service Dept.**	CMI ORTHOPEDIC SOUTH
Provider	TY CARTER, MD		
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # [redacted] Policy/Grou[redacted] Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

post-op check

neck is doing better-occasional pain

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD: 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX): 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417

Problems

- Prolapsed cervical intervertebral disc
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Cervical radiculopathy
- Low back pain
- Lumbar radiculopathy

Medications

Reviewed Medications

Name	Date	
cyclobenzaprine	07/21/15	entered

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery
- Anterior cervical discectomy and fusion for decompression (surg) - 06/04/2015

Family History

Reviewed Family History
Mother - Hypertensive disorder

Social History

Reviewed Social History
[redacted]rthopedic Surgery
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Chewing tobacco: none.
Alcohol intake: None.
Hand Dominance: Right

LAWRENCE, TYRONE (id #2910, dob: [redacted]

Work related injury?: Y.
Auto related injury?: N.

Vitals

[redacted]/21/2015 07:59 am

Ht: 5 ft 11 in **Wt:** 308 lbs **BMI:** 43

BP: 142/88

HPI

56-year-old gentleman 2 months status post ACDF C5-6. He is doing very well. Occasional neck pain. The nerve symptoms are gone. He is increasing activities. He is not taking any medicines

ROS

None recorded.

Physical Exam

None recorded.

Results / Interpretations

X-RAY, CERVICAL SPINE, 2 VIEW
- Possibility of Pregnancy?: N

Review of x-ray, cervical spine, 2 view taken on 07/21/2015 at IN-OFFICE ORDER shows:
Imaging Studies:
Views: AP and lateral.
x-rays of the cervical spine show stable instrumentation and bone grafting C5-6. He is not fused yet

Assessment / Plan

1. Cervical radiculopathy
353.2: Cervical root lesions, not elsewhere classified

2. Degeneration of cervical intervertebral disc
722.4: Degeneration of cervical intervertebral disc
- X-RAY, CERVICAL SPINE, 2 VIEW

Possibility of Pregnancy?: N

Discussion

Discussion Notes
56-year-old gentleman almost 2 months status post ACDF C5-6. He is doing very well. Increase his activities as tolerated. See him back in 2 months repeat cervical x-ray

Return to Office

- Ty Carter, MD for ESTABLISHED PT 15 MINUTES at CMI ORTHOPEDIC SOUTH on 09/22/2015 at 08:00 AM

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015 (EHR and Registry)
Last updated 06/09/2015

Measure	Status
Colorectal Cancer Screening	Needs Data
Influenza immunization (Full-year)	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episodes
BMI Screening and Follow-Up	Out of Range
Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied

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LAWRENCE, TYRONE (id #2910, dob: [redacted]
Encounter Summary

Patient

Name	LAWRENCE, TYRONE (56, M) ID# 2910
DOB	[redacted]
Provider	TY CARTER, MD
Insurance	Med Primary: BCBS-SC: BLUECROSS BLUE SHIELD OF SC Insurance # : [redacted] Policy/Group [redacted] Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.

[redacted] 09/22/2015 08:00AM
CMI ORTHOPEDIC SOUTH

Chief Complaint

neck pain

Neck doing better, some times it feels like something is sticking him in the side.

Patient's Care Team

Primary Care Provider: THOMAS MCCULLOUGH MD; 410 UNIVERSITY PKWY STE 2500, AIKEN, SC 29801, Ph (803) 648-7888, Fax (803) 648-3302

Patient's Pharmacies

KROGER ATLANTA 675 (ERX); 1795 WHISKEY ROAD, AIKEN SC 29803, Ph (803) 642-5371, Fax (803) 642-5417

Problems

- Prolapsed cervical intervertebral disc
- Degeneration of cervical intervertebral disc
- Degeneration of lumbar intervertebral disc
- Neck pain
- Cervical radiculopathy
- Low back pain
- Lumbar radiculopathy

Medications

No medications reported

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
High Cholesterol: Y

Surgical History

Reviewed Surgical History
- Gallbladder Surgery
- Anterior cervical discectomy and fusion for decompression (surg) - 06/04/2015

Family History

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LAWRENCE, TYRONE (Id #2910, dob: [redacted]

Reviewed Family History
Mother
Hypertensive disorder

Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker
Non-smoker
Tobacco-years of use: 0
Chewing tobacco: none
Alcohol intake: None
Hand Dominance: Right
Work related injury?: Y
Auto related injury?: N

Vitals

Ht: 6 ft 11 in 09/22/2015 08:49 am	Wt: 319 lbs 09/22/2015 08:51 am	BMI: 44.5 09/22/2015 08:51 am
BP: 130/74 sitting L arm 09/22/2015 08:52 am		

HPI

four-month status post ACDF C5-6
Doing very well
Without complaints

ROS

Musculoskeletal: Musculoskeletal: arthralgias/joint pain

Physical Exam

None recorded.

Results / Interpretations

X-RAY, CERVICAL SPINE, 2 VIEW
Possibility of Pregnancy?: N
Review of x-ray, cervical spine, 2 view taken on 09/22/2015 at IN-OFFICE ORDER shows.
Imaging Studies.
Views: AP and lateral.
x-rays of the cervical spine show well-positioned anterior cervical plate and bone grafting. He is healing appropriately.

Assessment / Plan

1. Degeneration of cervical intervertebral disc.
722.4: Degeneration of cervical intervertebral disc.
X-RAY, CERVICAL SPINE, 2 VIEW
Possibility of Pregnancy?: N

Discussion

Discussion Notes

56-year-old gentleman 4 months status post ACDF C5-6. He is doing fairly well. The symptoms he had preoperatively are gone. I will see him back here in 6 months for followup just for a checkup and repeat x-ray.

Return to Office

to see Ty Carter, MD at CMI ORTHOPEDIC SOUTH on or around 03/22/2016

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 399 SILVERBLUFF RD; AIKEN SC 29803-6007

LAWRENCE, TYRONE (id #2910, dob [redacted]

Ty Carter, MD for ESTABLISHED PT, 15 MINUTES at CMI ORTHOPEDIC SOUTH on 03/22/2016 at 08:30 AM

QM

Provider: tcarter23
Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015 (EHR and Registry)
Last updated 09/22/2015

Measure	Status
Colorectal Cancer Screening	Needs Data
Influenza Immunization (Full-year)	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episode
BMI Screening and Follow-Up	Out of Range
Hypertension screening and follow-up	Out of Range
Active allergy list	Satisfied
Active medication list	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Tobacco screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off
Encounter signed-off by Ty Carter, MD, 09/22/2015.

Encounter performed and documented by Ty Carter, MD
Encounter reviewed & signed by Ty Carter, MD on 09/22/2015 at 9:20am

Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and no other material.

June 15, 2017

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