THE STATE OF SOUTH CAROLINA
In The Court of Appeals

ORIGINAL

APPEAL FROM THE WORKERS COMPENSATION COMMISSION

Aisha Taylor, Commissioner
T. Scott Beck, Commissioner
Avery B. Wilkerson, Commissioner

RECEIVED
OCT 13 2017
SC Court of Appeals

Appellate Case No. 2017-001246

Dorothy Miller, Employee, Respondent,

v.

Husqvarna, Employer, and Ace American Insurance Company, Appellants.

RECORD ON APPEAL
VOLUME II

Richard C. Alexander
Shelly Leeke Law Firm
3614 Ashley Phosphate Road
North Charleston, SC 29418
Telephone 843-297-8485

Attorney for Dorothy Miller, Respondent

E. Ros Huff, Jr., Esquire #2767
Shelby G. Hapeshis, Esquire #74731
HUFF & HAPESHIS, LLC
Post Office Box 1935
Irmo, South Carolina 29063
(803) 252-2232 telephone

Attorneys for Husqvarna, Employer, and Ace American Insurance Company, Appellants

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RECEIVED
FEB 13 2006

TRMC HEALTH
EMERGENCY RECORD

Name: Miller, Dorothy A
Age: F48 Wt: 99.8 Kg
MedRec: 0000174021
AcctNum: 0531000145

MEDICATION (19:44 SUE): ADVAIR DISKUS PRN.

ROS (Nov 06 2005 19:58 DAW)

NOTES: NEG EXCEPT HPI.

ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above.

PHYSICAL EXAM (Nov 06 2005 19:59 DAW)

CONSTITUTIONAL: Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing, Alert and oriented X 3. Patient appears uncomfortable.

HEAD: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact. Sclera are normal. Conjunctiva are normal.

ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection.

NECK: Normal ROM. No jugular venous distention, meningeal signs, Neck is in C-collar. Tenderness present. In paraspinal muscles.

RESPIRATORY CHEST: Chest is nontender. Breath sounds normal. No respiratory distress.

CARDIOVASCULAR: RRR. No murmurs.

ABDOMEN: Abdomen is nontender.

BACK: There is no CVA Tenderness. Normal inspection. No pain with straight leg raise, There is paraspinal tenderness. There is paraspinal tenderness in the lower back.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion.

LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion. No calf tenderness.

NEURO: GCS is 15. No focal motor deficits.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

PSYCHIATRIC: Oriented X 3. Normal affect, insight, concentration.

DIAGNOSIS (Nov 06 2005 21:27 DAW)

FINAL: PRIMARY: BACK STRAIN ADDITIONAL: MOTOR VEHICLE ACCIDENT.

MEDICATION SERVICE

Tylox (19:59 DAW): Order: Tylox : 1 CAP : By mouth
Concentration: Tylox : Capsule : 500 mg-5 mg : Oral
Notes: FOR PAIN
Ordered: Nov 06 2005 19:59
Ordered by: Dennis Wheeler
Entered by: Dennis Wheeler Nov 06 2005 19:59
Acknowledged by: Suzanne Brabham Nov 06 2005 20:02
Documented as given by: Suzanne Brabham Nov 06 2005 20:05
MEDICATION On a scale 0-10 patient rates pain as 10. Time given: 2005 Given in amount and via route as prescribed. Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in reach, .

RECEIVED
FEB 13 2006

TRMC HEALTH
EMERGENCY RECORD

Name: Miller, Dorothy A
Age: F48 Wt: 99.8 Kg
MedRec: 0000174021
AcctNum: 0531000145

Vicodin (21:26 DAW): Order: Vicodin : DISPENSE 4 TABS : By mouth
Concentration: Vicodin : Tablet : 500 mg-5 mg : Oral
Notes: FOR PAIN
Ordered: Nov 06 2005 21:26
Ordered by: Dennis Wheeler
Entered by: Dennis Wheeler Nov 06 2005 21:26
Documented as given by: Suzanne Brabham Nov 06 2005 21:29
MEDICATION On a scale 0-10 patient rates pain as 10, Time given: TO GO Given in amount and via route as prescribed, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach, .

RADIOLOGY INTERPRETATION (Nov 06 2005 21:25 DAW)

NECK: Interpretation of the C-Spine x-ray shows, c-spine negative, no fracture, no subluxation, no soft tissue swelling, no foreign body.
BACK: Interpretation of the Lumbar spine x-ray shows, L-spine negative, no fracture, no subluxation, no bony lesion, no spondylolisthesis, no spondylolysis.
INTERPRETER: Preliminary review of x-rays by ED Physician.

DOCTOR NOTES (Nov 06 2005 21:25 DAW)

TEXT: PT REASSURED AND DISCHARGED WITH ANALGESIA. MINOR CERVICAL AND LUMBAR STRAIN. .

NURSING ASSESSMENT: NURSES NOTE (21:35 SUE)

TIME ASSESSED: Time: 2135, PT DISCHARGED TO HOME WITH MEDS AND F/U INSTRUCTIONS. PT VERBALIZED HER UNDERSTANDING AND LEFT THE ED AMBULATORY AND WITHOUT S/S DISTRESS.

NURSING PROCEDURE: TRANSPORT TO TESTS (20:06 SUE)

TIME: Patient transported to X-ray, via cart, accompanied by ER tech, Emotional support needed and given.

NURSING PROCEDURE: NURSE NOTES (21:27 SUE)

TIME: PT RETURNED FROM XRAY, SIDE RAILS UP, CART IN LOWEST POSITION, DIGITAL IMAGES ON LINE.

ORDERS

C-Spine Limited by DAW for DAW on 11/6/2005 19:59 Status: Done by DRS 11/6/2005 20:03.
L-Spine by DAW for DAW on 11/6/2005 19:59 Status: Done by DRS 11/6/2005 20:03.
PO, topical meds 1-3 by SUE for DAW on 11/6/2005 20:05 Status: Active.
PO, topical meds 1-3 by SUE for DAW on 11/6/2005 21:29 Status: Active.
LEVEL I by SUE for DAW on 11/6/2005 21:39 Status: Active.

RECEIVED
FEB 13 2006

TRMC HEALTH
EMERGENCY RECORD

Name: Miller, Dorothy A
Age: F48 Wt: 99.8 Kg
MedRec: 0000174021
AcctNum: 0531000145

INSTRUCTION (Nov 06 2005 21:27 DAW)

DISCHARGE: MVA (MVC, MOTOR VEHICLE ACCIDENT, MOTOR VEHICLE CRASH).
FOLLOWUP: Orangeburg FHC 3310 Magnolia Street Orangeburg SC 29115 531-6936, .
SPECIAL: Followup with your physician:
Tomorrow.

DISPOSITION

PATIENT (21:27 DAW): D/C VS Reviewed: Yes, Nurses Notes Reviewe: Yes, Meds. reconciled: yes, Disposition: Home, Disposition Transport: Private Vehicle, Condition: Stable, Acuity: 5.
(21:39 SUE): Remove from ER.

ADMIN (Nov 06 2005 21:42 DAW)

DIGITAL SIGNATURE Nov 06 2005 21:42 DAW Wheeler, Dennis

KEY:
DAW=Wheeler, Dennis SUE=Brabham, Suzanne

TRMC HEALTH
EMERGENCY RECORD

TRIAGE (Sun Sep 23 2007 11:24 LAR)
PATIENT: NAME: Dorothy A Miller, AGE: 50, GENDER: Female, DOB: [redacted] TIME OF GREET: Sun Sep 23 2007 10:44, LANGUAGE: English, RACE: Black, STATED PAIN GOAL: 0, ED - wait: NA - patient taken directly to room, SSN: [redacted] ZIP CODE: 29115, KG WEIGHT: 93.0, HEIGHT: 170cm, PHONE: 803534-6397, MEDICAL RECORD NUMBER: 0000174021, ACCOUNT NUMBER: 0726600152, ADMITTING: Unknown Ed Physician, ATTENDING: Unknown Ed Physician, PRIMARY CARE: FHC, IBEX NUMBER: 20070923112438ADT.
PREVIOUS VISIT ALLERGIES: Nka.
ADMISSION: URGENCY: Fast Track, TRANSPORT: Ambulatory, BED: FT 20.
VITAL SIGNS: BP 120/91, Pulse 78, Resp 12, Temp 98.7, Pain 10, O2 Sat -.
COMPLAINT: PAIN IN BACK AND LEGS X 2 WKS.
TRIAGE ASSESSMENT:Pain education sheet given, PT STS WAS IN ACCIDENT APPROX 1 1/2 YEARS AGO AND HAS BEEN HAVING BACK PAIN SINCE. STS SEVERE PAIN SHOOTING DOWN LEG. ALSO STS BILLS ARE TO GO TO HER ATTORNEY., 10.
MEDICAL/EDUCATIONAL ASSESSMENT:Communication Problem: No, Cultural Barrier: No, Religious Barrier: No, Physical Impairment: No, Psychological Problems: No.

KNOWN ALLERGIES
Nka.

HPI BACK (11:42 FSH)
TIME: Patient assessed at: 1130.
CHIEF COMPLAINT: Patient presents for the evaluation of bilateral, lower, back pain.
HISTORIAN: History obtained from patient.
MECHANISM OF INJURY: Complaint occurred by No apparent mechanism of injury.
TIME COURSE: Onset of symptoms reported as gradual, Onset was 2 weeks ago . Patient currently has symptoms. Complaint is persistent, First visit for this complaint.
LOCATION: low lumbar area.
QUALITY: Unable to describe.
ASSOCIATED WITH: No numbness, Motor weakness is not present, No bowel incontinence, bladder incontinence, Able to void, No abdominal pain, fever, sciatica, tingling, dysuria. Pain is radiating to, the left leg, the right leg.
SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.
EXACERBATED BY: Patient's condition exacerbated by movement, overweight.
RELIEVED BY: Patient's condition relieved by nothing.

PAST MEDICAL HISTORY
MEDICAL HISTORY (Sun Sep 23 2007 11:24 LAR): History of pulmonary disease, including asthma, with use of inhaler.
SURGICAL HISTORY (Sun Sep 23 2007 11:24 LAR): History of hernia repair.
SOCIAL HISTORY (Sun Sep 23 2007 11:24 LAR): Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others.
NOTES (Sun Sep 23 2007 11:24 LAR): Agree with nursing records.
(11:42 FSH): Nursing records reviewed, Agree with nursing records.

ROS (11:42 FSH)
CONSTITUTIONAL: No fever, chills.
Name: Miller, Dorothy A Age: F50MedRec: 0000174021 AcctNum:

TRMC HEALTH
EMERGENCY RECORD

ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems.
GI: No abdominal pain, nausea, vomiting.
GENITOURINARY FEMALE: No dysuria.
MUSCULOSKELETAL: Historian reports back pain. No deformity, fall, injury.
ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above.

PHYSICAL EXAM (11:44 FSH)
CONSTITUTIONAL: Vital Signs Reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Alert and oriented X 3. Patient appears uncomfortable, obeise.
HEAD: Atraumatic, Normocephalic.
NECK: Normal ROM. No jugular venous distention, meningeal signs, Cervical spine nontender.
RESPIRATORY CHEST: Chest is nontender. Breath sounds normal.
CARDIOVASCULAR: Patient 40+ years of age, RRR. Heart sounds normal.
ABDOMEN: Assessment includes:. Abdomen is nontender, Bowel sounds normal. No peritoneal signs, Abdomen distended, distended from obeisity.
BACK: Assessment includes:, There is paraspinal tenderness. There is paraspinal tenderness in the lower back, X-Ray not ordered.
UPPER EXTREMITY: Inspection normal. No clubbing, edema. Normal range of motion.
LOWER EXTREMITY: Inspection normal. No edema. Normal range of motion.
NEURO: No focal motor deficits, focal sensory deficits, Speech normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
PSYCHIATRIC: Oriented X 3, Anxious affect.

DIAGNOSIS (11:45 FSH)
FINAL: PRIMARY: Lumbar Strain/ Pain, ADDITIONAL: .

MEDICATION SERVICE
Nalbuphine Hydrochloride (11:36 FSH): Order: Nalbuphine Hydrochloride : 20 mg : IM
Notes: for pain
Ordered: Sun Sep 23 2007 11:36
Ordered by: Simons Hane M.D.
Entered by: Simons Hane M.D. Sun Sep 23 2007 11:36
Acknowledged by: Suzanne Brabham R.N. Sun Sep 23 2007 11:38
Documented as given by: Suzanne Brabham R.N. Sun Sep 23 2007 11:43
MEDICATION , On a scale 0-10 patient rates pain as 10, Time given: 1142, IM medication, given in amount and via route as prescribed, Medication administered to right hip, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in

reach.
: Follow Up (12:18 SUE): Time: 1215, Decreased pain, On a scale 0-10 patient rates pain as 2, Decreased symptoms. No signs or symptoms of allergic reaction noted, swelling at administration site, drainage at

administration site, bleeding at site, bruising or bleeding noted at puncture site(s), Distal CMS intact, Advised not to ambulate without assistance. Patient in position of comfort. Side rails up, Cart in lowest position, Call light in reach.

DOCTOR NOTES (11:44 FSH)
PATIENT STATUS: Patient has stabilized since admission.
PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician.

ATTENDING (11:44 FSH)
NOTES: I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam and plan.

NURSING ASSESSMENT: NURSES NOTE (11:37 SUE)
TIME ASSESSED: Time: 1135, PT AMBULATORY TO ROOM FOR EXAM. NO ACUTE DISTRESS NOTED AT THIS TIME.

NURSING ASSESSMENT: BACK (11:38 SUE)
CONSTITUTIONAL: History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink.
BACK: Patient complains of lower back pain that radiates down legs and reports history of MVA 1.5 years ago. No obvious s/s injury noted. Patient is able to ambulate normally, Patient denies parasthesias, Patient denies CVA tenderness, Patient denies extremity weakness, Patient has strong pulses to upper and lower extremities bilaterally.
NECK: Patient denies neck pain, Patient has full range of motion to neck, Trachea midline, Patient's neck non-tender, No lymphadenopathy noted to neck, No jugular venous distention noted.

ORDERS
ER THERAPEUTIC/DX INJECTION/SC/IM by SUE for FSH on Sun Sep 23 2007 11:43 Status: Active.
LEVEL I by SUE for FSH on Sun Sep 23 2007 12:20 Status: Active.

VITAL SIGNS
VITAL SIGNS (Sun Sep 23 2007 11:24 LAR): BP: 120/91, Pulse: 78, Resp: 12, Temp: 98.7, Pain: 10, O2 sat: -.
(12:14 SUE): BP: 118/89, Pulse: 75, Resp: 20, Temp: 98.7, Pain: 2, O2 sat: 99 on RA, Time: 1210.

DISPOSITION
TIENT (11:45 FSH): D/C VS Reviewed: Yes, Nurses Notes Reviewe: Yes, Meds. reconcilled: N/A, Radiology Results: Not Applicable, Disposition: Home, Disposition Transport: Private Vehicle, Condition: Stable.
(12:20 SUE): Patient Flag: , Remove from ER.

PRESCRIPTION (11:46 FSH)
Flexeril: Tablet : 10 mg : Oral=Quantity: ***1*** Unit: TAB Route: Oral
Name: Miller, Dorothy A Age: F50MedRec: 0000174021 AcctNum: 0726600152
Prepared: Sat Apr 19 2008 11:24 by Page: 3 of 4
The Regional Medical Center*3000 St.Matthews Rd*Orangeburg,SC*29118*803-395-2204
TRMC HEALTH
EMERGENCY RECORD
Schedule: 4 times a day Dispense: ***21***
POTENTIAL MODERATE INTERACTION Nalbuphine Hydrochloride .
NOTES: FOR MUSCLE SPASM.
Lortab 7.5/500: Tablet : 500 mg-7.5 mg : Oral=Quantity: ***1*** Unit: TAB Route: Oral Schedule: 4 times a day Dispense: ***21***.
NOTES: FOR PAIN.

NURSING PROCEDURE: MEDICATION (12:18 SUE)
MEDICATION: Medication: INJECTION, given IM, Emotional support needed and given, Patient tolerated procedure well, PT OBSERVED FOR 30 MIN FOLLOWING INJECTION FOR SIGNS OF ALLERGY, NO ALLERGY NOTED, PT CLEAR FOR D/C.

NURSING PROCEDURE: DISCHARGE NOTE (12:18 SUE)
TIME: Patient discharged to home, Patient ambulates without assistance, Transported via friend/family driving, Accompanied by family member, Patient instructed not to drive home, Discharge instructions given to patient, Prescription given and additional instructions on side effects of same given, Above Person(s) verbalized understanding of discharge instructions and follow-up care.

INSTRUCTION (11:46 FSH)
DISCHARGE: MUSCLE STRAIN, GENERAL .
FOLLOWUP: 1, Orangeburg FHC 3310 Magnolia Street Orangeburg SC 29115 531-6902.
SPECIAL: Followup with your physician:
If your Symptoms have not improved or resolved.
in 3-4 days.

ADMIN
DIGITAL SIGNATURE (11:46 FSH): Hane M.D., Simons.
(20:56 SUE): Brabham R.N., Suzanne.
(Sat Apr 19 2008 11:21 LAR): Roe R.N., Lynda.

CURRENT MEDICATIONS (11:24 LAR)
None:

KEY:

The Regional Medical Center of Orangeburg & Calhoun Counties

Name: Miller, Dorothy A
Age: 50 Wt: 93.0 kg
Gender: F
Medrec: 0000174021
Acct: 0726600152
Attending: FSH
Primary Nurse: SUE
Bed: ED FT 20

TRMC HEALTH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
Lumbar Strain/ Pain

YOU WERE TREATED DURING YOUR VISIT BY:
Attending Physician/Resident(s)
- Hane M.D., Simons
Attending Nurse(s)
- Brabham R.N., Suzanne

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Followup with your physician:
If your Symptoms have not improved or resolved.
in 3-4 days.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
MUSCLE STRAIN, GENERAL

Dorothy Miller
Patient Signature

RN Signature

9/23/07 1216

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TRMC HEALTH
EMERGENCY RECORD

TRIAGE (Mon Sep 14 2009 10:30 MHP)
PATIENT: NAME: Dorothy A Miller, AGE: 52, GENDER: Female, DOB: [redacted] TIME OF GREET: Mon Sep 14 2009 09:50, LANGUAGE: English, RACE: Black, Meds. reconcilled: N/A, STATED PAIN GOAL: 0, ED - wait: ED full - pt informed of probable wait, Suicide Assessment: Z- None above- No Assessment needed, SSN: [redacted] ZIP CODE: 29115, KG WEIGHT: 102.1, HEIGHT: 170cm, PHONE: 803534-2973
8033, MEDICAL RECORD NUMBER: 0000174021, ACCOUNT NUMBER: 0925700432, ADMITTING: Unknown Ed Physician, ATTENDING: Unknown Ed Physician, PRIMARY CARE: FHC, IBEX NUMBER: 20090914103058ADT.
PREVIOUS VISIT ALLERGIES: Nka.
ADMISSION: URGENCY: Non-urgent, TRANSPORT: Ambulatory, DEPT: Emergency, BED: WAITING.
VITAL SIGNS: BP 122/83, Pulse 90, Resp 22, Temp 99.1, Pain 10, O2 Sat 99, on RA.
COMPLAINT: COUGH,SOB.
TRIAGE ASSESSMENT:Pain education sheet given, C/O SOB AND WHEEZING, HEADACHE SINCE LAST NIGHT, GENERALIZED BODY PAIN., Pain level 10, using numeric pain scoring.
MEDICAL/EDUCATIONAL ASSESSMENT:Patient has not had the pneumonia vaccine., not had the flu vaccine., Communication Problem: No, Cultural Barrier: No, Religious Barrier: No, Physical Impairment: No, Psychological Problems: No.
IMMUNIZATIONS: Unknown when last tetanus shot recived.

KNOWN ALLERGIES
Nka.

HPI SHORTNESS OF BREATH (11:07 DLT)
CHIEF COMPLAINT: Patient presents for the evaluation of shortness of breath.
HISTORIAN: History obtained from patient.
TIME COURSE: Onset of symptoms reported as gradual. Patient currently has symptoms.
ASSOCIATED WITH: Asthma Symptoms: Wheezing, Cough.
SEVERITY: Maximum severity is mild.
RELIEVED BY: Patient's condition relieved by medication.

PAST MEDICAL HISTORY (Mon Sep 14 2009 10:30 MHP)
MEDICAL HISTORY: History of pulmonary disease, including asthma, with use of inhaler. FIBROIDS.
SURGICAL HISTORY: History of hernia repair.
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others.
NOTES: Agree with nursing records. Nursing records reviewed, .

ROS (11:08 DLT)
RESPIRATORY: Historian reports cough, SOB, wheezing.
MUSCULOSKELETAL: Historian reports myalgias.
ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above.

The Regional Medical Center*3000 St.Matthews Rd*Orangeburg,SC*29118*803-395-2204

TRMC HEALTH
EMERGENCY RECORD

PHYSICAL EXAM
CONSTITUTIONAL (11:08 DLT): Vital signs reviewed, Alert and oriented X 3. Patient appears uncomfortable.
HEAD (11:08 DLT): Atraumatic, Normocephalic.
EYES (11:08 DLT): Eyes are normal to inspection.
ENT (11:08 DLT): Nose examination normal, Mouth normal to inspection.
NECK (11:08 DLT): No jugular venous distention, meningeal signs.
RESPIRATORY CHEST (11:09 DLT): No respiratory distress, Breath sounds:, Wheezing:.
CARDIOVASCULAR (11:09 DLT): RRR. No murmurs.
NEURO (11:09 DLT): No focal motor deficits, focal sensory deficits.
SKIN (11:09 DLT): Skin is warm, Skin is dry, Skin is normal color.
BACK (11:09 DLT): There is no CVA Tenderness.
ABDOMEN (11:09 DLT): Abdomen is nontender.

DIAGNOSIS (13:46 DLT)
FINAL: PRIMARY: ACUTE BRONCHITIS, ADDITIONAL: .

MEDICATION SERVICE
Toradol IV/IM (12:52 DLT): Order: Toradol IV/IM
Notes: give 30 mg iv
Ordered: Mon Sep 14 2009 12:52
Ordered by: Donald Troub D.O.
Entered by: Donald Troub D.O. Mon Sep 14 2009 12:52
Acknowledged by: Jesse West, RN Mon Sep 14 2009 12:56
Documented as given by: Jesse West, RN Mon Sep 14 2009 13:02
Other Text: 1302 GIVEN PER ORDER, ALLERGIES CONFIRMED. IV FLUSHED AFTER ADMINISTRATION. NO SWELLING OR DRAINAGE OR PAIN TO THE SITE.
: Follow Up (14:01 JHW): Time: 1330, Decreased pain, On a scale 0-10 patient rates pain as 2, Decreased symptoms. No signs or symptoms of allergic reaction noted, swelling at administration site, drainage at administration site, bleeding at site.

RADIOLOGY INTERPRETATION (11:37 CCF1)
CHEST: Interpretation of chest X-ray shows, chest x-ray negative, no infiltrates, no pneumothorax, no hemothorax, no masses, no cardiomegaly, no CHF, no effusion, no free air.

DOCTOR NOTES (13:45 DLT)
TEXT: this pt will be covered for her bronchitis with a Z pack. Her influ A test was neg. She has improved while in the dept. and is ready for discharge.

NURSING ASSESSMENT: FOCUSED (12:15 JHW)
TIME ASSESSED: Patient was assessed at 1100.
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient. Patient is cooperative, alert and

oriented x 3. Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink.
PAIN SCALE: PT C/O SOB AND WHEEZING WITH A HEADACHE SINCE LAST PM. PT ALSO C/O GENERALIZED BODY ACHES. , On a scale 0-10 patient rates pain as 10.
EYES: Eyes are PERRL.

TRMC HEALTH
EMERGENCY RECORD

NEURO: Coherent.
RESPIRATORY: Breath sounds:, Wheezing:, Wheezing can be heard.
ABDOMEN: Abdomen is nontender, soft.
GENITO/URINARY FEMALE: No complaints.
MUSCULOSKELETAL: Good ROM. Normal pulses.
SKIN: Skin is warm, Skin is dry. Skin color is normal.

ORDERS
CBC with auto diff by DLT for DLT on Mon Sep 14 2009 11:06 Status: Done by SMA Mon Sep 14 2009 11:10.
Other labs by DLT for DLT on Mon Sep 14 2009 11:06 Status: Done by JR1 Mon Sep 14 2009 11:56 Comment: influ ab.
Chest PA and LAT by DLT for DLT on Mon Sep 14 2009 11:06 Status: Done by SMA Mon Sep 14 2009 11:10.
BMP by DLT for DLT on Mon Sep 14 2009 11:06 Status: Done by SMA Mon Sep 14 2009 11:10.
Duo-Neb by DLT for DLT on Mon Sep 14 2009 11:06 Status: Done by CW Mon Sep 14 2009 11:35.
Albuterol by DLT for DLT on Mon Sep 14 2009 12:52 Status: Done by CW Mon Sep 14 2009 13:00.
LEVEL II by JHW for DLT on Mon Sep 14 2009 14:01 Status: Active.

VITAL SIGNS
VITAL SIGNS (Mon Sep 14 2009 10:30 MHP): BP: 122/83, Pulse: 90, Resp: 22, Temp: 99.1, Pain: 10, O2 sat: 99 on RA.
(13:33 JHW): BP: 146/89, Pulse: 92, Resp: 22, Pain: 2, O2 sat: 97 on RA, Time: 1250.
(14:00 JHW): BP: 148/82, Pulse: 90, Resp: 18, Pain: 2, O2 sat: 100 on RA.

DISPOSITION
PATIENT (13:46 DLT): D/C VS Reviewed: Yes, Nurses Notes Reviewe: Yes, Meds. reconcilled: yes and Med Rec sheet given to Patient, Radiology Results: Not Applicable, Disposition: Home, Disposition Transport: Ambulatory, Condition: Stable. Patient Flag: .
(14:01 JHW): Remove from ER.

PRESCRIPTION
Zithromax Z-Pak (13:47 DLT): Tablet : 250 mg : Oral-Quantity: ***..*** Unit: .. Route: Oral Schedule: SEENOTES Dispense: ***1pk***.
NOTES (13:47 DLT): take as directed.
Lortab 10/500 (13:49 DLT): Tablet : 500 mg-10 mg : Oral-Quantity: ***1*** Unit: tab Route: Oral Schedule: Q4-6H Dispense: ***16***.

NOTES (13:49 DLT): prn pain.

NURSING PROCEDURE: IV (11:23 JHW)
TIME: Procedure was performed at 1110, 20 gauge catheter inserted, into left AC. with 1 attempt, Saline lock established, Labs drawn at time of placement, After placement no swelling noted at site, no drainage noted at site, 2x3 ensure dressing applied, Emotional support needed and given. Patient tolerated procedure well.

NURSING PROCEDURE: ENT (11:23 JHW)

TIME: Procedure performed at 1111, Nasal swab collected, Nasal swab sent to lab for culture.

NURSING PROCEDURE: TRANSPORT TO TESTS (11:26 JR1)
TIME: Procedure was performed at 1126, Patient transported to X-ray, via cart, accompanied by ER tech. Patient tolerated procedure well, Procedure done by JOANN ROYAL, ED TECH.
SAFETY: Side rails up, Cart in lowest position, Call light within reach.

NURSING PROCEDURE: NURSE NOTES (11:39 JHW)
TIME: Time: 1138, RESP. AT BEDSIDE ADMINISTERING TXT.

NURSING PROCEDURE: NURSE NOTES (13:36 JHW)
TIME: Time: 1205, PT STILL WHEEZING AFTER TXT. DR. TROUB AWARE.

NURSING PROCEDURE: NURSE NOTES (13:36 JHW)
TIME: Time: 1310, RESP. AT BEDSIDE ADMINISTERING TXT.

NURSING PROCEDURE: NURSE NOTES (13:37 JHW)
TIME: Time: 1336, PT RESTING MORE COMFORTABLY AFTER MEDS. PT STATES FEELS BETTER AFTER LAST TXT.

NURSING PROCEDURE: DISCHARGE NOTE (14:00 JHW)
TIME: Procedure was performed at 1358, Patient discharged home, Patient ambulates without assistance, Transported via friend/family driving, Accompanied by friend, Discharge instructions given to patient, Simple/moderate discharge teaching performed, Teaching performed by J WEST RN, Name of prescription(s) given: ZITHROMAX, LORTAB, Prescription given and additional instructions on side effects of same given, Above Person(s) verbalized understanding of discharge instructions and follow-up care. Patient treated and evaluated by physician.
VITAL SIGNS: BP: 148, / 82, Pulse: 90, Resp: 18, Pain: 2, O2 sat: 100, RA.

INSTRUCTION (13:47 DLT)
DISCHARGE: ACUTE BRONCHITIS.
SPECIAL: Followup with your physician:if no improvement by the 3-4 days.

ADMIN
DIGITAL SIGNATURE (11:26 JR1): Royal, Joann.
(11:38 CCF1): Ferris, Charles.
(14:11 DLT): Troub D.O., Donald.
(Mon Sep 28 2009 10:07 JHW): West, RN, Jesse.
(Wed Sep 30 2009 11:18 MHP): Pooser R.N., Marsha.

CURRENT MEDICATIONS (10:31 MHP)
DID NOT BRING MEDS:

KEY:
CCF1=Ferris, Charles DLT=Troub D.O., Donald JHW=West, RN, Jesse
JR1=Royal, Joann MHP=Pooser R.N., Marsha
Name: Miller, Dorothy A Age: F52MedRec: 0000174021 AcctNum:
0925700432
Prepared: Wed Sep 30 2009 11:22 by Page: 4
of 4
The Regional Medical Center*3000 St.Matthews
Rd*Orangeburg,SC*29118*803-395-2204

** FINAL **

Exam Date: 20090914113305
XR CHEST,PA & LAT
Patient: MILLER, DOROTHY ANN
MRN: 0000174021
Account: 0925700432

Regional Medical Center
Orangeburg, SC
CLINICAL HISTORY: COUGH AND SHORTNESS OF BREATH.
PA AND LATERAL CHEST: 09/14/2009.
Spinal degenerative changes are noted. Heart size is normal and the lungs are clear, with resolution of the right basilar infiltrate reported on 07/26/2008.
IMPRESSION:
No acute abnormality.

206045: rsb

Dictating Physician: CHARLES C. FERRIS, M.D.

Signing Physician: CHARLES FERRIS, M.D.

Regional Medical Center

3000 St Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN: [redacted]

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN: [redacted]

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Commercial

Insurance Name: Gallagher Bassett Services
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 12/16/2009 14:06
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 12/16/2009 17:56
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Stomach Pain Assaulted

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type:
Admit Source:
Advance Directive: No, info not provide
Reg Clerk: Boyd, Mary L
Admit Physician:
Attend Physician:
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000011825

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/16/2009
MRN:	0000174021	**Discharge Date:**	12/16/2009
Account Number:	1000011825	**Admitting:**	Rhame-Jr MD,
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

Document Name — ED Patient Education Note
Document Status — Auth (Verified)
Performed By — Hewitt RN,Renae (12/16/2009 17:57)
Signed By
Authenticated By

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 12/16/09 17:57:02 America/New_York
DOB: 08/22/57 **MRN:** 0000174021 **FIN:** 1000011825
Chief Complaint: Stomach Pain Assaulted

Patient Education Materials:
No instructions were provided.

Document Name — ED Patient Summary
Document Status — Auth (Verified)
Performed By — Hewitt RN,Renae (12/16/2009 17:57)
Signed By
Authenticated By

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 12/16/09 17:57:01
DOB: [redacted]12:00 AM **MRN:** 0000174021 **FIN:**
Chief Complaint: Pain in face; Pain in face; Stomach Pain Assaulted

Visit Date: 12/16/2009 2:06 PM

Request ID: 5005696

Print Date/Time 01/07/2015 14:56

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/16/2009
MRN:	0000174021	**Discharge Date:**	12/16/2009
Account Number:	1000011825	**Admitting:**	Rhame-Jr MD, Robert W
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

Address: 105 GIZMO RD ORANGEBURG SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name:
Phone:

Emergency Department Care Providers:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions.

Medication Information

Patient Education Materials Follows

Miller, Dorothy Ann has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

Follow-up Instructions:

Patient Education Materials

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/16/2009
MRN:	0000174021	**Discharge Date:**	12/16/2009
Account Number:	1000011825	**Admitting:**	Rhame-Jr MD,
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

I, Miller, Dorothy Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

Document Name	ED Clinical Summary
Document Status	Auth (Verified)
Performed By	Hewitt RN,Renae (12/16/2009 17:57)
Signed By	
Authenticated By	

ED Clinical Summary

Regional Medical Center

ED

Clinical Discharge Summary

PERSON INFORMATION

Name Miller, Dorothy Ann
Age 52 Years
DOB [redacted] 12:00 AM
Address: 105 GIZMO RD ORANGEBURG SC 29115

PCP
Phone (803) 534-2973

Visit Reason Pain in face; Pain in face; Stomach Pain Assaulted
Acuity 3 - Urgent

Arrival 12/16/2009 2:06 PM
Discharge 12/16/2009 5:56 PM
Dispo Type Left Without Being Seen
LOS 000 03:51

PROVIDER INFORMATION

Request ID. 5005696

Print Date/Time 01/07/2015 14:56

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: (803) 997-1560

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address: 105 Gizmo Rd
Orangeburg, SC 29115
Insurance Phone: (803) 534-2973
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 12/17/2009 14:22
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 12/17/2009 16:56
Observation Dt/Tm:
VIP Indicator:
Admit Reason: MVC

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Emergency Room
Advance Directive: No, info not provide
Reg Clerk: Glover, Delyon H
Admit Physician:
Attend Physician:
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000012374

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/17/2009
MRN:	0000174021	**Discharge Date:**	12/17/2009
Account Number:	1000012374	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

Respiratory
Respirations: Unlabored
Respiratory Pattern Description: Regular
Cough: None

Grant, Tamara - 12/17/09 15:26 EST

Breath Sounds Assessment Grid
LUL: Clear
RUL: Clear
RML: Clear
LLL: Clear
RLL: Clear

Grant, Tamara - 12/17/09 15:26 EST

Respiratory Pattern: Regular

Grant, Tamara - 12/17/09 15:26 EST

Musculoskeletal Assessment
General Symptoms: Activity intolerance, Other: lower back, neck, and head pain

Grant, Tamara - 12/17/09 15:26 EST

Additional Comments
Additional Comments: Pt with c/o right lower back pain, neck and head pain 2nd to MVC today. Pt states rearended while sitting a light. Pt denies hitting head and no LOC "my head did go forward that's how hard she hit me."

Grant, Tamara - 12/17/09 15:26 EST

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Rhame-Jr,Robert W (12/17/2009 16:41)
Signed By	Rhame-Jr,Robert W (12/17/2009 16:41)
Authenticated By	Rhame-Jr,Robert W (12/17/2009 16:41)

Motor vehicle crash - minor

Patient: Miller, Dorothy Ann MRN - 0000174021 - MRN 1000012374
Age: 52 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Rhame-Jr, Robert W

Basic Information
Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint.

12/17/09 15:09 EST Chief Complaint PT WAS RESTRAINED DRIVER IN MVC AROUND 1PM. STATES THAT SHE WAS REARENDED. PT C/O NECK, HEAD, AND BACK PAIN. DENIES ANY CHANGE IN LOC.

Request ID: 5005559

Print Date/Time 01/07/2015 14:54

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/17/2009
MRN:	0000174021	**Discharge Date:**	12/17/2009
Account Number:	1000012374	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

12/16/09 14:31 EST Chief Complaint husband fussing with daughter and had broom in hand. hit pt in left jaw/cheek with handle. c/o pain. pain worse with talking. c/o abd pain

History of Present Illness

The patient presents following motor vehicle collision. The onset was just prior to arrival. The Collision was rear impact. The patient was the driver. There were safety mechanisms including seat belt, no airbag. The degree of pain is moderate. The degree of bleeding is none. Risk factors consist of none. The dominant hand is unknown. Therapy today:. Associated symptoms. denies nausea, denies vomiting, denies loss of consciousness, denies altered level of consciousness and denies dizziness. Additional history: She had no pain initially but 15 to 20 minutes after the accident developed pain in her neck upper back upper lumbar, lower lumbar, both legs and a frontal headache. she has no weaknessor loss of sensation in her arms or legs.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Negative except as documented in HPI.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Additional review of systems information: All systems reviewed as documented in chart.

Health Status

Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: .
Prescriptions and Home Medications
albuterol, 0

Past Medical/ Family/ Social History

Medical history: Medical history.
Active
Asthma (301485011)
Resolved
Asthma (493): Resolved.
Hernia repair (84078018): Resolved.
Surgical history: Surgical history.
No procedure history items have been selected or recorded.
Family history: Family history.
No family history items have been selected or recorded

Physical Examination

Vital Signs
Vital Signs.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/17/2009
MRN:	0000174021	**Discharge Date:**	12/17/2009
Account Number:	1000012374	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

12/17/09 15:09 EST	Temperature Oral	36.3 DegC
	Peripheral Pulse Rate	80 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	124 mmHg
	Diastolic Blood Pressure	85 mmHg
12/16/09 14:31 EST	Temperature Oral	36.6 DegC
	Peripheral Pulse Rate	80 bpm
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	157 mmHg HI
	Diastolic Blood Pressure	87 mmHg

Measurements.

12/17/09 15:09 EST	Height/Length Dosing	165.00 cm
	Weight Dosing	102.000 kg
12/16/09 14:31 EST	Height/Length Dosing	170.00 cm
	Weight Dosing	105.000 kg

Basic Oxygen Information.

12/17/09 15:09 EST	Oxygen Therapy	Room air
	SpO2	99 %
12/16/09 14:31 EST	SpO2	80 % LOW

General: Alert, no acute distress.
Skin: Warm, dry, intact, no rash, normal for ethnicity.
Head: Normocephalic, atraumatic.
Neck: Supple, full range of motion actively and passively with mild tenderness to palpation of the paracervical musculature and trapezius.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.
Ears, nose, mouth and throat: Tympanic membranes clear, no pharyngeal erythema or exudate, no Battle's sign, Nose: Bilateral nares, normal, Mouth: Tongue, normal mucosa.
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, no gallops or rubs.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.
Chest wall: No tenderness, No deformity.
Back: Normal range of motion, no step-offs, negative straight leg raising test, mild generalized tenderness of the upper mid and lower back paraspinal musculature.
Musculoskeletal: Normal ROM, normal strength, no swelling.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed, reflexes equal and symmetrical.
Lymphatics: no cervical lymphadenopathy.
Psychiatric: Cooperative, appropriate mood & affect, normal judgment, non-suicidal.

Medical Decision Making
Differential Diagnosis: Motor vehicle collision, head injury, cervical spine injury, trunk injury, internal hemorrhage, spinal injury, contusion, sprain, contusions.
Rationale: the physical exam is not suggestive of any fracture or structural damage. The exam is most consistent with muscle pain and a mild posttraumatic headache., discussed with patient and her spouse that I currently do not feel that x-rays are indicated, but these are offered. She is comfortable with following up with her family physician and does not desire an x-ray at this time.
Orders Launch Orders.
Pharmacy:

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/17/2009
MRN:	0000174021	**Discharge Date:**	12/17/2009
Account Number:	1000012374	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

TORADOL INJECTION (Order Processing): 60 mg, Injection, IM, Once, Start date 12/17/09 17:00 EST, Physician Stop, Stop date 12/17/09 17:00 EST

Impression and Plan
Diagnosis
Cervical sprain 847.0 (ICD9 847.0, Discharge, Emergency medicine, Medical)
Back sprain 847.9 (ICD9 847.9, Discharge, Emergency medicine, Medical)
Shoulder sprain 840.9 (ICD9 840.9, Discharge, Emergency medicine, Medical)
Myofascial pain (SNMCT 416180015, Discharge, Medical)
Posttraumatic headache (SNMCT 89779018, Discharge, Medical)
Plan
Condition: Improved.
Prescriptions: Launch prescriptions.
Pharmacy:
Flexeril 10 mg oral tablet (Ordered): 10 mg, 1 tab, Oral, qHS, PRN, 10 day, 10 tab, 0, 0, Print Requisition, 12/27/09 16:38:00, no ethanol while taking
Mobic 15 mg oral tablet (Ordered): 15 mg, 1 tab, Oral, Daily, 14 day, 14 tab, 0, 0, Print Requisition, 12/31/09 16:38:00
Percocet 7.5/325 oral tablet (Ordered): 1 tab, Oral, q4hr Interval, PRN, 5 day, 30 tab, 0, 0, Print Requisition, 12/22/09 16:38:00
Patient was given the following educational materials: Back Pain, Muscle Strain (Pulled Muscle).
Follow up with: ; FHC Orangeburg Within 1 week.
Counseled: Patient.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Grant,Tamara (12/17/2009 16:56)
Signed By	
Authenticated By	

ED Patient Education Note

Regional Medical Center
Discharge Instructions
3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller
DOB: [redacted]
Chief Complaint: MVC

Current Date: 12/17/09 16:56:26 America/New_York
MRN: 0000174021 **FIN:** 1000012374

Patient Education Materials:
Emergency Medicine

Request ID: 5005559

Print Date/Time 01/07/2015 14:54

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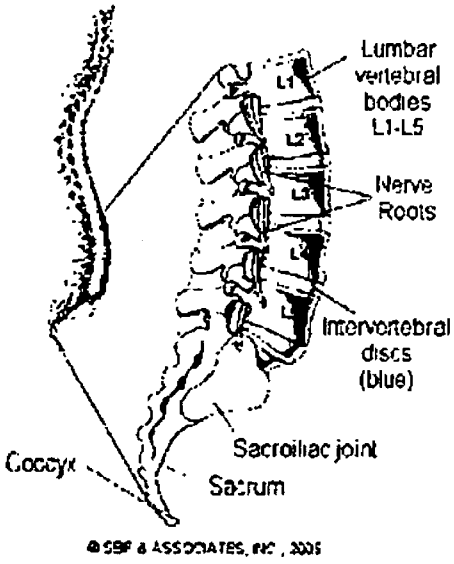
Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/17/2009
MRN:	0000174021	**Discharge Date:**	12/17/2009
Account Number:	1000012374	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rhame-Jr MD,Robert W
Location:	ED		

Emergency Documentation

Back Pain (Lumbo-Sacral Strain)



You have been seen for back pain. Back pain is common and is second only to headaches as a cause of pain. If you have previously had x-rays, your provider will determine if bony injury may be the cause of your pain.

Your *spinal column* (backbone) is made up of 24 main vertebral bodies in addition to the sacrum and coccyx. These are held together by tough fibrous tissue called ligaments, and also by the support of your muscles. Nerve roots pass through the openings between the vertebrae. A sudden wrenching move or injury to the back may cause injury to, or pressure upon these nerves. This may result in localized back pain or *radiation* (movement) of pain into the buttocks and down the leg into the foot. The condition known as *sciatica* (a sharp, shooting pain from the buttock down the back of the leg) is frequently associated with a ruptured (*herniated*) disc. Pain is also created by muscle spasm alone.

HOME CARE INSTRUCTIONS:

Avoid an underactive life style. Active exercise, as directed by your caregiver, is your greatest weapon against back pain. Hard physical activities such as tennis, racquetball, water skiing etc., without proper

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Medicaid HMO

Insurance Name: United Healthcare Community Plan
Claim Address: P O BOX 1148
MONROEVILLE, PA 15146
Insurance Phone: (800) 600-9007
Policy Number: 001601117
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 12/22/2009 11:46
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 12/22/2009 13:49
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Mvc 12172009

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Emergency Room
Advance Directive: No, info not provide
Reg Clerk: Harden, Renee
Admit Physician: Libby MD, John P
Attend Physician: Libby MD, John P
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann
MRN: 0000174021

Female / 57 Years
FIN: 1000014156

0311

Printed By: Elder, Brooke W on 01/07/2015 14:42
Registration last updated by: Pace, Cynthia G on 03/01/2010 14:07

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Pooser RN,Marsha H (12/22/2009 12:39)
Signed By	Pooser RN,Marsha H (12/22/2009 12:39)
Authenticated By	Pooser RN,Marsha H (12/22/2009 12:39)

ED Triage Adult Entered On: 12/22/2009 12:43 EST
Performed On: 12/22/2009 12:39 EST by Pooser RN, Marsha H

Triage
Ability to Self Report: Yes
Chief Complaint: RESTRAINED DRIVER MVC ON THURSDAY CAR REAR-ENDED. C/O NECK AND BACK PAIN
Lynx Mode of Arrival: Standard
Pain Symptoms Self Report: Yes
Vital Signs Assessed: Yes
ED Condensed Treatment & Assessment: Yes

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Rapid Pain Assessment
Before immediate treatment, assess intensity, quality, location and duration: Upper back
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating
Numeric Pain Scale: 8
Numeric Pain Score: 8

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Assess/Tx
Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate, Calm, Cooperative
Glasgow Coma Scale Document Assessment: Document assessment
Skin Color: Normal for ethnicity
Skin Description: Dry
Skin Temperature: Warm

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Vitals/Ht/Wt
Temperature Oral: 36.4DegC(Converted to: 97.5DegF)
Peripheral Pulse Rate: 85bpm
Respiratory Rate: 20br/min
Systolic/
Diastolic BP: 132mmHg
Systolic/
Diastolic BP: 83mmHg

Request ID: 5005414

Print Date/Time 01/07/2015 14:42

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

SpO2. 99%
O2 Therapy: Room air
Weight Dosing: 102.000kg(Converted to: 224lb 14oz)

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Glasgow Coma
Eye Opening Response Glasgow: Spontaneously
Best Verbal Response Glasgow: Oriented
Best Motor Response Glasgow. Obeys simple commands
Glasgow Coma Score: 15

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Allergies
ED Allergy Review: Yes

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Allergies (Active)

No known allergies — *Estimated Onset Date:* Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P; *Reviewed Date:* 12/17/2009 16:15 EST

ESI
Is This Patient Dying?: No
Is This a Patient Who Shouldn't Wait?: No
How Many Resources Will This Patient Need?: None

Pooser RN, Marsha H - 12/22/2009 12:39 EST

DCP GENERIC CODE
Tracking Acuity: 5 - Nonurgent
Tracking Group. RMC ED Tracking Group

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Recommended ESI Level: 5

Pooser RN, Marsha H - 12/22/2009 12.39 EST

General
Immunizations Current: Yes
Last Tetanus: Greater than 5 years
Influenza Vaccine Status: Received this season
Pneumococcal Vaccine Status: Less than 5 years
Suicidal Ideation. None

Pooser RN, Marsha H - 12/22/2009 12:39 EST

ED Past Medical History

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

. Emergency Documentation

Patient Med/Surg Hx reviewed: Documented
Patient Med/Surg Hx reviewed: Documented

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Past Medical History

Social History
Social History

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
(Last Updated: 12/22/2009 12:42:42 by Pooser RN, Marsha H)

ED Medication Review
ED Medication Review: Yes

Pooser RN, Marsha H - 12/22/2009 12:39 EST

Medication List

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Grant,Tamara (12/22/2009 12:52)
Signed By	Grant,Tamara (12/22/2009 12:52)
Authenticated By	Grant,Tamara (12/22/2009 12:52)

ED Assessment Adult Entered On: 12/22/09 12:55 EST
Performed On: 12/22/09 12:52 EST by Grant, Tamara

Cardiovascular
Heart Rhythm: Regular
Nail Bed Color: Pink
Capillary Refill: Less than 3 seconds
Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate
Distress: Mild

Grant, Tamara - 12/22/09 12:52 EST

Respiratory
Respirations: Unlabored

Request ID: 5005414

Print Date/Time 01/07/2015 14:42

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Patient:	Miller, Dorothy Ann	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Cough: None

Grant, Tamara - 12/22/09 12:52 EST

Musculoskeletal Assessment
General Symptoms: Activity intolerance

Grant, Tamara - 12/22/09 12:52 EST

Musculoskeletal Joint Assessment Grid

Location:	Other: right side of neck. (Comment: [Grant, Tamara - 12/22/09 12:52 EST])
	Grant, Tamara - 12/22/09 12:52 EST

Additional Comments
Additional Comments: Pt with c/o right side neck pain "sharp pain when I hold my head down and I get dizzy" along with right lower back pain 2nd to MVA on 12/17/09. Pt states restrained driver rearended while sitting at stop light. Pt able to move all ext. w/o diff. NAD noted

Grant, Tamara - 12/22/09 12:52 EST

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Libby,John P (12/22/2009 13:39)
Signed By	Libby,John P (12/22/2009 13:40)
Authenticated By	Libby,John P (12/22/2009 13:40)

Motor vehicle crash - minor

Patient: Miller, Dorothy Ann MRN - 0000174021 - MRN 1000014156
Age: 52 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Libby, John P

Basic Information
Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint.
12/22/09 12:39 EST Chief Complaint RESTRAINED DRIVER MVC ON THURSDAY CAR REAR-ENDED. C/O NECK AND BACK PAIN

History of Present Illness
The patient presents following motor vehicle collision. The onset was 6 days ago. The Collision was rear impact and driver side impact. The patient was the driver. There were safety mechanisms including seat belt. Location:. The degree of pain is moderate. The degree of bleeding is none. Risk

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

factors consist of age. The dominant hand is the right hand. Therapy today: prescription medications including Anti-inflamatories,Muscle relaxants and Percocet. Associated symptoms: back pain. Additional history: none.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Respiratory symptoms: Wheezing.
Cardiovascular symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Back pain, Muscle pain, Joint pain.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Endocrine symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies: .

Allergic Reactions (All)
No known allergies

Medications: .

Prescriptions and Home Medications
albuterol, 0
acetaminophen-oxycodone (Percocet 7.5/325 oral tablet), 1 tab, Oral, q4hr interval, 30 tab, PRN: as needed for pain
meloxicam (Mobic 15 mg oral tablet), 15 mg, 1 tab, Oral, Daily, 14 tab
cyclobenzaprine (Flexeril 10 mg oral tablet), 10 mg, 1 tab, Oral, qHS, no ethanol while taking, 10 tab, PRN: as needed for spasm

Past Medical/ Family/ Social History

Medical history: Medical history.

Active
Asthma (301485011)

Resolved
Asthma (493): Resolved.
Hernia repair (84078018): Resolved.

Surgical history: Surgical history.
No procedure history items have been selected or recorded.

Physical Examination

Vital Signs
12/22/09 13:33:00.
Vital Signs.

12/22/09 12:39 EST	Temperature Oral	36.4 DegC
	Peripheral Pulse Rate	85 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	132 mmHg
	Diastolic Blood Pressure	83 mmHg

General: Alert, no acute distress.
Skin: Warm, dry, intact.
Head: Normocephalic.

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Neck: Supple, Mim Tenderness obn Rt with nl ROM.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm.
Respiratory: Lungs are clear to auscultation.
Chest wall: No tenderness.
Back: Normal range of motion, Tenderness in lower Trap/Rhomboids.
Musculoskeletal: Normal ROM, no swelling, no deformity, See above.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal motor observed.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Differential Diagnosis: Muscle Strain.
Documents reviewed: Emergency department records.

Impression and Plan
Diagnosis
Neck sprain 847.0 (ICD9 847.0, Discharge, Emergency medicine, Medical)
Back sprain 847.9 (ICD9 847.9, Discharge, Emergency medicine, Medical)

Calls-Consults
- 12/22/09 13:38:00

Plan
Condition: Unchanged.
Patient was given the following educational materials: Muscle Strain (Pulled Muscle).
Follow up with: Unknown None Within ; Follow up with primary care provider Within 3 to 5 days Call for followup appointment

---

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Grant,Tamara (12/22/2009 13:49)
Signed By	
Authenticated By	

ED Patient Education Note

Regional Medical Center
Discharge Instructions
3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 12/22/09 13:49:35 America/New_York

Request ID: 5005414 Print Date/Time 01/07/2015 14:42

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

DOB: 08/22/57 **MRN:** 0000174021 **FIN:** 1000014156
Chief Complaint: Mvc 12172009

Patient Education Materials:
Emergency Medicine

Muscle Strain / Pulled Muscle

You have a pulled (torn) muscle. A pulled muscle, or muscle strain, occurs when a muscle is over-stretched and some muscle fibers are torn. This is especially common in athletes. This happens when a sudden violent force placed on a muscle pushes it past its capacity. Usually, recovery from a pulled muscle takes 1 to 2 weeks. But complete healing will take 5 to 6 weeks. There are millions of muscle fibers. Following injury, your body will usually return to normal quickly.

HOME CARE INSTRUCTIONS

While awake, apply ice to the sore muscle for _____20_____ minutes each hour for the first 2 days. Put ice in a plastic bag and place a towel between the bag of ice and your skin.

After the first 2 days, you may apply heat to the injury to help relieve pain. You may use a warm heating pad for _____20_____ minutes, _____4_____ times per day, or as needed. **Do not sleep with heating pad.** If you are diabetic, do not use a heating pad unless instructed to do so. It is good to use ice at the end of the day or following activities. This helps decrease soreness (*inflammation*) and swelling.

Do not use the pulled muscle for several days. Do not use the muscle if you have pain.

You may wrap the injured area with an elastic bandage for comfort. Be careful not to bind it too tightly. This may interfere with blood circulation.

Take medications as directed by your caregiver. Use acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) as needed for pain. **Only use these if your caregiver has not given medications that interfere.** Ibuprofen will also decrease inflammation. Do not use aspirin as this will increase bleeding (bruising) at injury site.

Warming up before exercise helps prevent muscle strains.

SEEK MEDICAL ATTENTION IF:

There is increased pain or swelling in the affected area.

Document Released: 12/18/2006 Document Re-Released: 01/06/2009

Request ID: 5005414

Print Date/Time 01/07/2015 14:42

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

ExitCare® Patient Information ©2009 ExitCare, LLC.

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Grant,Tamara (12/22/2009 13:49)
Signed By	
Authenticated By	

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 12/22/09 13:49:35
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**
Chief Complaint: Motor vehicle crash - minor; Motor vehicle crash - minor; Mvc 12172009

Visit Date: 12/22/2009 11:46 AM
Address: 105 Gizmo Rd ORANGEBURG SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name: None, Unknown
Phone:

Emergency Department Care Providers:

Provider	Role	Assigned	Unassigned
Grant, Tamara	ED Nurse	12/22/2009 12:48 PM	
Libby, John P	ED Provider	12/22/2009 1:01 PM	

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

Request ID: 5005414

Print Date/Time 01/07/2015 14:42

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/22/2009
MRN:	0000174021	**Discharge Date:**	12/22/2009
Account Number:	1000014156	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Miller, Dorothy Ann has been given these follow-up instructions:
Muscle Strain (Pulled Muscle)

With:	**Address:**	**When:**
Follow up with primary care provider		Within 3 to 5 days

Comments:
Call for followup appointment

With:	**Address:**	**When:**
Unknown None		

Comments:

Medication Information

Continue These Medications:
albuterol
cyclobenzaprine (Flexeril 10 mg oral tablet) 10 mg Oral Once a day (at bedtime) 10 day as needed for as needed for spasm no ethanol while taking
meloxicam (Mobic 15 mg oral tablet) 15 mg Oral Every day 14 day

Discontinue These Medications:
acetaminophen-oxycodone (Percocet 7.5/325 oral tablet) 1 tab Oral every 4 hours 5 day as needed for as needed for pain

Patient Education Materials Follows

Muscle Strain / Pulled Muscle

Family Health Centers, Inc.
P.O. Box 1806 / 3310 Magnolia Street
Orangeburg, SC 29116
Telephone (803) 531-6900 • Fax (803) 531-[illegible]

Accredited by
Joint Commission
on Accreditation of Healthcare Organizations

CONSULTATION REQUEST

DATE: 5/13/10

Patient's Name: Dorothy Miller Phone #: 534-2973

Patient's Address: 105 Gizemo Rd / OBurg 29115

Date & Time Notified: 5/13/10

Spoke With: _____ Notified by: C Mauer

To: HEALTHPLEX From: Amsmith

Reason for consult (Diagnosis) Complaints & Findings: 52 BF c whiplash neck injury after MVA. Pls evaluate for Neck Rich & Exercises. And Muscle Spasms.

Medications: _____

Allergies: _____

I hereby agree and consent to the release of any and all of my test results or other information necessary to properly treat my medical condition to my attending or treating provider and to my referral source.

Patient's Signature: _____ Date: _____

To be used by agency, provider or professional.

Please indicate action taken: _____

Patient is to return for office visit: _____ Date: _____

Provider Signature: _____

Mail to: Family Health Centers, Inc. May 26 at 11 Am

Circle Appropriate Site.

Orangeburg Medical Center
655 Laurel Street
Orangeburg, SC 29115
(803) 536-0944
(803) 533-1255 - Fax

Orangeburg Footcare
1620 Caroline Ave.
Orangeburg, SC 29115
(803) 536-4907
(803) 536-4911 - Fax

St Matthews Family Health Center
125 Harry C Raysor Street
St. Matthews, SC 29135
(803) 874-2006
(803) 874-1998 - Fax

Community Medical Center
10278 Old #6 Hwy.
Vance, SC 29163
(803) 492-3001
(803) 492-9156 - Fax

Norfield Medical Center
7061 Norway Rd.
Neeses, SC 29107
(803) 263-4056
(803) 263-4057 Fax

St. George Medical Center
101 Ridge Street
St. George, SC 29477
(843) 563-5515
(843) 563-8229 - Fax

Denmark Medical Center
5616 Carolina Hwy
Denmark, SC 29042
(803) 793-4252
(803) 793-4346 - Fax

Holly Hill Elem. School
1490 Brant Ave.
Holly Hill, SC 29059
(803) 496-3207
(803) 496-3529 - Fax

Robert E. Howard Middle School
1255 Belleville Rd.
Orangeburg, SC 29115
(803) 533-6534
(803) 533-6529 - Fax

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Medicaid HMO

Insurance Name: United Healthcare Community Plan
Claim Address: P O BOX 1148
MONROEVILLE, PA 15146
Insurance Phone: (800) 600-9007
Policy Number: 001601117
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 05/14/2010 00:20
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 05/14/2010 02:54
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Lt leg & knee pain

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Emergency Room
Advance Directive: No, info not provide
Reg Clerk: Barnes, Jarrod D
Admit Physician: Droisen MD, Benjami
Attend Physician: Droisen MD, Benjami
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000080442

Printed By: Elder, Brooke W on 01/07/2015 14:38
Registration last updated by: Walker, Sheila on 05/18/2010 06:19

0322

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

MAR

Medications

Admin Date/Time: 05/14/2010 02:18
Medication Name: **ketorolac (TORADOL INJECTION)**
Charted Date/Time: **05/14/2010 02:18**
Ingredients: TORADOL INJECTION 60 mg
Admin Details: (Auth) IntraMuscular, *Left Arm
Action Details: Order: Droisen,Benjamin J 05/14/2010 02:12; Perform: Hutto RN,Joshua S 05/14/2010 02:18; VERIFY: Hutto RN,Joshua S 05/14/2010 02:18

Medication History

Medication History

Order: **ketorolac (TORADOL INJECTION)**
Order Start Date/Time: 05/14/2010 03:00
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 05/14/2010 02:18 | End-state Reason:
Ordering Physician: Droisen,Benjamin J | Consulting Physician:
Entered By: Hutto RN,Joshua S on 05/14/2010 02:18
Order Details: 60 mg = 2 mL, Injection, IM, Once, Start date 05/14/10 3:00:00 EDT, 5 day, Hard Stop, Stop date 05/14/10 3:00:00 EDT
Order Comment:

Order: **ketorolac (ketorolac 10 mg oral tablet)**
Order Start Date/Time: 05/14/2010 02:14
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Prescription
End-state Date/Time: 09/08/2010 12:41 | End-state Reason:
Ordering Physician: Libby MD,John P | Consulting Physician:
Entered By: Libby MD,John P on 09/08/2010 12:42
Order Details: 10 mg, 1 tab, Oral, q6hr Interval, PRN, 60 tab, 0, 0, Print Requisition
Order Comment:

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Lineberger RN,Adriane (05/14/2010 00:40)
Signed By	Lineberger RN,Adriane (05/14/2010 00:40)
Authenticated By	Lineberger RN,Adriane (05/14/2010 00:40)

ED Triage Adult Entered On: 05/14/2010 0:44 EDT
Performed On: 05/14/2010 0:40 EDT by Lineberger RN, Adriane

Triage
Ability to Self Report: Yes
Chief Complaint: PT WITH L KNEE PAIN IS TO SEE ORTHO NEXT THURSDAY. PT HAS BEEN HERE FOR THE SAME TUESDAY.
Pain Symptoms Self Report. Yes
Vital Signs Assessed: Yes
ED Condensed Treatment & Assessment: Yes

Lineberger RN, Adriane - 05/14/2010 0:40 EDT

Problems(Active)
gastric reflux — *Name of Problem:* gastric reflux ; *Onset Date:* 2009 , *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Diagnoses(Active)
L KNEE PAIN — *Date:* 05/14/2010 00:00 EDT ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of , *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Probability:* 0

Rapid Pain Assessment
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating
Numeric Pain Scale: 6
Numeric Pain Score: 6

Lineberger RN, Adriane - 05/14/2010 0:40 EDT

Assess/Tx
Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate
Glasgow Coma Scale Document Assessment: Document assessment

Request ID: 5005006

Print Date/Time 01/07/2015 14:37

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Pupils Equal, Round, Reactive to Light, and Accommodation: Yes
Characteristics of Speech: Clear
Hallucinations Present: None
Loss of Consciousness: No
Gait: Unable to assess
Level of Consciousness: Alert
Orientation: Oriented x 3

Hutto RN, Joshua S - 05/14/2010 1:16 EDT

Musculoskeletal Assessment
Musculoskeletal Joint Assessment Grid

Location:	Knee, left
Assessment:	Enlarged
Range of Motion:	Full motion
Comments	(Comment: severe pain [Hutto RN, Joshua S - 05/14/2010 1:16 EDT])
	Hutto RN, Joshua S - 05/14/2010 1:16 EDT

Gastro
Bowel Sounds Grid
LUQ: Present
RUQ: Present
LLQ: Present
RLQ: Present

Hutto RN, Joshua S - 05/14/2010 1:16 EDT

Additional Comments
Additional Comments: pt reports pain and swelling in L knee x 2 weeks. seen previously in er for same complaint. scheduled for orthopedic apt. 5/21/10. full ROM. pulses equal bilat.

Hutto RN, Joshua S - 05/14/2010 1:16 EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Droisen,Benjamin J (05/14/2010 02:14)
Signed By	Droisen,Benjamin J (05/14/2010 04:51)
Authenticated By	Droisen,Benjamin J (05/14/2010 04:51); Droisen,Benjamin J (05/14/2010 02:15)

Knee pain-swelling

Patient: Miller, Dorothy Ann MRN - 0000174021 - MRN
Age: 52 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Droisen, Benjamin J

Basic Information

Additional Information: Chief Complaint from Nursing Triage Note ; Chief Complaint.

05/14/10 00:40 EDT Chief Complaint PT WITH L KNEE PAIN. IS TO SEE ORTHO NEXT THURSDAY. PT HAS BEEN HERE FOR THE SAME TUESDAY.

History of Present Illness

The patient presents with knee pain and knee swelling. The onset was CHRONIC SINCE MVC 12/09. The course/duration of symptoms is constant. Location: Left medial. The character of symptoms is pain and swelling. The degree at present is minimal. Exacerbating factors consist of movement. The relieving factor is none. Risk factors consist of none. Prior episodes: chronic. Therapy today: over the counter medications and prescription medications. Associated symptoms: denies fever, denies chills, denies rash, denies edema, denies chest pain, denies shortness of breath and denies back pain. RECENT RADIOGRAPHS REVEAL MILD DJD. PT HAS AN ORTHO APPOINTMENT IN 1 WEEK..

Review of Systems

Additional review of systems information: All other systems reviewed and otherwise negative. OTHERWISE REVIEWED PER HPI.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications:

Prescriptions and Home Medications

albuterol, 0
meloxicam (Mobic 15 mg oral tablet), 15 mg, 1 tab, Oral, Daily, 14 tab
cyclobenzaprine (Flexeril 10 mg oral tablet), 10 mg, 1 tab, Oral, qHS, no ethanol while taking, 10 tab, PRN: as needed for spasm
acetaminophen-propoxyphene (DARVOCET N-100 TABLET), one tab by mouth every 4-6hr as needed for pain
benzonatate (benzonatate 200 mg oral capsule), one cap by mouth every 12hrs as needed for cough
cetirizine (cetirizine 10 mg oral tablet), one tab by mouth daily
tramadol (tramadol 50 mg oral tablet), 1 each, Oral, q4hr interval, one tab by mouth 3x/day, 60 tab, PRN: for pain
tizanidine (tizanidine 4 mg oral capsule), one tab by mouth 3x/day
omeprazole (omeprazole 20 mg oral delayed release capsule), take 2 cap by mouth twice daily
acetaminophen-hydrocodone (Lortab 5/500 oral tablet), 1 tab, Oral, q4hr interval, 24 tab, PRN: for pain

Past Medical/ Family/ Social History

Medical history: Medical history.

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Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Active
Asthma (493)
Asthma (301485011)
Resolved
Hernia repair (84078018): Resolved.
ASTHMA. Resolved.

Surgical history: Surgical history.
Esophagogastroduodenoscopy [egd] with Closed Biopsy (45.16) in 2010 at 52 Years.
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple (43239) in 2010 at 52 Years
hernia.

Family history: Family history.
No family history items have been selected or recorded

Physical Examination

Vital Signs
Vital Signs.

05/14/10 00:40 EDT	Temperature Oral	36.4 DegC
	Peripheral Pulse Rate	74 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	80 mmHg

Measurements

05/14/10 00:40 EDT	Weight Dosing	120.000 kg

Basic Oxygen Information.

05/14/10 00:40 EDT	SpO2	98 %

General: Alert, well nourished, calm, cooperative, not anxious, not alcohol breath, no signs of distress. Skin: Normal for ethnicity.
Skin: Warm, dry, intact, normal for ethnicity.
Head: Normocephalic, atraumatic.
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.
Musculoskeletal: Normal ROM, normal strength, no tenderness, no swelling, no deformity, MILD TTP AND SWELLING AT THE MEDIAL LEFT KNEE. NO LAXITY AND ALL TENDONS ARE INTACT. NO SIGNS OF DVT..
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed.

Medical Decision Making
Differential Diagnosis: Arthritis, degenerative joint disease.
Rationale: NO INDICATION FOR ACUTE RADIOGRAPHS..

Impression and Plan
Diagnosis
Arthritis 716.90 (ICD9 716.90, Discharge, Emergency medicine, Medical)
Degenerative joint disease 715.0 (ICD9 715.0, Discharge, Emergency medicine, Medical)
Plan
Condition: Improved.
Disposition: Discharged: 05/14/10 02:12:00, to home.
Prescriptions: Launch prescriptions.

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Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Patient Care:
Discharge (Order Processing): 05/14/10 02:13 EDT
Discharge (Order Processing): 05/14/10 02:12 EDT
Pharmacy:
TORADOL INJECTION (Order Processing): 60 mg, Injection, IM, Once, Start date 05/14/10 03:00 EDT, 5 day, Hard Stop, Stop date 05/14/10 03:00 EDTLaunch prescriptions.
Pharmacy:
ketorolac 10 mg oral tablet (Ordered): 10 mg, 1 tab, Oral, q6hr Interval, PRN, 60 tab, 0, 0, Print Requisition
Patient was given the following educational materials: Arthritis - Nonspecific
Follow up with: Adult FHC Within ; Charles Hughes Within.

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Droisen,Benjamin J (05/14/2010 00:51)
Signed By	Droisen,Benjamin J (05/18/2010 05:19)
Authenticated By	Droisen,Benjamin J (05/18/2010 05:19)

Knee pain-swelling

Patient: **Miller, Dorothy Ann**
Age: **52 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Droisen, Benjamin J**

Basic Information
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint.

```
05/14/10 00:40 EDT      Chief Complaint          PT WITH L KNEE PAIN.  IS TO SEE
   ORTHO NEXT THURSDAY.  PT HAS BEEN HERE FOR THE SAME TUESDAY.
```

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Allergies:
Allergic Reactions (Selected)
No known allergies
Medications:
Prescriptions and Home Medications
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cyclobenzaprine (Flexeril 10 mg oral tablet), 10 mg, 1 tab, Oral, qHS, no ethanol while taking, 10 tab, PRN: as needed for spasm
acetaminophen-propoxyphene (DARVOCET N-100 TABLET), one tab by mouth every 4-6hr as needed for pain
benzonatate (benzonatate 200 mg oral capsule), one cap by mouth every 12hrs as needed for cough
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tizanidine (tizanidine 4 mg oral capsule), one tab by mouth 3x/day
omeprazole (omeprazole 20 mg oral delayed release capsule), take 2 cap by mouth twice daily
acetaminophen-hydrocodone (Lortab 5/500 oral tablet), 1 tab, Oral, q4hr Interval, 24 tab, PRN: for pain

Past Medical/ Family/ Social History

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(803) 395-2200

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MRN:	0000174021	**Discharge Date:**	05/14/2010
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DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Medical history: Medical history.
Active
Asthma (493)
Asthma (301485011)
Resolved
Hernia repair (84078018): Resolved.
ASTHMA: Resolved.
Surgical history: Surgical history.
Esophagogastroduodenoscopy [egd] with Closed Biopsy (45.16) in 2010 at 52 Years.
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple (43239) in 2010 at 52 Years.
hernia.
Family history: Family history.
No family history items have been selected or recorded.

Physical Examination

Vital Signs
Vital Signs.

05/14/10 00:40 EDT	Temperature Oral	36.4 DegC
	Peripheral Pulse Rate	74 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	80 mmHg

Measurements.

05/14/10 00:40 EDT	Weight Dosing	120.000 kg

Basic Oxygen Information.

05/14/10 00:40 EDT	SpO2	98 %

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Hutto RN, Joshua S (05/14/2010 02:54)
Signed By	
Authenticated By	

ED Patient Education Note

Regional Medical Center
Discharge Instructions
3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Request ID: 5005006

Print Date/Time 01/07/2015 14:37

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	05/14/2010
MRN:	0000174021	**Discharge Date:**	05/14/2010
Account Number:	1000080442	**Admitting:**	Droisen MD, Benjamin J
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Droisen MD, Benjamin J
Location:	ED		

Emergency Documentation

Name: Dorothy Miller **Current Date:** 05/14/10 02:54:14 America/New_York

DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000080442

Chief Complaint: Lt leg & knee pain

Patient Education Materials:
Emergency Medicine

Arthritis - Nonspecific

Your exam shows you have one or more inflamed joints. This condition is called arthritis. The most common cause of arthritis is wear and tear on the joint (osteoarthritis). This causes damage to the cartilage which degenerates over time. The knees, hips, back, and neck are most often affected by this type of arthritis. Other types of arthritis and common causes of joint pain include:

- Sprains and other injuries near the joint - Sometimes minor sprains and injuries cause pain and swelling that develops hours later.
- Rheumatoid arthritis - Affects hands, feet, knees, and often associated with chronic ailments, fever, weight loss, and general weakness.
- Crystal arthritis - Gout and pseudo gout can cause occasional acute severe pain, redness, and swelling in the foot, ankle, or knee.
- Infectious arthritis - Some infections spread through the blood and affect the skin, joints, and other internal organs.
- Drug, infection, and allergy reactions - Sometimes joints can become mildly painful, and slightly swollen with these types of illnesses.

Treatment of severe joint pain includes rest, elevation and avoiding activities that cause increase pain. Anti-inflammatory, acetaminophen, and narcotic pain medicines may be used to treat symptoms. Cold packs over an inflamed joint may be used for 10-15 minutes every hour. A cortisone shot into arthritic joints may help reduce pain and swelling. Any acute arthritis that gets worse over the next 1-2 days needs evaluation to be sure there is no joint infection.

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN: [redacted]

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN: [redacted]

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Commercial

Insurance Name: Gallagher Bassett Services
Claim Address: P O BOX 23812
TUCSON, AZ 85734
Insurance Phone: (800) 354-6494
Policy Number: 002754031923wc01
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 05/16/2014 15:17
Est Dt of Arrival: 05/16/2014 15:00
Inpt Adm Dt/Tm:
Disch Dt/Tm: 05/16/2014 23:59
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Preop,rt carpal tunnel syndrome/LAB

Patient Type: Outpatient
Medical Service: Referred Outpatient
Location: LAB
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Physician/Clinic Referr
Advance Directive: No, info not provide
Reg Clerk: Hughes, Maureen S
Admit Physician:
Attend Physician: Buckaloo MD, Jerrold
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1001076666

0331

Printed By: Elder, Brooke W on 01/07/2015 13:24
Registration last updated by: Contributor_system, DOLBEY_CAC on 05/20/2014 10:10

174021 MILLER, DOROTHY ANN 16-May-2014 16:02:18
DOB: [redacted] 56 Years Female

Dept: SDS
Room: SDS
Oper: CPJ

HR 63 (SR) . Sinus rhythm
RR 952
PR 149
QRSD 87
QT 425
QTc 436

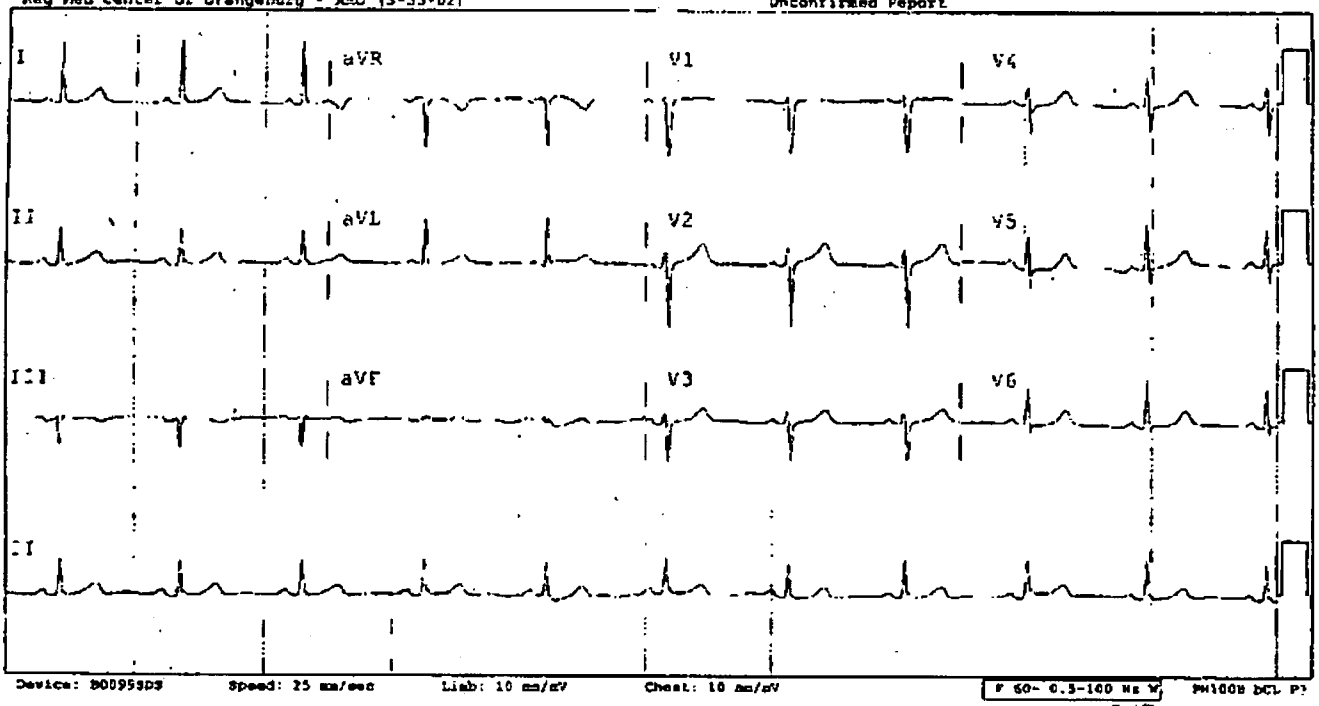
-- AXIS --
P 34
QRS 9
T 13

Account Number:1001078666

- NORMAL ECG -
Previous ECG 03-Jun-2013 16:22:12 - Normal Confirmed

Standard 12
Requested By: DR. BUCKALOO

Reg Med Center of Orangeburg - ROO (5-33-02) Unconfirmed Report



5-16 9:12 pm

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Coding Summary

Document Name — Coding Note
Document Status — Transcribed
Performed By
Signed By
Authenticated By

CODING DATE: 08/04/2010 FINAL
Regional Medical Center

ADMIT DX:
847.0 Neck Sprain

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
847.0 Neck Sprain

SECONDARY:
E819.9 Motor Vehicle Traffic Accident of Unspecified Nature Injurng Unspecified Person
E849.9 Accidents Occurring in Unspecified Place
E000.9 Unspecified external cause status

PROC	APC	PYMT STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Coding Summary

the coding software may appear abbreviated, or result in slightly different terminology.

Printed By: Hart, Edith
Date Printed: 08/04/2010
Revised Coded By: Hart, Edith
Revised Date Saved: 08/04/2010 14:34

Document Name — Coding Note
Document Status — In Error
Performed By
Signed By
Authenticated By

CODING DATE: 07/06/2010 FINAL
Regional Medical Center

ADMIT DX:
847.0 Neck Sprain

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
847.0 Neck Sprain

SECONDARY:
E819.9 Motor Vehicle Traffic Accident of Unspecified Nature Injuring Unspecified Person
E849.9 Accidents Occurring in Unspecified Place
E000.9 Unspecified external cause status

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Location:	PT		

Coding Summary

PROC	PYMT APC	STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Printed By: Hart, Edith
Date Printed: 07/06/2010
Revised Coded By: Hart, Edith
Revised Date Saved: 07/06/2010 09:43

Document Name
Document Status
Performed By
Signed By
Authenticated By

Coding Note
In Error

CODING DATE: 06/03/2010 FINAL
Regional Medical Center

ADMIT DX:
847.0 Neck Sprain

REASON FOR VISIT DX:

FINAL DX:

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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Regional Medical Center
3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
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DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Coding Summary

PRINCIPAL:
847.0 Neck Sprain

SECONDARY
E819.9 Motor Vehicle Traffic Accident of Unspecified Nature Injuring Unspecified Person
E849.9 Accidents Occurring in Unspecified Place
E000 9 Unspecified external cause status

PROC	APC	PYMT STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Printed By: Hart, Edith
Date Printed: 06/03/2010
Coded By: Hart, Edith
Date Saved: 06/03/2010 07:11

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Primary Pain Location: Neck
Primary Pain Laterality: Right
Primary Pain Radiation: No
Primary Pain Quality: Aching, Dull
Numeric Pain Scale: 4
Numeric Pain Score: 4

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Treatment
Manual Therapy/Massage Provided: Yes
PT Total Treatment Time: 60

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Manual Therapy/Massage
Manual Therapy/Massage Purpose: Increase functional use of extremity treated, Pain reduction
Treatment Provide Manual Therapy/Massage: Manual traction, Tissue mobilization
Patient Position Manual Therapy/Massage: Supine
Manual Therapy/Massage Area Treated. eleveated first rib rudeced wht gentle muscle relaxation and stretching tech. Upper trap tighness treated wiht DTM right side.
Manual Therapy/Massage Special Technique: MMT and DTM and manual tx.
Manual Therapy Minutes: 15minute
Manual Therapy Treatment Time. 45minute
Manual Therapy Charge Units: 1

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Thermal/Light Modalities
Reasons for Thermal Modalities: Decrease inflammation/edema, Decrease muscle guarding, Increase circulation, Increase tissue mobility
Thermal Modalities Provided. Hot moist pack
Patient Position Thermal Modalities: Supine
Other Thermal/Light Modality Time: 15minute

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Pain Post Treatment
Pain Post Treatment: 0
Pain Post Treatment: 07/05/2010 08:30 EDT
Intensity: 0 = No pain

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 07/05/2010 08:30 EDT
PT Individual Treatment Stop Time: 07/05/2010 08:45 EDT
PT Individual Treatment Minutes: 15minute

Armstrong PT, Whitney R - 07/05/2010 9:32 EDT

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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3000 St Matthews Road
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Location:	PT		

Physical Therapy Forms

Document Name	Physical Therapy Daily Notes - Text
Document Status	Modified
Performed By	Waring PTA,Sharee S (06/29/2010 11:13)
Signed By	Waring PTA,Sharee S (06/29/2010 11:15); Waring PTA, Sharee S (06/29/2010 11:13)
Authenticated By	Waring PTA,Sharee S (06/29/2010 11:15); Waring PTA, Sharee S (06/29/2010 11:13)

Physical Therapy Daily Notes Entered On: 06/29/2010 9:17 EDT
Performed On: 06/29/2010 9:12 EDT by Waring PTA, Sharee S

Goals Review
PT Goals Reviewed: Goals reviewed and unchanged

Waring PTA, Sharee S - 06/29/2010 9:12 EDT

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Waring PTA, Sharee S - 06/29/2010 9:12 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Bilateral
Primary Pain Radiation: Yes
Primary Pain Radiation Characteristics: to both shldrs and down forearms
Primary Pain Quality: Aching
Numeric Pain Scale: 4
Numeric Pain Score: 4

Waring PTA, Sharee S - 06/29/2010 9:12 EDT

Treatment
Electrical Therapy Provided: Yes
PT Treatment Response: Pt. tolerates tx well.

Waring PTA, Sharee S - 06/29/2010 11:13 EDT

Therapeutic Activities/Exercise Provided: Yes
PT Total Treatment Time: 50

Waring PTA, Sharee S - 06/29/2010 9:12 EDT

Electrical Therapy
Electrical Therapy Treatment Provided: Interferential
Electrical Therapy Purpose: Pain reduction

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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the Regional Medical Center

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MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Electrical Stimulation Mode: Interrupted
Electrical Therapy Duration: 15minute
Electrical Therapy Number of Electrodes: 4
Electrical Therapy Electrode Location. neck and upper traps
Patient Position Electrical Therapy: Sitting
Electrical Therapy Treatment Time: 15minute
Unattended Electrical Therapy Charge: 1.0unit

Waring PTA, Sharee S - 06/29/2010 11:13 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed: General strengthening exercises
(Comment: UBE x 10 minsUTstretch 5x10"levator stretch 5x10"chin tucks x 20C/S ROM x 20 shldr shrugs x30scap retraction x 30lower cervical stretch 5x10" [Waring PTA, Sharee S - 06/29/2010 11:13 EDT])
Therapeutic Exercise Minutes: 35minute
Therapeutic Exercise Charges: 2

Waring PTA, Sharee S - 06/29/2010 9:12 EDT

Pain Post Treatment
Location: Neck

Waring PTA, Sharee S - 06/29/2010 11:15 EDT

Pain Post Treatment: 06/29/2010 09:10 EDT

Waring PTA, Sharee S - 06/29/2010 11:13 EDT

Intensity: 2

Waring PTA, Sharee S - 06/29/2010 11:15 EDT

~~{[0 = No pain] - previously charted by Waring PTA, Sharee S at 06/29/2010 11:13 EDT};~~

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/29/2010 08:10 EDT
PT Individual Treatment Stop Time: 06/29/2010 09:10 EDT
PT Individual Treatment Minutes: 60minute

Waring PTA, Sharee S - 06/29/2010 11:13 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Waring PTA,Sharee S (06/28/2010 08:57)
Signed By	Waring PTA,Sharee S (06/28/2010 08:57)
Authenticated By	Waring PTA,Sharee S (06/28/2010 08:57)

Physical Therapy Daily Notes Entered On: 06/28/2010 8:50 EDT
Performed On: 06/28/2010 8:46 EDT by Waring PTA, Sharee S

Goals Review
PT Goals Reviewed: Goals reviewed and unchanged

Request ID. 5004880

Print Date/Time 01/07/2015 14:36

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803)395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Bilateral
Primary Pain Radiation: No
Primary Pain Quality: Aching, Tightness
Numeric Pain Scale: 4
Numeric Pain Score: 4

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Treatment
Electrical Therapy Provided: Yes
Therapeutic Activities/Exercise Provided: Yes
PT Treatment Response: Pt. tolerates tx well.
PT Total Treatment Time: 60

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Electrical Therapy
Electrical Therapy Treatment Provided: Interferential
Electrical Therapy Purpose: Pain reduction
Electrical Stimulation Mode: Interrupted
Electrical Therapy Duration: 15minute
Electrical Therapy Number of Electrodes: 4
Electrical Therapy Electrode Location: neck
Patient Position Electrical Therapy: Sitting
Electrical Therapy Treatment Time: 15minute
Unattended Electrical Therapy Charge: 1.0unit

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Thermal/Light Modalities
Reasons for Thermal Modalities: Decrease muscle guarding, Increase circulation, Pain relief
Thermal Modalities Provided: Hot moist pack
Patient Position Thermal Modalities: Sitting
Other Thermal/Light Modality Time: 15minute

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed: General strengthening exercises

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku, Bismarck
Location:	PT		

Physical Therapy Forms

(Comment: UBE x 10 minsUTstretch 5x10"levator stretch 5x10"chin tucks x 20C/S ROM x 20 shldr shrugs x30scap retraction x 30cervical circles cw/ccw x 10lower cervical stretch 5x10" [Waring PTA, Sharee S - 06/28/2010 8:57 EDT])
Therapeutic Exercise Minutes: 30minute
Therapeutic Exercise Charges: 2

Waring PTA, Sharee S - 06/28/2010 8:46 EDT

Pain Post Treatment
Pain Post Treatment: 06/28/2010 08:53 EDT
Location: Neck
Intensity: 2

Waring PTA, Sharee S - 06/28/2010 8:57 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/28/2010 08:00 EDT
PT Individual Treatment Stop Time: 06/28/2010 08:53 EDT
PT Individual Treatment Minutes: 53minute

Waring PTA, Sharee S - 06/28/2010 8:57 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Waring PTA,Sharee S (06/22/2010 09:38)
Signed By	Waring PTA,Sharee S (06/22/2010 09:38)
Authenticated By	Waring PTA,Sharee S (06/22/2010 09:38)

Physical Therapy Daily Notes Entered On: 06/22/2010 9:39 EDT
Performed On: 06/22/2010 9:38 EDT by Waring PTA, Sharee S

Goals Review
PT Goals Reviewed: Goals reviewed and unchanged

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Right
Primary Pain Radiation: No
Primary Pain Quality: Aching, Tightness
Numeric Pain Scale: 6

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Numeric Pain Score: 6

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Treatment
Therapeutic Activities/Exercise Provided: Yes
PT Treatment Response: Pt 15 mins late for tx session.
PT Total Treatment Time: 30

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed: General strengthening exercises
(Comment: UT Stretch 5x10secLevator Stretch 5x10secChin Tucks x20Shrugs x20 C-Spine CW/CCW slow x10 eachSCAP RET. 20XCS ROM. 10X ALL PLANES [Waring PTA, Sharee S - 06/22/2010 9:38 EDT])
Therapeutic Exercise Minutes: 30minute
Therapeutic Exercise Charges: 2

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Pain Post Treatment
Pain Post Treatment: 06/22/2010 09:00 EDT
Intensity: 0 = No pain

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/22/2010 08:15 EDT
PT Individual Treatment Stop Time: 06/22/2010 09:00 EDT
PT Individual Treatment Minutes: 45minute

Waring PTA, Sharee S - 06/22/2010 9:38 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Waring PTA,Sharee S (06/21/2010 10:16)
Signed By	Waring PTA,Sharee S (06/21/2010 10:16)
Authenticated By	Waring PTA,Sharee S (06/21/2010 10:16)

Physical Therapy Daily Notes Entered On: 06/21/2010 10:19 EDT
Performed On: 06/21/2010 10:16 EDT by Waring PTA, Sharee S

Goals Review
PT Goals Reviewed: Goals reviewed and unchanged

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact

Request ID: 5004880

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku, Bismarck
Location:	PT		

Physical Therapy Forms

Basic Command Following: Intact

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Bilateral
Primary Pain Radiation: Yes
Primary Pain Radiation Characteristics: upper traps
Primary Pain Quality: Aching
Numeric Pain Scale: 6
Numeric Pain Score: 6

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Treatment
Electrical Therapy Provided: Yes
Therapeutic Activities/Exercise Provided: Yes
PT Treatment Response: Pt. tolerates tx well
PT Total Treatment Time: 55

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Electrical Therapy
Electrical Therapy Treatment Provided: Interferential
Electrical Therapy Purpose: Pain reduction
Electrical Stimulation Mode: Interrupted
Electrical Therapy Duration: 15minute
Electrical Therapy Number of Electrodes: 4
Electrical Therapy Electrode Location: neck and upper traps
Patient Position Electrical Therapy: Sitting
Electrical Therapy Treatment Time: 15minute
Unattended Electrical Therapy Charge: 1.0unit

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed: General strengthening exercises
(Comment: UT Stretch 5x10secLevator Stretch 5x10secChin Tucks x20Shrugs x20 C-Spine CW/CCW slow x10 eachSCAP RET. 20XCS ROM. 10X ALL PLANES [Waring PTA, Sharee S - 06/21/2010 10:16 EDT])
Therapeutic Exercise Minutes: 40minute
Therapeutic Exercise Charges: 3

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Pain Post Treatment
Pain Post Treatment: 06/21/2010 10:05 EDT
Location: Neck
Intensity: 3

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Request ID: 5004880

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/21/2010 09:05 EDT
PT Individual Treatment Stop Time: 06/21/2010 10:05 EDT
PT Individual Treatment Minutes: 60minute

Waring PTA, Sharee S - 06/21/2010 10:16 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Lowrimore LPTA,Laura J (06/17/2010 09:53)
Signed By	Lowrimore LPTA,Laura J (06/17/2010 09:53)
Authenticated By	Lowrimore LPTA,Laura J (06/17/2010 09:53)

Physical Therapy Daily Notes Entered On: 06/17/2010 9:56 EDT
Performed On: 06/17/2010 9:53 EDT by Lowrimore LPTA, Laura J

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Numeric Pain Scale: 6
Numeric Pain Score: 6

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Treatment
Therapeutic Activities/Exercise Provided: Yes
PT Treatment Response: PT REQUIRES MULTIPLE VCUES FOR HOLDING STRETCHES.TOL TX WELL. LIMITED RESULTS 2` INCONSISTANT TX. ATTENDANCE. PT REPORTS REASON FOR NOT ATTENDING LAST SESSION 2` HA AND MEDS SHE IS TAKING MAKE HER TIRED.
PT Total Treatment Time: 40

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Thermal/Light Modalities
Reasons for Thermal Modalities. Pain relief
Thermal Modalities Provided. Hot moist pack
Thermal Modality Treatment Location: CS
Other Thermal/Light Modality Time: 15minute

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Ther Activities/Exercise

Request ID: 5004880

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Therapeutic Exercises Performed: General strengthening exercises
(Comment: UT Stretch 5x10secLevator Stretch 5x10secChin Tucks x15Shrugs x20 C-Spine CW/CCW slow x10 eachSCAP RET. 10XCS ISOM. 10X ALL PLANES [Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT])
Therapeutic Exercise Minutes: 25minute
Therapeutic Exercise Charges: 2

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/17/2010 09:15 EDT
PT Individual Treatment Stop Time: 06/17/2010 09:55 EDT
PT Individual Treatment Minutes: 40minute

Lowrimore LPTA, Laura J - 06/17/2010 9:53 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Lowrimore LPTA,Laura J (06/07/2010 09:24)
Signed By	Lowrimore LPTA,Laura J (06/07/2010 09:24)
Authenticated By	Lowrimore LPTA,Laura J (06/07/2010 09:24)

Physical Therapy Daily Notes Entered On: 06/07/2010 9:25 EDT
Performed On: 06/07/2010 9:24 EDT by Lowrimore LPTA, Laura J

General Info
Orientation. Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT

Treatment
Therapeutic Activities/Exercise Provided: Yes
PT Treatment Response: tol. tx well.
PT Total Treatment Time: 40

Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT

Thermal/Light Modalities
Reasons for Thermal Modalities: Pain relief
Thermal Modalities Provided: Hot moist pack
Thermal Modality Treatment Location: CS
Other Thermal/Light Modality Time. 20minute

Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed. General strengthening exercises

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

(Comment: UT Stretch 5x10secLevator Stretch 5x10secChin Tucks x15Shrugs x20 C-Spine CW/CCW slow x10 each [Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT])
Therapeutic Exercise Minutes: 20minute
Therapeutic Exercise Charges: 1

Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/07/2010 07:50 EDT
PT Individual Treatment Stop Time: 06/07/2010 08:40 EDT
PT Individual Treatment Minutes: 50minute

Lowrimore LPTA, Laura J - 06/07/2010 9:24 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Lucas PTA,Jacob M (06/04/2010 17:47)
Signed By	Lucas PTA,Jacob M (06/04/2010 17:47)
Authenticated By	Lucas PTA,Jacob M (06/04/2010 17:47)

Physical Therapy Daily Notes Entered On: 06/04/2010 17:50 EDT
Performed On: 06/04/2010 17:47 EDT by Lucas PTA, Jacob M

Goals Review
PT Goals Reviewed: Goals reviewed and unchanged

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

General Info
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Safety/Judgment: Intact
Basic Command Following: Intact

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Right
Primary Pain Radiation: No
Primary Pain Quality: Cramping, Tightness
Primary Pain Duration: constant today
Numeric Pain Scale: 7
Numeric Pain Score: 7

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Treatment
Therapeutic Activities/Exercise Provided: Yes

Request ID: 5004880

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

PT Treatment Patient Response: pt. states stretches + MHP help w/ pain alot.....tolerated Tx well today.. .con't w/ skilled PT
PT Total Treatment Time: 45

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Thermal/Light Modalities
Reasons for Thermal Modalities: Increase circulation, Increase tissue mobility, Pain relief
Thermal Modalities Provided: Hot moist pack
Thermal Modality Treatment Location: Neck
Patient Position Thermal Modalities: Supine
Other Thermal/Light Modality Time: 15minute

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Ther Activities/Exercise
Therapeutic Exercises Performed: General strengthening exercises
(Comment: UBE x8minUT Stretch 5x10secLevator Stretch 5x10secChin Tucks x15C-Spine Iso all 5x5secShrugs x20 C-Spine CW/CCW slow x10 each [Lucas PTA, Jacob M - 06/04/2010 17:47 EDT])
Exercises Performed: Left lower extremity, Right lower extremity
Therapeutic Exercise Minutes: 30minute
Therapeutic Exercise Charges: 2

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Pain Post Treatment
Pain Post Treatment: 4
Pain Post Treatment: 06/04/2010 13:13 EDT
Location: Neck
Intensity: 4

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/04/2010 12:30 EDT
PT Individual Treatment Stop Time: 06/04/2010 13:16 EDT
PT Individual Treatment Minutes: 46minute

Lucas PTA, Jacob M - 06/04/2010 17:47 EDT

Document Name	Physical Therapy Daily Notes - Text
Document Status	Auth (Verified)
Performed By	Lucas PTA,Jacob M (06/02/2010 11:25)
Signed By	Lucas PTA,Jacob M (06/02/2010 11:25)
Authenticated By	Lucas PTA,Jacob M (06/02/2010 11:25)

Physical Therapy Daily Notes Entered On: 06/02/2010 11:29 EDT
Performed On: 06/01/2010 11:25 EDT by Lucas PTA, Jacob M

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Pain Post Treatment
Pain Post Treatment: 3
Pain Post Treatment: 06/01/2010 10:50 EDT
Location: Neck
(Comment: Posterior Right [Lucas PTA, Jacob M - 06/02/2010 11:25 EDT])
Intensity: 3

Lucas PTA, Jacob M - 06/02/2010 11:25 EDT

Treatment Time for PT/OT
PT Individual Treatment Start Time: 06/01/2010 10:07 EDT
PT Individual Treatment Stop Time: 06/01/2010 10:50 EDT
PT Individual Treatment Minutes: 43minute

Lucas PTA, Jacob M - 06/02/2010 11:25 EDT

Document Name	Physical Therapy Initial Eval - Text
Document Status	Auth (Verified)
Performed By	Smith PT,Margery H (05/26/2010 14:09)
Signed By	Smith PT,Margery H (05/26/2010 14:09)
Authenticated By	Smith PT,Margery H (05/26/2010 14:09)

Physical Therapy Evaluation Entered On: 05/26/2010 11:58 EDT
Performed On: 05/26/2010 11:33 EDT by Smith PT, Margery H

General Info
TRMC Provider Nurmber PT OT Speech: Provider No: 420068
Reason for Referral to Physical Therapy: Other: Diagnosis: Whiplash due to MVA
Precautions to Rehabilitation Treatment: PMH: hernia repair, c-section. MVA on 12-17-09
Pain Symptoms Self Report: Yes
Orientation: Oriented x 3
Basic Command Following: Intact
Safety/Judgment: Intact

Smith PT, Margery H - 05/26/2010 11:33 EDT

Rapid Pain Assessment
Primary Pain Location: Neck
Primary Pain Laterality: Bilateral
Primary Pain Radiation: Yes
Primary Pain Radiation Characteristics: Pain from base of skull down into bilateral Upper traps.
Primary Pain Quality: Aching
Primary Pain Duration: since MVA- 12-17-09
Numeric Pain Scale: 10 = Worst possible pain
Numeric Pain Score: 10

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

Document Comprehensive Pain Assessment: Yes

Smith PT, Margery H - 05/26/2010 11:33 EDT

Pain Assessment Detail
Aggravating Factors: Other: movement or standing for too long
Alleviating Factors. Other: sit down and don't move
Associated Symptoms: Other: Headaches
Negatively Impacts. Daily life, Work
Numeric Rating Scale
Acceptable Pain Intensity: 2

Smith PT, Margery H - 05/26/2010 11:33 EDT

Musculoskeletal
Position During PT Evaluation: Seated
(Comment: evaluation performed in seated position. Cervical AROM: flex WFL, ext 32*. SB right 24* left 30*, Rot Right WFL left WFL.Palpation/Observation: Tenderness base of skull down into bilateral upper/mid trap. Fwd head/rounded shld SPecial test: cervcial compression (-), Max compression mild (+) bilaterally, Distraction (-) [Smith PT, Margery H - 05/26/2010 14:09 EDT])

Smith PT, Margery H - 05/26/2010 11:33 EDT

PT Range of Motion Grid
Left Upper Extremity: Within normal limits
Right Upper Extremity: Within normal limits

Smith PT, Margery H - 05/26/2010 11:33 EDT

Left Upper Extremity Grip Strength: 20.0kg
Right Upper Extremity Grip Strength: 18.0kg

Smith PT, Margery H - 05/26/2010 11:33 EDT

Left UE Strength
Left Upper Extremity Strength Grid
Shoulder Flexion. Fair 3
(Comment: 3+/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Shoulder Abduction: Fair 3
(Comment: 3/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Elbow Flexion: Good 4
(Comment: 4/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Elbow Extension: Good 4
(Comment: 4/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])

Smith PT, Margery H - 05/26/2010 11:33 EDT

Right UE Strength
Right Upper Extremity Strength Grid
Shoulder Flexion: Fair 3
(Comment. 3+/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Shoulder Abduction. Fair 3

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/08/2010
MRN:	0000174021	**Discharge Date:**	08/19/2010
Account Number:	1000080112	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Amoah-Apraku,Bismarck
Location:	PT		

Physical Therapy Forms

(Comment: 3/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Elbow Flexion: Good 4
(Comment: 4/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])
Elbow Extension: Good 4
(Comment: 4-/5 [Smith PT, Margery H - 05/26/2010 14:09 EDT])

Smith PT, Margery H - 05/26/2010 11:33 EDT

Assessment
Rehabilitation Potential: Fair
(Comment: chronic pain [Smith PT, Margery H - 05/26/2010 14:09 EDT])
PT Problem List: Decreased activity tolerance, Pain limiting function, Strength/Range of motion deficits

Smith PT, Margery H - 05/26/2010 11:33 EDT

Goals
PT Patient/Caregiver Goal: to decrease pain
Additional Physical Therapy Goal 1: 1. Improve MMT 1 1/2 grades. 2. Improve AROM to WFL.
PT Additional Goal 1 Time Frame: 6week
Additional Physical Therapy Goal 2: 3. Reduce pain to 3/10 at worst. 4. Independent with HEP
PT Additional Goal 2 Time Frame: 6week

Smith PT, Margery H - 05/26/2010 11:33 EDT

Plan
PT Frequency: Twice per week
PT Duration: Six weeks
PT Anticipated Treatments: Electric modalities, Manual therapy, Mechanical modalities, Pain management, Therapeutic exercises, Thermal/Light modalities
PT Plan/Goals Established w Pt/Caregiver: Yes
PT Evaluation Time: 35minute
PT Evaluation Charge: Yes

Smith PT, Margery H - 05/26/2010 14:09 EDT

DC Recommendations
Discharge To, Anticipated: Other: Home Independently
Home Equipment, Anticipated: Other: HEP

Smith PT, Margery H - 05/26/2010 14:09 EDT

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
Intact	Basic Command Following			07/05/2010 09:32
0 = No pain	Pain Intensity			07/05/2010 09:32
Oriented x 3	Orientation			07/05/2010 09:32

Request ID: 5004880

Print Date/Time 01/07/2015 14:36

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Medicaid HMO

Insurance Name: United Healthcare Community Plan
Claim Address: P O BOX 1148
MONROEVILLE, PA 15146
Insurance Phone: (800) 600-9007
Policy Number: 001601117
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 06/18/2010 02:47
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 06/18/2010 04:06
Observation Dt/Tm:
VIP Indicator:
Admit Reason: general medical

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Emergency Room
Advance Directive: No, info not provide
Reg Clerk: Grayton, Lavonda S
Admit Physician: Carroll, Scott
Attend Physician: Carroll, Scott
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000097056

0351

Printed By: Elder, Brooke W on 01/07/2015 14:35
Registration last updated by: Walker, Sheila on 06/22/2010 07:05

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Medication History

Medication History

Order: **Misc Prescription**
Order Start Date/Time: 06/18/2010 02:56
Order Status: Discontinued Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 08/29/2010 05:57 End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Lineberger RN,Adriane on 08/29/2010 05:57
Order Details: 0, "I can't call the names of them".
Order Comment:

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Wood RN,Stacey Y (06/18/2010 02:54)
Signed By	Wood RN,Stacey Y (06/18/2010 02:54)
Authenticated By	Wood RN,Stacey Y (06/18/2010 02:54)

ED Triage Adult Entered On: 06/18/2010 2:57 EDT
Performed On: 06/18/2010 2:54 EDT by Wood RN, Stacey Y

Triage
Ability to Self Report: Yes
Chief Complaint: Pt with multiple nonspecific complaints that she believes are related to MVA she was involved in in 12/09.
Lynx Mode of Arrival: Standard
Pain Symptoms Self Report: Yes
Vital Signs Assessed: Yes
ED Condensed Treatment & Assessment: Yes

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Problems(Active)
gastric reflux — *Name of Problem:* gastric reflux ; *Onset Date:* 2009 ; *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Request ID: 5004752

Print Date/Time 01/07/2015 14:34

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

Diagnoses(Active)
General medical

Date: 06/18/2010 02:55 EDT ; *Diagnosis Type.* Reason For Visit ; *Confirmation:* Confirmed ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* B624027C-AB60-401E-B607-C5C6F0E41D0F

Rapid Pain Assessment
Before immediate treatment. assess intensity, quality, location and duration.: Upper back
Primary Pain Laterality: Right
Primary Pain Quality: Aching
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating
Numeric Pain Scale: 4
Numeric Pain Score: 4

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Assess/Tx
Level of Consciousness. Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate
Glasgow Coma Scale Document Assessment: Document assessment

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Vitals/Ht/Wt
Temperature Oral: 35.8DegC(Converted to: 96.4DegF)
Peripheral Pulse Rate: 75bpm
Respiratory Rate: 20br/min
Systolic/
Diastolic BP: 157mmHg (HI)
Systolic/
Diastolic BP: 102mmHg (HI)
SpO2: 100%
O2 Therapy: Room air
Weight Dosing: 120.000kg(Converted to: 264lb 9oz)

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Glasgow Coma
Eye Opening Response Glasgow: Spontaneously
Best Verbal Response Glasgow: Oriented
Best Motor Response Glasgow: Obeys simple commands
Glasgow Coma Score: 15

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Request ID: 5004752

Print Date/Time 01/07/2015 14:34

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Regional Medical Center
3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	[redacted]	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

Allergies
ED Allergy Review: Yes

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Allergies (Active)
No known allergies

Estimated Onset Date: Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P, *Reviewed Date:* 05/14/2010 2:09 EDT

ESI
Is This Patient Dying?: No
Is This a Patient Who Shouldn't Wait?: No
How Many Resources Will This Patient Need?: One

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

DCP GENERIC CODE
Tracking Acuity: 4 - Less Urgent
Tracking Group: RMC ED Tracking Group

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Recommended ESI Level: 4

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

General
Last Tetanus: Unknown
Influenza Vaccine Status: None received
Pneumococcal Vaccine Status: None received
Languages: English
Suicidal Ideation: None
ED Wait Time: Patient Taken to Treatment Area

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

ED Past Medical History
Patient Medical History Reviewed: Documented

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Past Medical History

Surgical History
Patient Surgical History Reviewed: Documented

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

Procedure History

Procedure Dt/Tm. 12/30/1899 00:00:00 , *Anesthesia Minutes:* 0 , *Procedure Name:* hernia ; *Procedure Minutes:* 0 ; *Last Reviewed Dt/Tm.* 12/30/1899 00:00:00

ED Medication Review
ED Medication Review: Yes

Wood RN, Stacey Y - 06/18/2010 2:54 EDT

Medication List

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Snipes,Paul (06/18/2010 03:14)
Signed By	Snipes,Paul (06/18/2010 03:14)
Authenticated By	Snipes,Paul (06/18/2010 03:14)

ED Assessment Adult Entered On: 06/18/2010 3:16 EDT
Performed On: 06/18/2010 3:05 EDT by Snipes, Paul

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

Snipes, Paul - 06/18/2010 3:14 EDT

Pulses Grid
Radial Pulse, Left: 2+ Normal
Radial Pulse, Right: 2+ Normal
Dorsalis Pedis Pulse, Left: 2+ Normal
Dorsalis Pedis Pulse, Right: 2+ Normal

Snipes, Paul - 06/18/2010 3:14 EDT

Respiratory
Respirations: Unlabored
Respiratory Pattern Description: Regular
Cough: None

Snipes, Paul - 06/18/2010 3:14 EDT

Breath Sounds Assessment Grid
LUL: Clear
RUL: Clear

Request ID: 5004752

Print Date/Time 01/07/2015 14:34

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

RML: Clear
LLL: Clear
RLL: Clear

Snipes, Paul - 06/18/2010 3:14 EDT

Additional Comments
Additional Comments: pt c/o feeling " a rattle in my throat" for three weeks. pt states that she thinks this is from an mva in which she was a victim. airway clear pt reminded several times suring exam to not exhale while blowing through lips to make a rattle-like sound.

Snipes, Paul - 06/18/2010 3:14 EDT

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Carroll,Scott (06/18/2010 03:28)
Signed By	Carroll,Scott (06/18/2010 06:21)
Authenticated By	Carroll,Scott (06/18/2010 06:21)

Medical screening exam

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1000097056**
Age: **52 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Carroll, Scott**

Basic Information
Time seen: Date & time 06/18/10 03:19:00.
History source: Patient.
Arrival mode: Private vehicle.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint.

```
06/18/10 02:54 EDT      Chief Complaint          Pt with multiple nonspecific
  complaints that she believes are related to MVA she was involved in in 12/09.
```

History of Present Illness
The patient presents with PRESENTS WITH MULTIPLE ACHES AND PAINS THAT SHE RELATES TO AN ACCIDENT IN 12/09. C/O CONSISTS OF BAKC PAINS ON RIGHT SIDE AND THROAT NOW MAKING A FUNNY SOUND WHEN SHE LAYS BACK. HAS BEEN SEEING DOCTOR AMOAH FOR SAME. HE TELLS HER THE BACK PAIN IS MUSCULAR. and SHE HAS ALSO HAD KNEE PAIN ASSOCIATED WITH THIS FROM THIS ACCIDENT. The onset was chronic. The course/duration of symptoms is constant. Location: back. The character of symptoms is pain. The degree at onset was moderate. Therapy today: prescription medications.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: .
Prescriptions and Home Medications
albuterol, 0

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

cyclobenzaprine (Flexeril 10 mg oral tablet), 10 mg, 1 tab, Oral, qHS, no ethanol while taking, 10 tab, PRN: as needed for spasm
acetaminophen-propoxyphene (DARVOCET N-100 TABLET), one tab by mouth every 4-6hr as needed for pain
benzonatate (benzonatate 200 mg oral capsule), one cap by mouth every 12hrs as needed for cough
cetirizine (cetirizine 10 mg oral tablet), one tab by mouth daily
tramadol (tramadol 50 mg oral tablet), 1 each, Oral, q4hr Interval, one tab by mouth 3x/day, 60 tab, PRN: for pain
tizanidine (tizanidine 4 mg oral capsule), one tab by mouth 3x/day
omeprazole (omeprazole 20 mg oral delayed release capsule), take 2 cap by mouth twice daily
acetaminophen-hydrocodone (Lortab 5/500 oral tablet), 1 tab, Oral, q4hr Interval, 24 tab, PRN: for pain
ketorolac (ketorolac 10 mg oral tablet), 10 mg, 1 tab, Oral, q6hr Interval, 60 tab, PRN: for pain
Misc Prescription, "I can't call the names of them".

Past Medical/ Family/ Social History

Medical history: Medical history.

Active
- Asthma (301485011)

Resolved
- Asthma (493): Resolved.
- Hernia repair (84078018): Resolved.
- ASTHMA: Resolved.

Surgical history: Surgical history.
- hernia.

Family history: Family history.
- No family history items have been selected or recorded.

Physical Examination

Vital Signs

Vital Signs.

06/18/10 02:54 EDT	Temperature Oral	35.8 DegC
	Peripheral Pulse Rate	75 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	157 mmHg HI
	Diastolic Blood Pressure	102 mmHg HI

Measurements.

06/18/10 02:54 EDT	Weight Dosing	120.000 kg

Basic Oxygen Information.

06/18/10 02:54 EDT	Oxygen Therapy	Room air
	SpO2	100 %

General: Alert, no acute distress, PT MAKES AN UPPER AIRWAY GRUNTING NOISE WITH HER BREATHING AND STATES THAT THIS IS THE SOUND SHE IS CONCERNED ABOUT. SHE DOES THIS TOTALLY UNDER HER OWN VOLUNTARY CONTROL..
Skin: Warm, dry, normal for ethnicity.
Head: Normocephalic, straumatic.
Cardiovascular: Regular rate and rhythm.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Neurological: Alert and oriented to person, place, time, and situation.
Psychiatric: Cooperative.

Medical Decision Making

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

Rationale: THE PT'S COMPLIANTS HAVE ALL BEEN ONGOING. SOME FOR MONTHS, SOME FOR WEEKS. SHE ISN'T HAVING ANY ACUTE RESPIRATORY DISTRESS. SHE IS CURRENTLY SEEING HER FAMILY DOCTOR FOR HER BACK PAINS. WILL REC SHE ALSO SEE HER FAMILY DOCTOR FOR HER VOICE/UPPER AIRWAY NOISES..

Impression and Plan
MEDICAL SCREENING EXAM (Discharge, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 06/18/10 03:26:00, to home.
Patient was given the following educational materials: Medical Screening Exam, Medical Screening Exam, Medical Screening Exam.
Follow up with: Adult FHC SEE YOUR DOCTOR FOR YOUR ONGOING BACK PAINS AND THE SOUND YOU MAKE WHEN YOU LAY DOWN RETURN HERE IF YOU DEVELOP RESPIRATORY DISTRESS. YOU MAY NEED TO HAVE YOUR THYROID CHECKED..
Counseled: Patient, Patient indicated understanding of instructions.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Snipes,Paul (06/18/2010 04:07)
Signed By	
Authenticated By	

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 06/18/10 04:07:00 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000097056
Chief Complaint: general medical

Patient Education Materials:

Medical Screening Exam

You have had a medical screening exam to help determine the cause of your problem, and to see if it requires immediate treatment. Your exam has shown that you do not require emergency treatment. It is safe for you to go

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

to your caregiver's office or clinic for treatment. Arrangements may be made for you to be seen at your caregiver's today. Appointment time: _____

Patients can be treated in an emergency room regardless of their ability to pay, so you can decide to stay and receive emergency treatment. HMO insurance plans may refuse to pay for this service, if it is not approved by your primary care provider. The hospital or your caregiver may then bill you directly for your medical evaluation and treatment.

Document Released: 01/25/2006
ExitCare® Patient Information ©2009 ExitCare, LLC.

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Snipes,Paul (06/18/2010 04:06)
Signed By	
Authenticated By	

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 06/18/10 04:06:59
DOB: [redacted] **MRN:** 0000174021 **FIN:**
Chief Complaint: Medical screening exam; Medical screening exam; General medical; General medical, general medical

Visit Date: 6/18/2010 2:47 AM
Address: 105 Gizmo Rd Orangeburg SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name: FHC, Adult
Phone: (803) 531-6900

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Request ID: 5004752

Print Date/Time 01/07/2015 14:34

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Emergency Documentation

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions:
Medical Screening Exam

With:	Address:	When:
Adult FHC	3310 Magnolia Street Orangeburg, SC 29115 (803) 531-6900 phone, fixed, business (1)	

Comments:
SEE YOUR DOCTOR FOR YOUR ONGOING BACK PAINS AND THE SOUND YOU MAKE WHEN YOU LAY DOWN. RETURN HERE IF YOU DEVELOP RESPIRATORY DISTRESS. YOU MAY NEED TO HAVE YOUR THYROID CHECKED.

Medication Information

Continue These Medications:
acetaminophen-hydrocodone (Lortab 5/500 oral tablet) 1 tab Oral every 4 hours as needed for for pain
acetaminophen-propoxyphene (DARVOCET N-100 TABLET) one tab by mouth every 4-6hr as needed for pain
albuterol
benzonatate (benzonatate 200 mg oral capsule) one cap by mouth every 12hrs as needed for cough
cetirizine (cetirizine 10 mg oral tablet) one tab by mouth daily
cyclobenzaprine (Flexeril 10 mg oral tablet) 10 mg Oral Once a day (at bedtime) 10 day as needed for as needed for spasm no ethanol while taking
ketorolac (ketorolac 10 mg oral tablet) 10 mg Oral Every 6 hours as needed for for pain
Misc Prescription "I can't call the names of them".
omeprazole (omeprazole 20 mg oral delayed release capsule) take 2 cap by mouth twice daily
tizanidine (tizanidine 4 mg oral capsule) one tab by mouth 3x/day
tramadol (tramadol 50 mg oral tablet) 1 each Oral every 4 hours as needed for for pain one tab by mouth 3x/day

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/18/2010
MRN:	0000174021	**Discharge Date:**	06/18/2010
Account Number:	1000097056	**Admitting:**	Carroll,Scott
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Carroll,Scott
Location:	ED		

Coding Summary

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
724.5 Backache, Unspecified

SECONDARY:
719.46 Pain in Joint Involving Lower Leg
493.90 Asthma, Unspecified

PROC	APC	PYMT STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Printed By: Walker, Sheila
Date Printed: 06/22/2010
Coded By: Walker, Sheila
Date Saved: 06/22/2010 07:15

Assessment Forms

Document Name	ED Vital Signs and Pain - Text
Document Status	Auth (Verified)
Performed By	Snipes,Paul (06/18/2010 04:06)
Signed By	Snipes,Paul (06/18/2010 04:06)
Authenticated By	Snipes,Paul (06/18/2010 04:06)

ED Vital Signs and Pain Entered On: 06/18/2010 4:06 EDT
Performed On: 06/18/2010 4:06 EDT by Snipes, Paul

Vitals/Ht/Wt
Request ID: 5004752

Print Date/Time 01/07/2015 14:34

Regional Medical Center

3000 St Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Medicaid HMO

Insurance Name: United Healthcare Community Plan
Claim Address: P O BOX 1148
MONROEVILLE, PA 15146
Insurance Phone: (800) 600-9007
Policy Number: 001601117
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 09/08/2010 11:07
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 09/08/2010 13:03
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Sob

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Hayward, Latasha R
Admit Physician: Libby MD, John P
Attend Physician: Libby MD, John P
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000136359

Printed By: Elder, Brooke W on 01/07/2015 14:32

0362

Registration last updated by: Newsome, Michelle on 09/14/2010 10:15

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Additional Comments
Additional Comments: pt's lung sounds are clear bilaterally; pt experiencing no distress at this time; pt aggitated
Seaton RN, Matthew B - 09/08/2010 13:00 EDT

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Minus RN,Melissa N (09/08/2010 12:59)
Signed By	Minus RN,Melissa N (09/08/2010 12:59)
Authenticated By	Minus RN,Melissa N (09/08/2010 12:59)

ED Assessment Adult Entered On: 09/08/2010 13:02 EDT
Performed On: 09/08/2010 12:20 EDT by Minus RN, Melissa N

Cardiovascular
Heart Rhythm: Regular
Cardiac Rhythm: Normal sinus rhythm
Nail Bed Color: Pink
Capillary Refill: Less than 3 seconds
Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate, Calm, Cooperative
Distress: None

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Respiratory
Respirations: Unlabored
Respiratory Pattern Description: Regular
Cough: None

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Breath Sounds Assessment Grid
LUL: Expiratory wheeze
RUL: Expiratory wheeze
RML: Expiratory wheeze
LLL: Expiratory wheeze
RLL: Expiratory wheeze

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Respiratory Pattern: Regular

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Neurological
Aspiration Risk: None

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Request ID: 5004492

Print Date/Time 01/07/2015 14:32

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Neurological Strengths Grid

	Left Upper Extremity	Right Upper Extremity	Left Lower Extremity	Right Lower Extremity
Strength:	Strong	Strong	Strong	Strong
	Minus RN, Melissa N - 09/08/2010 12:59 EDT	Minus RN, Melissa N - 09/08/2010 12:59 EDT	Minus RN, Melissa N - 09/08/2010 12:59 EDT	Minus RN, Melissa N - 09/08/2010 12:59 EDT

Gait: Steady
Level of Consciousness: Alert
Orientation: Oriented x 3

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Additional Comments
Additional Comments: PT HERE IN JAIL CUSTODY, C/O SOB, WITH SLIGHT WHEEZING AT TIME OF ASSESSMENT, PT WITH 2 GUARDS PRESENT AT BEDISDE, PT VERY LOUD AND COMPLAINING ABOUT STAFF AND JUST BEING IN ED IN GENERAL

Minus RN, Melissa N - 09/08/2010 12:59 EDT

Document Name	ED Note-Physician
Document Status	In Progress
Performed By	Libby MD,John P (09/08/2010 12:41)
Signed By	
Authenticated By	

Dyspnea

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000136359
Age: 53 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Libby MD, John P

Basic Information
Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint.

09/08/10 11:14 EDT Chief Complaint PT STATES SOB. CURRENTLY IN POLICE CUSTODY. HX OF ASTHMA, MINIMAL WHEEZING NOTED IN TRIAGE. DENIES N/V. HAD BREATHING TREATMENT AT JAIL TODAY. NO DISTRESS NOTED IN TRIAGE, PT VERY VERBAL

History of Present Illness

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3000 St Matthews Road
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(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

The patient presents with wheezing and Asthma HX. The onset was 1 days ago. The course/duration of symptoms is episodic and fluctuating in intensity. Degree at onset mild. Degree at present mild. The Exacerbating factors is none. The Relieving factors is beta-agonist. Risk factors consist of asthma. Prior episodes: occasional. Therapy today: none. Associated symptoms: none. Additional history: none.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Wheezing.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies: .

Allergic Reactions (All)

No known allergies

Medications: .

Prescriptions and Home Medications

albuterol, 2 puffs inh every 4 hours prn sob
acetaminophen-hydrocodone (Lortab 5/500 oral tablet), 1 tab, Oral, q4hr Interval, 24 tab, PRN: for pain
ketorolac (ketorolac 10 mg oral tablet), 10 mg, 1 tab, Oral, q6hr Interval, 60 tab, PRN: for pain
prednisoLONE (prednisoLONE 15 mg/5 mL oral syrup), 15 mg, 5 mL, Oral, BID, 70 mL
azithromycin (Zithromax Z-Pak 250 mg oral tablet), 1 packet, Oral, Once, TAKE TWO ON FIRST DAY, THEN ONE EACH FOLLOWING DAY, 5 packet
chlorpheniramine-hydrocodone (Tussionex PennKinetic 10 mg-8 mg/5 mL oral suspension, extended release), 5 mL, Oral, q12hr Interval, 60 mL, PRN: as needed for cough and congestion
albuterol (albuterol 90 mcg/inh inhalation aerosol), 2-4 PUFFS, INH, q4hr Interval, 17 gram
azithromycin (Zithromax Z-Pak 250 mg oral tablet), 1 packet, Oral, Once, TAKE TWO ON FIRST DAY, THEN ONE EACH FOLLOWING DAY, 5 packet
predniSONE (predniSONE 20 mg oral tablet), 20 mg, 1 tab, Oral, BID, 10 tab
albuterol (albuterol 90 mcg/inh inhalation aerosol), 2-4 PUFFS, INH, q4hr Interval, 17 gram
chlorpheniramine-hydrocodone (Tussionex PennKinetic 10 mg-8 mg/5 mL oral suspension, extended release), 5 mL, Oral, q12hr Interval, 60 mL, PRN: as needed for cough and congestion
UNKNOWN MEDICATION, ALL MEDS AT HOME, , Oral

Past Medical/ Family/ Social History

Medical history: Medical history.

Active

Asthma (301485011)
Asthma
Acid reflux (353140018)

Resolved

Asthma (493): Resolved.
Hernia repair (84078018): Resolved.
ASTHMA: Resolved.

Surgical history: Surgical history.

hernia.

Family history: Family history.

No family history items have been selected or recorded.

Request ID: 5004492

Print Date/Time 01/07/2015 14:32

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Physical Examination

Vital Signs

Vital Signs.

09/08/10 11:14 EDT	Temperature Oral	36.4 DegC
	Peripheral Pulse Rate	86 bpm
	Respiratory Rate	**22 br/min HI**
	Systolic Blood Pressure	**169 mmHg HI**
	Diastolic Blood Pressure	**93 mmHg HI**

Measurements.

09/08/10 11:14 EDT	Weight Dosing	123.000 kg

Basic Oxygen Information.

09/08/10 11:14 EDT	Oxygen Therapy	Room air
	SpO2	98 %

General: Alert, no acute distress.
Skin: Warm, dry, pink.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline, no tenderness
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.
Chest wall: No tenderness, No deformity.
Psychiatric: Cooperative, appropriate mood & affect.
Additional physical exam information: Recently completed Zithromax and prednasone.

Impression and Plan

Diagnosis

Asthma 493.90 (ICD9 493.90, Discharge, Emergency medicine, Medical)

Plan

Condition: Unchanged.
Disposition: Discharged: Time 09/08/10 12:39:00, to police
Prescriptions: Launch prescriptions.
Pharmacy:
albuterol 90 mcg/inh inhalation aerosol (Ordered): 2 puffs, Oral, q6h Standard, 1 each
Patient was given the following educational materials: Asthma, Adult, Asthma, Adult.
Follow up with: Bismarck Amoah-Apraku Within ; Follow up with primary care provider Within .
Counseled: Patient, Police.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Seaton RN, Matthew B (09/08/2010 13:03)
Signed By	
Authenticated By	

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 09/08/10 13:03:21 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000136359
Chief Complaint: Sob

Patient Education Materials:
Emergency Medicine

Asthma, Adult

Request ID: 5004492

Print Date/Time 01/07/2015 14:32

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

Emergency Documentation

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Seaton RN,Matthew B (09/08/2010 13:03)
Signed By	
Authenticated By	

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 09/08/10 13:03:20
DOB: [redacted] **MRN:** 0000174021 **FIN:**
Chief Complaint: Dyspnea; Dyspnea; SOB; SOB; Sob

Visit Date: 9/08/2010 11:07 AM
Address: 105 Gizmo Rd Orangeburg SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name: Amoah-Apraku, Bismarck
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions:
Asthma, Adult

With:	**Address:**	**When:**
Follow up with primary care provider		

Comments:

Request ID: 5004492

Print Date/Time 01/07/2015 14:32

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/08/2010
MRN:	0000174021	**Discharge Date:**	09/08/2010
Account Number:	1000136359	**Admitting:**	Libby MD,John P
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Libby MD,John P
Location:	ED		

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-10-29776	XR Chest 2 Views	09/08/2010 12:24	Swetnam,Robert E

Reason For Exam
(XR Chest 2 Views) Dyspnea

Report
CLINICAL HISTORY: DYSPNEA.

DATE OF EXAMINATION: 09/08/2010.

PA and lateral views of the chest reveal no active pulmonary disease. The heart and mediastinal structures are within normal limits. The bony structures appear intact. No significant change since a previous exam of 09/14/2009.

IMPRESSION:

Negative PA and lateral chest.

318112: rsb

***** *Final Report* *****

Dictated by: Lovelace, Dallas W

Signed by: Lovelace, Dallas W
09/08/2010 1:16 pm
Transcribed by: Bell, Rhonda S
09/08/2010 12:59 pm

Preliminary Interpretation
09/08/2010 12:38 pm, Lovelace, Dallas W
c) Nothing Acute

Request ID: 5004492

Print Date/Time 01/07/2015 14:32

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA, David Rogers
Location:	ED		

Emergency Documentation

LUL: Clear
RUL: Clear
RML: Clear
LLL: Clear
RLL: Clear

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Neurological
Aspiration Risk: None
Facial Symmetry: Symmetric
Pupils Equal, Round, Reactive to Light, and Accommodation: Yes
Characteristics of Speech: Clear
Loss of Consciousness: No
Gait: Steady
Level of Consciousness: Alert
Orientation: Oriented x 3

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Glasgow Coma
Eye Opening Response Glasgow: Spontaneously
Best Verbal Response Glasgow: Oriented
Best Motor Response Glasgow: Obeys simple commands
Glasgow Coma Score: 15

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Musculoskeletal Assessment
Musculoskeletal Joint Assessment Grid

Location:	Elbow, right
Range of Motion:	Full motion
Comments	(Comment: c/o right forearm pain, painful rom of elbow though [Cross RN, Tiffanie A - 12/08/2010 20:27 EST])
	Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Integumentary
Skin Integrity: Intact

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Skin Turgor: Elastic
Mucous Membrane: Pink
Mucous Membrane Description: Moist
Wound Assessment: Yes
Skin Color: Normal for ethnicity
Skin Description: Dry
Skin Temperature: Warm

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Incision/Wound Detailed #1 Nsg
Incision/Wound Location #1: Arm, right
Incision/Wound #1 Anatomical Position: Other: forearm
Incision/Wound #1 Wound Appearance: Edematous, Tenderness around wound, Tenderness within wound
Incision/Wound #1 Surrounding Tissue: Erythema, Wound edges well defined
Incision/Wound #1 Drainage: None
Incision/Wound #1 Note: pain, swelling, erythema to right forearm. pt is guarding arm and exam is difficult. pt states was assualted by daughter "who was high and crazy on drugs with a large pot that you cook crabs in" states was struck on arm several times with the pot.

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

Rapid Pain Assessment
Before immediate treatment, assess intensity, quality, location and duration.: Lower arm
Primary Pain Laterality: Right
Primary Pain Radiation: Yes
Primary Pain Radiation Characteristics: right forearm pain radiates up arm
Primary Pain Quality: Aching, Radiating, Sharp
Primary Pain Duration: assaulted by daughter with a large pot. c/o right forearm pain. pain, swelling, and erythema to right forearm. pt is guarding arm and exam is difficult.
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating
Numeric Pain Scale: 10 = Worst possible pain
Numeric Pain Score: 10

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

ED Psych
Affect/Behavior: Agitated, Anxious, Crying, Restless

Cross RN, Tiffanie A - 12/08/2010 20:27 EST

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA, David Rogers
Location:	ED		

Emergency Documentation

Document Name	ED Note-Physician
Document Status	Modified
Performed By	Hart PA, David Rogers (12/08/2010 21:17); Hart PA, David Rogers (12/08/2010 20:35)
Signed By	Hart PA, David Rogers (12/08/2010 21:17); Hart PA, David Rogers (12/08/2010 20:39)
Authenticated By	Hart PA, David Rogers (12/08/2010 21:17); Hart PA, David Rogers (12/08/2010 20:39)

Addendum by Hart PA, David Rogers on 08 December 2010 21:17 EST
(Chart inadvertently signed Prior to disposition)

X ray is Neg/ Pt is improved

Diagnosis: Contusion, ARM

RX: TRamadol and Mobic

pt to ice and f/u with pcp next week if not better

Arm pain-swelling

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1000183605**
Age: **53 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Hart PA, David Rogers**

Basic Information
Time seen: Date & time 12/08/10 20:14:00.
History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint.

```
12/08/10 20:08 EST      Chief Complaint      assaulted by daughter. c/o rt
arm pain.
```

History of Present Illness
The patient presents with right, arm injury The onset was just prior to arrival. The course/duration of symptoms is constant. Type of injury: direct blow and pt states her daughter was on drugs and she hit pt with a pot The location where the incident occurred was at home. Location: Right forearm. The character of symptoms is pain, no swelling. The degree of pain is moderate. The degree of swelling is none.

Review of Systems
Constitutional symptoms: No fever.
Musculoskeletal symptoms: No back pain.
Neurologic symptoms: No numbness, no tingling.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA, David Rogers
Location:	ED		

Emergency Documentation

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies: .

Allergic Reactions (Selected)

No known allergies

Medications: .

Prescriptions and Home Medications

albuterol (albuterol 90 mcg/inh inhalation aerosol), 2 puffs, Oral, q6h Standard, 1 each

Past Medical/ Family/ Social History

Medical history: Medical history.

Active

Asthma (301485011)
Asthma
Acid reflux (353140018)

Resolved

Asthma (493): Resolved.
Hernia repair (84078018): Resolved.
ASTHMA: Resolved.

Surgical history: Surgical history.

hernia.

Family history: Family history.

No family history items have been selected or recorded.

Physical Examination

Vital Signs

Vital Signs.

12/08/10 20:08 EST	Temperature Oral	36.5 DegC
	Peripheral Pulse Rate	92 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	**155 mmHg HI**
	Diastolic Blood Pressure	**96 mmHg HI**

Measurements.

12/08/10 20:08 EST	Weight Dosing	120.000 kg

Basic Oxygen Information.

12/08/10 20:08 EST	Oxygen Therapy	Room air
	SpO2	97 %

General: Alert, no acute distress.
Skin: Warm, dry, no signs of trauma.
Head: Normocephalic, atraumatic.
Neck: Supple.
Eye: Pupils are equal, round and reactive to light.
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Chest wall: No tenderness.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Musculoskeletal: Normal ROM, normal strength, no swelling, no deformity, pt is diffusely tender R forearm; elbow and wrist with full ROM
Neurological: Alert and oriented to person, place, time, and situation, normal sensory observed, normal motor observed, normal speech observed.
Psychiatric: Cooperative, pt is very vocal and saying "oy" and " I need pain medicines" but when she stops to explain history of injury, she appears immediately calm and in no distress..

Medical Decision Making
Orders Launch Orders.
Pharmacy:
TORADOL INJECTION (Order Processing), 30 mg, IM, Once
Radiology:
Forearm 2 Views Right XR (Order Processing); 12/08/10 20:21 EST, Stat, Once, Reason: Injury, No, Transport Mode: Wheelchair, Rad Type

---

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Cross RN,Tiffanie A (12/08/2010 21:26)
Signed By	
Authenticated By	

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 12/08/10 21:26:47 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000183605
Chief Complaint: Inj to Rt Arm

Patient Education Materials:
Emergency Medicine

Contusions

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

You have a deep bruise (*contusion*). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of damage and bleeding in the injured area. Minor trauma will give you a painless bruise, but more severe contusions may stay painful and swollen for a few weeks.

HOME CARE INSTRUCTIONS

- Ø Rest the injured area until the pain and swelling are better.
- Ø Apply ice packs every few hours for 2-3 days, then use moist heat.
- Ø Elevate the injury to reduce swelling.
- Ø Compression bandages also help reduce swelling and motion.

A hematoma may form in large contusions. This is a collection of blood in the deep tissues. Hematomas are usually reabsorbed by the body naturally. Sometimes they need to be drained.

SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Ø Signs of infection (increased redness, swelling, or pain)
- Ø Numbness or coldness.

Document Released: 01/25/2006 Document Re-Released: 10/04/2007
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Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Cross RN,Tiffanie A (12/08/2010 21:26)
Signed By	
Authenticated By	

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann
DOB: [redacted] 12:00 AM

Current Date: 12/08/10 21:26.46
MRN: 0000174021 **FIN:**

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Discharge Diagnosis: contusion of arm
Address: 105 Gizmo Rd Orangeburg SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name: Amoah-Apraku, Bismarck
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

YOUR X-RAYS

Your x-rays may have been read by the emergency physician who saw you today. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions:
Contusions

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

Medication Information

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

Patient Education Materials Follows

Request ID. 5004360

Print Date/Time 01/07/2015 14:30

+rmc
the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Contusions

You have a deep bruise (*contusion*). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of damage and bleeding in the injured area. Minor trauma will give you a painless bruise, but more severe contusions may stay painful and swollen for a few weeks.

HOME CARE INSTRUCTIONS

- Ø Rest the injured area until the pain and swelling are better.
- Ø Apply ice packs every few hours for 2-3 days, then use moist heat.
- Ø Elevate the injury to reduce swelling.
- Ø Compression bandages also help reduce swelling and motion.

A hematoma may form in large contusions. This is a collection of blood in the deep tissues. Hematomas are usually reabsorbed by the body naturally. Sometimes they need to be drained.

SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Ø Signs of infection (increased redness, swelling, or pain)
- Ø Numbness or coldness.

Document Released: 01/25/2006 Document Re-Released: 10/04/2007
ExitCare® Patient Information ©2009 ExitCare, LLC.

Miller, Dorothy Ann has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

Follow-up Instructions:

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

+rmc
the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Hart PA, David Rogers
Location:	ED		

Emergency Documentation

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

Patient Education Materials
Contusions

I, Miller, Dorothy Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Hart PA, David Rogers (12/08/2010 21:20)
Signed By	
Authenticated By	

ED Patient Summary

Regional Medical Center

Patient Summary

Name: Miller, Dorothy Ann
DOB: 8/22/1957 12:00 AM

Current Date: 12/08/10 21:20:06
MRN: 0000174021 **FIN:**

Discharge Diagnosis: contusion of arm
Address: 105 Gizmo Rd Orangeburg SC 29115
Phone: (803) 534-2973

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

+rmc
the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**		
MRN:	0000174021		
Account Number:	1000183605		
DOB/AGE/SEX:	08/22/1957	57 years	Female
Location:	ED		

Admit/Discharge	12/08/2010
Discharge Date:	12/08/2010
Admitting:	Hart PA,David
Attending:	Hart PA,David Rogers

Emergency Documentation

Primary Care Provider:
Name: Amoah-Apraku, Bismarck
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

YOUR X-RAYS

Your x-rays may have been read by the emergency physician who saw you today. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions:
Contusions

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

Medication Information

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

Patient Education Materials Follows

Contusions

You have a deep bruise (*contusion*). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of damage and bleeding in the injured area. Minor trauma will give you a painless bruise, but more severe contusions may stay painful and swollen for a few weeks.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	Rogers PA,David Rogers
Location:	ED				

Emergency Documentation

HOME CARE INSTRUCTIONS

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- Ø Elevate the injury to reduce swelling.
- Ø Compression bandages also help reduce swelling and motion.

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SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Ø Signs of infection (increased redness, swelling, or pain)
- Ø Numbness or coldness.

Document Released: 01/25/2006 Document Re-Released: 10/04/2007
ExitCare® Patient Information ©2009 ExitCare, LLC.

Miller, Dorothy Ann has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

Follow-up Instructions:

With:	Address:	When:
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Patient Education Materials
Contusions

I, Miller, Dorothy Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

Document Name	ED Clinical Summary
Document Status	Auth (Verified)
Performed By	
Signed By	
Authenticated By	Cross RN,Tiffanie A (12/08/2010 21:26)

ED Clinical Summary

Regional Medical Center

ED

Clinical Discharge Summary

PERSON INFORMATION

Name Miller, Dorothy Ann
Age 53 Years
DOB 8/22/1957 12:00 AM
Address: 105 Gizmo Rd Orangeburg SC 29115
Discharge Diagnosis contusion of arm
Arrival 12/08/2010 7:53 PM
Discharge 12/08/2010 9:26 PM
Dispo Type Home or Self Care (01)

PCP Amoah-Apraku, Bismarck
Phone (803) 534-2973

Acuity 4 - Less Urgent
LOS 000 01:33

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.5 DegC	36.6 DegC

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	~~Rogers~~PA,David Rogers
Location:	ED				

Emergency Documentation

Temp Axillary		
Temp Artery		
Temp Rectal		
Sp02	97 %	97 %
Respiratory Rate	20 br/min	20 br/min
Peripheral Pulse Rate	92 bpm	88 bpm
Apical Heart Rate		
Blood Pressure	155 mmHg / 96 mmHg	153 mmHg / 84 mmHg

MEDICAL INFORMATION

Allergy Info:
No known allergies
Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition: Home or Self Care (01)
Discharge Location:

MEDS RECONCILATION

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

MEDS GIVEN

Medication	Dose	Route	Performed By
ketorolac	30 mg	IM	Cross RN, Tiffanie A

DISCHARGE INSTRUCTIONS

Instructions:
Contusions
Follow up:

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	Hart PA,David Rogers
Location:	ED				

Emergency Documentation

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

YOUR X-RAYS

Your x-rays may have been read by the emergency physician who saw you today. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

DIAGNOSIS

contusion of arm

Comment:

Document Name	ED Clinical Summary
Document Status	Auth (Verified)
Performed By	Hart PA,David Rogers (12/08/2010 21:20)
Signed By	
Authenticated By	

ED Clinical Summary

Regional Medical Center

ED

Clinical Discharge Summary

PERSON INFORMATION

Name Miller, Dorothy Ann
Age 53 Years
DOB 8/22/1957 12:00 AM
Address: 105 Gizmo Rd Orangeburg SC 29115
Discharge Diagnosis contusion of arm
Arrival 12/08/2010 7:53 PM
Discharge
Dispo Type

PCP Amoah-Apraku, Bismarck
Phone (803) 534-2973

Acuity 4 - Less Urgent
LOS 000 01:27

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA, David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	Rogers PA, David Rogers
Location:	ED				

Emergency Documentation

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.5 DegC	36.5 DegC
Temp Axillary		
Temp Artery		
Temp Rectal		
Sp02	97 %	97 %
Respiratory Rate	20 br/min	20 br/min
Peripheral Pulse Rate	92 bpm	92 bpm
Apical Heart Rate		
Blood Pressure	155 mmHg / 96 mmHg	155 mmHg / 96 mmHg

MEDICAL INFORMATION

Allergy Info:
No known allergies
Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition:
Discharge Location:

MEDS RECONCILATION

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours

MEDS GIVEN

Medication	Dose	Route	Performed By
ketorolac	30 mg	IM	Cross RN, Tiffanie A

DISCHARGE INSTRUCTIONS

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	Hart PA,David Rogers
Location:	ED				

Emergency Documentation

Instructions.
Contusions
Follow up:

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 week, only if needed

Comments:

YOUR X-RAYS

Your x-rays may have been read by the emergency physician who saw you today. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

DIAGNOSIS

contusion of arm
Comment:

Coding Summary

Document Name	Coding Note
Document Status	Transcribed
Performed By	
Signed By	
Authenticated By	

CODING DATE: 12/13/2010 FINAL
Regional Medical Center

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	12/08/2010
MRN:	0000174021			**Discharge Date:**	12/08/2010
Account Number:	1000183605			**Admitting:**	Hart PA, David
DOB/AGE/SEX:	08/22/1957	57 years	Female	**Attending:**	Rogers PA, David Rogers
Location:	ED				

Coding Summary

ADMIT DX:
729.5 Pain in Limb

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
923.10 Contusion of Forearm

SECONDARY:
E968.2 Assault by Striking by Blunt or Thrown Object
E849.0 Home Accidents
493.90 Asthma, Unspecified

PROC	PYMT APC	STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Printed By: Walker, Sheila
Date Printed: 12/13/2010
Coded By: Walker, Sheila
Date Saved: 12/13/2010 06:14

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Orders

Order: **ketorolac (TORADOL INJECTION)**
Order Start Date/Time: 12/08/2010 21:00
Ordering Physician: Hart PA,David Rogers

Action Type: Complete	Action Date/Time: 12/08/2010 20:38	Action Personnel: Cross RN,Tiffanie A

Communication Type:
Review Information:
Doctor Cosign: Not Required

Action Type: Order	Action Date/Time: 12/08/2010 20:21	Action Personnel: Hart PA,David Rogers

Communication Type: Written
Review Information:
Nurse Review: Electronically Signed, Holcombe RN,Chelsea D on 06/25/2012 17:49
Pharmacist Verify: Not Reviewed
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM on 12/08/2010 20:21
Doctor Cosign: Not Required

Order: **XR Forearm 2 Views Right (Forearm 2 Views Right XR)**
Order Start Date/Time: 12/08/2010 20:21
Ordering Physician: Hart PA,David Rogers

Action Type: Complete	Action Date/Time: 12/08/2010 21:18	Action Personnel: Habakus MD,Scott J

Communication Type: Written
Review Information:
Doctor Cosign: Not Required

Action Type: Status Change	Action Date/Time: 12/08/2010 21:04	Action Personnel: Summers RT(R), Jessica L

Communication Type: Written
Review Information:
Doctor Cosign: Not Required

Action Type: Status Change	Action Date/Time: 12/08/2010 20:55	Action Personnel: Summers RT(R), Jessica L

Communication Type: Written
Review Information:
Doctor Cosign: Not Required

Action Type: Order	Action Date/Time: 12/08/2010 20:21	Action Personnel: Hart PA,David Rogers

Communication Type: Written
Review Information:
Nurse Review: Electronically Signed, Holcombe RN,Chelsea D on 06/25/2012 17:49
Doctor Cosign: Not Required

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Assessment Forms

Document Name	ED Vital Signs and Pain - Text
Document Status	Auth (Verified)
Performed By	Cross RN,Tiffanie A (12/08/2010 21:25)
Signed By	Cross RN,Tiffanie A (12/08/2010 21:25)
Authenticated By	Cross RN,Tiffanie A (12/08/2010 21:25)

ED Vital Signs and Pain Entered On: 12/08/2010 21:26 EST
Performed On: 12/08/2010 21:25 EST by Cross RN, Tiffanie A

Vitals/Ht/Wt
Temperature Oral. 36.6DegC(Converted to 97.9DegF)
Peripheral Pulse Rate: 88bpm
Respiratory Rate: 20br/min
Systolic/
Diastolic BP. 153mmHg (HI)
Systolic/
Diastolic BP: 84mmHg

Cross RN, Tiffanie A - 12/08/2010 21:25 EST

Rapid Pain Assessment - Focused
Pain Location. Lower arm
Laterality: Right
Pain Radiates: No
Quality: Aching, Dull
Patient's Preferred Pain Tool. Numeric rating
Numeric Rating: 6
Numeric Rating Score: 6

Cross RN, Tiffanie A - 12/08/2010 21:25 EST

Treatments/Procedures Forms

Document Name	ED Treatments and Procedures - Text
Document Status	Auth (Verified)
Performed By	Cross RN,Tiffanie A (12/08/2010 21:26)
Signed By	Cross RN,Tiffanie A (12/08/2010 21:26)
Authenticated By	Cross RN,Tiffanie A (12/08/2010 21:26)

ED Treatments and Procedures Entered On: 12/08/2010 21:26 EST
Performed On: 12/08/2010 21:26 EST by Cross RN, Tiffanie A

Performed By

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Treatments/Procedures Forms

ED Tx & Procedure Performed By: Cross RN, Tiffanie A

Cross RN, Tiffanie A - 12/08/2010 21:26 EST

DC Information
Discharged to: Home with family care
Mode of Discharge: Ambulatory
Discharge Transportation: Private vehicle

Cross RN, Tiffanie A - 12/08/2010 21:26 EST

Document Name	ED Treatments and Procedures - Text
Document Status	Auth (Verified)
Performed By	Cross RN,Tiffanie A (12/08/2010 21:12)
Signed By	Cross RN,Tiffanie A (12/08/2010 21:12)
Authenticated By	Cross RN,Tiffanie A (12/08/2010 21:12)

ED Treatments and Procedures Entered On: 12/08/2010 21:12 EST
Performed On: 12/08/2010 21:12 EST by Cross RN, Tiffanie A

Performed By
ED Tx & Procedure Performed By: Cross RN, Tiffanie A

Cross RN, Tiffanie A - 12/08/2010 21:12 EST

ED Nurse Collect
Intrahospital Transport
Returned From Radiology: Yes
Transported via Wheelchair: Yes

Cross RN, Tiffanie A - 12/08/2010 21:12 EST

Document Name	ED Treatments and Procedures - Text
Document Status	Auth (Verified)
Performed By	Cross RN,Tiffanie A (12/08/2010 21:02)
Signed By	Cross RN,Tiffanie A (12/08/2010 21:02)
Authenticated By	Cross RN,Tiffanie A (12/08/2010 21:02)

ED Treatments and Procedures Entered On: 12/08/2010 21:02 EST
Performed On: 12/08/2010 21:02 EST by Cross RN, Tiffanie A

Performed By
ED Tx & Procedure Performed By: Cross RN, Tiffanie A

Cross RN, Tiffanie A - 12/08/2010 21:02 EST

ED Nurse Collect

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	12/08/2010
MRN:	0000174021	**Discharge Date:**	12/08/2010
Account Number:	1000183605	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA, David Rogers
Location:	ED		

Treatments/Procedures Forms

Intrahospital Transport
To Radiology. Yes
Transported via Wheelchair: Yes

Cross RN, Tiffanie A - 12/08/2010 21:02 EST

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-10-40204	XR Forearm 2 Views Right	12/08/2010 21:04	Hart PA, David Rogers

Reason For Exam
(XR Forearm 2 Views Right) Injury

Report

Study Ref: XR-10-40204
Exam Date: Dec-08-2010
Technique
AP AND LATERAL RIGHT FOREARM RADIOGRAPHS
History
53-year-old female with trauma to the right forearm. There are no comparison exams available.
Findings
The osseous mineralization is normal. There are no fractures or malalignments. The overlying soft tissues are unremarkable No joint effusion is seen.
Impression
No displaced fracture identified.

***** *Final Report* *****

Dictated by: Habakus MD, Scott J
12/08/2010 9:18 pm
Signed by: Habakus MD, Scott J
12/08/2010 9:18 pm
Transcribed by: Habakus MD, Scott J
12/08/2010 9:18 pm

Request ID: 5004360

Print Date/Time 01/07/2015 14:30

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:

Insurance Phone: 9999999999
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 10/22/2011 11:10
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 10/22/2011 13:17
Observation Dt/Tm:
VIP Indicator:
Admit Reason: severe pain right shoulder

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Boyd, Mary L
Admit Physician:
Attend Physician: Favor MD, Ta-Tanish
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000367439

0391

Printed By: Elder, Brooke W on 01/07/2015 14:15
Registration last updated by: Holbert RN, Kayla B on 10/22/2011 13:17

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

ED Triage Adult Entered On: 10/22/2011 11:24 EDT
Performed On: 10/22/2011 11:23 EDT by West RN, Jesse H

Triage
Chief Complaint : pt c/o right shoulder pain x 2 weeks.
Pain Symptoms Self Report : Yes
Vital Signs Assessed : Yes

West RN, Jesse H - 10/22/2011 11:23 EDT

Problems(Active)

Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
gastric reflux	*Name of Problem:* gastric reflux ; *Onset Date:* 2009 ; *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Rapid Pain Assessment
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities. : Numeric rating
Numeric Pain Scale : 8
Numeric Pain Score : 8

West RN, Jesse H - 10/22/2011 11:23 EDT

Vitals/Ht/Wt
Temperature Oral : 36.8DegC(Converted to: 98.2DegF)
Peripheral Pulse Rate : 94bpm
Respiratory Rate : 18br/min

Request ID: 5003803

Print Date/Time 01/07/2015 14:15

+rmc
the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Systolic/
Diastolic BP : 140mmHg
Systolic/
Diastolic BP : 81mmHg
SpO2 : 100%
O2 Therapy : Room air
Height/Length Dosing : 170cm(Converted to: 5ft 7inch, 5.58ft, 66.93inch)
Weight Dosing : 120kg(Converted to: 264lb 9oz)
Body Mass Index Dosing : 42kg/m2

West RN, Jesse H - 10/22/2011 11:23 EDT

Allergies
ED Allergy Review : Yes

West RN, Jesse H - 10/22/2011 11:23 EDT

Allergies (Active)
No known allergies

Estimated Onset Date: Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P; *Reviewed Date:* 09/04/2011 5:35 EDT

ESI
Is This
Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : One

West RN, Jesse H - 10/22/2011 11:23 EDT

DCP GENERIC CODE
Tracking Acuity : 4 - Less Urgent
Tracking Group : RMC ED Tracking Group

West RN, Jesse H - 10/22/2011 11:23 EDT

Recommended ESI Level : 4

West RN, Jesse H - 10/22/2011 11:23 EDT

General
Last Tetanus : Unknown
Suicidal Ideation : None
ED Wait Time : Patient Taken to Treatment Area

West RN, Jesse H - 10/22/2011 11:23 EDT

ED Past Medical History
Patient Medical History Reviewed : Documented

West RN, Jesse H - 10/22/2011 11:23 EDT

Request ID: 5003803

Print Date/Time 01/07/2015 14:15

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Past Medical History

Asthma	*Name of Problem:* Asthma ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 08/29/2010 5:56 EDT ; *Life Cycle Status:* Resolved ; *Vocabulary:* ICD-9-CM
Hernia repair	*Name of Problem:* Hernia repair ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/16/2009 14:35 EST ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
ASTHMA	*Name of Problem:* ASTHMA ; *Recorder:* Lineberger RN, Adriane; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 05/14/2010 0:43 EDT ; *Life Cycle Status:* Resolved
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Surgical History
Patient Surgical History Reviewed: Documented

Request ID: 5003803

Print Date/Time 01/07/2015 14:15

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

West RN, Jesse H - 10/22/2011 11:23 EDT

Procedure History

Anesthesia Minutes: 0 ; *Procedure Name:* hernia ; *Procedure Minutes:* 0

Social History
Smoking History : Never smoker

West RN, Jesse H - 10/22/2011 11:23 EDT

Social History

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
(Last Updated: 12/22/2009 12:42:42 by Pooser RN, Marsha H)

ED Medication Review
Medication List

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Holbert RN,Kayla B (10/22/2011 11:55)
Signed By	Holbert RN,Kayla B (10/22/2011 11:55)
Authenticated By	Holbert RN,Kayla B (10/22/2011 11:55)

ED Assessment Adult Entered On: 10/22/2011 11:55 EDT
Performed On: 10/22/2011 11:50 EDT by Holbert RN, Kayla B

Cardiovascular
Heart Rhythm : Regular
Nail Bed Color : Pink
Capillary Refill : Less than 3 seconds
Level of Consciousness : Alert
Orientation : Oriented x 3
Affect/Behavior : Appropriate, Calm, Cooperative
Distress : None

Request ID: 5003803

Print Date/Time 01/07/2015 14:15

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Respiratory
Respirations : Unlabored
Respiratory Pattern Description : Regular
Cough : None

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Breath Sounds Assessment Grid
LUL : Clear
RUL : Clear
RML : Clear
LLL : Clear
RLL : Clear

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Respiratory Pattern : Regular

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Neurological
Aspiration Risk : None
Level of Consciousness : Alert
Orientation : Oriented x 3

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Glasgow Coma
Eye Opening Response Glasgow : Spontaneously
Best Verbal Response Glasgow : Oriented
Best Motor Response Glasgow : Obeys simple commands
Glasgow Coma Score : 15

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Additional Comments
Additional Comments : PT STATES HER RIGHT ARM HAS BEEN HURTING "FOR A WHILE"..STATES HISTORY OF ARTHRITIS ..ALSO STATES HER LEFT ARM HURTS "ON AND OFF SOME"...RATES HER PAIN AT 8/10, DENIES ANY KNOWN INJURY

Holbert RN, Kayla B - 10/22/2011 11:56 EDT

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Favor MD,Ta-Tanisha (10/22/2011 11:51)
Signed By	Favor MD,Ta-Tanisha (10/23/2011 20:09)
Authenticated By	Favor MD,Ta-Tanisha (10/23/2011 20:09); Favor MD,Ta-Tanisha (10/22/2011 13:06); Favor MD,Ta-Tanisha (10/22/2011 11:57)

Request ID: 5003803

Print Date/Time 01/07/2015 14:15

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Shoulder pain-swelling

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000367439
Age: 54 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Favor MD, Ta-Tanisha

Basic Information
Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint.

10/22/2011 11:23 EDT Chief Complaint pt c/o right shoulder pain x 2 weeks.

History of Present Illness
The patient presents with right, shoulder pain. The onset was chronic. The course/duration of symptoms is constant. Type of injury: none. Location: Right shoulder. Radiating pain: right side of the neck. The character of symptoms is pain. The degree of pain is moderate. The degree of swelling is none. Exacerbating factors consist of movement palpation. The relieving factor is immobilization. Risk factors consist of none. Prior episodes: chronic. Therapy today: none. Associated symptoms: none.

Review of Systems
Constitutional symptoms: No fever.
Skin symptoms: No jaundice, no rash.
Eye symptoms: No recent vision problems, no blurred vision.
Respiratory symptoms: No shortness of breath.
Cardiovascular symptoms: No chest pain, no palpitations, no peripheral edema.
Gastrointestinal symptoms: No abdominal pain, no vomiting, no diarrhea.
Genitourinary symptoms: No dysuria.
Musculoskeletal symptoms: Joint pain, No back pain.
Neurologic symptoms: No headache, no weakness.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies
Medications: .
Prescriptions and Home Medications
albuterol (albuterol 90 mcg/inh inhalation aerosol), 2 puffs, Oral, q6h Standard, 1 each
acetaminophen-oxycodone (Percocet 5/325 oral tablet), 1 tab, Oral, q4hr Interval, 12 tab, PRN: for pain
famotidine (Pepcid 20 mg oral tablet), 20 mg, 1 tab, Oral, BID, 60 tab
ondansetron (Zofran 4 mg oral tablet), 4 mg, 1 tab, Oral, q8hr Interval, 20 tab
azithromycin (Zithromax Z-Pak 250 mg oral tablet), 1 packet, Oral, Once, as directed on package labeling, 6 tab
albuterol (albuterol 90 mcg/inh inhalation aerosol with adapter), 2 puff, INH, QID, 17 gram, PRN: for wheezing

Past Medical/ Family/ Social History
Medical history: Medical history.
Active
Asthma (301485011)
Asthma
Acid reflux (353140018)

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Resolved
Asthma (493): Resolved.
Hernia repair (84078018): Resolved.
ASTHMA: Resolved.
Surgical history: Surgical history.
hernia.
Family history: Family history.
No family history items have been selected or recorded.
CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs
Vital Signs.

10/22/2011 11:23 EDT	Temperature Oral	36.8 DegC
	Peripheral Pulse Rate	94 bpm
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	140 mmHg
	Diastolic Blood Pressure	81 mmHg

Measurements.

10/22/2011 11:23 EDT	Height/Length Dosing	170 cm
	Weight Dosing	120 kg
	Body Mass Index Dosing	42 kg/m2

Basic Oxygen Information.

10/22/2011 11:23 EDT	Oxygen Therapy	Room air
	SpO2	100 %

General: Alert.
Skin: Warm, dry.
Head: Normocephalic.
Neck: Supple..
Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.
Cardiovascular: Regular rate and rhythm.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Gastrointestinal: Soft, Nontender.
Musculoskeletal: Normal ROM, Proximal upper extremity: Right, shoulder, tenderness.
Neurological: Alert and oriented to person, place, time, and situation. No focal neurological deficit observed.

Medical Decision Making
Orders Launch Orders.
Pharmacy:
TORADOL INJECTION (Order Processing): 60 mg, IM, OnceLaunch Orders.
Pharmacy:
PERCOCET ED-MTG (Order Processing): 1 each, Oral, Once

Impression and Plan
Diagnosis

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Shoulder pain 719.41 (ICD9 719.41, Discharge, Emergency medicine, Medical)

Plan

Condition: Stable.
Disposition: Discharged: to home.
Prescriptions: Launch prescriptions.
Pharmacy:
Naprosyn 500 mg oral tablet (Ordered): 500 mg, 1 tab, Oral, BID, 60 tab
Percocet 5/325 oral tablet (Ordered): 1 tab, Oral, q4hr Interval, 12 tab, PRN, as needed for pain
Patient was given the following educational materials: Arthralgia (Pain in a Joint).
Follow up with: Primary Care Physician.
Counseled: Patient, Patient indicated understanding of instructions.
Notes: Pt states she is unable to afford meds- I hae dc home with Percocet to go pac. Otherwise, recommend f/u with PCP - Pain in shoulder chronic. .

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Holbert RN,Kayla B (10/22/2011 13:17)
Signed By	Holbert RN,Kayla B (10/22/2011 13:17); Favor MD,Ta-Tanisha (10/22/2011 11:57)
Authenticated By	Holbert RN,Kayla B (10/22/2011 13:17)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 10/22/2011 13:17:20 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000367439
Chief Complaint: severe pain right shoulder

Patient Education Materials:
Emergency Medicine

Arthralgia (Pain in a Joint)

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/22/2011
MRN:	0000174021	**Discharge Date:**	10/22/2011
Account Number:	1000367439	**Admitting:**	
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Favor MD,Ta-Tanisha
Location:	ED		

Emergency Documentation

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Holbert RN,Kayla B (10/22/2011 13:17)
Signed By	Holbert RN,Kayla B (10/22/2011 13:17)
Authenticated By	Holbert RN,Kayla B (10/22/2011 13:17)

ED Patient Summary

Regional Medical Center

803-395-2200

Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 10/22/2011 13:17:19
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Shoulder pain 719.41
Address: 105 Gizmo Road Orangeburg SC 29115
Phone: (803) 534-2973

Primary Care Provider:
Name: Amoah-Apraku, Bismarck
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

YOUR X-RAYS

If you had XRAYS today they may have been read by your emergency physician. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

Follow-up Instructions

Miller, Dorothy Ann has been given these follow-up instructions:
Arthralgia (Pain in a Joint)

Medication Information

Request ID: 5003803 Print Date/Time 01/07/2015 14:15

Regional Medical Center
3000 St. Matthews Road
Orangeburg, SC 29118
(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 02/12/2012 13:23
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 02/12/2012 16:49
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Sev Pain in arms

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Ritter, Kywana M
Admit Physician: Kimzey PA, Duke Y
Attend Physician: Kimzey PA, Duke Y
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann
MRN: 0000174021

Female / 57 Years
FIN: 1000440463

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Chief Complaint : states severe pain in bilat shoulders. decr rom due to pain x 2 weeks. hx arthritis. taking naproxen without relief. out of her percocet. states last time she was here she got pain meds in a needle that worked real good and she wants more of that.

Holcombe RN, Chelsea D - 02/12/2012 13:33 EST

~~[{states severe pain in bilat shoulders. decr rom due to pain x 2 weeks. hx arthritis. taking naproxen without relief. out of her percocet.] - previously charted by Holcombe RN, Chelsea D at 02/12/2012 13:29 EST];~~

Pain Symptoms Self Report : Yes
Vital Signs Assessed : Yes

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Problems(Active)

Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
gastric reflux	*Name of Problem:* gastric reflux ; *Onset Date:* 2009 ; *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Diagnoses(Active)

Shoulder pain-swelling	*Date:* 02/12/2012 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Shoulder pain-swelling ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* F352900B-2088-4A52-BE97-C0FF272EF477

Rapid Pain Assessment

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities : Numeric rating
Numeric Pain Scale : 10 = Worst possible pain
Numeric Pain Score : 10

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Vitals/Ht/Wt
Temperature Oral : 36.5DegC(Converted to: 97.7DegF)
Peripheral Pulse Rate : 62bpm
Respiratory Rate : 16br/min
Systolic/
Diastolic BP : 155mmHg (HI)
Systolic/
Diastolic BP : 96mmHg (HI)
SpO2 : 99%
O2 Therapy : Room air
Height/Length Dosing : 170cm(Converted to: 5ft 7inch, 5.58ft, 66.93inch)
Weight Dosing : 115kg(Converted to: 253lb 9oz)
Body Mass Index Dosing : 40kg/m2

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Allergies
ED Allergy Review : Yes

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Allergies (Active)
No known allergies

Estimated Onset Date: Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P; *Reviewed Date:* 10/22/2011 11:51 EDT

ESI
Is This
Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : One

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

DCP GENERIC CODE
Tracking Group : RMC ED Tracking Group

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Recommended ESI Level : 4

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

General
Last Tetanus : Unknown
Suicidal Ideation : None
ED Wait Time : Patient Informed of Possible Wait

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

ED Past Medical History
Past Medical History

Asthma	*Name of Problem:* Asthma ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 08/29/2010 5:56 EDT ; *Life Cycle Status:* Resolved ; *Vocabulary:* ICD-9-CM
Hernia repair	*Name of Problem:* Hernia repair ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/16/2009 14:35 EST ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
ASTHMA	*Name of Problem:* ASTHMA ; *Recorder:* Lineberger RN, Adriane; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 05/14/2010 0:43 EDT ; *Life Cycle Status:* Resolved
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:*

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status.* Active ; *Vocabulary:* SNOMED CT

Surgical History

Procedure History

Anesthesia Minutes: 0 ; *Procedure Name.* hernia ; *Procedure Minutes:* 0

Social History
Smoking History : Never smoker

Holcombe RN, Chelsea D - 02/12/2012 13:29 EST

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Walker RN,Audrey T (02/12/2012 15:05)
Signed By	Walker RN,Audrey T (02/12/2012 15:05)
Authenticated By	Walker RN,Audrey T (02/12/2012 15:05)

ED Assessment Adult Entered On: 02/12/2012 15:06 EST
Performed On: 02/12/2012 14:20 EST by Walker RN, Audrey T

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

Walker RN, Audrey T - 02/12/2012 15:05 EST

Pulses Grid
Radial Pulse, Left : 2+ Normal
Radial Pulse, Right : 2+ Normal

Walker RN, Audrey T - 02/12/2012 15:05 EST

Respiratory
Respirations : Unlabored
Respiratory Pattern Description : Regular
Cough : None

Walker RN, Audrey T - 02/12/2012 15:05 EST

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Breath Sounds Assessment Grid
LUL : Clear
RUL : Clear
RML : Clear
LLL : Clear
RLL : Clear

Walker RN, Audrey T - 02/12/2012 15:05 EST

Neurological
Characteristics of Speech : Clear
Gait : Steady
Level of Consciousness : Alert
Orientation : Oriented x 3

Walker RN, Audrey T - 02/12/2012 15:05 EST

Musculoskeletal Assessment
Musculoskeletal Joint Assessment Grid

Location :	Shoulder, left	Shoulder, right
Range of Motion :	Full motion	Full motion
	Walker RN, Audrey T - 02/12/2012 15:05 EST	Walker RN, Audrey T - 02/12/2012 15:05 EST

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Kimzey,Duke Y (02/12/2012 15:11)
Signed By	Kimzey,Duke Y (02/12/2012 23:10)
Authenticated By	Kimzey,Duke Y (02/12/2012 23:10); Kimzey,Duke Y (02/12/2012 16:21)

Shoulder pain-swelling

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1000440463**
Age: **54 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Kimzey, Duke Y**

Basic Information
Time seen: Date & time 02/12/2012 14:31:00.
History source: Patient.
Arrival mode: Private vehicle, walking.

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Surgical history: .
hernia.
Family history: .
No family history items have been selected or recorded.

Physical Examination

Vital Signs
Vital Signs.

02/12/2012 13:29 EST	Temperature Oral	36.5 DegC
	Peripheral Pulse Rate	62 bpm
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	**155 mmHg HI**
	Diastolic Blood Pressure	**96 mmHg HI**

Measurements.

02/12/2012 13:29 EST	Height/Length Dosing	170 cm
	Weight Dosing	115 kg
	Body Mass Index Dosing	40 kg/m2

Basic Oxygen Information.

02/12/2012 13:29 EST	Oxygen Therapy	Room air
	SpO2	99 %

General: Alert, no acute distress.
Skin: Warm, dry, intact.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline, no tenderness.
Cardiovascular: Regular rate and rhythm, No murmur. Normal peripheral perfusion.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.
Chest wall: On exam: Right, posterior, inferior, mild, tenderness, reproduces complaint, reproducable with movement of RUE and deep breaths, no shingles, no crepitus, no subcutaneous emphysema.
Musculoskeletal: Proximal upper extremity: Right, shoulder, tenderness, range of motion (limited, active, passive, on abduction, on adduction, on internal rotation, on external rotation, restricted by pain).
Gastrointestinal: Soft, Nontender, Non distended.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.
Psychiatric: Cooperative.

Medical Decision Making
Differential Diagnosis: Rotator cuff injury, arthritis, pneumonia.
Rationale: pt with subjective SOB "bc of the pain". will check cxr.
Orders Launch Orders.
Pharmacy:
LORTAB TABLET 7.5-500 MG. (Order Processing): 1 each, Oral, Once
TORADOL INJECTION (Order Processing): 60 mg, IM, Once
Radiology.
Chest PA and Lateral XR (Order Processing): 02/12/2012 14:41 EST, Stat, Once, Reason: Chest pain, No, Rad Type
Radiology results:

* Final Report *

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Reason For Exam
Chest pain
FINAL REPORT
PROCEDURE: Chest AP LAT

COMPARISON: 4 September 2011

CLINICAL HISTORY: Chest pain

FINDINGS:
The lungs are clear. No pleural fluid or apical pneumothorax noted. Heart size is normal for technique. The thoracic aorta is somewhat calcified. No free air seen beneath the hemidiaphragms. Multilevel thoracic spondylosis is present.

IMPRESSION:

1. No acute cardiopulmonary disease.

2. Senescent findings, as above.

Signature Line
***** Final Report *****

Dictated by: Morgan, Gerard E
02/12/2012 4:04 pm
Signed by: Morgan, Gerard E
02/12/2012 4:05 pm
Transcribed by: Morgan, Gerard E

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Result type:	XR Chest 2 Views
Result date:	Sunday, February 12, 2012 15:51
Result status:	Auth (Verified)
Result title:	XR Chest 2 Views
Performed by:	Boatwright, Marion O on Sunday, February 12, 2012 15:51
Verified by:	Morgan, Gerard E on Sunday, February 12, 2012 16:05
Encounter info:	1000440463, RMC, Emergency, 02/12/2012 -

Impression and Plan
Diagnosis
Arthritis 716.90 (ICD9 716.90, Discharge, Emergency medicine, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 02/12/2012 16:20:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy
Lortab 7.5/500 oral tablet (Ordered): 1 tab, Oral, q4hr Interval, 12 tab, PRN, for pain
Patient was given the following educational materials: Arthritis - Nonspecific, Easy-to-Read.
Follow up with: Bismarck Amoah-Apraku Within 3 to 5 days; James Marro Within 1 week Call for followup appointment for further evaluation of shoulder pain
Return to ED if symptoms worsen.
Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Walker RN,Audrey T (02/12/2012 16:49)
Signed By	Walker RN,Audrey T (02/12/2012 16:49); Kimzey,Duke Y (02/12/2012 16:21)
Authenticated By	Walker RN,Audrey T (02/12/2012 16:49)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Name: Dorothy Miller **Current Date:** 02/12/2012 16:49.47 America/New_York

DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000440463

Chief Complaint: Sev Pain in arms

Patient Education Materials:
Emergency Medicine

Arthritis - Nonspecific

Arthritis is pain, redness, warmth, or puffiness (*swelling*) of a joint. The joint may be stiff or hurt when you move it. One or more joints may be affected. There are many types of arthritis. Your doctor may not know what type you have right away. The most common cause of arthritis is wear and tear on the joint (*osteoarthritis*).

HOME CARE

- Ø Only take medicine as told by your doctor.
- Ø Rest the joint as much as possible.
- Ø If your joint is puffy, keep it raised (*elevated*).

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Emergency Documentation

Comment:

Coding Summary

Document Name	Coding Note
Document Status	Transcribed
Performed By	
Signed By	
Authenticated By	

CODING DATE: 02/20/2012 FINAL
Regional Medical Center

DSCH STATUS:
Home or Self Care (01)

PAYOR:
Self Pay

ADMIT DX:
719.41 Pain in Joint Involving Shoulder Region

REASON FOR VISIT DX:

FINAL DX.
PRINCIPAL:
716.91 Arthropathy, Unspecified, Involving Shoulder Region

SECONDARY:
493.90 Asthma, Unspecified

PYMT

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

Coding Summary

PROC	APC	STAT	DESCRIPTION	DOCTOR NAME	DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By. Walker, Sheila
Date Saved: 02/20/2012 05:21

Orders

Order: **ketorolac (TORADOL INJECTION)**
Order Start Date/Time: 02/12/2012 15:00
Ordering Physician: Kimzey,Duke Y

Action Type: Complete | Action Date/Time: 02/12/2012 15:05 | Action Personnel: Walker RN,Audrey T
Communication Type:
Review Information:
Doctor Cosign: Not Required

Action Type: Order | Action Date/Time: 02/12/2012 14:41 | Action Personnel: Kimzey,Duke Y
Communication Type: Written
Review Information:
Nurse Review: Electronically Signed, Holcombe RN,Chelsea D on 06/25/2012 17:49
Pharmacist Verify: Not Reviewed
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM on 02/12/2012 14:41
Doctor Cosign: Not Required

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	02/12/2012
MRN:	0000174021	**Discharge Date:**	02/12/2012
Account Number:	1000440463	**Admitting:**	Kimzey PA,Duke Y
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Kimzey PA,Duke Y
Location:	ED		

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-12-05392	XR Chest 2 Views	02/12/2012 15:51	Kimzey,Duke Y

Reason For Exam
(XR Chest 2 Views) Chest pain

Report
PROCEDURE: Chest AP LAT

COMPARISON: 4 September 2011

CLINICAL HISTORY: Chest pain

FINDINGS:
The lungs are clear. No pleural fluid or apical pneumothorax noted. Heart size is normal for technique. The thoracic aorta is somewhat calcified No free air seen beneath the hemidiaphragms. Multilevel thoracic spondylosis is present.

IMPRESSION:

1. No acute cardiopulmonary disease.

2. Senescent findings, as above.

***** *Final Report* *****

Dictated by: Morgan, Gerard E
02/12/2012 4:04 pm
Signed by: Morgan, Gerard E
02/12/2012 4:05 pm
Transcribed by: Morgan, Gerard E

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
99	SpO2	%	[93-100]	02/12/2012 16:47
Pink	Nail Bed Color			02/12/2012 14:20
Less than 3 seconds	Capillary Refill			02/12/2012 14:20
Regular	Heart Rhythm			02/12/2012 14:20

Request ID: 5003656

Print Date/Time 01/07/2015 14:13

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Miller, Dorothy Ann
DOB: 08/22/1957 54 Y F
DOS: 02/12/2012 13:23
ATT:
MRN: 0001176021
FIN: 1000440463 Rm:

Regional Medical Center
Emergency Department

Last Name: Miller First Name: Dorothy Middle Initial: A

Date of Birth: [redacted] Primary Care Physician: family health center

Reason for Visit: very bad pains for 2 weeks

Social Security # 250170065 Telephone # 803-324-1249

CONSENT TO HOSPITAL ADMISSION AND MEDICAL TREATMENT:

I, suffering from a condition requiring hospital services, hereby consent to rendering of such care, which may include routine diagnostic procedures and such medical treatment as the attending physician(s), Nurse Practitioner functioning under the direction and supervision of the attending physician(s) and performing those services that such Nurse Practitioner is authorized to perform by the State of South Carolina, or others of the hospital's medical staff considered to be necessary. To protect myself, and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS virus) and Hepatitis B. I understand the results of the test will be treated with respect and confidentiality and will be made available to my physician. If my blood tests positive for any reportable disease such as HIV or Hepatitis, the results will be reported to the state health department (SCDHEC) according to South Carolina law.

I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me as to the results of examination or treatment in this hospital.

I understand that (a) Except in the case of an emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss with the physician or other health professional to the patient's satisfaction. (b) Each patient has the right to consent, or to refuse consent, to any proposed procedure or therapeutic course.

Patient Signature: Dorothy Miller Date: 2-2-12

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 04/29/2012 18:47
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 04/29/2012 19:55
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Both arms in pain

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Ritter, Kywana M
Admit Physician: Hart PA, David Roger
Attend Physician: Hart PA, David Roger
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000493535

0415

Printed By: Elder, Brooke W on 01/07/2015 14:12
Registration last updated by: Walker, Sheila on 05/03/2012 06:27

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3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

MAR

Medications

Admin Date/Time: 04/29/2012 19:20
Medication Name: **ketorolac (TORADOL INJECTION)**
Charted Date/Time: **04/29/2012 19:29**
Ingredients: TORADOL INJECTION 60 mg
Admin Details: (Auth) IntraMuscular, Right Gluteus Medius
Action Details: Order: Hart PA,David Rogers 04/29/2012 19:19; Perform: Pearce,Erica A 04/29/2012 19:29; VERIFY: Pearce,Erica A 04/29/2012 19:29

Medication History

Medication History

Order: **ketorolac (TORADOL INJECTION)**
Order Start Date/Time: 04/29/2012 20:00
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 04/29/2012 19:29 End-state Reason:
Ordering Physician: Hart PA,David Rogers Consulting Physician:
Entered By: Pearce,Erica A on 04/29/2012 19:29
Order Details: 60 mg = 2 mL, Injection, IM, Once, Start date 04/29/12 20:00:00 EDT, 5 day, Hard Stop, Stop date 04/29/12 20:00:00 EDT
Order Comment:

Order: **acetaminophen-hydrocodone (Lortab 5/500 oral tablet)**
Order Start Date/Time: 04/29/2012 19:22
Order Status: Completed Clinical Category: Medications Medication Type: Prescription
End-state Date/Time: 05/28/2012 19:22 End-state Reason:
Ordering Physician: Hart PA,David Rogers Consulting Physician:
Entered By: SYSTEM,SYSTEM on 05/28/2012 19:22
Order Details: 1 tab, Oral, q4hr Interval, PRN for pain, # 20 tab, 0 Refill(s)
Order Comment:

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Davis RN,Kristina A (04/29/2012 18:48)
Signed By	Davis RN,Kristina A (04/29/2012 18:48)
Authenticated By	Davis RN,Kristina A (04/29/2012 18:48)

ED Triage Adult Entered On: 04/29/2012 18:50 EDT
Performed On: 04/29/2012 18:48 EDT by Davis RN, Kristina A

Triage
Ability to Self Report: Yes
Chief Complaint: bilateral arm pain. worse with movement
Pain Symptoms Self Report: Yes
Vital Signs Assessed: No

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Problems(Active)

Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed , *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 , *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
gastric reflux	*Name of Problem:* gastric reflux ; *Onset Date:* 2009 ; *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Diagnoses(Active)

Bilateral Arm Pain	*Date:* 04/29/2012 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of , *Clinical Dx:* Bilateral Arm Pain ;

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA, David Rogers
Location:	ED		

Emergency Documentation

Classification: Medical ; *Clinical Service:* Non-Specified ;
Probability: 0

Rapid Pain Assessment
Before immediate treatment, assess intensity, quality, location and duration. : Other: bilateral arm pain
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities. : Numeric rating
Numeric Pain Scale : 10 = Worst possible pain
Numeric Pain Score : 10

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Allergies
ED Allergy Review : Yes

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Allergies (Active)
No known allergies

Estimated Onset Date: Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P; *Reviewed Date:* 02/12/2012 14:38 EST

ESI
Is This
Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : One

Davis RN, Kristina A - 04/29/2012 18:48 EDT

DCP GENERIC CODE
Tracking Acuity : 4 - Less Urgent
Tracking Group : RMC ED Tracking Group

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Recommended ESI Level : 4

Davis RN, Kristina A - 04/29/2012 18:48 EDT

General
Last Tetanus : Unknown
Suicidal Ideation : None
ED Wait Time : Patient Taken to Treatment Area

Davis RN, Kristina A - 04/29/2012 18:48 EDT

ED Past Medical History
Patient Medical History Reviewed : Documented

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Past Medical History

Asthma	*Name of Problem:* Asthma ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 08/29/2010 5:56 EDT ; *Life Cycle Status:* Resolved ; *Vocabulary:* ICD-9-CM
Hernia repair	*Name of Problem:* Hernia repair ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/16/2009 14:35 EST ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
ASTHMA	*Name of Problem:* ASTHMA , *Recorder:* Lineberger RN, Adriane; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 , *Contributor System:* PowerChart ; *Last Updated:* 05/14/2010 0:43 EDT ; *Life Cycle Status:* Resolved
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed , *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT , *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Arthritis	*Name of Problem:* Arthritis ; *Recorder:* Davis RN, Kristina A, *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:*

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

04/29/2012 18:50 EDT ; *Life Cycle Status*: Resolved ;
Vocabulary: SNOMED CT

Surgical History

Procedure History

Social History
Smoking History : Never smoker

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Social History

Alcohol:	Denies Alcohol Use (Last Updated: 12/22/2009 12:42:45 by Pooser RN, Marsha H)
Tobacco:	Denies Tobacco Use (Last Updated: 12/22/2009 12:42:42 by Pooser RN, Marsha H)

ED Medication Review
ED Medication Review : Yes

Davis RN, Kristina A - 04/29/2012 18:48 EDT

Medication List

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Pearce,Erica A (04/29/2012 19:33)
Signed By	Pearce,Erica A (04/29/2012 19:33)
Authenticated By	Pearce,Erica A (04/29/2012 19:33)

ED Assessment Adult Entered On: 04/29/2012 19:35 EDT
Performed On: 04/29/2012 19:05 EDT by Pearce, Erica A

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

Request ID: 5003521

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
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DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Pearce, Erica A - 04/29/2012 19:33 EDT

Pulses Grid
Radial Pulse, Left : 2+ Normal
Radial Pulse, Right : 2+ Normal
Dorsalis Pedis Pulse, Left : 2+ Normal
Dorsalis Pedis Pulse, Right : 2+ Normal

Pearce, Erica A - 04/29/2012 19:33 EDT

Level of Consciousness : Alert
Orientation : Oriented x 3
Affect/Behavior : Appropriate, Cooperative, Agitated
Distress : Moderate

Pearce, Erica A - 04/29/2012 19:33 EDT

Respiratory
Respirations : Unlabored
Respiratory Pattern Description : Regular
Cough : None

Pearce, Erica A - 04/29/2012 19:33 EDT

Breath Sounds Assessment Grid
LUL : Clear
RUL : Clear
RML : Clear
LLL : Clear
RLL : Clear

Pearce, Erica A - 04/29/2012 19:33 EDT

Respiratory Pattern : Regular

Pearce, Erica A - 04/29/2012 19:33 EDT

Neurological
Aspiration Risk : None
Facial Symmetry : Symmetric
Pupils Equal, Round, Reactive to Light, and Accommodation : Yes
Characteristics of Speech : Clear
Hallucinations Present : None
Loss of Consciousness : No
Gait : Steady
Level of Consciousness : Alert
Orientation : Oriented x 3

Pearce, Erica A - 04/29/2012 19:33 EDT

Glasgow Coma
Eye Opening Response Glasgow : Spontaneously
Best Verbal Response Glasgow : Oriented

Request ID: 5003521

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Location:	ED		

Emergency Documentation

Best Motor Response Glasgow : Obeys simple commands
Glasgow Coma Score : 15

Pearce, Erica A - 04/29/2012 19:33 EDT

Musculoskeletal Assessment
Musculoskeletal Joint Assessment Grid

Location :	Shoulder, left	Shoulder, right
Assessment :	Other: pain	Other: pain
Range of Motion :	Full motion	Full motion
	Pearce, Erica A - 04/29/2012 19:33 EDT	Pearce, Erica A - 04/29/2012 19:33 EDT

Gastro
Abdomen Description : Soft
Abdomen Palpation : Soft

Pearce, Erica A - 04/29/2012 19:33 EDT

Bowel Sounds Grid
LUQ : Present
RUQ : Present
LLQ : Present
RLQ : Present

Pearce, Erica A - 04/29/2012 19:33 EDT

Integumentary
Skin Integrity : Intact
Skin Turgor : Elastic
Mucous Membrane : Pink
Mucous Membrane Description : Moist
Skin Color : Normal for ethnicity
Skin Description : Dry
Skin Temperature : Warm

Pearce, Erica A - 04/29/2012 19:33 EDT

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Hart PA, David Rogers (04/29/2012 19:23)
Signed By	Hart PA, David Rogers (04/29/2012 21:47)
Authenticated By	Hart PA, David Rogers (04/29/2012 21:47)

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
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Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Asthma (493): Resolved
Hernia repair (64078018). Resolved.
ASTHMA: Resolved.
Arthritis (7278014): Resolved

Surgical history: .
hernia.

Family history: .
No family history items have been selected or recorded.

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs
Vital Signs.

04/29/12 19:04 EDT	Temperature Oral	36.8 DegC
	Peripheral Pulse Rate	77 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	116 mmHg
	Diastolic Blood Pressure	89 mmHg

Measurements.

04/29/12 19:04 EDT	Height/Length Dosing	170 cm
	Weight Dosing	113.5 kg

Basic Oxygen Information.

04/29/12 19:04 EDT	Oxygen Therapy	Room air
	SpO2	99 %

General: Alert, no acute distress.
Skin: Warm, dry, intact.
Head: Normocephalic.
Neck: Supple, trachea midline.
Eye: Pupils are equal, round and reactive to light.
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Back: Normal range of motion.
Musculoskeletal: Normal ROM, normal strength, no swelling, no deformity, pain both shoulders with elevation; no bony tenderness; no redness or warmth to suggest septic joint; good strength in all planes.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Orders Launch Orders
Pharmacy:
TORADOL INJECTION (Order Processing): 60 mg, IM, Once

Impression and Plan
Diagnosis

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Location:	ED		

Emergency Documentation

Shoulder pain 719 41 (ICD9 719.41, Discharge, Emergency medicine, Medical)

Plan

Condition: Stable
Disposition: Discharged. Time 04/29/12 19:22:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy:
Lortab 5/500 oral tablet (Ordered). 1 tab, Oral, q4hr Interval, 20 tab, PRN, for pain
Patient was given the following educational materials: Shoulder Pain, Arthralgia (Pain in a Joint).
Follow up with: Bismarck Amoah-Apraku; James Marro Within 1 to 2 weeks; IT IS CRUCIAL THAT YOU FOLLOW UP WITH THE ORTHOPEDIC DOCTOR FOR FURTHER EVALUATION
Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Pearce,Erica A (04/29/2012 20:00)
Signed By	Pearce,Erica A (04/29/2012 20:00), Hart PA,David Rogers (04/29/2012 19:24)
Authenticated By	Pearce,Erica A (04/29/2012 20:00)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 04/29/2012 20:00:13 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000493535
Chief Complaint: Both arms in pain

Patient Education Materials:
Family Medicine

Shoulder Pain

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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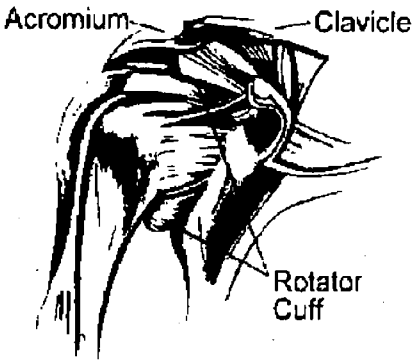
Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation



You have been seen today with shoulder pain. The shoulder is a ball and socket joint. The muscles and tendons (rotator cuff) are what keep the shoulder in its joint and stable. This collection of muscles and tendons holds in the head (ball) of the *humerus* (upper arm bone) in the *fossa* (cup) of the *scapula* (shoulder blade). Today no reason was found for your shoulder pain. Often pain in the shoulder may be treated conservatively with *temporary immobilization.* For example, holding the shoulder in one place using a sling and rest. Physical therapy may be needed if problems continue.

HOME CARE INSTRUCTIONS

- Apply ice to the sore area for 15 to 20 minutes 3 to 4 times per day for the first 2 days. Put the ice in a plastic bag. Place a towel between the bag of ice and your skin.

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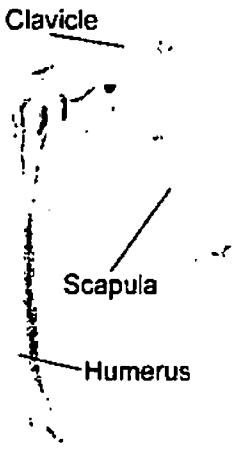
Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Ø



If you have or were given a shoulder sling and straps, do not remove until you see a caregiver for a follow-up examination. If you need to remove it to shower or bathe, move your arm as little as possible.

Ø You may want to sleep on several pillows at night to lessen swelling and pain.

Ø Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Ø It is very important to keep any follow-up appointments in order to avoid any type of permanent shoulder disability or chronic pain problems.

SEEK MEDICAL CARE IF:

Ø Pain in your shoulder increases or new pain develops in your arm, hand, or fingers.

Ø Your hand or fingers are colder than your other hand.

Ø You do not obtain pain relief with the medications or your pain becomes worse.

SEEK IMMEDIATE MEDICAL CARE IF:

Ø Your arm, hand, or fingers are numb or tingling.

Ø Your arm, hand, or fingers are swollen, painful, or turn white or blue.

Ø You develop chest pain or shortness of breath.

Request ID: 5003521

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Regional Medical Center
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	[redacted]A,David Rogers
Location:	ED		

Emergency Documentation

ORTHOPEDIC DOCTOR
FOR FURTHER
EVALUATION
Comments:

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	

Comments:

With:	**Address:**	**When:**
James Marro	1175 Cook Road, Suite 215 Orangeburg, SC 29118 (803) 531-0126 Business (1)	Within 1 to 2 weeks

Comments:

Patient Education Materials
Shoulder Pain; Arthralgia (Pain in a Joint)

I, Miller, Dorothy Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Hart PA,David Rogers (04/29/2012 19:24)
Signed By	Hart PA,David Rogers (04/29/2012 19:24)
Authenticated By	Hart PA,David Rogers (04/29/2012 19:24)

ED Patient Summary

Regional Medical Center

803-395-2200
Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 04/29/12 19:24:07
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Shoulder pain 719.41
Address: 105 Gizmo Road Orangeburg SC 29115
Phone: (803) 534-0549

ED Provider:
Name:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Miller, Dorothy Ann has been given these follow-up instructions:
Shoulder Pain; Arthralgia (Pain in a Joint)

With:	**Address:**	**When:**
IT IS CRUCIAL THAT YOU FOLLOW UP WITH THE ORTHOPEDIC DOCTOR FOR FURTHER EVALUATION		

Comments:

Request ID: 5003521

Print Date/Time 01/07/2015 14:12

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Regional Medical Center
3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
MRN:	0000174021	**Discharge Date:**	04/29/2012
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	

Comments:

With:	**Address:**	**When:**
James Marro	1175 Cook Road, Suite 215 Orangeburg, SC 29118 (803) 531-0126 Business (1)	Within 1 to 2 weeks

Comments:

Medication Information

Fill New Prescriptions:
acetaminophen-hydrocodone (Lortab 5/500 oral tablet) 1 tab Oral every 4 hours as needed for for pain

Continue These Medications:
albuterol (albuterol 90 mcg/inh inhalation aerosol with adapter) 2 puff Inhalation Four times a day as needed for for wheezing
albuterol (albuterol 90 mcg/inh inhalation aerosol) 2 puffs Oral Every 6 hours
naproxen (Naprosyn 500 mg oral tablet) 500 mg Oral Twice a day

Patient Education Materials Follows

Shoulder Pain

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	04/29/2012
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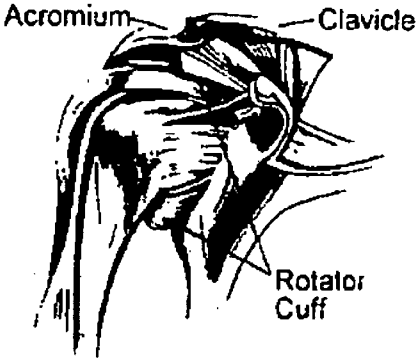
Account Number:	1000493535	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	[redacted],David Rogers
Location:	ED		

Emergency Documentation



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HOME CARE INSTRUCTIONS

- Apply ice to the sore area for 15 to 20 minutes 3 to 4 times per day for the first 2 days. Put the ice in a plastic bag. Place a towel between the bag of ice and your skin.

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Charity
Claim Address: SEE CARD
ORANGEBURG, SC 29116
Insurance Phone: (999) 999-9999
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 07/19/2012 19:46
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 07/19/2012 23:38
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Pain on Rt Side

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Summers, Tanika S
Admit Physician: Adams MD, Stuart T
Attend Physician: Adams MD, Stuart T
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000548689

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

MAR

Medications

Admin Date/Time: 07/19/2012 23:25
Medication Name: **acetaminophen-hydrocodone (NORCO-5-325 ED-MTG)**
Charted Date/Time: **07/19/2012 23:37**
Ingredients: NORCO-5-325 ED-MTG 1 each
Admin Details: (Auth) Oral
Primary Pain Intensity: 2
Action Details: Order: Adams MD,Stuart T 07/19/2012 23:25; Perform: Lineberger RN,Adriane 07/19/2012 23:37; VERIFY: Lineberger RN,Adriane 07/19/2012 23:37

Admin Date/Time: 07/19/2012 21:47
Medication Name: **ketorolac (TORADOL INJECTION)**
Charted Date/Time: **07/19/2012 23:37**
Ingredients: TORADOL INJECTION 60 mg
Admin Details: (Auth) IntraMuscular, Left Ventragluteal
Action Details: Order: Adams MD,Stuart T 07/19/2012 21:47; Perform: Lineberger RN,Adriane 07/19/2012 23:37; VERIFY: Lineberger RN,Adriane 07/19/2012 23:37

Medication History

Medication History

Order: **acetaminophen-hydrocodone (NORCO-5-325 ED-MTG)**
Order Start Date/Time: 07/19/2012 23:25
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 07/19/2012 23:37 End-state Reason:
Ordering Physician: Adams MD,Stuart T Consulting Physician:
Entered By: Lineberger RN,Adriane on 07/19/2012 23:37
Order Details: 1, each, Packet, Oral, Once, NOW, Start date 07/19/12 23:25:00 EDT, Stop date 07/19/12 23:25:00 EDT, Directions per packet label, Physician Stop
Order Comment: Directions per packet label Do not exceed 4000mg of acetaminophen in all medications during a 24 hour period.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Medication History

Medication History

Order: **naproxen (Anaprox 275 mg oral tablet)**
Order Start Date/Time: 07/19/2012 23:25
Order Status: Completed Clinical Category: Medications Medication Type: Prescription
End-state Date/Time: 08/17/2012 23:25 End-state Reason:
Ordering Physician: Adams MD,Stuart T Consulting Physician:
Entered By: SYSTEM,SYSTEM on 08/17/2012 23:26
Order Details: 275 mg = 1 tab, Oral, q8hr Interval, PRN for pain, # 12 tab, 0 Refill(s)
Order Comment:

Order: **ketorolac (TORADOL INJECTION)**
Order Start Date/Time: 07/19/2012 21:47
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 07/19/2012 23:37 End-state Reason:
Ordering Physician: Adams MD,Stuart T Consulting Physician:
Entered By: Lineberger RN,Adriane on 07/19/2012 23:37
Order Details: 60 mg = 2 mL, Injection, IM, Once, NOW, Start date 07/19/12 21:47:00 EDT, 5 day, Hard Stop, Stop date 07/19/12 21:47:00 EDT
Order Comment:

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Davenport RN,James L (07/19/2012 20:07)
Signed By	Davenport RN,James L (07/19/2012 20:07)
Authenticated By	Davenport RN,James L (07/19/2012 20:07)

ED Triage Adult Entered On: 07/19/2012 20:10 EDT
Performed On: 07/19/2012 20:07 EDT by Davenport RN, James L

Triage
ED Chief Complaint : Other: pT STATES WHILE AT WORK TODAY AROUND 1300 A "MACHINE ARM" HIT HER IN THE SIDE, AT THE TIME THERE WAS NO PAIN BUT NOW PT IS EXPERIENCING PAIN
Ability to Self Report : Yes
Pain Intensity Scale Rating : 9
ED Pain Details : No

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

Vital Signs Assessed : Yes

Davenport RN, James L - 07/19/2012 20:07 EDT

Problems(Active)

Acid reflux	*Name of Problem:* Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Asthma	*Name of Problem:* Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM
gastric reflux	*Name of Problem:* gastric reflux ; *Onset Date:* 2009 ; *Recorder:* Earleywine, Alice T; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 01/19/2010 10:18 EST ; *Life Cycle Date:* 01/19/2010 ; *Life Cycle Status:* Active

Vitals/Ht/Wt

Temperature Oral : 36.8DegC(Converted to: 98.2DegF)
Peripheral Pulse Rate : 80bpm
Respiratory Rate : 16br/min
Systolic/
Diastolic BP : 165mmHg (HI)
Systolic/
Diastolic BP : 89mmHg
SpO2 : 99%
Height/Length Dosing : 170cm(Converted to: 5ft 7inch, 5.58ft, 66.93inch)
Weight Dosing : 118kg(Converted to: 260lb 2oz)
Body Mass Index Dosing : 41kg/m2

Davenport RN, James L - 07/19/2012 20:07 EDT

Allergies

ED Allergy Review : Yes

Davenport RN, James L - 07/19/2012 20:07 EDT

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

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Regional Medical Center
3000 St Matthews Road
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(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

Allergies (Active)
No known allergies

Estimated Onset Date: Unspecified ; *Created By:* Wechsler RN, Melissa P; *Reaction Status:* Active , *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* Wechsler RN, Melissa P; *Reviewed Date:* 06/25/2012 19:09 EDT

ESI
Is This Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : One

Davenport RN, James L - 07/19/2012 20:07 EDT

DCP GENERIC CODE
Tracking Acuity : 3 - Urgent
Tracking Group : RMC ED Tracking Group

Davenport RN, James L - 07/19/2012 20:07 EDT

Recommended ESI Level : 4

Davenport RN, James L - 07/19/2012 20:07 EDT

General
Last Tetanus : Unknown
Suicidal Ideation : None
ED Wait Time : Patient Informed of Possible Wait

Davenport RN, James L - 07/19/2012 20:07 EDT

ED Past Medical History
Past Medical History

Asthma

Name of Problem: Asthma ; *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 08/29/2010 5:56 EDT , *Life Cycle Status:* Resolved ; *Vocabulary:* ICD-9-CM

Hernia repair

Name of Problem: Hernia repair , *Recorder:* Wechsler RN, Melissa P; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/16/2009 14:35 EST ; *Life Cycle Status:* Resolved , *Vocabulary:* SNOMED CT

Asthma

Name of Problem: Asthma ; *Recorder:* West RN, Jesse H; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:*

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

673967 ; *Contributor System:* PowerChart ; *Last Updated:* 12/17/2009 15:12 EST ; *Life Cycle Date:* 12/17/2009 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

ASTHMA

Name of Problem: ASTHMA ; *Recorder:* Lineberger RN, Adriane; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 0 ; *Contributor System:* PowerChart ; *Last Updated:* 05/14/2010 0:43 EDT ; *Life Cycle Status:* Resolved

Asthma

Name of Problem: Asthma ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code* 1231 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 , *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Acid reflux

Name of Problem: Acid reflux ; *Recorder:* Bennett RN, John C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/08/2010 11:18 EDT ; *Life Cycle Date:* 09/08/2010 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Arthritis

Name of Problem: Arthritis ; *Recorder:* Davis RN, Kristina A; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 04/29/2012 18:50 EDT ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Surgical History

Procedure History

Anesthesia Minutes: 0 ; *Procedure Name:* hernia ; *Procedure Minutes:* 0

Social History
Smoking History : Never smoker

Davenport RN, James L - 07/19/2012 20:07 EDT

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

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3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

Social History

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
(Last Updated: 12/22/2009 12:42:42 by Pooser RN, Marsha H)

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Lineberger RN,Adriane (07/19/2012 23:37)
Signed By	Lineberger RN,Adriane (07/19/2012 23:37)
Authenticated By	Lineberger RN,Adriane (07/19/2012 23:37)

ED Assessment Adult Entered On: 07/19/2012 23:37 EDT
Performed On: 07/19/2012 21:00 EDT by Lineberger RN, Adriane

Additional Comments
Additional Comments : no neuro deficits are noted. ht rrr. resp even and unlabored.
Lineberger RN, Adriane - 07/19/2012 23:37 EDT

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Adams MD,Stuart T (07/19/2012 21:47)
Signed By	Adams MD,Stuart T (07/21/2012 05:16)
Authenticated By	Adams MD,Stuart T (07/21/2012 05:16); Adams MD,Stuart T (07/19/2012 23:26)

Trauma - minor

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1000548689**
Age: **54 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Adams MD, Stuart T**

Basic Information
Additional Information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.

```
07/19/12 20:07 EDT      ED Chief Complaint      Other: pT STATES WHILE AT WORK
  TODAY AROUND 1300 A "MACHINE ARM" HIT HER IN THE SIDE, AT THE TIME THERE WAS NO
  PAIN BUT NOW PT IS EXPERIENCING PAIN
```

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

History of Present Illness

The patient presents with PT SAYS A MACHINE STRUCK HER RT ANTEROLATERAL CHEST AREA AT 1 PM TODAY. MINIMAL PAIN UNTIL PAST AREA HAS BECOME SORE. NO SOB OR PLEURITIC PAIN BUT ISSORE WHEN PRESSES ON IT. SAYS ALSO STRUCK HER RT HUMERUS BUT NO SX THERE. NO ABD PAIN. NO OTHER INJURIES. .

Review of Systems

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies: .

Allergic Reactions (Selected)

No known allergies

Medications: .

Prescriptions and Home Medications

albuterol (albuterol 0.63 mg/3 mL (0.021%) inhalation solution), 0.63 mg, 3 mL, Nebulize, q4hr Interval, 25 each

albuterol (albuterol 90 mcg/inh inhalation aerosol with adapter), 2 puff, INH, QID, 17 gram, PRN: for wheezing

Past Medical/ Family/ Social History

Medical history: .

Active

Asthma (301485011)

Asthma

Acid reflux (353140018)

Resolved

Asthma (493): Resolved.

Hernia repair (84078018): Resolved.

ASTHMA: Resolved.

Arthritis (7278014): Resolved.

Surgical history: .

hernia.

Family history: .

No family history items have been selected or recorded

Social history: NO SUBSTANCE ABUSE..

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified .

Physical Examination

Vital Signs

Vital Signs.

07/19/12 20:07 EDT	Temperature Oral	36.8 DegC
	Peripheral Pulse Rate	80 bpm
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	**165 mmHg HI**
	Diastolic Blood Pressure	89 mmHg

Measurements.

07/19/12 20:07 EDT	Height/Length Dosing	170 cm

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

Weight Dosing	118 kg
Body Mass Index Dosing	41 kg/m2

Basic Oxygen Information.

07/19/12 20:07 EDT	SpO2	99 %

General: Alert, no acute distress.
Skin: Warm, dry.
Head: Normocephalic.
Neck: Supple, no JVD.
Eye: Normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm. Normal peripheral perfusion.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Chest wall: MINIMAL SMALL CONTUSION RT CHEST ANTEROLATERAL ASPECT AT LEVEL OF 5TH RIB. NO CREPITUS..
Back: Nontender. Normal range of motion.
Musculoskeletal: Normal ROM, no tenderness, no swelling, no deformity.
Gastrointestinal: Soft, Nontender, Normal bowel sounds.
Genitourinary: NO CVAT.
Neurological: Alert and oriented to person, place, time, and situation. No focal neurological deficit observed.
Psychiatric: Cooperative, normal judgment.

Medical Decision Making
Orders Launch Orders.
Pharmacy:
TORADOL INJECTION (Order Processing): 60 mg, IM, Once
Radiology:
XR Ribs w/ PA Chest Right (Order Processing): 07/19/12 21:46 EDT, Stat, Once, Reason: Injury, Unknown, No, Rad Type
Radiology results: RT RIBS AND PA CHEST NEG FOR ACUTE PROCESS..

Impression and Plan
Diagnosis
Contusion of the chest wall 922.1 (ICD9 922.1, Discharge, Emergency medicine, Medical)
Plan
Prescriptions: Launch prescriptions.
Pharmacy:
Anaprox 275 mg oral tablet (Ordered): 275 mg, 1 tab, Oral, q8hr Interval, 12 tab, PRN, for pain
NORCO-5-325 ED-MTG (Order Processing): 1 each, Oral, Once
Follow up with: Bismarck Amoah-Apraku PAIN MEDICINE AS PRESCRIBED. OKAY TO RETURN TO WORK. SEE YOUR DOCTOR AS NEEDED. RECHECK IF ANY CHANGE..
Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Document Name	ED Patient Education Note
Document Status	Auth (Verified)
Performed By	Lineberger RN,Adriane (07/19/2012 23:38)
Signed By	Lineberger RN,Adriane (07/19/2012 23:38)
Authenticated By	Lineberger RN,Adriane (07/19/2012 23:38)

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 07/19/2012 23:38:43 America/New_York

DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000548689

Chief Complaint: Pain on Rt Side

Patient Education Materials:
No instructions were provided.

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Lineberger RN,Adriane (07/19/2012 23:38)
Signed By	Lineberger RN,Adriane (07/19/2012 23:38)
Authenticated By	Lineberger RN,Adriane (07/19/2012 23:38)

ED Patient Summary

Regional Medical Center

803-395-2200
Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 07/19/2012 23:38:43
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Contusion of the chest wall 922.1
Address: 105 Gizmo RD Orangeburg SC 29115
Phone: (803) 534-0549

ED Provider:
Name:

Request ID: 5003252 Print Date/Time 01/07/2015 14:08

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

Emergency Documentation

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new, worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:	Address:	When:
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	

Comments:
PAIN MEDICINE AS PRESCRIBED. OKAY TO RETURN TO WORK. SEE YOUR DOCTOR AS NEEDED. RECHECK IF ANY CHANGE.

******IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DON'T KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST. EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY DEPARTMENT, MEDICAID REQUIRES THAT YOU CONTACT YOUR PRIMARY CARE DOCTOR AND GET A REFERRAL FROM THEM AS WELL.

Medication Information

Fill New Prescriptions:
naproxen (Anaprox 275 mg oral tablet) 275 mg Oral every 8 hours as needed for for pain

Continue These Medications:
albuterol (albuterol 0.63 mg/3 mL (0.021%) inhalation solution) 0.63 mg Nebulized inhalation every 4 hours

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	07/19/2012
MRN:	0000174021	**Discharge Date:**	07/19/2012
Account Number:	1000548689	**Admitting:**	Adams MD,Stuart T
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Adams MD,Stuart T
Location:	ED		

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-12-24206	XR Ribs w/ PA Chest Right	07/19/2012 22:10	Adams MD,Stuart T

Report
Frontal chest film with 4 views of the right ribs

HISTORY: Injury.

FINDINGS: The right lung is clear. No evidence for pneumothorax. No evidence for chamber enlargement or failure. Ribs demonstrate smooth, continuous cortices without evidence for fracture. Cholecystectomy clips are present in the right upper quadrant.

IMPRESSION:

1. Unremarkable. No evidence for rib fracture or pneumothorax.

***** *Final Report* *****

Dictated by: Reidman, Daniel A

Signed by: Reidman, Daniel A
07/20/2012 6:53 am
Transcribed by: Reidman, Daniel A

Preliminary Interpretation
07/20/2012 06:53 am, Reidman, Daniel A, AGREE
07/19/2012 11:19 pm, Adams MD, Stuart T, VIEWED
NOTHING ACUTE

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
Room air	Oxygen Therapy			07/19/2012 23:37
99	SpO2	%	[90-100]	07/19/2012 23:37
No	ESI Level 1			07/19/2012 20:07
No	ESI Level 2			07/19/2012 20:07
One	Resources ESI			07/19/2012 20:07
4	Recommended ESI Level			07/19/2012 20:07

Request ID: 5003252

Print Date/Time 01/07/2015 14:08

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Charity
Claim Address: SEE CARD
ORANGEBURG, SC 29116
Insurance Phone: (999) 999-9999
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 09/27/2012 20:29
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 09/27/2012 23:39
Observation Dt/Tm:
VIP Indicator:
Admit Reason: shoulder and chest pain

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Kleinberg, Janice R
Admit Physician: Brooks MD, Hiram Br
Attend Physician: Brooks MD, Hiram Br
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000601342

0443

Printed By: Elder, Brooke W on 01/07/2015 13:56
Registration last updated by: Coleman RN, Kayla B on 09/27/2012 23:39

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Morbid obesity

Name of Problem: Morbid obesity ; *Recorder:* Snipes, Paul; *Confirmation:* Confirmed , *Classification:* Medical ; *Code:* 673967 ; *Contributor System:* PowerChart ; *Last Updated:* 09/27/2012 20:46 EDT ; *Life Cycle Date:* 09/27/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Arthritis

Name of Problem: Arthritis , *Recorder:* Snipes, Paul; *Confirmation:* Confirmed ; *Classification:* Medical , *Code:* 673967 , *Contributor System:* PowerChart ; *Last Updated:* 09/27/2012 20:46 EDT ; *Life Cycle Date:* 09/27/2012 , *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Family History
Family History

(As Of: 09/27/2012 22:11:49 EDT)

Social History
Social History

(As Of: 09/27/2012 22:11.49 EDT)

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 EST by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
(Last Updated: 12/22/2009 12:42:42 EST by Pooser RN, Marsha H)

Additional Comments
Additional Comments : pt c/o pain to both shoulders that radiates down arms x 1 week..states "got whiplash a few years ago and has trouble with pain ever since"

Coleman RN, Kayla B - 09/27/2012 22:10 EDT

Request ID: 5002927

Print Date/Time 01/07/2015 13:56

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram Brownlee
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Brooks MD,Hiram Brownlee (09/27/2012 21:44)
Signed By	Brooks MD,Hiram Brownlee (09/27/2012 23:32)
Authenticated By	Brooks MD,Hiram Brownlee (09/27/2012 23:32); Brooks MD, Hiram Brownlee (09/27/2012 23:32)

Shoulder pain-swelling

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000601342
Age: 55 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Brooks MD, Hiram Brownlee

Basic Information
Time seen: Date & time 09/27/2012 21:34:00.
History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
09/27/2012 20:44 EDT ED Chief Complaint Other: pt c/o diffuse chest pain, pain to right side of face and severe pain to both shoulders that began today.

History of Present Illness
The patient presents with bilateral, shoulder pain. The onset was 1 days ago. The course/duration of symptoms is constant. Type of injury: none. Location: Bilateral shoulder. Radiating pain: none. The character of symptoms is pain. The degree of pain is moderate. The degree of swelling is none. The exacerbating factor is movement. The relieving factor is none. Risk factors consist of none. Prior episodes: none. Therapy today: none. Associated symptoms: chest pain and now resolved.

Review of Systems
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status
Allergies: .
Allergic Reactions (All)
No known allergies

Past Medical/ Family/ Social History
Medical history: .
Active
Asthma (301485011)
Asthma
Acid reflux (353140018)
Morbid obesity (356968010)
Arthritis (7278014)
Resolved
Asthma (493): Resolved.
Hernia repair (84078018): Resolved.

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

ASTHMA: Resolved.
Arthritis (7278014): Resolved.

Surgical history: .
hernia.

Family history: .
No family history items have been selected or recorded.

Social history: ,

Alcohol

12/22/2009 **Risk Assesment:** Denies Alcohol Use

Tobacco

12/22/2009 **Risk Assesment:** Denies Tobacco UseInclude smart template.

Alcohol

12/22/2009 **Risk Assesment:** Denies Alcohol Use

Tobacco

12/22/2009 **Risk Assesment:** Denies Tobacco Use

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records I agree with nursing documentation except as otherwise specified .

Physical Examination

Vital Signs

Vital Signs.

09/27/2012 20:44 EDT	Temperature Oral	36.9 DegC
	Peripheral Pulse Rate	70 bpm
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	**157 mmHg HI**
	Diastolic Blood Pressure	78 mmHg

Measurements.

09/27/2012 20:44 EDT	Height/Length Dosing	170 cm
	Weight Dosing	102.5 kg
	Body Mass Index Dosing	35 kg/m2

Basic Oxygen Information.

09/27/2012 20:44 EDT	Oxygen Therapy	Room air
	SpO2	99 %

General: Alert, no acute distress.
Skin: Warm, dry, no rash.
Head: Normocephalic

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Neck: Trachea midline.
Eye: Normal conjunctiva.
Cardiovascular: Reguler rate and rhythm, No murmur
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Chest wall: No deformity.
Musculoskeletal: Normal ROM, normal strength, Proximal upper extremity: Bilateral, shoulder, tenderness, no swelling.
Gastrointestinal: Non distended.
Neurological: Alert and oriented to person, place, time, and situation, CN II-XII intact, normal speech observed.
Lymphatics: No lymphadenopathy.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Orders Launch Orders.

Laboratory:
- Urinalysis Comprehensive (Order Processing): Urine, ST collect, 09/27/2012 21:40 EDT by Brooks MD, Hiram Brownlee, Once, Lab Collect, Clean Catch
- Troponin-I (Order Processing): Blood, ST collect, 09/27/2012 21:40 EDT by Brooks MD, Hiram Brownlee, IV Access
- CPK (Order Processing): Blood, ST collect, 09/27/2012 21:40 EDT by Brooks MD, Hiram Brownlee, IV Access
- CMP (Order Processing): Blood, ST collect, 09/27/2012 21:40 EDT by Brooks MD, Hiram Brownlee, IV Access
- CBC w/ Auto Diff (Order Processing): Blood, ST collect, 09/27/2012 21:40 EDT by Brooks MD, Hiram Brownlee, IV Access

Patient Care:
- Saline Lock Insert (Order Processing): 09/27/2012 21:40 EDT, Once
- Pulse Oximetry Nursing (Order Processing): 09/27/2012 21:40 EDT, Once
- Cardiac Monitoring (Order Processing): 09/27/2012 21:40 EDT, Constant Order, Patient may leave department without monitor

Pharmacy:
- aspirin tablet (Order Processing): 162 mg, Chewed, Once
- ZOFRAN INJECTION (Order Processing): 4 mg, IV Push, Once
- DILAUDID INJECTION (Order Processing): 1 mg, IV Push, Once
- *INT FLUSH (Order Processing): 3 mL, IV Push, Once

Radiology:
- XR Chest 1 View Frontal (Order Processing): 09/27/2012 21:40 EDT, Stat, Once, Reason: Chest pain, Unknown, No, Transport Mode: Portable, Rad Type

Cardiology:
- EKG (Order Processing): 09/27/2012 21:40 EDT

Respiratory Therapy:
- Oxygen/Air Therapy (Order Processing): 09/27/2012 21:40 EDT, Nasal Cannula

Results review: Lab results · Lab View.

09/27/2012 21:55 EDT	White Blood Cell Count	5.5 x10(3)/mcL
	Red Blood Cell Count	**4.12 x10(6)/mcL LOW**
	Hemoglobin	**11.7 gm/dL LOW**
	Hematocrit	**35.7 % LOW**
	MCV	86.7 fL
	MCH	28.4 pg
	MCHC	32.8 gm/dL
	RDW	14.1 %
	Platelet Count	232 x10(3)/mcL
	MPV	**11.6 fL HI**

Request ID: 5002927

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All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Neutrophil Automated	43.8 %	
Lymphocyte Automated	45.1 %	
Monocyte Automated	7.9 %	
Eosinophil Automated	2.3 %	
Basophil Automated	0.9 %	
Neutrophil Absolute	2.42 x10(3)/mcL	NA
Lymphocyte Absolute	2.50 x10(3)/mcL	NA
Monocyte Absolute	0.44 x10(3)/mcL	NA
Eosinophil Absolute	0.13 x10(3)/mcL	NA
Basophil Absolute	0.05 x10(3)/mcL	NA
UA Collection Type	Clean Catch	
Urine Appearance	Clear	
UA Color UA	Pale Yellow	
Urine Glucose	Negative mg/dL	
Urine Bilirubin	Negative	
Urine Ketones	Negative mg/dL	
Urine Specific Gravity	1.015	
Urine Blood	Negative	
Urine pH	7.0	
Urine Protein	Negative mg/dL	
Urine Urobilinogen	0.2 EU/dL	
Urine Nitrite	Negative	
Urine Leukocyte Esterase	Negative cells/mcL	
Urine WBC	0-4	
Urine RBC	0-4	
Glucose Level	102 mg/dL	
Blood Urea Nitrogen	17 mg/dL	
Sodium Level	144 mmol/L	
Potassium Level	3.6 mmol/L	
Chloride	105 mmol/L	
Carbon Dioxide Level	27 mmol/L	
Anion Gap	15.6 mmol/L	
Creatinine	0.9 mg/dL	
BUN/Creatinine Ratio	18.9 ratio	
Estimated Glomerular Filtration Rate	>60 mL/min/1.73 m2	NA
Est Glom Filtration Rate, African Americ	>60 mL/min/1.73 m2	NA
GFR Comment	See comment	
Calcium Level Total	9.8 mg/dL	

Request ID: 5002927

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	08/22/1957 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Total Protein	6.7 gm/dL	
Albumin Level	3.5 gm/dL	
Albumin/Globulin Ratio	**1.1 ratio**	**LOW**
Aspartate Aminotransferase (AST)		24 unit/L
Alanine Aminotransferase (ALT)		28 unit/L
Alkaline Phosphatase	71 unit/L	
Bilirubin Total	0.5 mg/dL	
Calcium Lvl Corr	10.2 mg/dL	
Creatine Kinase (CK)	135 unit/L	
Troponin-I	<0.012 ng/mL	

Notes: EKG shows NSR at 67 bpm. No st or t changes. Normal axis. Normal EKG.

Impression and Plan

Diagnosis

Shoulder pain 719 41 (ICD9 719.41, Discharge, Emergency medicine, Medical)

Plan

Condition: Improved.
Disposition: Medically cleared, Discharged: Time 09/27/2012 23:31:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy:
Norco 5 mg-325 mg oral tablet (Ordered), 2 tab, Oral, q4hr Interval, 24 tab, PRN, for pain
Patient was given the following educational materials: Shoulder Pain, Easy-to-Read, Shoulder Pain, Easy-to-Read.
Follow up with: Bismarck Amoah-Apraku Within 1 to 2 days Call for followup appointment
Return to ED if symptoms worsen.
Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Coleman RN,Kayla B (09/27/2012 23:39)
Signed By	Coleman RN,Kayla B (09/27/2012 23:39); Brooks MD,Hiram Brownlee (09/27/2012 23:33)
Authenticated By	Coleman RN,Kayla B (09/27/2012 23:39)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Request ID: 5002927

Print Date/Time 01/07/2015 13:56

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Name: Dorothy Miller **Current Date:** 09/27/2012 23:39:49 America/New_York

DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000601342

Chief Complaint: shoulder and chest pain

Patient Education Materials:
Family Medicine

Shoulder Pain

The shoulder is a ball and socket joint. It is made up of the upper arm bone and the shoulder blade. Many muscles and tendons hold the joint together. Many types of injuries and medical problems can cause pain in one or more parts of the shoulder.

Sometimes, X-rays or other tests help find why there is shoulder pain. Treatment might include:

- Keeping the shoulder still for several days.
- Wearing a sling.
- Applying ice.
- Prescription medicines.
- Small shots of medicine.
- Physical therapy.
- Specific exercises.

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram Brownlee
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Emergency Documentation

Name: Miller, Dorothy Ann **Current Date:** 09/27/2012 23:39:49
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Shoulder pain 719.41
Address: 105 Gizmo Rd Orangeburg SC 291153706
Phone: (803) 534-0549

ED Provider:
Name: Brooks MD, Hiram Brownlee

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new, worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:	Address:	When:
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 1 to 2 days

Comments:
Call for followup appointment
Return to ED if symptoms worsen

******IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DON'T KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY

Request ID: 5002927

Print Date/Time 01/07/2015 13:56

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(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

Urinalysis

Order Comments
O7 Urinalysis Microscopic
.Urinalysis Microscopic Verified Date and Time: September 27, 2012 22:04:46 EDT

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-12-32403	XR Chest 1 View Frontal	09/27/2012 22:05	Brooks MD,Hiram Brownlee

Reason For Exam
(XR Chest 1 View Frontal) Chest pain

Report
PROCEDURE: Portable chest x-ray

COMPARISON: 25 June 2012

CLINICAL HISTORY: Chest pain and left arm pain

FINDINGS:
There is cardiomegaly and pulmonary vascular congestion without overt failure findings. There is a background of pulmonary hyperinflation and COPD change. No pleural fluid or apical pneumothorax noted. No free air seen beneath the hemidiaphragms. There are degenerative changes of the spine.

IMPRESSION:

1. No acute cardiopulmonary disease.

2. Cardiomegaly.

3. COPD change.

4. Senescent findings, as above.

Dictated on: 9/28/2012 7:17:18AM
Interpreted by: Morgan, Gerard E
Transcribed by: PowerScribe 9/28/2012 7:17:18AM
Signed by: Morgan, Gerard E 9/28/2012 7:17:42AM

Request ID: 5002927

Print Date/Time 01/07/2015 13:56

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	09/27/2012
MRN:	0000174021	**Discharge Date:**	09/27/2012
Account Number:	1000601342	**Admitting:**	Brooks MD,Hiram
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Brooks MD,Hiram Brownlee
Location:	ED		

General Diagnostic

ACCESSION	PROCEDURE	EXAM DATE/TIME	ORDERING PROVIDER
XR-12-32403	XR Chest 1 View Frontal	09/27/2012 22:05	Brooks MD,Hiram Brownlee

Report
***** *Final Report* *****

Signed by: Morgan, Gerard E
09/28/2012 8:34 am
Transcribed by: Bellamy, Renee'
09/28/2012 8:12 am

Preliminary Interpretation
09/28/2012 07:17 am, Morgan, Gerard E, AGREE
09/27/2012 11:22 pm, Brooks MD, Hiram Brownlee, VIEWED
nad

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
Room air	Oxygen Therapy			09/27/2012 23:38
99	SpO2	%	[90-100]	09/27/2012 23:38
Room air	Oxygen Therapy			09/27/2012 22:40
99	SpO2	%	[90-100]	09/27/2012 22:40
Clean Catch Urine	Urinary Catheter Activity Type			09/27/2012 21:46
Start	Peripheral IV #1 Activity			09/27/2012 21:46
1	Peripheral IV #1 Number of Attempts			09/27/2012 21:46
Over the needle	Peripheral IV #1 Catheter Type			09/27/2012 21:46
18	Peripheral IV #1 Catheter Size/Length			09/27/2012 21:46
Antecubital	Peripheral IV #1 Site			09/27/2012 21:46
Left	Peripheral IV #1 Laterality			09/27/2012 21:46
No complications	Peripheral IV #1 Site Condition			09/27/2012 21:46

Request ID: 5002927

Print Date/Time 01/07/2015 13:56

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Miller, Dorothy A
DOB: [redacted] 65 Y F
DOS: 09/27/2012 20:29
ATT:
FIN: 1000601342 Rm:
MRN: 0000174021

Regional Medical Center
Emergency Department

Last Name: Miller First Name: Dorothy Middle Initial: A

Date of Birth: [redacted] Primary Care Physician: Family Health Center

Reason for Visit: Severe pain in shoulders and chest pain right side face

Social Security #: [redacted] Telephone # 534-0549

CONSENT TO HOSPITAL ADMISSION AND MEDICAL TREATMENT:

I, suffering from a condition requiring hospital services, hereby consent to rendering of such care, which may include routine diagnostic procedures and such medical treatment as the attending physician(s), Nurse Practitioner functioning under the direction and supervision of the attending physician(s) and performing those services that such Nurse Practitioner is authorized to perform by the State of South Carolina, or others of the hospital's medical staff considered to be necessary. To protect myself, and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS virus) and Hepatitis B. I understand the results of the test will be treated with respect and confidentiality and will be made available to my physician. If my blood tests positive for any reportable disease such as HIV or Hepatitis, the results will be reported to the state health department (SCDHEC) according to South Carolina law.

I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me as to the results of examination or treatment in this hospital.

I understand that (a) Except in the case of an emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss with the physician or other health professional to the patient's satisfaction. (b) Each patient has the right to consent, or to refuse consent, to any proposed procedure or therapeutic course.

Patient Signature: Dorothy Miller Date: 9-27-2012

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi [redacted]
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Charity
Claim Address: SEE CARD
ORANGEBURG, SC 29116
Insurance Phone: (999) 999-9999
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 06/16/2013 21:12
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 06/17/2013 00:33
Observation Dt/Tm:
VIP Indicator:
Admit Reason: see nurse note

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Taylor, Haywood M
Admit Physician: Skotko MD, Jeremy P
Attend Physician: Skotko MD, Jeremy P
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000798104

0455

Printed By: Elder, Brooke W on 01/07/2015 13:45
Registration last updated by: Poston, Peggy on 08/01/2013 13:08

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy Paul
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

Glasgow Coma
Eye Opening Response Glasgow : Spontaneously
Best Verbal Response Glasgow : Oriented
Best Motor Response Glasgow : Obeys simple commands
Glasgow Coma Score : 15

Sherman RN, Marie A - 06/16/2013 22:19 EDT

Additional Comments
Additional Comments : Pt involved in altercation and was pushed in abdomen. Recent surgery with staples still intact and bilateral abdominal drains. States one drain is now not working.

Sherman RN, Marie A - 06/16/2013 22:19 EDT

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Skotko MD,Jeremy Paul (06/16/2013 22:38)
Signed By	Skotko MD,Jeremy Paul (06/17/2013 00:23)
Authenticated By	Skotko MD,Jeremy Paul (06/17/2013 00:23); Skotko MD, Jeremy Paul (06/17/2013 00:23); Skotko MD,Jeremy Paul (06/17/2013 00:22); Skotko MD,Jeremy Paul (06/17/2013 00:22), Skotko MD,Jeremy Paul (06/17/2013 00:18); Skotko MD,Jeremy Paul (06/16/2013 23:46); Skotko MD,Jeremy Paul (06/16/2013 22:49); Skotko MD,Jeremy Paul (06/16/2013 22:41); Skotko MD,Jeremy Paul (06/16/2013 22:38)

Medical problem - major

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1000798104**
Age: **55 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Skotko MD, Jeremy Paul**

Basic Information
Time seen: Seen By Provider.
06/16/13 21:56

Additional Information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
06/16/2013 21:16 EDT ED Chief Complaint Other: pt states she got pushed in the middle of an altercation at her house, had recent hernia surgery with 2 drains in place and "feels like the right one isn't working anymore", drain still appears intact

History of Present Illness
The patient presents with 55 y/o female presents to the ED with a leaking drain on the right abd after being involved in altercation. she was pushed about 2 hours ago. patient had hernia surgery about 3 weeks (sees Franga). no SOB. no V/D. no fever.. The onset was 2 hours ago. The course/duration of symptoms is constant. Location: abdomen.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Miller, Dorothy Ann	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

Review of Systems

Additional review of systems information: All other systems reviewed and otherwise negative. All systems reviewed as documented in chart.

Health Status

Allergies: .

Allergic Reactions (Selected)

No known allergies

Past Medical/ Family/ Social History

Medical history: .

Active

Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356968010)
Arthritis (7278014)

Resolved

Hernia repair (84078018): Resolved

Surgical history: .

hernia.

Family history: .

No family history items have been selected or recorded.

Social history: .

Alcohol

12/22/2009 Risk Assesment: Denies Alcohol Use

Tobacco

12/22/2009 Risk Assesment: Denies Tobacco Use

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs

Vital Signs.

06/16/2013 21:16 EDT	Temperature Oral	36.9 DegC
	Peripheral Pulse Rate	92 bpm
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	128 mmHg
	Diastolic Blood Pressure	44 mmHg LOW

Measurements.

06/16/2013 21:16 EDT	Height/Length Dosing	170 cm

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy Paul
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

	Weight Dosing	113 kg
	Body Mass Index Dosing	39 kg/m2

Basic Oxygen Information.

06/16/2013 21:16 EDT	Oxygen Therapy	Room air
	SpO2	98 %

General: Alert, no acute distress.
Skin: Warm, dry.
Head: Normocephalic.
Neck: Supple.
Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, auscultated anteriorly.
Gastrointestinal: Soft, mild tlp near the right drain; right drain tubing appears to have crack in it. staples to mid abd are intact (no erythema or other signs of infection..
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Rationale: spoke with REDCROSS at 2248; the drain is now useless due to lack of suction, no risk to keeping the tube in place and having patient f/up in office tomorrow for removal..
Orders Launch Order Profile (Selected).
Inpatient Orders
Ordered
NORCO-5-325 ED-MTG: 1 each, Oral, Once
XR Abdomen Complete w/ Decub/Erect:
Completed
NORCO 5-325MG TABLET: 1 each, Oral, Once
Notes: **Reason For Exam**
abd pain; drains in place. one drain is cracked;Other (please specify)

Preliminary Interpretation
06/17/2013 00:21 am, Skotko MD, Jeremy Paul, NEGATIVE
non specific bowel gas pattern

Result type:	XR Abdomen Complete w/ Decub/Erect
Result date:	17 June 2013 0:19 EDT
Result status:	Transcribed
Performed by:	Melton RT(R), Randall K on 17 June 2013 0:19 EDT
Encounter info:	1000798104, RMC, Emergency, 06/16/2013 -

Request ID: 5002354

Print Date/Time 01/07/2015 13:45

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy Paul
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

Impression and Plan
Diagnosis
Abdominal pain 789.00 (ICD9 789.00, Discharge, Emergency medicine, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 06/17/2013 00:22:00, to home.
Patient was given the following educational materials: Abdominal Pain, Adult.
Follow up with: Bismarck Amoah-Apraku; Dion Franga Within 1 to 2 days Call for followup appointment. It is important for you to follow up with your surgeon (Dr. Franga) tomorrow. Please return to the ED should you develop uncontrollable pain, fever, persistent vomiting, difficulty breathing, and/or develop any other concerns..
Counseled: Patient.
Notes: patient understands the need to f/up with Franga / surgery tomorrow..

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Sherman RN,Marie A (06/17/2013 00:33)
Signed By	Sherman RN,Marie A (06/17/2013 00:33); Skotko MD, Jeremy Paul (06/16/2013 23:46)
Authenticated By	Sherman RN,Marie A (06/17/2013 00:33)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 06/17/2013 00:33:21 America/New_York
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000798104
Chief Complaint: see nurse note

Patient Education Materials:
Gastroenterology

40384

Abdominal Pain

Abdominal pain is pain in the stomach or intestinal area. Everyone has this pain from time to time. In many

cases it goes away on its own. But abdominal pain can sometimes be due to a serious problem, such as appendicitis. So it's important to know when to seek help.

Causes of Abdominal Pain

There are many possible causes of abdominal pain. Common causes in adults include:

- Constipation, diarrhea, or gas
- GERD (movement of stomach acid into the esophagus)
- Peptic ulcer (a sore in the lining of the stomach or small intestine)
- Inflammation of the gallbladder or pancreas
- Gallstones or kidney stones
- Hernia (bulging of an internal organ through a muscle or other tissue)
- Urinary tract infections
- In women, menstrual cramps, fibroids, or endometriosis of the uterus

Diagnosing the Cause of Abdominal Pain

Your healthcare provider will examine you to help find the cause of your pain. If needed, tests will be ordered. Because abdominal pain has so many possible causes, it can be hard to diagnose. Giving details about your pain can help. Be ready to tell your healthcare provider where and when you feel the pain and what makes it better or worse. Also mention whether you have other symptoms such as fever, tiredness, nausea, vomiting, or changes in bathroom habits.

Treating Abdominal Pain

Certain causes of pain, such as appendicitis or a bowel obstruction, need emergency treatment. Other problems can be treated with rest, fluids, or medications. Your healthcare provider can give you specific instructions for treatment or self-care based on the cause of your pain.

If you are have vomiting or diarrhea, sip water or other clear fluids. When you are ready to eat solid foods again, start with small amounts of easy-to-digest foods, such as applesauce, toast, or crackers.

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3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy Paul
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

I, Miller, Dorothy Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

Document Name	ED Clinical Summary
Document Status	Auth (Verified)
Performed By	Sherman RN,Marie A (06/17/2013 00:33)
Signed By	Sherman RN,Marie A (06/17/2013 00:33)
Authenticated By	Sherman RN,Marie A (06/17/2013 00:33)

ED Clinical Summary

Regional Medical Center

803-395-2200

ED
Clinical Discharge Summary

PERSON INFORMATION

Name Miller, Dorothy Ann
Age 55 Years
DOB [redacted] 12:00 AM
Address: 105 GIZMO RD ORANGEBURG SC 291153706
Discharge Diagnosis Abdominal pain 789.00
Arrival 6/16/2013 9:12 PM
Discharge 6/17/2013 12:33 AM
Dispo Type Home or Self Care (01)

PCP Amoah-Apraku, Bismarck
Phone (803) 290-2940

Acuity 4 - Less Urgent
LOS 000 03:21

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.9 DegC	36.7 DegC
Temp Axillary		
Temp Artery		
Temp Rectal		
Sp02	98 %	100 %
Respiratory Rate	18 br/min	18 br/min

Request ID: 5002354

Print Date/Time 01/07/2015 13:45

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

Peripheral Pulse Rate	92 bpm	91 bpm
Apical Heart Rate		
Blood Pressure	128 mmHg / 44 mmHg	138 mmHg / 68 mmHg

MEDICAL INFORMATION

Allergy Info:
No known allergies
Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition: Home or Self Care (01)
Discharge Location:

MEDS RECONCILATION

Continue These Medications:

acetaminophen-hydrocodone (Lortab 7.5/500 oral tablet) 2 tab Oral Every 6 hours
acetaminophen-oxycodone (acetaminophen-oxycodone 325 mg-5 mg oral tablet) 2 each Oral every 4 hours as needed for for pain
ciprofloxacin (Cipro 500 mg oral tablet) 500 mg Oral every 12 hours
metronidazole (Flagyl 250 mg oral tablet) 250 mg Oral three times a day
promethazine (Phenergan 25 mg rectal suppository) 1 supp rectal every 4 hours as needed for Nausea and/or Vomiting
tramadol (Ultram 50 mg oral tablet) 50 mg Oral Every 6 hours as needed for as needed for pain 3 Refills

MEDS GIVEN

Medication	Dose	Route	Performed By
acetaminophen-hydrocodone	1 each	Oral	Sherman RN, Marie A
acetaminophen-hydrocodone	1 each	Oral	Sherman RN, Marie A

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Regional Medical Center
3000 St Matthews Road
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	06/16/2013
MRN:	0000174021	**Discharge Date:**	06/17/2013
Account Number:	1000798104	**Admitting:**	Skotko MD,Jeremy
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Skotko MD,Jeremy Paul
Location:	ED		

Emergency Documentation

DISCHARGE INSTRUCTIONS

Instructions:
Abdominal Pain, Adult
Follow up:

With:	Address:	When:
Dion Franga	1175 Cook Road, Suite 320 Orangeburg, SC 29115 (803) 536-2555 Business (1)	Within 1 to 2 days

Comments:
Call for followup appointment. It is important for you to follow up with your surgeon (Dr. Franga) tomorrow. Please return to the ED should you develop uncontrollable pain, fever, persistent vomiting, difficulty breathing, and/or develop any other concerns.

With:	Address:	When:
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	

Comments:

YOUR X-RAYS

If you had XRAYS today they may have been read by your emergency physician. If so, they will be read again later by a radiologist(a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you may need to do.

DIAGNOSIS

Abdominal pain 789.00
Comment:

Request ID: 5002354

Print Date/Time 01/07/2015 13:45

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Charity
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 08/30/2013 18:53
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 08/30/2013 19:59
Observation Dt/Tm:
VIP Indicator:
Admit Reason: pain to rt arms

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Stricklin, Lee Ann M
Admit Physician: Turner, Donald Jason
Attend Physician: Turner, Donald Jason
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000860501

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Facial Symmetry : Symmetric
Pupils Equal, Round, Reactive to Light, and Accommodation : Yes
Characteristics of Speech : Clear
Hallucinations Present : None
Loss of Consciousness : No
Gait : Steady
Level of Consciousness : Alert
Orientation : Oriented x 3

Pearce, Erica A - 08/30/2013 19:11 EDT

Musculoskeletal Assessment
Musculoskeletal Joint Assessment Grid

Location :	Shoulder, right	Shoulder, left
Assessment :	Other: states severe pain 10/10	Other: states milder pain just hurts some
Range of Motion :	Full motion	Full motion
	Pearce, Erica A - 08/30/2013 19:11 EDT	Pearce, Erica A - 08/30/2013 19:11 EDT

Social History
Smoking History : Never smoker

Pearce, Erica A - 08/30/2013 19:11 EDT

Social History

(As Of: 08/30/2013 19:12:45 EDT)

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 EST by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
Comments: 06/20/2013 9:04 - Holt , Carla D: never (Last Updated: 06/20/2013 09:04:47 EDT by Holt , Carla D)

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Turner,Donald Jason (08/30/2013 19:58)
Signed By	Turner,Donald Jason (08/30/2013 23:39)
Authenticated By	Turner,Donald Jason (08/30/2013 23:39)

Request ID: 5002086

Print Date/Time 01/07/2015 13:42

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Rib/trunk pain-swelling

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000860501
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Turner, Donald Jason

Basic Information
Time seen: Date & time 08/30/13 19:56:00.
History source: Patient.
Arrival mode: Private vehicle, walking.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
08/30/13 18:57 EDT ED Chief Complaint Other; states having severe pain in bilateral arms from shoulders down for two or three days. also complains of pain on lower right side of back when she breathes.

History of Present Illness
The patient presents with rib-trunk pain. The onset was 3 days ago. The course/duration of symptoms is constant. Location: bilateral shoulders and rib cage. The character of symptoms is pain. The location where the incident occurred was unknown. The degree of pain is severe. The degree of bleeding is none. There are exacerbating factors including movement and breathing. The relieving factor is immobilization. Risk factors consist of none. Therapy today: none. Associated symptoms: none. Additional history: none.

Review of Systems
Musculoskeletal symptoms: Muscle pain.
Additional review of systems information: All other systems reviewed and otherwise negative, All systems reviewed as documented in chart.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies

Past Medical/ Family/ Social History
Medical history: .
Active
Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356968010)
Arthritis (7278014)
Resolved
Hernia repair (84078018): Resolved.
Surgical history: .
hernia.
expl lap.
gallbladder.
Family history: .
No family history items have been selected or recorded.
Social history: .
Social & Psychosocial Habits

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Alcohol

12/22/2009 Risk Assesment: Denies Alcohol Use

Tobacco

Comment: never - 06/20/2013 09:04 - Holt , Carla D

12/22/2009 Risk Assesment: Denies Tobacco Useinclude smart template.

Social & Psychosocial Habits

Alcohol

12/22/2009 Risk Assesment: Denies Alcohol Use

Tobacco

Comment: never - 06/20/2013 09:04 - Holt , Carla D

12/22/2009 Risk Assesment: Denies Tobacco Use

Additional Past History: Nursing records reviewed for social history, past surgical history, past medical history, family history, and medicines/allergies. I agree with nursing records except as otherwise specified..

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs

Vital Signs.

08/30/13 18:57 EDT	Temperature Oral	36.8 DegC
	Peripheral Pulse Rate	74 bpm
	Respiratory Rate	22 br/min HI
	Systolic Blood Pressure	157 mmHg HI
	Diastolic Blood Pressure	72 mmHg

Basic Oxygen Information.

08/30/13 18:57 EDT SpO2 96 %

Measurements.

08/30/13 18:57 EDT	Height/Length Dosing	170 cm
	Weight Dosing	105 kg
	Body Mass Index Dosing	36 kg/m2

General: Alert, no acute distress, not anxious, not ill-appearing.
Skin: Warm, dry, pink, no pallor, no rash, normal for ethnicity.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline.

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Regional Medical Center
3000 St Matthews Road
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(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Eye: Normal conjunctiva, vision unchanged.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Normal peripheral perfusion, No edema.
Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.
Chest wall: No deformity. On exam: Bilateral, severe, tenderness, reproduces complaint, no ecchymosis, no rash, no shingles, no crepitus, no subcutaneous emphysema, no deformity, no paradoxical motion.
Musculoskeletal: Proximal upper extremity: Bilateral, shoulder, aligned, tenderness, range of motion restricted by pain, no swelling, no abrasion, no erythema, no ecchymosis, no laceration, no deformity.
Gastrointestinal: Non distended.
Neurological: Alert and oriented to person, place, time, and situation, normal motor observed, normal speech observed, normal coordination observed.
Psychiatric: Cooperative, appropriate mood & affect, normal judgment, non-suicidal.

Medical Decision Making
Differential Diagnosis: Chest wall pain, rib fracture, chest wall injury, chest contusion.

Impression and Plan
Costochondritis, acute (ICD9 733.6, Discharge, Medical)
Plan
Condition: Stable.
Disposition: Medically cleared, Discharged: Time 08/30/13 19:57:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy:
naproxen 500 mg oral tablet (Ordered): 500 mg, 1 tab, Oral, BID, 60 tab
Norco 5 mg-325 mg oral tablet (Ordered): 2 tab, Oral, q4hr Interval, 12 tab
Patient was given the following educational materials: Costochondritis, CHEST WALL PAIN, Costochondritis, Costochondritis, CHEST WALL PAIN, Costochondritis.
Follow up with: Bismarck Amoah-Apraku Within 2 to 4 days Return to ED if symptoms worsen.
Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription.

Document Name	ED Patient Education Note
Document Status	Auth (Verified)
Performed By	Pearce,Erica A (08/30/2013 20:15)
Signed By	Pearce,Erica A (08/30/2013 20:15)
Authenticated By	Pearce,Erica A (08/30/2013 20:15)

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Request ID: 5002086

Print Date/Time 01/07/2015 13:42

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Name: Dorothy Miller **Current Date:** 08/30/13 20:15:13 America/New_York

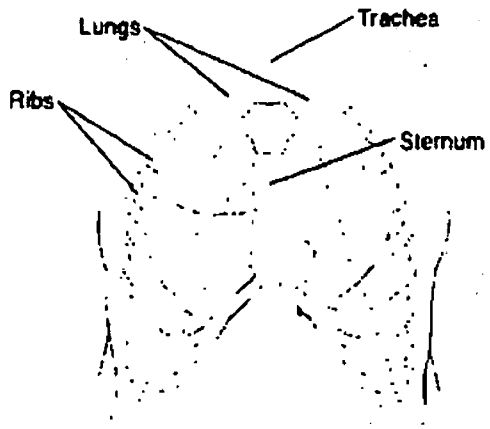
DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000860501

Chief Complaint: pain to rt arms

Patient Education Materials:
Ambulatory

115034en

CHEST WALL PAIN: "COSTOCHONDRITIS"



The chest pain that you have had today is caused by "Costochondritis." This condition is due to an inflammation of the cartilage joining the ribs to the breastbone. It is not caused by heart or lung problems. Although the exact cause for costochondritis is not known, it often occurs during times of emotional stress. It can be painful, but it is not dangerous. It usually disappears within one to two weeks, but may recur. Rarely, a more serious condition may cause symptoms similar to costochondritis; therefore, watch for the warning signs listed below.

HOME CARE:

- If you feel that emotional stress is a cause of your condition, try to identify sources of that stress. It may not be obvious! Learn ways to deal with the stress in your life such as regular exercise, muscle relaxation,

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Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Pearce,Erica A (08/30/2013 20:15)
Signed By	Pearce,Erica A (08/30/2013 20:15)
Authenticated By	Pearce,Erica A (08/30/2013 20:15)

ED Patient Summary

Regional Medical Center

803-395-2200</span
Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 08/30/13 20:15:12
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Costochondritis, acute
Address: 105 GIZMO RD ORANGEBURG SC 291153706
Phone: (803) 937-0720

ED Provider:
Name: Turner, Donald Jason

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new, worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	Within 2 to 4 days

Comments:

Request ID. 5002086 Print Date/Time 01/07/2015 13:42

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	08/30/2013
MRN:	0000174021	**Discharge Date:**	08/30/2013
Account Number:	1000860501	**Admitting:**	Turner,Donald Jason
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Turner,Donald Jason
Location:	ED		

Emergency Documentation

Return to ED if symptoms worsen

******IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DONT KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST. EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY DEPARTMENT, MEDICAID REQUIRES THAT YOU CONTACT YOUR PRIMARY CARE DOCTOR AND GET A REFERRAL FROM THEM AS WELL.

Medication Information

Fill New Prescriptions:
acetaminophen-hydrocodone (Norco 5 mg-325 mg oral tablet) 2 tab Oral every 4 hours
naproxen (naproxen 500 mg oral tablet) 500 mg Oral Twice a day

"Please give this list of medicines to your doctor, update the list when medicines are stopped, doses are changed, or new medicines are started. Carry this information with you at all times in case of an emergency."

Labs, X-Rays and Procedures

Test Type	Test Name
Laboratory	
Radiology	

Procedures None

Patient Education Documents

40486

Costochondritis

Costochondritis is inflammation of a rib or the cartilage that connects a rib to your breastbone (sternum). It

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Miller, Dorothy Ann
DOB [redacted] 56 Y F
DOS: 08/30/2013 18:53
ATT:
FIN: 1000860501 Rm:
MRN: 0000174021

Regional Medical Center
Emergency Department

Last Name: Miller First Name: Dorothy Middle Initial:

Date of Birth: [redacted] Primary Care Physician: Family Health Center

Reason for Visit: severe pain in arms and left side in back

Social Security # [redacted] Telephone # 937-0720

CONSENT TO HOSPITAL ADMISSION AND MEDICAL TREATMENT:

I, suffering from a condition requiring hospital services, hereby consent to rendering of such care, which may include routine diagnostic procedures and such medical treatment as the attending physician(s), Nurse Practitioner functioning under the direction and supervision of the attending physician(s) and performing those services that such Nurse Practitioner is authorized to perform by the State of South Carolina, or others of the hospital's medical staff considered to be necessary. To protect myself, and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS virus) and Hepatitis B. I understand the results of the test will be treated with respect and confidentiality and will be made available to my physician. If my blood tests positive for any reportable disease such as HIV or Hepatitis, the results will be reported to the state health department (SCDHEC) according to South Carolina law.

I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me as to the results of examination or treatment in this hospital.

I understand that (a) Except in the case of an emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss with the physician or other health professional to the patient's satisfaction. (b) Each patient has the right to consent, or to refuse consent, to any proposed procedure or therapeutic course.

Patient Signature: Dorothy Miller Date: 8/30/13

Regional Medical Center

3000 St. Matthews Road
Orangeburg, SC 29118

(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN:

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Self Pay

Insurance Name: Self Pay
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 10/20/2013 16:05
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 10/20/2013 18:12
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Right Wrist Pain Work Related

Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive: No, info not provide
Reg Clerk: Culcleasure, Jacqueline
Admit Physician: Hart PA, David Roger
Attend Physician: Hart PA, David Roger
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1000905621

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Medication History

Medication History

Order: **cetirizine (Zyrtec 10 mg oral tablet)**
Order Start Date/Time: 10/20/2013 16:46
Order Status: Completed | Clinical Category: Medications | Medication Type: Documented
End-state Date/Time: 11/18/2013 16:46 | End-state Reason:
Ordering Physician: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 11/18/2013 16:46
Order Details: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
Order Comment:

Order: **naproxen (naproxen 375 mg oral tablet)**
Order Start Date/Time: 10/20/2013 16:46
Order Status: Completed | Clinical Category: Medications | Medication Type: Documented
End-state Date/Time: 11/18/2013 16:46 | End-state Reason:
Ordering Physician: | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 11/18/2013 16:46
Order Details: 375 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
Order Comment:

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Speer RN,Yana M (10/20/2013 16:42)
Signed By	Speer RN,Yana M (10/20/2013 16:42)
Authenticated By	Speer RN,Yana M (10/20/2013 16:42)

ED Triage Adult Entered On: 10/20/2013 16:52 EDT
Performed On: 10/20/2013 16:42 EDT by Speer RN, Yana M

Triage
ED Chief Complaint : Other: Injured hand at work on 10/6. Was seen and dx with sprain and given splint and pain meds, and is scheduled for PT
Lynx Mode of Arrival : Private vehicle
Pain Intensity Scale Rating : 9
ED Pain Details : Yes
Vital Signs Assessed : Yes

Request ID: 5001946

Print Date/Time 01/07/2015 13:40

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Range of Motion :	Limited motion, active
Comments	(Comment: Pain comes and goes per pt [Johnson, Linda W - 10/20/2013 16:57 EDT])
	Johnson, Linda W - 10/20/2013 16:57 EDT

Social History
Smoking History : Never smoker

Johnson, Linda W - 10/20/2013 16:57 EDT

Social History

(As Of: 10/20/2013 16:59:04 EDT)

Alcohol: Denies Alcohol Use
(Last Updated: 12/22/2009 12:42:45 EST by Pooser RN, Marsha H)

Tobacco: Denies Tobacco Use
Comments: 06/20/2013 9:04 - Holt , Carla D: never (Last Updated: 06/20/2013 09:04:47 EDT by Holt , Carla D)

Document Name	ED Note-Physician
Document Status	Auth (Verified)
Performed By	Hart PA,David Rogers (10/20/2013 18:08)
Signed By	Hart PA,David Rogers (10/22/2013 22:49)
Authenticated By	Hart PA,David Rogers (10/22/2013 22:49)

Wrist pain-swelling

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000905621
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Hart PA, David Rogers

Basic Information
Time seen: Date & time 10/20/13 18:01:00.
History source: Patient.

Request ID: 5001946

Print Date/Time 01/07/2015 13:40

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
10/20/13 16:42 EDT ED Chief Complaint Other: Injured hand at work on 10/6. Was seen and dx with sprain and given splint and pain meds, and is scheduled for PT

History of Present Illness
The patient presents with right, wrist pain. The onset was 2 weeks ago. The course/duration of symptoms is constant. Type of injury: repetitive use at work. The location where the incident occurred was at work. Location: Right wrist. The character of symptoms is pain. The degree of pain is moderate. The degree of swelling is minimal. There are exacerbating factors including movement and palpation. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Prior episodes: none. Therapy today: prescription medications. Associated symptoms: none. pt seen by Dr. Singleton and given Iodine, splint and pt referral.

Review of Systems
Constitutional symptoms: No fever, no chills.
Respiratory symptoms: No shortness of breath.
Cardiovascular symptoms: No chest pain.
Neurologic symptoms: No numbness, no tingling.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies

Past Medical/ Family/ Social History
Medical history: .
Active
Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356968010)
Arthritis (7278014)
Resolved
Hernia repair (84078018): Resolved.
Surgical history: .
hernia.
expl lap.
gallbladder.
Family history: .
No family history items have been selected or recorded.
CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs
Vital Signs.

10/20/13 16:42 EDT	Temperature Oral	36.9 DegC
	Peripheral Pulse Rate	74 bpm

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

	Respiratory Rate	16 br/min
	Systolic Blood Pressure	129 mmHg
	Diastolic Blood Pressure	86 mmHg
Measurements.		
10/20/13 16:42 EDT	Height/Length Dosing	170
	Weight Dosing	113.3 kg
	Body Mass Index Dosing	39 kg/m2
Basic Oxygen Information.		
10/20/13 16:42 EDT	Oxygen Therapy	Room air
	SpO2	99 %

General: Alert, no acute distress.
Skin: Warm, intact, normal for ethnicity.
Head: Normocephalic.
Neck: Supple.
Eye: Pupils are equal, round and reactive to light.
Cardiovascular: Regular rate and rhythm.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Musculoskeletal: Normal ROM, normal strength, no swelling, no deformity, no snuffbox or bony ttp; mild pain with all movements.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed, neg. tinels; neg. phalens; neg finklestein
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Differential Diagnosis: Wrist pain, sprain, tendonitis.

Impression and Plan
Diagnosis
Wrist sprain 842.00 (ICD9 842.00, Discharge, Emergency medicine, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 10/20/13 16:07:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy:
Lortab 5/500 oral tablet (Ordered): 1 tab, Oral, q4hr Interval, 15 tab, PRN, for pain
Patient was given the following educational materials: WRIST SPRAIN
Follow up with: Bismarck Amoah-Apraku, Jerrold Buckaloo; CONTINUE YOUR CURRENT THERAPY/MEDICINES.
Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription.

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Johnson,Linda W (10/20/2013 18:19)
Signed By	Johnson,Linda W (10/20/2013 18:19); Hart PA,David Rogers (10/20/2013 18:09)
Authenticated By	Johnson,Linda W (10/20/2013 18:19)

Request ID: 5001946

Print Date/Time 01/07/2015 13:40

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

ED Patient Education Note

Regional Medical Center

Discharge Instructions

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Dorothy Miller **Current Date:** 10/20/13 18:19:46 America/New_York

DOB: [redacted] **MRN:** 0000174021 **FIN:** 1000905621

Chief Complaint: Right Wrist Pain

Patient Education Materials:
Ambulatory

116722en

SPRAIN:WRIST

A sprain is an injury to the ligaments or capsule that holds a joint together. There are no broken bones. Most sprains take about three to six weeks to heal. If the ligament is completely torn (severe sprain), it can take months to recover.

Request ID: 5001946

Print Date/Time 01/07/2015 13:40

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**			**Admit/Discharge**	10/20/2013
MRN:	0000174021			**Discharge Date:**	10/20/2013
Account Number:	1000905621			**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted]	57 years	Female	**Attending:**	Rogers PA,David Rogers
Location:	ED				

Emergency Documentation

Most wrist sprains are treated with a splint, wrist brace or elastic wrap for support. Severe sprains may require surgery.

HOME CARE:

1) Keep your ARM elevated to reduce pain and swelling. This is very important during the first 48 hours.

2) Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1-2 hours the first day. Continue with ice packs 3-4 times a day for the next two days, then as needed for the relief of pain and swelling.

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.]

4) If you were given a splint or brace, wear it for the time advised by your doctor.

FOLLOW UP with your doctor, or as directed, if the pain does not begin to improve within the next five 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

-- Fingers or hand becomes cold, blue, numb or tingly

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Hart PA,David Rogers
Location:	ED		

Emergency Documentation

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Johnson,Linda W (10/20/2013 18:19)
Signed By	Johnson,Linda W (10/20/2013 18:19)
Authenticated By	Johnson,Linda W (10/20/2013 18:19)

ED Patient Summary

Regional Medical Center

803-395-2200</span
Patient Summary

Name: Miller, Dorothy Ann **Current Date:** 10/20/13 18:19:45
DOB: [redacted] 12:00 AM **MRN:** 0000174021 **FIN:**

Discharge Diagnosis: Wrist sprain 842.00
Address: 105 GIZMO RD ORANGEBURG SC 291153706
Phone: (803) 937-0720

ED Provider:
Name: Hart PA, David Rogers

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions
Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new, worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:	**Address:**	**When:**
Bismarck Amoah-Apraku	3310 MAGNOLIA STREET Orangeburg, SC 29118	

Comments:

Request ID: 5001946 Print Date/Time 01/07/2015 13:40

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the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA,David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA,David Rogers
Location:	ED		

Emergency Documentation

With:	**Address:**	**When:**
CONTINUE YOUR CURRENT THERAPY/MEDICINES		

Comments:

With:	**Address:**	**When:**
Jerrold Buckaloo	1175 Cook Rd Orangeburg, SC 29118 (803) 531-0126 Business (1)	

Comments:

******IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DON'T KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST. EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY DEPARTMENT, MEDICAID REQUIRES THAT YOU CONTACT YOUR PRIMARY CARE DOCTOR AND GET A REFERRAL FROM THEM AS WELL.

Medication Information

Fill New Prescriptions:
acetaminophen-hydrocodone (Lortab 5/500 oral tablet) 1 tab Oral every 4 hours as needed for for pain

Continue These Medications:
cetirizine (Zyrtec 10 mg oral tablet) 10 mg Oral Every day
doxepin (doxepin 10 mg oral capsule) 10 mg Oral Every day

Request ID: 5001946

Print Date/Time 01/07/2015 13:40

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	**Miller, Dorothy Ann**	**Admit/Discharge**	10/20/2013
MRN:	0000174021	**Discharge Date:**	10/20/2013
Account Number:	1000905621	**Admitting:**	Hart PA, David
DOB/AGE/SEX:	[redacted] 57 years Female	**Attending:**	Rogers PA, David Rogers
Location:	ED		

Emergency Documentation

etodolac (Lodine) 500 mg Twice a day
naproxen (naproxen 375 mg oral tablet) 375 mg Oral Twice a day
tramadol (tramadol 50 mg oral tablet) 50 mg Oral every 4 hours as needed for for pain

"Please give this list of medicines to your doctor, update the list when medicines are stopped, doses are changed, or new medicines are started. Carry this information with you at all times in case of an emergency."

Labs, X-Rays and Procedures

Test Type	Test Name
Laboratory	
Radiology	

Procedures None

Patient Education Documents

110722en

SPRAIN:WRIST

A sprain is an injury to the ligaments or capsule that holds a joint together. There are no broken bones. Most sprains take about three to six weeks to heal. If the ligament is completely torn (severe sprain), it can take months to recover.

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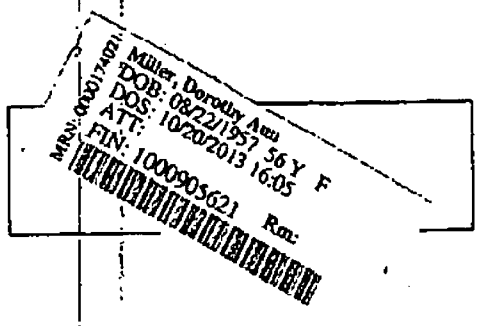


Regional Medical Center
Emergency Department

Last Name: Miller First Name: Dorothy Middle Initial: A

Date of Birth: [redacted] Primary Care Physician: _____

Reason for Visit: Right hand an arm got injured do PJ to b mg at pa"

Social Security # [redacted] Telephone # 937-0220

CONSENT TO HOSPITAL ADMISSION AND MEDICAL TREATMENT:

I, suffering from a condition requiring hospital services, hereby consent to rendering of such care, which may include routine diagnostic procedures and such medical treatment as the attending physician(s), Nurse Practitioner functioning under the direction and supervision of the attending physician(s) and performing those services that such Nurse Practitioner is authorized to perform by the State of South Carolina, or others of the hospital's medical staff considered to be necessary. To protect myself, and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to HIV (AIDS virus) and Hepatitis B. I understand the results of the test will be treated with respect and confidentiality and will be made available to my physician. If my blood tests positive for any reportable disease such as HIV or Hepatitis, the results will be reported to the state health department (SCDHEC) according to South Carolina law.

I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me as to the results of examination or treatment in this hospital.

I understand that (a) Except in the case of an emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss with the physician or other health professional to the patient's satisfaction. (b) Each patient has the right to consent, or to refuse consent, to any proposed procedure or therapeutic course.

Patient Signature: Dorothy Miller Date: 10/20/13

Regional Medical Center
3000 St. Matthews Road
Orangeburg, SC 29118
(803) 395-2200

Patient Information

Patient Name: Miller, Dorothy Ann
Home Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Home Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religio
SSN: [redacted]

Guarantor Information

Guarantor Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Billing Address: 105 GIZMO RD
ORANGEBURG, SC 291153706
Billing Phone: (803) 937-0720
Employer Name: Husqvarna
Employer Phone: (803) 533-4915

Sex: Female
DOB: [redacted]
Age:
Religi
SSN: [redacted]

Contact Information

Emergency Contact
Contact Name: Latasha Miller
Patient's Reltn: Mother
Sex: Female
Home Phone: 8036620610

Next of Kin
Contact Name: John Miller
Patient's Reltn: Spouse
Sex: Male
Home Phone: 8039370720

Primary Insurance

Subscriber Name: Miller, Dorothy Ann
Patient's Reltn: SELF
Sex: Female
DOB: [redacted]
Age:
Employer Name: Husqvarna
Employer Phone: (803) 533-4915
Financial Class: Commercial

Insurance Name: Gallagher Bassett Services
Claim Address: P O BOX 23812
TUCSON, AZ 85734
Insurance Phone: (800) 354-6494
Policy Number: 002754031923wc01
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 05/16/2014 15:17
Est Dt of Arrival: 05/16/2014 15:00
Inpt Adm Dt/Tm:
Disch Dt/Tm: 05/16/2014 23:59
Observation Dt/Tm:
VIP Indicator:
Admit Reason: Preop,rt carpal tunnel syndrome/LAB

Patient Type: Outpatient
Medical Service: Referred Outpatient
Location: LAB
Room/Bed: /
Isolation:
Disease Alert:

Admit Type: Elective
Admit Source: Physician/Clinic Referr
Advance Directive: No, info not provide
Reg Clerk: Hughes, Maureen S
Admit Physician:
Attend Physician: Buckaloo MD, Jerrold
PCP: MD Bismarck Amoah-Apraku M

Miller, Dorothy Ann

MRN: 0000174021

Female / 57 Years

FIN: 1001076666

174021 MILLER, DOROTHY ANN 16-May-2014 16:02:18
DOB: [redacted] 56 Years Female

Dept: SDS
Room: SDS
Oper: GPJ

HR 63 [SR] . Sinus rhythm
RR 952
PR 149
QRSD 87
QT 425
QTc 436

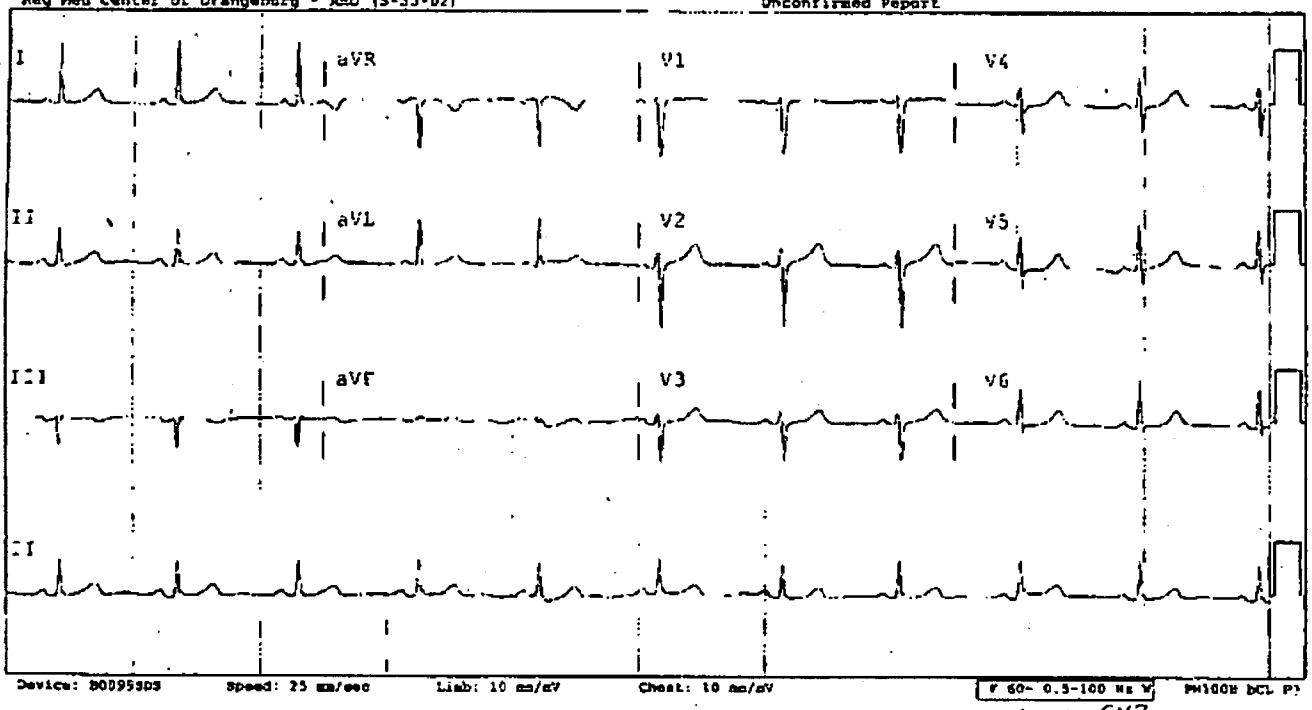
-- AXIS --
P 34
QRS 9
T 13

Account Number:1001076666

- NORMAL ECG -
Previous ECG 03-Jun-2013 16:22:12 - Normal Confirmed

Standard 12
Requested By: DR. BUCKALOO

Reg Med Center of Orangeburg - RMD (5-33-02) Unconfirmed Report



5-16 942 pm

Operative Report

Miller, Dorothy Ann - 0000174021

Result type:	Operative Report
Result date:	23 May 2014 08:58 EDT
Result status:	Active
Result title:	Operative Record
Performed by:	Buckaloo MD, Jerrold M on 21 May 2014 10:17 EDT
Encounter info:	1001076665, RMC, Ambulatory Surgery, 05/21/2014 - 05/21/2014
Contributor system:	SOFTMED

Operative Record

PATIENT:	Miller, Dorothy Ann	ROOM #:	AS
MEDICAL RECORD #:	0000174021		
ADMISSION #:	1001076665		
DATE OF BIRTH:	08/22/1957		
ATTEND PHYSICIAN:	J.M. Buckaloo, M.D.		
SURGEON:	J.M. Buckaloo, M.D.		
PROCEDURE DATE:	05/21/2014		

DD: 05/21/2014 DT: 10:17 A TD: 05/23/2014 TT: 8:58 A

Regional Medical Center
Orangeburg, South Carolina

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:
1. Right carpal tunnel syndrome.
2. Right wrist de Quervain tenosynovitis.

POSTOPERATIVE DIAGNOSIS:
1. Right carpal tunnel syndrome.
2. Right wrist de Quervain tenosynovitis.

PROCEDURES:
1. Right carpal tunnel release.
2. Right de Quervain tendon sheath release.

SURGEON: Dr. Buckaloo.

ANESTHESIA: MAC with local.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Minimal.

INDICATION: Please see history and physical.

D:\PrintImageBundler\Temp\226377\Originals\2014167F4055003-002.tif

DESCRIPTION OF PROCEDURE: The patient was taken to the Operating Room and transferred to the operating table in the supine position. She received monitored anesthesia and appropriate perioperative antibiotics. After adequate sedation, the right hand was administered local over the carpal canal and over the first dorsal compartment of the right wrist. The hand was prepped and draped in the usual manner. The limb was exsanguinated, tourniquet raised under loop magnification. An incision was created transverse 1 centimeter incision one fingerbreadth proximal to the radial styloid over the de Quervain tendon sheath and adjacent to the radial longitudinal crease for carpal tunnel release. De Quervain's release was performed first carefully dissecting longitudinally and bluntly over the extensor tendon sheath reflecting the tissue housing neurovascular structures dorsal and volar. Direct visualization over the first dorsal compartment sheath which was incised longitudinally with a 15 blade knife releasing the tendons. There was a small tendon and an accessory sheath which was released, otherwise mild inflammation, no significant tenosynovitis. The wound was irrigated and closed with monofilament nylon.

Carpal canal was approached after incision as noted above. Palmar fat was spread bluntly with tenotomy scissors. Self retaining retractor was placed. The palmar fascia and transverse carpal ligament was divided in line with the incision releasing the distal interbrachial fascia under direct visualization protecting the deep structures with a groove retractor. After decompression of the median nerve there was no aberrant neurovascular structure identified. No aberrant course to the recurrent branch. No abnormal contents of the canal. Moderate paraneural scarring with no flattening or hourglass constriction to the nerve. The wound was thoroughly irrigated. Both wounds were closed with monofilament nylon. Brisk refill to the digits after release of the tourniquet. All counts were correct. A short arm thumb spica splint applied under sterile condition. The patient was transferred to Same Day Surgery in stable condition.

J.M. Buckaloo, M.D.

000642782:cr

cc: J.M. Buckaloo, M.D.

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 21 May 2014 10:17 EDT
* Transcribe by on 23 May 2014 08:58 EDT

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001139299
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Adams MD, Stuart T

Basic Information
Time seen: Seen By Provider.
07/18/14 01:51

History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
07/18/2014 00:35 EDT ED Chief Complaint Other: PT STATES HAD SURGERY RECENTLY TO R HAND. PT MEDICALLY CLEARED FOR WORK. PT STATES SHE SHOULD NOT BE CLEARED FOR WORK. PT C/O SWELLING AND PAIN TO R HAND. PT ALSO STATES MD TOOK HER OFF HER PAIN MEDICATION. PT WOUND HEALED FROM SURGERY.

History of Present Illness
The patient presents with 56 y/o F presents to the ED for evaluation of R wrist/hand pain that started after she had surgery in May 2014. Pt says her doctor sent her back to work 3 days ago and she feels like she should not be back to work because she is still in pain and her wrist and hand is sore. Pt also says the doctor took her off her 800mg ibuprofen. I reviewed the notes from Dr Buckaloo's office and I do not feel I can justifiably keep this lady out of work which is apparently why she came here tonight.

Review of Systems
Additional review of systems information: All other systems reviewed and otherwise negative, All systems reviewed as documented in chart.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies

Past Medical/ Family/ Social History
Medical history: .
Active
Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356988010)
Arthritis (7278014)
Resolved
Hernia repair (84078018): Resolved.
Surgical history: .
hernia.
expl lap.
gallbladder.
colonoscopy.
Family history: .
No family history items have been selected or recorded.
Social history: .

Alcohol
12/22/2009 **Risk Assessment:** Denies Alcohol Use

Substance Abuse
05/16/2014 **Risk Assessment:** Denies Substance Abuse

Tobacco

Day of Surgery-Text

Miller, Dorothy Ann - 0000174021

Numeric Rating Scale : Yes
*Numeric Rating * :* 4

Zeigler RN, Susan - 05/21/2014 8:07 EDT

Discharge
Hand off to Staff Provider SN : Amaker RN, Regan R

Zeigler RN, Susan - 05/21/2014 9:32 EDT

Type of Discharge SN : Ophthalmology
Discharged To SN : OR
Mode of Transport SN : Stretcher
IV Status SN : Patent/Secure

Zeigler RN, Susan - 05/21/2014 8:07 EDT

Result type:	Day of Surgery-Text
Result date:	21 May 2014 08:07 EDT
Result status:	Auth (Verified)
Result title:	Day of Surgery
Performed by:	Zeigler RN, Susan on 21 May 2014 09:32 EDT
Verified by:	Zeigler RN, Susan on 21 May 2014 09:32 EDT
Encounter Info:	1001076865, RMC, Ambulatory Surgery, 05/21/2014 - 05/21/2014

Printed by: Caln, Valerie D
Printed on: 05/28/2014 10:53 EDT

ED Note-Physician

Miller, Dorothy Ann - 0000174021

* Final Report *

Result Type:	ED Note-Physician
Result Date:	18 July 2014 01:51 EDT
Result Status:	Auth (Verified)
Result Title/Subject:	Wrist pain-swelling
Performed By/Author:	Adams MD, Stuart T on 18 July 2014 02:30 EDT
Verified By:	Adams MD, Stuart T on 18 July 2014 04:54 EDT
Encounter info:	1001139299, RMC, Emergency, 07/18/2014 - 07/18/2014

* Final Report *

Wrist pain-swelling

Patient: **Miller, Dorothy Ann** MRN: 0000174021 FIN: 1001139299
Age: **56 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Adams MD, Stuart T**

Basic Information
Time seen: Seen By Provider.
07/18/14 01:51

History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
07/18/2014 00:35 EDT ED Chief Complaint Other: PT STATES HAD SURGERY RECENTLY TO R HAND. PT MEDICALLY CLEARED FOR WORK. PT STATES SHE SHOULD NOT BE CLEARED FOR WORK. PT C/O SWELLING AND PAIN TO R HAND. PT ALSO STATES MD TOOK HER OFF HER PAIN MEDICATION. PT WOUND HEALED FROM SURGERY.

History of Present Illness
The patient presents with 56 y/o F presents to the ED for evaluation of R wrist/hand pain that started after she had surgery in May 2014. Pt says her doctor sent her back to work 3 days ago and she feels like she should not be back to work because she is still in pain and her wrist and hand is sore. Pt also says the doctor took her off her 800mg Ibuprofen. I reviewed the notes from Dr Buckaloo's office and I do not feel I can justifiably keep this lady out of work which is apparently why she came here tonight.

Review of Systems
Additional review of systems information: All other systems reviewed and otherwise negative, All systems reviewed as documented in chart.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies

Past Medical/ Family/ Social History
Medical history: .

ED Note-Physician

Miller, Dorothy Ann - 0000174021

* Final Report *

Active
Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356968010)
Arthritis (7278014)
Resolved
Hernia repair (84078018): Resolved.

Surgical history: .
hernia.
expl lap.
gallbladder.
colonoscopy.

Family history: .
No family history items have been selected or recorded.

Social history: .

Alcohol
12/22/2009 **Risk Assessment:** Denies Alcohol Use

Substance Abuse
05/16/2014 **Risk Assessment:** Denies Substance Abuse

Tobacco
Comment: never - 06/20/2013 09:04 - Holt , Carla D

12/22/2009 **Risk Assessment:** Denies Tobacco Use

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs
Vital Signs.

07/18/2014 00:35 EDT	Temperature Oral	36.4 DegC
	Peripheral Pulse Rate	79 bpm
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	**143 mmHg HI**
	Diastolic Blood Pressure	**118 mmHg HI**

Measurements.

07/18/2014 00:35 EDT	Height/Length Dosing	170 cm
	Weight Dosing	110 kg
	Body Mass Index Dosing	38 kg/m2

Basic Oxygen Information.

07/18/2014 00:35 EDT	Oxygen Therapy	Room air
	SpO2	98 %

General: Alert, anxious.
Skin: Warm, dry.
Head: Normocephalic, atraumatic.
Neck: Supple, no tenderness.
Eye: Extraocular movements are intact, normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate.
Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

ED Note-Physician

Miller, Dorothy Ann - 0000174021

* Final Report *

Gastrointestinal: Soft, Nontender, Non distended.
Back: Nontender, Normal range of motion.
Musculoskeletal: No erythema or pathological appearing swelling. Well healed surgical scar. .
Neurological: Alert and oriented to person, place, time, and situation. No focal neurological deficit observed.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Differential Diagnosis: Hand pain, wrist pain.

Impression and Plan
Chronic pain -
Plan
Prescriptions: Launch prescriptions.
Pharmacy:
Ibuprofen 800 mg oral tablet (Prescribe): 800 mg, 1 tab, Oral, TID, 20 tab, PRN, for pain
NORCO 5-325MG TABLET (Order Processing): 1 each, Oral, Once
Ibuprofen (Order Processing): 800 mg, Oral, Once
Follow up with: Bismarck Amoah-Apraku; Jerrold Buckaloo IBUPROFEN AS PRESCRIBED FOR THE PAIN BUT THE EMERGENCY DEPARTMENT CAN NOT GIVE WORK EXCUSES FOR PATIENTS IN THIS TYPE OF CIRCUMSTANCE. YOU WILL NEED TO FOLLOWUP WITH YOUR DOCTOR..
Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.
Notes: This document serves as a record of the services and decisions personally performed and made by Dr. Stuart Adams It was created on his behalf by Alexus Coldey, a trained medical scribe. The creation of this document is based on the provider statement to the medical scribe..

Clm#0027540319

ED Note-Nursing

Miller, Dorothy Ann - 0000174021

* Final Report *

Result Type:	ED Note-Nursing
Result Date:	18 July 2014 02:18 EDT
Result Status:	Auth (Verified)
Result Title/Subject:	ED Assessment Adult
Performed By/Author:	Whittington RN, Hillary L on 18 July 2014 02:30 EDT
Verified By:	Whittington RN, Hillary L on 18 July 2014 02:30 EDT
Encounter Info:	1001139299, RMC, Emergency, 07/18/2014 - 07/18/2014

* Final Report *

ED Assessment Adult Entered On: 07/18/2014 2:33 EDT
Performed On: 07/18/2014 2:18 EDT by Whittington RN, Hillary L

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

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Pulses Grid
Radial Pulse, Left : 2+ Normal
Radial Pulse, Right : 2+ Normal
Dorsalis Pedis Pulse, Left : 2+ Normal
Dorsalis Pedis Pulse, Right : 2+ Normal

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Level of Consciousness : Alert
Orientation : Oriented x 3
Affect/Behavior : Appropriate
Distress : Mild

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Respiratory
Respirations : Unlabored
Respiratory Pattern Description : Regular
Cough : None

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Neurological
Aspiration Risk : None
Pupils Equal, Round, Reactive to Light, and Accommodation : Yes
Stroke Alert : No
Characteristics of Speech : Clear
Hallucinations Present : None
Loss of Consciousness : No
Gait : Steady
Level of Consciousness : Alert
Orientation : Oriented x 3

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Glasgow Coma
Eye Opening Response Glasgow : Spontaneously

ED Note-Physician

Miller, Dorothy Ann - 0000174021

* Final Report *

Result Type:	ED Note-Physician
Result Date:	01 August 2014 03:23 EDT
Result Status:	Auth (Verified)
Result Title/Subject:	Wrist pain-swelling
Performed By/Author:	Adams MD, Stuart T on 01 August 2014 03:24 EDT
Verified By:	Adams MD, Stuart T on 01 August 2014 05:22 EDT
Encounter info:	1001151413, RMC, Emergency, 08/01/2014 - 08/01/2014

* Final Report *

Wrist pain-swelling

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001151413
Age: 68 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Adams MD, Stuart T

Basic Information
Time seen: Seen By Provider.
08/01/14 02:46

Additional Information: Chief Complaint from Nursing Triage Note : ED Chief Complaint.
08/01/2014 01:49 EDT ED Chief Complaint Other: pt had carpal tunnel surgery this past may. pt states the wrist is still painful. It appears the pt has a ganglion cyst on the radial side of the wrist.

History of Present Illness
The patient presents with PT HAD WRIST SURGERY IN MAY AND IS HERE COMPLAINING OF PERSISTING PAIN. IT IS UNCHANGED. I SAW HER FOR SAME A COUPLE OF WEEKS AGO. SHE SEES DR BUCKALOO. WANTS A SECOND OPINION..

Review of Systems
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status
Allergies: .
Allergic Reactions (Selected)
No known allergies

Past Medical/ Family/ Social History
Medical history: .
Active
Asthma (301485011)
Acid reflux (353140018)
Morbid obesity (356988010)
Arthritis (7278014)
Resolved
Hernia repair (84078016): Resolved.
Surgical history: .
hernia.
expl lap.
gallbladder.
colonoscopy.
Family history: .

ED Note-Physician

Miller, Dorothy Ann - 0000174021

* Final Report *

History is unknown.
Social history: NO SUBSTANCE ABUSE..
CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified..

Physical Examination

Vital Signs
Vital Signs.

08/01/2014 01:49 EDT	Temperature Oral	36.7 DegC
	Peripheral Pulse Rate	68 bpm
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	180 mmHg HI
	Diastolic Blood Pressure	83 mmHg

Measurements.

08/01/2014 01:49 EDT	Height/Length Dosing	170 cm
	Weight Dosing	115 kg
	Body Mass Index Dosing	40 kg/m2

Basic Oxygen Information.

08/01/2014 01:49 EDT	Oxygen Therapy	Room air
	SpO2	98 %

General: Alert, no acute distress.
Skin: Warm, dry.
Head: Normocephalic, atraumatic.
Neck: Supple, no JVD.
Eye: Normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Gastrointestinal: Nontender, Non distended.
Musculoskeletal: RT WRIST EXAM SHOWS WELL HEALED SCAR. DMVI. ROM IS FULL. NO REDNESS OR TENDERNESS..

Impression and Plan
Chronic pain -
Plan
Prescriptions: Launch prescriptions.
Pharmacy:
PERCOCET ED-MTG (Order Processing): 1 each, Oral, Once
Follow up with: Bismarck Amoah-Apraku; Jerrold Buckaloo SEE YOUR HAND SURGEON. SINCE YOU REQUESTED A SECOND OPINION, YOU CAN CALL THE MOORE CLINIC IN COLUMBIA OR MIDLANDS ORTHOPEDICS FOR AN APPOINTMENT..
Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Patient indicated understanding of instructions.

XR Wrist Complete Right

Miller, Dorothy Ann - 0000174021

* Final Report *

* Final Report *

Reason For Exam
Post op

FINAL REPORT
Four views of the right wrist.

HISTORY: Pain and swelling.

FINDINGS: Osseous structures, articular surfaces and joint spaces are preserved. There is no evidence for fracture or dislocation. Soft tissues are unremarkable.

IMPRESSION: Unremarkable right wrist

Signature Line
***** Final Report *****

Dictated by: Reidman, Daniel A
08/01/2014 7:04 am
Signed by: Reidman, Daniel A
08/01/2014 7:04 am
Transcribed by: Reidman, Daniel A

Completed Action List:
* Order by Adams MD, Stuart T on 01 August 2014 02:07 EDT
* Perform by Murphy, Authina C on 01 August 2014 02:29 EDT
* VERIFY by Reidman, Daniel A on 01 August 2014 07:04 EDT

Result type:	XR Wrist Complete Right
Result date:	01 August 2014 02:29 EDT
Result status:	Auth (Verified)
Result title:	XR Wrist Complete Right
Performed by:	Reidman, Daniel A on 01 August 2014 07:04 EDT
Verified by:	Reidman, Daniel A on 01 August 2014 07:04 EDT
Encounter info:	1001151413, RMC, Emergency, 08/01/2014 - 08/01/2014

Printed by: Riggins, Tiffany L
Printed on: 10/23/2014 15:51 EDT

Page 1 of 1
(End of Report)

ED Note-Nursing

Miller, Dorothy Ann - 0000174021

Claim# 0027540319

* Final Report *

Result Type:	ED Note-Nursing
Result Date:	01 August 2014 03:09 EDT
Result Status:	Auth (Verified)
Result Title/Subject:	ED Assessment Adult
Performed By/Author:	Rainey RN, Kenya N on 01 August 2014 04:23 EDT
Verified By:	Rainey RN, Kenya N on 01 August 2014 04:23 EDT
Encounter info:	1001151413, RMC, Emergency, 08/01/2014 - 08/01/2014

* Final Report *

ED Assessment Adult Entered On: 08/01/2014 4:24 EDT
Performed On: 08/01/2014 3:09 EDT by Rainey RN, Kenya N

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

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Pulses Grid
Radial Pulse, Left : 2+ Normal
Radial Pulse, Right : 2+ Normal

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Level of Consciousness : Alert
Orientation : Oriented x 3
Affect/Behavior : Appropriate, Calm, Cooperative
Distress : None

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Respiratory
Respirations : Unlabored

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Breath Sounds Assessment Grid
LUL : Clear
RUL : Clear
RML : Clear
LLL : Clear
RLL : Clear

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Gastro
Bowel Sounds Grid
LUQ : Present
RUQ : Present
LLQ : Present
RLQ : Present

Rainey RN, Kenya N - 08/01/2014 4:23 EDT

Printed by: Turner, Leatha M
Printed on: 10/10/2014 15:27 EDT

ED Note-Nursing

* Final Report *

Best Verbal Response Glasgow : Oriented
Best Motor Response Glasgow : Obeys simple commands
Glasgow Coma Score : 15

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Integumentary
Skin Abnormality Ultra Grid

	Skin Abnormality #1
Location :	Hand, right
Type :	Scar
	Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Skin Color : Normal for ethnicity
Skin Description : Dry
Skin Temperature : Warm

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Family History
Family Hx Member Documented : No Changes

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Family History

(As Of: 07/18/2014 02:33:10 EDT)

Unknown History

Social History
Smoking History : Never smoker

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Social History

(As Of: 07/18/2014 02:33:10 EDT)

Alcohol:	Denies Alcohol Use (Last Updated: 12/22/2009 12:42:45 EST by Pooser RN, Marsha H)
Tobacco:	Denies Tobacco Use Comments: 06/20/2013 9:04 - Holt , Carla D: never (Last Updated: 06/20/2013 09:04:47 EDT by Holt , Carla D)
Substance Abuse:	Denies Substance Abuse (Last Updated: 05/16/2014 15:47:39 EDT by Jameson RN, Nantce)

Rapid Pain Assessment
ED Primary Location : Hand
Primary Pain Laterality : Right

ED Note-Nursing

Miller, Dorothy Ann - 0000174021

*** Final Report ***

When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities. : Numeric rating
Numeric Pain Scale : 10 = Worst possible pain
Numeric Pain Score : 10

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

Additional Comments
Additional Comments : Pt came in with c/o right wrist pain and swelling. "I had surgery in may and they done sent me back to work and I can't do it, pain is too bad. They took me off the pain meds also and I'm in really bad pain." Full ROM in right wrist noted. NAD noted.

Whittington RN, Hillary L - 07/18/2014 2:30 EDT

* Final Report *

Reason For Exam
Rt and Lt Rotator Cuff tear,Mril Rt Lt Shoulder w/o contrast

FINAL REPORT
PROCEDURE: MRI right shoulder without contrast

Technique: High-field MRI of the right shoulder was performed utilizing the following sequences: Axial PD fat-sat, axial T2 fat-sat, coronal PD fat-sat, coronal STIR, sagittal T2 fat-sat, and sagittal T1.

COMPARISON: Plain film dated 2 July 2015

CLINICAL HISTORY: Shoulder pain for years with limited range of motion, evaluate for rotator cuff tear

FINDINGS:
The humeral head is high riding on the bony glenoid. No fracture or dislocation are seen. No there is mild edema of the acromioclavicular joint. No Hill sac deformity or bony Bankart lesion are seen. The long head of the biceps tendon is normally positioned in the inter tubercular groove. The biceps labral anchor appears intact. The superior labrum is degenerated and likely torn. There is a full-thickness fullwidth tear of the supraspinatous muscle with approximately 3 cm of tendinous retraction. There is also tendinopathy of the infraspinatus. There is soft tissue fullness and some edema at the rotator cuff interval, query symptoms of a frozen shoulder. Tendinopathy of the subscapularis tendon is also seen. Fluid is seen in the subacromial and coracoid bursa. There is muscle atrophy of the supraspinatous and infraspinatus.

IMPRESSION:

1. Full-thickness fullwidth tearing of the supraspinatous tendon with approximately 3 cm of tendinous retraction. There is atrophy of the supraspinatous muscle.

2. Tendinopathy of the infraspinatus tendon with some muscle atrophy. Tearing of the anterior fibers should be considered.

Result type:	MRI Shoulder w/o Contrast Right
Result date:	17 July 2015 16:30 EDT
Result status.	Auth (Verified)
Result title:	MRI Shoulder w/o Contrast Right
Performed by:	Morgan, Gerard E on 17 July 2015 16:33 EDT
Verified by:	Morgan, Gerard E on 17 July 2015 16:40 EDT
Encounter info.	1001472101, RMC, Outpatient, 07/17/2015 - 07/17/2015

* Final Report *

3. Degeneration and probable tearing of the superior labrum.

4. Soft tissue fullness of the rotator cuff interval with mild associated edema, Query symptoms of a frozen shoulder.

5. Tendinopathy of the subscapularis tendon.

Signature Line
***** Final Report *****

Dictated by: Morgan, Gerard E
07/17/2015 4:33 pm
Signed by: Morgan, Gerard E
07/17/2015 4:40 pm
Transcribed by: Morgan, Gerard E

Completed Action List:
* Order by Amoah-Apraku, Bismarck on 13 July 2015 13:41 EDT
* Perform by Huggins RT(R), Roddrick O on 17 July 2015 16:30 EDT
* VERIFY by Morgan, Gerard E on 17 July 2015 16:40 EDT

Result type:	MRI Shoulder w/o Contrast Right
Result date:	17 July 2015 16:30 EDT
Result status:	Auth (Verified)
Result title:	MRI Shoulder w/o Contrast Right
Performed by:	Morgan, Gerard E on 17 July 2015 16:33 EDT
Verified by:	Morgan, Gerard E on 17 July 2015 16:40 EDT
Encounter info:	1001472101, RMC, Outpatient, 07/17/2015 - 07/17/2015

ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

(803) 531-6030
FAX (803) 531-6056

Gregory Singleton, M.D.
Medical Director

RECEIVED
FEB 13 2006

PROGRESS NOTES

Name Miller, Dorothy

Date

11/9/5 Pt was seen in ED for → Xray → released. C/O fx. She fell. Noticed low back pain (R) on going to. Pos. ↑ ↓ & other joints c pain.

Gen: HEENT: NCAT, TM clear, Nose & throat pharynx, eyes MMM. moist, & pink. Neck trachea midline, supple, non-tender, eyes to light. Chest clear & heart RRR. Back & abd: ↓ on R paraspinal area SLR Neuro grossly intact. Ext: (R) arm & (R) elbow (laterally)

A/P: 1) Headache - CT head
2) L/S strain
Cervical strain } Add Motrin 800 q 8 hrs
PT eval
(R) arm pain Rest Ice

11/9/05 Pt scheduled for CT head @ ABIC on 11/10 @ 3:30pm PB

0503

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Medical Director

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PROGRESS NOTES

Name Miller, Dorothy

Date

11/22/5 CTC

DATE 11/23/05
HT 5'7" WT. 170.0
AGE 48
TEMP. 97.3
B/P 100/60
HR. 72
RR. 20
LMP Ceased

ECS + V. & MVA. PT still C/o moved low back pain; head + face pain is some better

A alone. Pt. got treatment i cond. to C PT/ Neck. She got C-collar 1°: low back once Good ROM + (2) pain / labored neck & headache. N4L

Allergies

Shot-
HEIGHT. NEAT. Tm. clear Nose: G- with. mucoid, P erythem Nasal mucosa, sl. edem c ROM / Coord. WNL Chest clear Heart RRR Back tend - L/S area 1°- (4) (-) SLR Neuro WNL

4(p) Headache - Rx / Zofran
2) Cervical strain - C/o needs PT
1) L/S - CTC
4) (5) Abd pain

0504

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PROGRESS NOTES

Name Miller, Dorothy

Date

DATE 2/8/06 cc. MVA 4/5 Pt is dizzy
HT 5'1" WT 173.0 Some better; Still C/o low
AGE 48 back pain & tenderness Pt wants
TEMP. 97.4 ~~--?~~ xray of back.
B/P 100/70
HR. 72 Alert SL cooperative
RR. 20 low back pain. SL tender
Chest ~~Pain~~ tenderness - muscle
SL ~~pain~~ restriction of all
Abd other joints.
Alert
Wolfe
NEGAT. NEUR TO. CRANIAL
NORMAL REFLEXES AND MUSCL. WEAKNESS
NECK SUPPLE CHEST CLEAR
HEART. REGULAR RHYTHM BREASTS NO
MASS/TENDERNESS NIPPLE DISCHARGE
ABD. OBESE, SOFT, NO HSM, NORMAL BS
GENIT. NL FEMALE, NO MASS/TENDERNESS
VULVA NL APPEARANCE
RECTAL NL TONE, NO MASS
FECAL OCCULT

-over-

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PROGRESS NOTES

Name Miller, Dorothy

Date

12/8/5 Back & shoulder: 4/5 on E
palpate C-5 SLR
Neck: intact

4/p) Headache } - Reduced problems
2) Cervical stiff } low back pain.
3) 4/5 stiff } - a/w meds
4 (R) Arm } - RT. motivated discharged
- Rx - 2 wks

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PROGRESS NOTES

Name Miller, Dorothy

Date 12/22/05

WT 214.5 eo. MVA Thu. Pt - Sh'd Co. Neck
AGE 46 low back pain off/on. Hurts
TEMP 97.7 another way of back. Mgt
BP 120/70
HR 76 As above. Sk cyls
RR 20 of Nerve sensation - low
Cervical back. ↓ reduction of
pain. ROS ↑. ↓
a) transient ↑ Active

Abn ↓
HEENT - sl tt Neck p.t.
Chest clear ↓ RRR
Back ↑ sl. decr. ↓ SCLR
Nerve exam : MR sl
decr ↓ : (R) loin > L
mgn, laterally

A/P: 1) Headache - Tylenol
2) Consultation - D/C Motrin
3) L/S strain - Tx Lodine 400 qd pm
4) (R) Angina - Rx / 2 wks
5) Contact dermatitis

0507

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Medical Director

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PROGRESS NOTES

Name Miller, Dorothy

Date

1/6/06 c/c MVA 4 wks. Pt is doing much better

WT 171.8

AGE 48

TEMP. 98.2

B/P 100/60

HR. 72

RR 20

Cervical ROM ↓ 50%

Alert

NECK- supple Neck supple

Chest clear Heart RRR

Back - tend: L/S area, sl. abn. tt c tenderness -

(R) lat side

Neuro: intact (-) SLR

Pelvis & knees/ankles

1) R/P) - Headache
2) Cervical strain
3) L/S
4) (R) Arm pain

- Th. Lodine 400 mg QD bid
- Relaxeril
- Resident draft - (R) lat thigh

0508

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PROGRESS NOTES

Name Miller, Dorothy

Date

3/30/06

5'7" WT 180.5
BP 110/60
HR 72
20

Celexa
Allegra
Zoloft

Lortab 10/325 #30 1 po q 6 hrs prn pain
Flu shot

CC: Pt C/O Pain on L side of face (Temporal area). Pt. C/O back pain. Feels faint when standing. Pt is concerned @ front on L side of face

made

A above. Pt reports continued problem - low back area. Sx @ 1500 clts

① facial pain & cold

pain. Rx'd Lortab 10/325 #30 1 po q 6 hrs prn pain

Plan

INCENT - NCAT The - clear
Nose b- MTs not PERRLA,
EOMs (P) fundi wnl ② TMJ tend on
L palpation Neck Supple Carotids
Heart RRR Back- tend- L/S area
of pain & SLR

A/P:) Dizziness - CT-H ; Consider MRI
2) Facial pain: 2° to contact to face
- TMJ pain : Consider dental eval
3) L/S strain - Lortab 10/325 #30 1 po q 6 hrs PT eval: Rx 1 wk

0509

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PROGRESS NOTES

Date

Name Miller, Dorothy

4/12/11
acc MVA
dc/ Sore
An ohm Sle
Ce-Spine
Allergies
Staff
Back
SLR
Tgiven
0510

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PROGRESS NOTES

Date

Name Miller, Dorothy

10/24/06
T 98.0 c/o MVA 4 wks. Pt. is dy' sore neck
48 better.
T 73
110/60 A chon. B o.k. Pt. is
72 ready for discharge.
20 1-3.

Ceased

AH

AHN

HEENT - STAU Neck DG
CHT: clear Heart RR
Back & tho CVA SCR
Neuro-tox

A/P 1) Facet inj — Resolved
2) 4/5 stm — Released

0511

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DRAFT

PROGRESS NOTES

Date

Name Miller, Dorothy

10/8/13
5'7" WT 241
BP 124/80
P 79
R 24
Ceased

Allergies: NKDA
Bonnet

CC: (R) hand pain that goes up (R) arm x 2-3 weeks

3 mile ↑ Activities ↑ Arthritis

pain: hands, wrists

C/S Sx:

All: ø

Meds: ø

SH: ø tob/ETOH married

G6 P4 A2 Hysterectomy - 20 yrs.

Chronic

ROS Noncontrib

cc. As above. She says that it's gotten worse - She's currently working - to lift. She noted pain in (R) wrist & new start (~ 2-3 wks ago). She is also using an airgun & a more frequent interval. She's tried Biofreeze & Pro-both w/ some relief. She states that pain radiates up hand, forearm & sometimes to upper arm

meds
Ibuprofen
allergy med
Tramadol

0512

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DRAFT

PROGRESS NOTES

Name Miller, Dorothy

Date

4/9/13

Abd -

Heart: [illegible] Neck supple

Chest: clear throughout

(R) wrist - sl. swelling, ROM;
good [illegible] of hand -
palpation/[illegible] - [illegible]
locally

Rash: Mild skin - Rx: lot
- Isolation use; NSAIDs, Ice;
Splint

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Husqvarna

Gallagher Bassett

Orangeburg, SC

MEDICAL TREATMENT REQUEST:

Employee: Darrell Tilley Telephone:_____ DOB:_____

Address:_____ S.S:_____

Date:_____ Type of Injury:_____

Authorized Signature:_____ Date:_____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature:_____ Date:_____

MEDICAL REPORT

Date of first treatment: 10/8/13 Time:_____ Hospital: ☐ Office: ☐

Diagnosis: Waist strain

Treatment: Rest ice ; Advil as directed. Tx 4x/d ; Splint

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) ✓ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[ ] May lift up to 5 lbs.
[ ] No bending	[ ] Limited use of R L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.
[ ] Limited stooping/ squatting	

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[X] Other: No lifting over 10 lbs

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc._____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8036 ext.211)

The above medical recommendations are Temporary restrictions are effective until 10/11/13

The employee has been informed of the results of the evaluation.

Physician: _____ Address: Ora, SC 29117

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

Husqvarna Consumer Outdoor Products

MAILING ADDRESS	OFFICE ADDRESS	TELEPHONE
P.O. Box 1687	HIGHWAY 33, OLD CAMERON ROAD	803 536 3200
ORANGEBURG, SC 29116	Orangeburg, SC 29115	

fax at 10/8/13 8:52

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ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Name Miller, Dorothy

Date

DATE 10/16/13
HT. 57 WT. 216
AGE 60
TEMP. 97.0
B/P 135/93
HR. 83
RR. 20
LMP. Ceased

Allergies: NKDA
J.G.

Meds
Addl

Workers Comp: lt wrist pain.

Ag abn. She points some ganglion, but pt - used a location up here Forearm. Rec'd x

Mrst

HEART: Stable Neck supple
Chest: clear Heart RRR
Skin: (R) wrist c tod c flexion/ext; more crepitus noted c ulnar → mid forearm.

A/P: Wrist strain - Tx Lodine 500 mg QD x 5 d
- c. wrist splint
- R.I. Zuke
- limit use

10/18/13 Pat Rep authorized PT for pt PS

Husqvarna

Gallagher Bassett

Orangeburg, SC

MEDICAL TREATMENT REQUEST:

Employee: Dorothy M. Hoe Telephone: _____ DOB: _____

Address: _____ S.S: _____

Date: _____ Type of Injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 10/16/13 Time: _____ Hospital: ☐ Office: ☐

Diagnosis: Wrist strain

Treatment: Tx Lodine 500 mg bid ; PT eval : Rec 2 wks

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) X This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[X] May lift up to 5 lbs.
[ ] No bending	[ ] Limited use of R L hand
[ ] No kneeling	[ ] No standing longer than __ hrs.

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[X] Other - No Driving

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc. _____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8036 ext.211)

The above medical recommendations are Temporary-restrictions are effective until 2 wks

The employee has been informed of the results of the evaluation.

Physician: _____ Address: OMS 12345

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

Husqvarna Consumer Outdoor Products

MAILING ADDRESS	OFFICE ADDRESS	TELEPHONE
P.O. Box 1627	HIGHWAY 33, OLD CAMERON ROAD	803 536 2265
ORANGEBURG, SC 29116	Orangeburg, SC 29118	

10/18/13 faxed PB

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ORANGEBURG PRIMARY,
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1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Name Miller, Dorothy

Date

DATE 10/30/13
HT 57 WT 237
AGE 86
TEMP. 97.8
BP 128/80
HR 76
RR 20
LMP CCRD

Allergies: NKA
J.G.

Workers Comp: Pt is OK. Meds

Loding

As above. She puts wrist is some better. She still has some pain in wrist. She puts good results c meds/P.T.

Alert
Heart Stroke Neck supple
Chest- clear Heart RRR
(R) wrist c tend & ROM
discuss - forearm splint
c ext/flex q wrist

A/P: Wrist sprain - cont current regimen
- Rx 3 wks
- Ingoing

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[redacted]

Orangeburg, SC

Gallagher Bassett

MEDICAL TREATMENT REQUEST:

Employee: Dorothy M. Hoo Telephone:_____ DOB:_____

Address: _____ S.S:_____

Date:_____ Type of injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/She has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 10/30/13 Time: _____ Hospital: ☐ Office: ☐

Diagnosis: Wrist str—

Treatment: Rx 1 3cks ; C/w meds / P.T.

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) __ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[ ] May lift up to __ lbs.
[ ] No bending	[ ] Limited use of _ R _ L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[X] Other Use Brace as directed

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc._____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8036 ext.211).

The above medical recommendations are Temporary-restrictions are effective until_____

The employee has been informed of the results of the evaluation.

Physician: _____ Address: Ok SC 29115

(Please fax completed copy to Marilyn Tilley 803-535-4756)

Medical / Safety Department 533-4869/ Pager# 535-7729

Electrolux Outdoor Products

OFFICE ADDRESS TELEPHONE

P.O. Box 1207 FICKLEN ST, OLD CAMERON ROAD [redacted]

CHARLESTON, SC 29115 Orangeburg, SC 29115

10/30/13 faxed

JB

ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Name Miller, Dorothy

Date

DATE 11/20/13
HT. 5'7 WT. 285
AGE 60
TEMP. 97.4
B/P 128/80
HR. 78
RR. 20
LMP. Can't Recall

Allergies: NKDA
J.G.

Workers Comp: Pt still has lt knee & arm pain.

Meds
Iodine 300mg

As above Sx's
[illegible] tx, but persistent [illegible] pain +/-
3

PE: Stable & A.
Gen: (+2) w/ [illegible] to
[illegible] & room x all
directions; subj ↓ strength.

A/P) Will check CBC, BMP
- RTC 3 wks

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OPPO MEDICINE
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4899

Husqvarna

Orangeburg, SC

Gallagher Bassett

MEDICAL TREATMENT REQUEST:

Employee: Donald Miller Telephone:_____ DOB:_____

Address:_____ S.S:_____

Date:_____ Type of Injury:_____

Authorized Signature:_____ Date:_____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature:_____ Date:_____

MEDICAL REPORT

Date of first treatment: 11/20/13 Time:_____ Hospital: ☐ Office: ☐

Diagnosis: Wrist Strains

Treatment: Tylenol, Meds, RTW 2wks

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) ✓ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[ ] May lift up to __ lbs.
[ ] No bending	[ ] Limited use of _ R _ L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[ ] Other Tylenol prescription

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc._____ (For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8036 ext.211).

The above medical recommendations are Temporary-restrictions are effective until_____

The employee has been informed of the results of the evaluation.

Physician:_____ Address: Ch, SC 29115

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

Husqvarna Consumer Outdoor Products
MAILING ADDRESS
P.O. Box 1687
ORANGEBURG, SC 29116

OFFICE ADDRESS
HIGHWAY 33, OLD CAMERON ROAD
Orangeburg, SC 29115

TELEPHONE
803 536 2255

11-2013
Faxed
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Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Name Miller, Dorothy

Date 10/11/13

PT 57 WT 243

BP 136/84

HR 77

RR 20

Allergies: NKA

J.G.

Temp 98.2

Wt 240

Workers Comp: Pt still has pain in lt wrist. Wants something for pain

Meds
Iodine 500mg

At home "My hand is getting a little better. Finished PT. Still hurting on my hand the least not that keyed up. Still a little bit sore but not as much as it was.

Pt must continue to take it.

Pt Right wrist tenderness noted. Request a repeat to compare changes 4/5, 5 years (Normal).

grip 3/5 actual Splinting.

Pt Right wrist strain — 4/5. Iodine 500mg BID ice to area, exercise/ROM. 4/5 PT. Pt Better

4899

Electrolux

Gallagher Bassett

Orangeburg, SC

MEDICAL TREATMENT REQUEST:

Employee: [illegible] Telephone: _____ DOB: _____

Address: _____ S.S. _____

Date: _____ Type of Injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any prohibitional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, of his employer.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 12/11/13 Time: _____ Hospital: ☐ Office: ☑

Diagnosis: Right Shoulder

Treatment: Ice/ RX Lidoderm Patch/ Rest Right Shoulder

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) ☒ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

- [ ] Unable to reach overhead
- [ ] Unable to lift overhead
- [ ] Must wear orthopedic splint/cast
- [ ] No crawling
- [ ] No bending
- [ ] No kneeling
- [ ] Limited stooping/ squatting
- [ ] Unable to climb ladders/ poles
- [ ] Unable to work at heights
- [ ] May work up to __ hours per day
- [ ] May lift up to __ lbs.
- [ ] Limited use of _R _L hand
- [ ] No standing longer than ___ hrs.
- [ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.
- [X] Other: Use Rotator Cuff

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc. _____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-647-8036 ext 211).

The above medical recommendations are Temporary-restrictions are effective until _____

The employee has been informed of the results of the evaluation.

Physician: _____ Address: _____

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

Emergency Outpatient Center Products
MAILING ADDRESS
P.O. Box 1007
ORANGEBURG, SC 29116

OFFICE ADDRESS
HIGHWAY 21, OLD CAMERON ROAD
Orangeburg, SC 29115

TELEPHONE
803 535 2000

12/11/13 faxed 1PM

PAGE 01/04

OPPO MEDICINE

0522

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ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Date DATE 1/8/14

Name Miller, Dorothy

HT 5'7 WT 200

AGE 56

TEMP. 98.4

B/P 128/78

HR. 71

RR. 20

MP Cboard

Allergies: NKDA

J.G.

Workers Comp: Lb. waist pain

Meds
None
Going

A: abdr. Pt pain sent
gabb. Pain response to
conservative care. Ref /—
5

Plan
Heart: SHRL Neck supple, no
Nodes Chest: clear Heart: RRR
Ext. (R) waist & similar findings

A/P: (R) waist strain. Pain response to conservative care
- Ref to ortho
- No PT therapy.

[redacted]

Gallagher Bassett

Orangeburg, SC

MEDICAL TREATMENT REQUEST:

Employee: Daisy Miller Telephone: _____ DOB: _____

Address: _____ S.S. _____

Date: _____ Type of Injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, to this employee.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 1/8/14 Time: _____ Hospital: ☐ Office: ☐

Diagnosis: Wrist sprain

Treatment: C/w Ledine ; Ref to ortho

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) __ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No squatting	[X] May lift up to 5 lbs.
[ ] No bending	[X] Limited use of √R _L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.

c/p pulls / pushy

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[X] Other: NO PUSH

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc. _____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8006 ext.211).

The above medical recommendations re Temporary restrictions are effective until _____

The employee has been informed of the results of the evaluation.

Physician: _____ Address: Okb SC 29115

(Please fax completed copy to Marilyn Tilley [redacted])

Medical / Safety Department 533-4909/ Pager# 535-7729

Electrolux Home Products
[redacted]
P.O. Box 927
ORANGEBURG, SC 29116

OFFICE ADDRESS
HIGHWAY 21, OLD ORANGEBURG ROAD
Orangeburg, SC 29115

TELEPHONE
803 [redacted]

1-8-14 faxed

PAGE 02/05

OPPO MEDICINE

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ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Date

Name Miller, Dorothy

DATE 9/2/14
WT WT 258
AGE 57
TEMP 97.8
BP 154/91
HR 72
RR 20
LMP Colored
Allergic MKA
MD

1/24/14 Ortho

B

wc F/u Pt c/o (R) wrist still hurting, hand swelling & fingers being numb

Meds - Pain

Hx obtain. Pt. had surg - Map for C.T.S. She's been seeing Dr Buckelew. She's been seen Dr Buckelew for f/u. She notes pain in hand/thumb etc. Sx also notes numbness to fingers. She is to be seen per Dr PT.

ROS ✓

Gen: clear Heart RRR

Ext: (R) wrist c tend. to palmar surface / thenar eminl.

A/p> C.T.S. release - c/w PT.
- D/c Therapy
- Tx Motrin 1500 qd
- RTC 2wks

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Husqvarna

Gallagher Bassett

Orangeburg, SC

MEDICAL TREATMENT REQUEST:

Employee: Dorothy Miller Telephone: _____ DOB: _____

Address: _____ S.S: _____

Date: _____ Type of Injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 9/3/14 Time: _____ Hospital: ☐ Office: ☐

Diagnosis: C.T.S.

Treatment: S/p Release . P/c Ibuprofen , Tx Mobic 15 po qd

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) __ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[ ] May lift up to __ lbs.
[ ] No bending	[ ] Limited use of _ R _ L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[ ] Other: _____

3) ✓ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) __ Medical opinion deferred pending further testing, specialist opinion, test results, etc. _____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-9096 ext.211).

The above medical recommendations are Temporary-restrictions are effective until _____

The employee has been informed of the results of the evaluation.

Physician: _____ Address: OR SC 29485

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

Husqvarna Outdoor Products

MAILING ADDRESS: P.O. Box 1087, ORANGEBURG, SC 29116

OFFICE ADDRESS: HIGHWAY 33, OLD CAMERON ROAD, Orangeburg, SC 29115

TELEPHONE: 803 536 2295

ORANGEBURG PRIMARY,
PREVENTIVE & OCCUPATIONAL MEDICINE
1620 Broughton Street
Orangeburg, South Carolina 29116

Gregory Singleton, M.D.
Medical Director

(803) 531-6030
FAX (803) 531-6056

DRAFT

PROGRESS NOTES

Date 9/17/14

Name Miller, Dorothy

HT 5'7 WT 283.4
AGE 67
TEMP. 97.6
B/P 131/93
HR 88
RR. 20
MP Closed
Allergies: NKDA
U.G.

Flu Workers Comp: Numbness in fingers on lt. hand, pain & swelling | Meds see List

Pt also c/o neck pain.

As above. She gets some relief & neck. She states that the swelling is better. She gets tenderness & numbness to fingers R/S

Refer chron. Heart rate

(R) hand & persistent grabbing.

D/D CTS - R. hand > carpal & Cervical soon.

- Rx / I-Trs
- X-ray DJD
- Rx. Naprosyn 15 gm gel 3D/3

0527

PAGE 03/18 OPPO MEDICINE

[redacted]

Orangeburg, SC

Gallagher Bassett

MEDICAL TREATMENT REQUEST:

Employee: Dorothy M. Hare Telephone: _____ DOB: _____

Address: _____ S.S: _____

Date: _____ Type of Injury: _____

Authorized Signature: _____ Date: _____

The above named employee alleges to have sustained injury or occupational disease while actively carrying out his duties as an employee of Electrolux Home Products. He/she has requested medical treatment. The Company will not recognize any claim unless this completed form is on file in our Employee Relations Department.

The undersigned employee waives and releases the hospital or any attending physician or medical personnel from any restrictions imposed by law in disclosing or revealing any professional record, observation, or communication to the Industrial Commission of South Carolina any of its representatives, or the employer.

Employee signature: _____ Date: _____

MEDICAL REPORT

Date of first treatment: 9/17/14 Time: _____ Hospital: ☐ Office: ☐

Diagnosis: C.T.S

Treatment: Ox. Meloxicam 15 mg QD

1) __ This employee is medically qualified to perform all essential duties of the indicated job without accommodation.

2) __ This employee is medically qualified to perform essential duties of the indicated job, but may need accommodation for those limitations which are checked. (Restrictive Duty is Available)

[ ] Unable to reach overhead	[ ] Unable to climb ladders/ poles
[ ] Unable to lift overhead	[ ] Unable to work at heights
[ ] Must wear orthopedic splint/cast	[ ] May work up to __ hours per day
[ ] No crawling	[ ] May lift up to __ lbs.
[ ] No bending	[ ] Limited use of _R _L hand
[ ] No kneeling	[ ] No standing longer than ___ hrs.

[ ] Limited stooping/ squatting

[ ] Must keep wound clean & dry. Avoid contact of dirt or chemicals with wound.

[ ] Other _____

3) __ Based on significant of substantial harm to self or other, employee CANNOT perform essential duties of indicated position, and should not work until next date of exam.

4) ✓ Medical opinion deferred pending further testing, specialist opinion, test results, etc. _____

(For approval of further testing Regina Woodberry-Gallagher Bassett 803-547-8036 ext.211).

The above medical recommendations are Temporary-restrictions are effective until _____

The employee has been informed of the results of the evaluation.

Physician: _____ Address: OG SC 29115

(Please fax completed copy to Marilyn Tilley 803-533-4764)

Medical / Safety Department 533-4869/ Pager# 535-7729

[redacted]

Faxed 9/18/14 HO

0528

PAGE 02/18 OPPO MEDICINE

Lungs:
* Respiration rhythm and depth was normal. * Chest was normal to percussion. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Carotid Arteries: * Normal.
Arterial Pulses: * Equal bilaterally and normal.
Edema: * Not present.
Abdomen:
Auscultation: * Abdominal auscultation revealed no abnormalities.
Percussion: * Abdominal percussion was normal.
Palpation: * Abdominal palpation revealed no abnormalities.
Neurological:
* Oriented to time, place, and person.
Speech: * Normal.
Sensation: * No sensory exam abnormalities were noted.
Motor: * A motor exam demonstrated no dysfunction.
Reflexes: * Normal.
Psychiatric:
Mood: * Euthymic.
Skin:
* General appearance was normal. * No skin lesions.

Assessment
- Partial tear of right rotator cuff tendon
- Left rotator cuff tendonitis
- Asthma
- Allergic rhinitis
- Urinary incontinence
- Localized primary osteoarthritis of the knee

Therapy
Allergies Reviewed.

Counseling/Education
- Patient information sheet: Tendinitis, Easy-to-Read

Plan
- A mammogram was performed 2/10/2015
- An ECG was performed
- History of lipid test panel was performed 4/30/2015
- History of blood sugar studies were performed
- History of serum TSH level
- History of colonoscopy (fiberoptic) was performed 7/23/2009
- History of cervical Pap smear 2/10/2015
- Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
- Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
- Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
- Discussed concerns about tobacco use
- Discussed concerns about alcohol use
- Patient education about medication
- Patient education about adverse reactions to medication
- Patient education about the proper use of medications
- Inquiry and counseling about medication administration and compliance
Chronic disease education:
- Education: medication instruction
- History of hepatitis B vaccine
- History of haemophilus influenzae B vaccine 10/27/2014
- History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
- History of tetanus toxoid
- Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.
- Blood pressure was checked 8/03/2015
Patient in for f/u of her shoulder MRIs. Both right and left shoulder MRIs show complete tears of the supraspinatus tendons. Says she got injured on the job. Will refer her back to her work place to arrange workman's comp. C/o sinus drainage. Will restart zyrtec. Samples given. No recent asthma flare ups. Doing well on her other current meds without any SEs. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Encounter Date	Examiner	Role	Chief Complaint
07/13/2015 11:17 AM	AMOAH APRAKU, BISMARCK		Patient went to ER 7/2/15 and patient was seen on UC on 7/6/15 Rotator cuff tear patient needed referral to Orth. D. Chavis, LPN

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 7/13/2015 11:17AM. Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Patient went to ER 7/2/15 and patient was seen on UC on 7/6/15 Rotator cuff tear patient needed referral to Orth. D. Chavis, LPN.

History of present illness
Dorothy Miller is a 57 year old female.

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

QUALITY: sharp.
QUALITY: dull.
QUALITY: burning.
QUALITY: pressure.
QUALITY: throbbing.
DURATION: persistent.
• LMP not documented: Postmenopausal.

Allergies and Adverse Reactions
No Known Allergies.
Allergies Reviewed.

Current medication
Medication List Reconciled.
Oxybutynin chloride 10 mg tablet extended release 24hr take 1 tablet (10 mg) by oral route once daily for 30 days.
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy.
Nexium 40 mg capsule,delayed release(DR/EC) take 1 capsule by Oral route 1 time per day for 30 days on an empty stomach.
Cyclobenzaprine 10 mg tablet take 1 tablet by Oral route 3 times per day for 30 days.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) solution for nebulization Nebulize 3 mL by Inhalation route every 6 hours for 30 days PRN cough, wheeze, congestion.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler inhale 2 puffs by Inhalation route 4 times per day for 30 days PRN wheeze, rescue breathing.
Advair Diskus 250-50 mcg/dose blister with device Take 1 puffs by Inhalation route 2 times per day for 30 days rinse mouth after use.
Prednisone 40 taper 40 mg/day x3, 20mg/day x3, 10mg/day x3, 5mg/d x3.
Colace 100 mg capsule take 1 capsule (100 mg) by oral route 2 times per day for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Mobic 7.5 mg tablet 1 tablet by Oral route 1 time per day with food and fluids for pain and inflammation.
Nebulizer for home use. ****** Devices every 4 hours with mask.

Personal history
Behavioral: Not a current smoker and not a former smoker. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 98.47/13/2015
RR 20 per min7/13/2015
PR 75 bpm7/13/2015
Blood pressure 116/80 mmHg7/13/2015
Pain level by numeric rating scale 107/13/2015
Weight 263 lbs7/13/2015
Body mass index 41.2 kg/m27/13/2015
Height 67 in7/13/2015
Standard Measurements:
• Body surface area was 2.4.
Laboratory Studies:
• 98% percent oxygen saturation.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Neurological:
° Oriented to time, place, and person.
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

- Chronic left rotator cuff sprain (capsule)
- Left rotator cuff tendonitis
- Pain in the finger joints
- Muscle spasms
- Allergic rhinitis
- Asthma
- Urinary incontinence
- Localized primary osteoarthritis of the knee
- Need for prophylactic vaccination against influenza

Counseling/Education
- Patient information sheet: Acromioclavicular Injuries, Easy-to-Read

Plan
- Toradol 60 mg one
- An MRI of the shoulder with contrast Appointment: Friday July 17, 2015 @ 4:00pm. Patient needs to arrive at 3:30pm. Patient was made aware. Appropriate information has been faxed to office. M.Jones_MOA
- Immunization administration, one vaccine
- Flu vaccine
- A mammogram was performed 2/10/2015
- An ECG was performed
- History of lipid test panel was performed 4/30/2015
- History of blood sugar studies were performed
- History of serum TSH level
- History of colonoscopy (fiberoptic) was performed 7/23/2009
- History of cervical Pap smear 2/10/2015
- Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
- Education and counseling

PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
- Education and counseling

Instruction Provided to patient verbally and patient voiced understanding
- Discussed concerns about tobacco use
- Discussed concerns about alcohol use
- Patient education about medication
- Patient education about adverse reactions to medication
- Patient education about the proper use of medications
- Inquiry and counseling about medication administration and compliance

Chronic disease education:
- Education: medication instruction
- History of hepatitis B vaccine
- History of haemophilus influenzae B vaccine 10/27/2014
- History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
- History of tetanus toxoid
- Follow-up for re-examination 3 months

Labs, Tests, or Studies Reviewed.
- Blood pressure was checked 7/13/2015

Patient in for ER f/u. Says she was seen in the the ER and they suspect she has torn rotator cuff. Had only x-rays. Will get shoulder MRIs via the TRMC charity program. Will give a STAT dose of 60 mg Toredol and continue tramadol and mobic. Will consider referral based on results of MRI.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 08/03/2015 at 10:05 AM.

Encounter Date	Examiner	Role	Chief Complaint
07/06/2015 04:18 PM	BROWN, ALLYSON		Pt states that she needs a referral to ortho for rotator cuff damage. ARivers,lpn

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 7/06/2015 04:18PM, Examiner: Allyson P. Brown, FNP

Chief complaint
The Chief Complaint is: Pt states that she needs a referral to ortho for rotator cuff damage. ARivers,lpn.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
PAIN LOCATION: __right shoulder.
QUALITY: sharp. Presents with c/o was seen in ER 7/2 and x-ray showed rotator cuff tear and needs ortho referral.
DURATION: persistent.
INTERFERES WITH: ACTIVITY.
INTERFERES WITH: SLEEP.
- LMP not documented: Postmenopausal.

Personal history
The racial background is black.
Behavioral: No coffee consumption, no tea consumption, and no cola consumption. Daily chocolate consumption. Not a current smoker and not a former smoker. Never a smoker: Never smoked. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.
Education: 11th grade completed.
Work: Working full time.
Marital: Currently married.
Sexual: Sexually active.
Days Since Last Sexual Contact 7.

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

Review of systems
Systemic: No fever.
Head: No headache.
Otoleryngeal: No sore throat.
Cardiovascular: No chest pain or discomfort and no palpitations.
Pulmonary: No dyspnea and no cough.
Gastrointestinal: No nausea, no vomiting, and no abdominal pain.
Genitourinary: No increase in urinary frequency. No dysuria.
Musculoskeletal: Arthralgias. No localized joint swelling.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.97/06/2015
RR 20 per min7/06/2015
PR 90 bpm7/06/2015
Blood pressure 117/84 mmHg7/06/2015
Pain level by numeric rating scale 87/06/2015
Weight 260 lbs7/06/2015
Body mass index 40.7 kg/m27/06/2015
Height 67 in7/06/2015
Standard Measurements:
Standard Measurements:ValueDate
Body surface area 2.47/06/2015
Laboratory Studies:
Pulmonary Tests:ValueDate
Oxygen saturation 100% percent7/06/2015
Standard Measurements:
• Patient was observed to be obese.
General Appearance:
* Alert. * Well developed. * In no acute distress.
Eyes:
General/bilateral:
Extraocular Movements: * Normal.
Pupils: * Normal.
Lymph Nodes:
* Normal.
Lungs:
* Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Edema: * Not present.
Musculoskeletal System:
Shoulder:
General/bilateral: * Shoulder joints have full range of motion. * No instability of the shoulders was noted. * Shoulders showed no weakness.
Right Shoulder: • Examined. • Tenderness on palpation at the anterior cuff insertion. • Tenderness on palpation at the lateral cuff insertion. • Pain was elicited on active motion. • Pain was elicited on active external rotation. • Pain was elicited on active clockwise rotation. • Pain was elicited on active elevation through the plane of the scapula.
Left Shoulder: * Normal.
Neurological:
* Oriented to time, place, and person.
Speech: * Normal.
Sensation: * No sensory exam abnormalities were noted.
Motor: * A motor exam demonstrated no dysfunction.

Assessment
• Pain in the right shoulder joint(s)

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Consultation with a specialist Orthopaedic, Orthopedic Surgery Order Comments: Notes and referral faxed to ortho. Arivers,lpn, Reason: Rotator cuff tear RT shoulder
X-ray from Er showed rotator cuff tear. Sling applied. Will refer to ortho.

Notes
Documented by: Allyson Brown, FNP.

Practice Management
Estab outpatient focused h&p - straightforward decisions.

Signoff Information
Electronically Signed By: ALLYSON P. BROWN, FNP on 07/15/2015 at 11:36 AM.

Encounter Date	Examiner	Role	Chief Complaint
06/24/2015 09:07 AM	AMOAH APRAKU, BISMARCK		Pain in right arm from shoulder to wrist.Pain in the neck and fingers are numb. Patient had surgery on the arm, patient was going to Physical therapy had appointment today but did not go. D. Chavis, LPN

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 6/24/2015 09:07AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Pain in right arm from shoulder to wrist.Pain in the neck and fingers are numb. Patient had surgery on the arm, patient was going to Physical therapy had appointment today but did not go. D. Chavis, LPN.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.

Visit location: Adult Medicine, Orangeburg Family Health Center.
QUALITY: throbbing.
• LMP not documented: Postmenopausal.

Allergies and Adverse Reactions
No Known Allergies.
Allergies Reviewed.

Current medication
Medication List Reconciled.
Oxybutynin chloride 10 mg tablet extended release 24hr take 1 tablet (10 mg) by oral route once daily for 30 days.
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy.
Nexium 40 mg capsule,delayed release(DR/EC) take 1 capsule by Oral route 1 time per day for 30 days on an empty stomach.
Cyclobenzaprine 10 mg tablet take 1 tablet by Oral route 3 times per day for 30 days.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) solution for nebulization Nebulize 3 mL by Inhalation route every 6 hours for 30 days PRN cough, wheeze, congestion.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler inhale 2 puffs by Inhalation route 4 times per day for 30 days PRN wheeze, rescue breathing.
Advair Diskus 250-50 mcg/dose blister with device Take 1 puffs by Inhalation route 2 times per day for 30 days rinse mouth after use.
Prednisone 40 taper 40 mg/day x3, 20mg/day x3, 10mg/day x3, 5mg/d x3.
Colace 100 mg capsule take 1 capsule (100 mg) by oral route 2 times per day for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Mobic 7.5 mg tablet 1 tablet by Oral route 1 time per day with food and fluids for pain and inflammation.
Nebulizer for home use. ****** Devices every 4 hours with mask.

Personal history
Behavioral: No cola consumption. Daily chocolate consumption. Not a current smoker and not a former smoker. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 986/24/2015
RR 20 per min6/24/2015
PR 84 bpm6/24/2015
Blood pressure 114/83 mmHg6/24/2015
Pain level by numeric rating scale 86/24/2015
Weight 262 lbs6/24/2015
Body mass index 41 kg/m26/24/2015
Height 67 in6/24/2015
Standard Measurements:
• Body surface area was 2.4 6/24/2015 09:08:00AM.
Laboratory Studies:
• 97% percent oxygen saturation.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Neurological:
° Oriented to time, place, and person.
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Muscle spasms
• Asthma
• Urinary incontinence

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• Allergic rhinitis
• Localized primary osteoarthritis of the knee
• Pain in the finger joints

Counseling/Education
• Patient information sheet: Heat Therapy, Easy-to-Read

Plan
• Toradol 60 mg/1ml one
• Order postponed for Toradol 60 mg
• An ECG was performed
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• History of lipid test panel was performed 4/30/2015
• History of blood sugar studies were performed
• History of serum TSH level
• History of cervical Pap smear 2/10/2015
• A mammogram was performed
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
Chronic disease education:
• Education: medication instruction
• History of hepatitis B vaccine
• History of haemophilus influenzae B vaccine 10/27/2014
• History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
• History of tetanus toxoid
• Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.
• Blood pressure was checked 6/24/2015
Patient in today with c/o pain in her right neck and shoulder areas, associated with numbness. Had right shoulder surgery in the past and also has right ulna nerve injury. Has a lot of spasms in her right neck and shoulder muscles. Will give a STAT dose of 60 mg IM Toradol. Will restart flexeril and recommend massage/warm packs/TENS unit Rx prn. Compliance with her physical therapy f/u stressed. Doing well on her other current meds without any SEs. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 07/13/2015 at 01:18 PM.

Encounter Date	Examiner	Role	Chief Complaint
04/30/2015 01:54 PM	AMOAH APRAKU, BISMARCK		Annual Physical: Patient c/o pain in the right arm and headaches x's 2-3 weeks. M.Jones_MOA

Modeln Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 4/30/2015 01:54PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Annual Physical: Patient c/o pain in the right arm and headaches x's 2-3 weeks. M.Jones_MOA.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN LOCATION: __right arm and head.
QUALITY: dull.
DURATION: persistent.
PAIN RELIEVED BY: __Tramadol help a little bit.
INTERFERES WITH: SLEEP sometimes.
INTERFERES WITH: ACTIVITY sometimes.
• LMP not documented: Postmenopausal.

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Medication List Reconciled.
Cheratussin AC liquid TAKE 5 - 10 Cc by Oral route 4 times per day PRN cough and congestion//DROWSINESS warning.
Prednisone 40 taper 40 mg/day x3, 20mg/day x3, 10mg/day x3, 5mg/d x3.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Colace 100 mg capsule take 1 capsule (100 mg) by oral route 2 times per day for 30 days.
Mobic 7.5 mg tablet 1 tablet by Oral route 1 time per day with food and fluids for pain and inflammation.
Nebulizer for home use, ****** Devices every 4 hours with mask.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.
Naprosyn 500 mg tablet take 1 tablet by Oral route 2 times per day for 30 day(s) with food.
Zyrtec 10 mg tab TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) solution for nebulization Nebulize 3 mL by Inhalation route every 6 hours PRN cough, wheeze, congestion.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler 2 puffs by Inhalation route 4 times per day PRN wheeze, rescue breathing.

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Advair Diskus 250-50 mcg/dose blister with device 1 puffs by Inhalation route 2 times per day rinse mouth after use.
Cyclobenzaprine 10 mg Tab take 1 tablet (10 mg) by oral route 3 times per day for 30 days Take one tablet by mouth twice a day.

Personal history
Behavioral: No coffee consumption, no tea consumption, and no cola consumption. Daily chocolate consumption. Not a current smoker and not a former smoker. Never a smoker. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 98.54/30/2015
RR 20 per min4/30/2015
PR 77 bpm4/30/2015
Blood pressure 107/71 mmHg4/30/2015
Pain level by numeric rating scale 84/30/2015
Weight 260 lbs4/30/2015
Body mass index 40.7 kg/m24/30/2015
Height 67 in4/30/2015
Standard Measurements:
• Body surface area was 2.4.
Laboratory Studies:
• 99% percent oxygen saturation 4/30/2015 01:55:00PM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Neurological:
° Oriented to time, place, and person.
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Visit for: screening for metabolic disorders
• Allergic rhinitis
• Urinary incontinence
• Localized primary osteoarthritis of the knee
• Exposure to HIV
• Normal routine history and physical

Therapy
Allergies Reviewed.

Counseling/Education
• Patient information sheet: Asthma Prevention-Brief

Plan
• CBC with partial differential
• A comprehensive metabolic panel
• Lipid test panel
• Serum TSH level
• Venipuncture
• Serum viral antibody titer ELISA for HIV-1
• oxybutynin chloride 10 mg tablet extended release 24hr. take 1 tablet (10 mg) by oral route once daily for 30 days. Dispense: 30 tab(s). Refill: 11
• oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete

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• Cheratussin AC liqd TAKE 5 - 10 Cc by Oral route 4 times per day PRN cough and congestion//DROWSINESS warning. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• Naprosyn 500 mg tab take 1 tablet by Oral route 2 times per day for 30 day(s) with food. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• Zyrtec 10 mg tab TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Substitution. COMMENTS: Medication Renewed with Change
• Zyrtec 10 mg tablet. TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy. Dispense: 30 tablet(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• Nexium 40 mg cpDR 1 capsule by Oral route 1 time per day on an empty stomach. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• albuterol sulfate 2.5 mg /3 mL (0.083 %) nebu Nebulize 3 mL by Inhalation route every 6 hours PRN cough, wheeze, congestion. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• Ventolin HFA 90 mcg/actuation HFAA 2 puffs by Inhalation route 4 times per day PRN wheeze, rescue breathing. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• Advair Diskus 250-50 mcg/dose dsdv 1 puffs by Inhalation route 2 times per day rinse mouth after use. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• cyclobenzaprine 10 mg Tab take 1 tablet (10 mg) by oral route 3 times per day for 30 days Take one tablet by mouth twice a day. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• cyclobenzaprine 10 mg tablet take 1 tablet by Oral route 3 times per day for 30 days. Dispense: 90 tab(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• An ECG was performed
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
Chronic disease education:
• Education: medication instruction
• History of hepatitis B vaccine
• History of haemophilus influenzae B vaccine 10/27/2014
• History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
• History of tetanus toxoid
• Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.
• History of lipid test panel was performed 4/30/2015
• History of blood sugar studies were performed
• History of serum TSH level
• Blood pressure was checked
• History of cervical Pap smear 2/10/2015
• A mammogram was performed
Patient in for annual physical. Has spasms in her right neck and shoulder muscles. Will restart flexeril. Recommend massage/warm packs prn. No recent asthma flare ups. Had GYN annual. Reminded of eye exam f/u. Complete physical and annual labs today. Also wants HIV screening. Doing well on current meds without any SEs. Other conditions stable. Refill meds.

• Nexium 40 mg capsule,delayed release(DR/EC) take 1 capsule by Oral route 1 time per day for 30 days on an empty stomach. Dispense: 90 Each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• albuterol sulfate 2.5 mg /3 mL (0.083 %) solution for nebulization. Nebulize 3 mL by Inhalation route every 6 hours for 30 days PRN cough, wheeze, congestion. Dispense: 100 each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• Ventolin HFA 90 mcg/actuation HFA aerosol inhaler. Inhale 2 puffs by Inhalation route 4 times per day for 30 days PRN wheeze, rescue breathing. Dispense: 1 Each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• Advair Diskus 250-50 mcg/dose blister with device. Take 1 puffs by Inhalation route 2 times per day for 30 days rinse mouth after use. Dispense: 1 each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Other Finding -1 not found.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 05/13/2015 at 05:01 PM.

Encounter Date	Examiner	Role	Chief Complaint
03/28/2015 09:04 AM	SOZZI, SHANNON		Patient c/o coughing up yellowish phlegm, shortness of breath, headaches, back and chest pain mainly when coughing x's 2 days. Patient currently taking Cetrizine with no relief. Sp02 today is 99%. M.Jones_MOA

MedcIn Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 3/28/2015 09:04AM, Examiner: Shannon Sozzi, FNP

Chief complaint
The Chief Complaint is: Patient c/o coughing up yellowish phlegm, shortness of breath, headaches, back and chest pain mainly when coughing x's 2 days. Patient currently taking Cetrizine with no relief. Sp02 today is 99%. M.Jones_MOA

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
PAIN LOCATION: __back, head, and chest.
QUALITY: __aching.

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Practice Management
Estab outpatient focused h&p - straightforward decisions.

Signoff Information
Electronically Signed By: SHANNON SOZZI, FNP on 04/29/2015 at 07:49 PM.

Encounter Date	Examiner	Role	Chief Complaint
03/06/2015 04:10 PM	ELKINS, ANTHONY	Encounter Provider	No show for appt

General Note:

Pt did not show for nutrition counseling appt for 3/6/2015. Call center will reschedule appt and send missed appt letter -PJones, MS, BSN-LPN/Medical Nutritionist

SIGNOFF INFORMATION:

Electronically signed by: PRINCETTA JONES, on 3/6/2015 at 4:11 PM

ADDENDA DETAILS:

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 3/06/2015 04:10PM, Examiner: Anthony B. Elkins

Chief complaint
The Chief Complaint is: No show for appt.

Allergies and Adverse Reactions
No Known Allergies.

Signoff Information
Electronically Signed By: PRINCETTA JONES on 03/06/2015 at 04:11 PM.

Encounter Date	Examiner	Role	Chief Complaint
03/06/2015 04:08 PM	ELKINS, ANTHONY		Medications

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 3/06/2015 04:08PM, Examiner: Anthony B. Elkins

Chief complaint
The Chief Complaint is: Medications.

Allergies and Adverse Reactions
No Known Allergies.

Signoff Information
Electronically Signed By: ANTHONY B. ELKINS on 07/14/2015 at 12:36 PM.

Encounter Date	Examiner	Role	Chief Complaint
02/10/2015 08:06 AM	BROWN JR, DARRELL		Annual Exam. SBrown,MOA

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 2/10/2015 08:06AM, Examiner: Darrell J. Brown Jr, MD

Chief complaint
The Chief Complaint is: Annual Exam. SBrown,MOA.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: OB/GYN, Orangeburg Family Health Center.
• LMP not documented: Postmenopausal.

57 YOAAF G6 P4 024 (s-ab x 2). LMP- age 55. Here for annual gyn exam. NL gyn exam. Mild cystocele. Mid area of vaginal wall touch in the center. Uterus not palp enlarged, nontender, no adnexal masses or tenderness. Wet Prep: NL epi cells, many crystals, pt using powder, discussed. Reviewed records. Pap from 9/27/13: NILM, HPV-Neg. Pap from 10/9/2009: NILM, no HPV done. Discussed obesity, BMI and low glycemic diet. Encouraged wt loss and exercise. Mammogram scheduled. PMH: Asthma- age 16. Obesity, BMI 37.7 (67", 241 lb). Neck and arm pain after a whip lash injury age 54. Knee pain. Leg pains that comes and goes intermittently. Hayfever. OAB- on oxybutynin age 53. Notes belching problem when she wakes up, she thinks she had GERD. Hand and finger arthritis. Pain in arms, takes naproxen, she notes it only helps a little. ALLERGY: NKDA. SURG: Umbilical hernia repair 6/2013 at TRMC and 2010. Lap chole age 50 at TRMC. FH: MOM: died age 75, MVA, COPD, smoker. DAD: age 69, prostate cancer, HTN, cerebral atherosclerosis, CVA x 2, high chol, toe amputation due to PVD. GYN: 13 x 28 x 3. No h/o abn paps. Denies STD's. OB: NSVD x 3 then C/S+BTL x 1. S-Ab with D&C. S-Ab with no D&C.

Current medication
Cheratussin AC liquid TAKE 5 - 10 Cc by Oral route 4 times per day PRN cough and congestion//DROWSINESS warning.
Prednisone 40 taper 40 mg/day x3, 20mg/day x3, 10mg/day x3, 5mg/d x3.
Mucinex DM 60-1,200 mg tablet, ER multiphase 12 hr take 1 Tablet by Oral route 2 times per day for 10 days as needed for cough and chest congestion.
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy.
Colace 100 mg capsule take 1 capsule (100 mg) by oral route 2 times per day for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler inhale 2 puffs by inhalation route every 6 hours as needed for 30 days.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Oxybutynin 10 mg tablet,extended release take 1 tablet by Oral route 1 time per day for 30 days.
Naprosyn 500 mg tablet take 1 tablet by Oral route 2 times per day for 30 day(s) with food.

Past medical/surgical history
Diagnoses:
No hypertension.

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Asthma.
No hyperlipidemia.
No diabetes mellitus

Personal history
Behavioral: No coffee consumption, no tea consumption, and no cola consumption. Daily chocolate consumption. Not a current smoker and not a former smoker. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Review of systems
Systemic: No systemic symptoms.
Head: No head symptoms.
Neck: No neck symptoms.
Eyes: No eye symptoms.
Otolaryngeal: No otolaryngeal symptoms.
Breasts: No breast symptoms and no breast symptoms.
Cardiovascular: No cardiovascular symptoms.
Pulmonary: No pulmonary symptoms.
Gastrointestinal: No gastrointestinal symptoms.
Genitourinary: No genitourinary symptoms.
Endocrine: No endocrine symptoms.
Hematologic: No hematologic symptoms.
Musculoskeletal: No musculoskeletal symptoms.
Neurological: No neurological symptoms.
Psychological: No psychological symptoms.
Skin: No skin symptoms.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.92/10/2015
RR 20 per min2/10/2015
PR 86 bpm2/10/2015
Blood pressure 135/85 mmHg2/10/2015
Pain level by numeric rating scale 02/10/2015
Weight 256 lbs2/10/2015
Body mass index 40.1 kg/m22/10/2015
Height 67 in2/10/2015
Standard Measurements:
- Body surface area was 2.3.
General Appearance:
° In no acute distress.
Head:
° Normal.
Neck:
° Normal.
Eyes:
General/bilateral:
° Eyes: normal.
Ears, Nose, Throat:
° ENT: normal.
Lymph Nodes:
° Normal.
Chest:
° Normal.
Breasts:
General/bilateral:
° Breasts: normal. ° No breast mass was found. ° No breast mass was found.
Lungs:
° Normal.
Cardiovascular:
° System: normal.
Abdomen:
° Normal.
Genitalia:
External: ° Genitalia showed no abnormalities.
Vagina: ° Normal.
Pelvic:
° Exam: normal.
Cervix: - Pap smear sample taken. ° Normal. ° Pap smear sample not taken.
Uterus: ° Normal.
Uterine Adnexae: ° Normal.
Rectovaginal: ° Tissue was normal.
Musculoskeletal System:
General/bilateral: ° Musculoskeletal system: normal.
Neurological:
° System: normal.
Skin:
° Normal.
SAT=.

Assessment
57 YOAAF G6 P4 024 (s-ab x 2). LMP- age 55.
Here for annual gyn exam.
NL gyn exam.
Mild cystocele, discussed no surgery needed
Mid area of vaginal wall touch in the center.
Uterus not palp enlarged, nontender, no adnexal masses or tenderness.
Wet Prep: NL epi cells, many crystals, pt using powder, discussed.
Discussed obesity, BMI and low glycemic diet. Encouraged wt loss and exercise.
Mammogram scheduled.
PMH: Asthma- age 16.

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

Neck and arm pain after a whip lash injury age 54.
Knee pain.
Hayfever.
OAB- on oxybutynin age 53. Notes belching problem when she wakes up, she thinks she had GERD. Hand and finger arthritis. Pain in arms, takes naproxen, she notes it only helps a little. ALLERGY: NKDA. SURG: Umbilical hernia repair 6/2013 at TRMC and 2010. Lap chole age 50 at TRMC. FH: MOM: died age 75, MVA, COPD, smoker. DAD: age 89, prostate cancer, HTN, cerebral atherosclerosis, CVA x 2, high chol, toe amputation due to PVD. GYN: 13 x 28 x 3. No hx abn paps. Denies STD's. OB: NSVD x 3 then C/S+BTL x 1. S-Ab with D&C. S-Ab with no D&C.
- Routine pelvic exam
- Extrinsic asthma
- Obesity
- Hypertonicity of the bladder

Allergies and Adverse Reactions
No Known Allergies.

Plan
- A bilateral screening mammogram Appt scheduled @ TRMC Breast Health 2-10-15 @ 10:15 a.m. Pt is aware of appt and has a copy of the order. SBrown,MOA
RTO 1 year pm
>50% of the 25 min visit was face to face, counseling and care.

Notes

Documented by Jim Brown, MD.

Practice Management
Preventive medicine estab patient checkup adult 40-64.

Signoff Information
Electronically Signed By: DARRELL J. BROWN JR, MD on 02/18/2015 at 10:00 AM.

Encounter, Date	Examiner	Role	Chief Complaint
02/09/2015 10:47 AM	HEZEKIAH, ANISHA		Coughing, congestion and wheezing. ARivers,lpn

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 2/09/2015 10:47AM, Examiner: Anisha Hezekiah, AGPCNP

Chief complaint
The Chief Complaint is: Coughing, congestion and wheezing. ARivers,lpn.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
PAIN LOCATION: __chest and head.
DURATION: persistent.
DURATION: Intermittent pain from coughing.
INTERFERES WITH: ACTIVITY.
INTERFERES WITH: SLEEP.
NO RELIEVING FACTORS.
- LMP not documented: Postmenopausal.

Current medication
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy.
Colace 100 mg capsule take 1 capsule (100 mg) by oral route 2 times per day for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler inhale 2 puffs by inhalation route every 6 hours as needed for 30 days.
Nebulizer for home use. ****** Devices every 4 hours with mask.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.

Personal history
The racial background is not black.
Behavioral: No coffee consumption, no coffee consumption, no tea consumption, no cola consumption, no chocolate consumption, not a current smoker, and not a current smoker. Former smoker, never a smoker, and never a smoker: Never smoked. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol and not using alcohol.
Drug Use: Not using drugs and not using drugs.
Education: 11th grade completed.
Work: Working full time.
Marital: Currently married.
Sexual: Sexually active.
STD UPDATE:
Past STD's denies.
Days Since Last Sexual Contact 7.
STD UPDATE:
Past STD's: None.
Syphilis date(s) treated: none.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.92/09/2015
RR 20 per min2/09/2015
PR 80 bpm2/09/2015
Blood pressure 113/73 mmHg2/09/2015
Pain level by numeric rating scale 82/09/2015
Weight 261 lbs2/09/2015
Body mass index 40.9 kg/m22/09/2015
Height 67 in2/09/2015
Standard Measurements:

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• History of lipid test panel was performed 5/09/2014
• History of blood sugar studies were performed
• History of serum TSH level
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• History of cervical Pap smear 9/27/2013
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
Chronic disease education:
• Education: medication instruction
• History of hepatitis B vaccine
• History of haemophilus influenzae B vaccine 10/27/2014
• History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
• History of tetanus toxoid
• Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.
• Blood pressure was checked 1/27/2015
Patient in today with c/o something sticking in her throat. Exam shows sinus congestion and postnasal drip. Will start zyrtec and Mucinex DM. Wants to lose weight. Diet/exercise stressed. Refer to the Dietician. Her urine is concentrated and UA is normal. Encouraged more water intake. Her BP is elevated but she thinks it is due to her current condition. Will monitor. No recent asthma flare ups. Reminded of GYN annual f/u. Doing well on current meds without any SEs. Other conditions stable. Refill meds.
• Zyrtec 10 mg tablet. TAKE 1 tablet by Oral route 1 time per day for 30 days PRN at bedtime for sinus and allergy. Dispense: 30 tablet(s). Refill: 11.
RENEWED BY BISMARCK AMOAH-APRAKU

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 02/18/2015 at 02:01 PM.

Encounter Date	Examiner	Role	Chief Complaint
01/06/2015 04:15 PM	HEZEKIAH, ANISHA		c/o headaches and dizziness that started today...also need arm wrapped...L.Clark MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 1/06/2015 04:15PM, Examiner: Anisha Hezekiah, AGPCNP

Chief complaint
The Chief Complaint is: C/o headaches and dizziness that started today...also need arm wrapped...L.Clark MOA.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
PAIN LOCATION: __headache.

Current medication
Nebulizer for home use. ****** Devices every 4 hours with mask.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler inhale 2 puffs by inhalation route every 6 hours as needed for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.

Personal history
Behavioral: No coffee consumption and not a current smoker. Former smoker.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.71/06/2015
RR 20 per min1/06/2015
PR 88 bpm1/06/2015
Blood pressure 151/85 mmHg1/06/2015
Pain level by numeric rating scale 71/06/2015
Weight 248 lbs1/06/2015
Body mass index 38.8 kg/m21/06/2015
Height 67 in1/06/2015
Standard Measurements:
Standard Measurements:ValueDate
Body surface area 2.31/06/2015
Laboratory Studies:
Pulmonary Tests:ValueDate
Oxygen saturation 97% percent1/06/2015
General Appearance:
* Alert. * Well developed. * In no acute distress.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.

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Murmurs: * No murmurs were heard.
Neurological:
* Oriented to time, place, and person.
10 stitches noted on the right upper arm. all stiches are intact with strips.

Assessment
- Visit for: postsurgical exam

Allergies and Adverse Reactions
No Known Allergies.

Plan
- Follow-up for re-examination - PRN
Patient was informed to follow-up with her surgeon because she removed the dressing placed before having a follow-up appt.

Notes
Documented by: Anisha Hezekiah, AGPCNP.

Practice Management
Established outpatient minimal service.

Signoff Information
Electronically Signed By: ANISHA HEZEKIAH, AGPCNP on 01/08/2015 at 05:34 PM.

Encounter Date	Examiner	Role	Chief Complaint
01/05/2015 12:23 PM	AMOAH APRAKU, BISMARCK		Pt had surgery and need arm wrapped with her bandges. D. Chavis, LPN

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 1/05/2015 12:23PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Pt had surgery and need arm wrapped with her bandges. D. Chavis, LPN.

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Mobic 7.5 mg tablet 1 tablet by Oral route 1 time per day with food and fluids for pain and inflammation.
Nebulizer for home use. ****** Devices every 4 hours with mask.
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day PRN Take at bedtime for sinus and allergy eye Sxs.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Zyrtec 10 mg tablet take 1 tablet by Oral route 1 time per day for 30 days PRN.
Naprosyn 500 mg tablet take 1 tablet by Oral route 2 times per day for 30 day(s) with food.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler Inhale 2 puffs by Inhalation route every 6 hours as needed for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.

Assessment
- Postprocedural wound closure

Notes
Documented by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 01/27/2015 at 09:57 AM.

Encounter Date	Examiner	Role	Chief Complaint
12/15/2014 08:10 AM	HEZEKIAH, ANISHA		c/o headaches...Mentioned pain also in right neck and radiates to right arm...L.Clark MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 12/15/2014 08:10AM, Examiner: Anisha Hezekiah, AGPCNP

Chief complaint
The Chief Complaint is: C/o headaches...Mentioned pain also in right neck and radiates to right arm...L.Clark MOA.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
Patient presents to the clinic with c/o headaches and right side neck pain that radiates to the right arm. she is scheduled for carapla tunnel surgery 1/2/2015. she states the neck pain is something new. she denies injury or trauma.
- LMP not documented: Postmenopausal.

Current medication
Zyrtec 10 mg tablet TAKE 1 tablet by Oral route 1 time per day PRN Take at bedtime for sinus and allergy eye Sxs.
Nebulizer for home use. ****** Devices every 4 hours with mask.
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Zyrtec 10 mg tablet take 1 tablet by Oral route 1 time per day for 30 days PRN.
Naprosyn 500 mg tablet take 1 tablet by Oral route 2 times per day for 30 day(s) with food.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler Inhale 2 puffs by Inhalation route every 6 hours as needed for 30 days.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.

Personal history
Behavioral: No coffee consumption and not a current smoker.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings

Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.512/15/2014
RR 20 per min12/15/2014
PR 68 bpm12/15/2014
Blood pressure 139/83 mmHg12/15/2014
Pain level by numeric rating scale 912/15/2014
Weight 257 lbs12/15/2014
Body mass index 40.2 kg/m212/15/2014
Height 67 in12/15/2014
Standard Measurements:
Standard Measurements:ValueDate
Body surface area 2.312/15/2014
Laboratory Studies:
Pulmonary Tests:ValueDate
Oxygen saturation 86% percent12/15/2014
General Appearance:
* Alert. * Well developed. * In no acute distress.
Lungs:
* Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Edema: * Not present.
Musculoskeletal System:
Fingers:
General/bilateral: • Fingers had abnormalities. • Finger pain was elicited by motion.
Fingers Of The Right Hand: • Examined. • Tenderness on palpation.
Wrist:
General/bilateral: • Wrists showed abnormalities. • Tenderness on palpation of the wrist.
Right Wrist: • Examined. • Tenderness on palpation of the ulnar aspect.
Left Wrist: • Examined.
Shoulder:
General/bilateral: • Shoulders showed abnormalities. • Tenderness on palpation of the shoulders. • Muscle spasm of the shoulders.
Right Shoulder: • Examined. • Palpation revealed abnormalities. • Pain was elicited on motion.
Left Shoulder: • Examined.
Neurological:
* Oriented to time, place, and person.

Assessment
Neck pain. Will x-ray.
• Neck pain

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Injection - Methylprednisolone Sodium Succinate - up to 125mg Pt tolerated well. A.Rivers,lpn
• Toradol 60 mg/1ml Pt tolerated well. A.Rivers,lpn
• Dr. supervised injection IM/SQ Pt tolerated well. A.Rivers,lpn
• Dr. supervised injection IM/SQ
• Follow-up for re-examination - PRN
• Mobic 7.5 mg tablet. 1 tablet by Oral route 1 time per day with food and fluids for pain and inflammation. Dispense: 30 tablet(s). Refill: 5
• Flexeril 10 mg tablet. 1 tablet by Oral route 3 times per day for 7 day(s) PRN. Dispense: 21 tab(s)

Notes
Documented by: Anisha Hezekiah, AGPCNP.

Practice Management
Estab outpatient focused h&p - straightforward decisions.

Signoff Information
Electronically Signed By: ANISHA HEZEKIAH, AGPCNP on 12/16/2014 at 03:28 PM.

Encounter Date	Examiner	Role	Chief Complaint
11/13/2014 10:52 AM	GONZALEZ, JEANNE		cough and congestion...Also mentioned headaches and SOB...x1 week..LClark MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 11/13/2014 10:52AM, Examiner: Jeanne Gonzalez, NP

Chief complaint
The Chief Complaint is: Cough and congestion...Also mentioned headaches and SOB...x1 week..LClark MOA.

History of present illness
Dorothy Miller is a 57 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
• LMP not documented: Postmenopausal.

Current medication
Nexium 40 mg capsule,delayed release(DR/EC) 1 capsule by Oral route 1 time per day on an empty stomach.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days.
Zyrtec 10 mg tablet take 1 tablet by Oral route 1 time per day for 30 days PRN.
Naprosyn 500 mg tablet take 1 tablet by Oral route 2 times per day for 30 day(s) with food.
Ventolin HFA 90 mcg/actuation HFA aerosol inhaler Inhale 2 puffs by inhalation route every 6 hours as needed for 30 days.

Personal history
Behavioral: No coffee consumption and not a current smoker. Never a smoker.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

• History of pneumococcal conjugate vaccine, polyvalent, IM use 5/09/2014
• History of tetanus toxoid
• Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.
• History of a lipid test panel was performed 5/09/2014
• History of blood sugar studies were performed 5/09/2014
• History of serum TSH level 5/09/2014
• Blood pressure was checked 5/09/2014
Patient in for asthma f/u. No recent asthma flare up. Currently only of prn Ventolin. C/o right knee pains, despite naprosyn. Will add prn tramadol. pneumovax today. Flushots are over now. Complete physical and labs, with patient's consent. Doing well on current meds without any SEs. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Other Finding -1 not found.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 05/19/2014 at 07:53 PM.

Encounter Date	Examiner	Role	Chief Complaint
01/31/2014 05:32 PM	AMOAH APRAKU, BISMARCK		

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 1/31/2014 05:32PM, Examiner: Bismarck Amoah Apraku, MD

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Naprosyn 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) with food . Dispense: 60 tab(s). Refill: 0.

Plan
• Naprosyn 500 mg tablet. take 1 tablet by Oral route 2 times per day for 30 day(s) with food. Dispense: 60 tab(s). Refill: 3. RENEWED BY BISMARCK AMOAH-APRAKU

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 02/11/2014 at 01:28 PM.

Encounter Date	Examiner	Role	Chief Complaint
11/21/2013 01:42 PM	AMOAH APRAKU, BISMARCK		Right and left shoulder pain, right posterior neck pain, right and left leg pain, and right foot pain. Patient states," I have not been able to afford my medications, and patient is requesting samples of medication". The patient would like to have flu vaccination.—I.Pryer,LPN

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 11/21/2013 01:42PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Right and left shoulder pain, right posterior neck pain, right and left leg pain, and right foot pain. Patient states,"I have not been able to afford my medications, and patient is requesting samples of medication". The patient would like to have flu vaccination.—I.Pryer,LPN.

History of present illness
Dorothy Miller is a 56 year old female. Source of patient information was patient.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN LOCATION: __RIGHT AND LEFT SHOULDER PAIN, RIGHT NECK, RIGHT AND LEFT LEG, RIGHT FOOT.
QUALITY: dull.
DURATION: persistent.
INTERFERES WITH: ACTIVITY.
INTERFERES WITH: SLEEP.

Allergies and Adverse Reactions
No Known Allergies.
Allergies Reviewed.

Current medication
Medication List Reconciled.
Zyrtec 10 mg tablet take 1 tablet by Oral route 1 time per day for 30 days PRN.
Hydrocodone-acetaminophen 5-500 mg tablet 1 tablet by Oral route 4 times per day PRN as needed for severe pain.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days (do not crush or chew).
Cyclobenzaprine 10 mg tablet take 1 tablet (10 mg) by oral route 3 times per day for 30 days Take one tablet by mouth twice a day.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) Solution for Nebulization take 3 mL by inhalation route every 6 hours for 30 days as needed for wheezing.
Advair HFA 115-21 mcg/actuation HFA Aerosol Inhaler inhale 2 puff by inhalation route 2 times per day for 30 days.
Ventolin HFA 90 mcg/actuation HFA Aerosol Inhaler inhale 2 puffs by inhalation route every 6 hours as needed for 30 days.
Nebulizer for home use. And supplies. Use as directed.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Oral temperature 97.911/21/2013
RR 24 per min11/21/2013
PR 79 bpm11/21/2013
Blood pressure 134/83 mmHg11/21/2013
Pain level (0-10) 1011/21/2013
Weight 245.5 lbs11/21/2013
Body mass index 38.4 kg/m211/21/2013
Height 67 in11/21/2013

Standard Measurements:
• Body surface area was 2.3 11/21/2013 01:42PM.
Laboratory Studies:
• 99% percent oxygen saturation 11/21/2013 01:43:00PM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Urinary incontinence
• Neck sprain
• Sprain of the back
• Muscle spasm

Counseling/Education
• Patient information sheet: Trigger Point Therapy-Brief

Plan
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• History of a lipid test panel was performed 2/08/2013
• History of blood sugar studies were performed 2/08/2013
• History of serum TSH level 2/08/2013
• An ECG was performed
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
Chronic disease education:
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination, 3 months
Labs, Tests, or Studies Reviewed.
• Blood pressure was checked 11/21/2013
• History of hepatitis B vaccine
• History of pneumococcal conjugate vaccine, polyvalent, IM use
• History of tetanus toxoid

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• A mammogram was performed 9/27/2013
• History of cervical Pap smear 9/27/2013
Patient in for asthma f/u. Still has spasms in the neck and shoulder muscles. Says she has not been able to afford her pain and asthma meds. Samples of advair HFA and Vimovo given. Recommend massage and warm packs prn. Had GYN annual. Will come and get her flushot when she gets the money for it. Doing well on current meds without any SEs. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 01/08/2014 at 01:18 PM.

Encounter Date	Examiner	Role	Chief Complaint
09/27/2013 09:00 AM	BROWN JR, DARRELL		BCN Annual Exam-230002444--JCleckleyLPN

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted], Encounter Date and Time: 9/27/2013 09:00AM, Examiner: Darrell J. Brown Jr, MD

Chief complaint
The Chief Complaint is: BCN Annual Exam-230002444--JCleckleyLPN.

History of present illness
Dorothy Miller is a 56 year old female. Source of patient information was patient.
Visit location: OB/GYN, Orangeburg Family Health Center.
• Date of last menstruation 4/01/2013.

56 YOAAF G6 P4 024 (s-ab x 2), LMP 4/1/13. Menses became irregular age 54. Menses getting lighter and spacing out. Perimenopause. Here for BCN Pap. Reviewed records. Pap from 10/9/2009: NILM, no HPV done. Mammogram scheduled for 9/27/13. PMH: Asthma- age 16. Obesity, BMI 37.7 (67", 241 lb). Neck and arm pain after a whip lash injury age 54. Knee pain. Leg pains that comes and goes intermittently. Hayfever. OAB- on oxybutinin age 53. Notes belching problem when she wakes up, she thinks she had GERD. Hand and finger arthritis. Pain in arms, takes naproxen, she notes it only helps a little. ALLERGY: NKDA. SURG: Umbilical hernia repair 6/2013 at TRMC and 2010. Lap chole age 50 at TRMC. FH: MOM: died age 75, MVA, COPD, smoker. DAD: age 89, prostate cancer, HTN, cerebral atherosclerosis, CVA x 2, high chol, toe amputation due to PVD. GYN: 13 x 26 x 3. No h/o abn paps. Denies STD's. OB: NSVD x 3 then C/S+BTL x 1. S-Ab with D&C. S-Ab with no D&C.

Current medication
Zyrtec 10 mg tablet take 1 tablet by Oral route 1 time per day for 30 days PRN.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days (do not crush or chew).
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) Solution for Nebulization take 3 mL by Inhalation route every 6 hours for 30 days as needed for wheezing.

Past medical/surgical history
Reported:
Surgical / Procedural: Surgical / procedural history.
Pregnancy: Gravida 6 and para 4.
Diagnoses:
No hypertension.
No asthma.
No hyperlipidemia.
No diabetes mellitus
Surgical:
• Dilation and curettage
• Cesarean section

Personal history
Behavioral: Not a current smoker and not a former smoker. Never a smoker. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.
STD UPDATE:
Past STD's: None.
Syphilis date(s) treated: none.

Review of systems
Systemic: No systemic symptoms.
Head: No head symptoms.
Neck: No neck symptoms.
Eyes: No eye symptoms.
Otolaryngeal: No otolaryngeal symptoms.
Breasts: No breast symptoms.
Cardiovascular: No cardiovascular symptoms.
Pulmonary: No pulmonary symptoms.
Gastrointestinal: No gastrointestinal symptoms.
Genitourinary: No genitourinary symptoms.
Endocrine: No endocrine symptoms.
Hematologic: No hematologic symptoms.
Musculoskeletal: No musculoskeletal symptoms.
Neurological: No neurological symptoms.
Skin: No skin symptoms.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 97.89/27/2013
RR 20 per min9/27/2013
PR 68 bpm9/27/2013
Blood pressure 100/63 mmHg9/27/2013
Pain level by numeric rating scale 09/27/2013
Weight 241 lbs9/27/2013
Body mass index 37.7 kg/m29/27/2013
Height 67 in9/27/2013

Standard Measurements:
Standard Measurements:ValueDate
Body surface area 2.39/27/2013
General Appearance:
* In no acute distress.
Head:
* Normal.
Neck:
* Normal.
Ears, Nose, Throat:
* ENT: normal.
Lymph Nodes:
* Normal.
Chest:
* Normal.
Breasts:
General/bilateral:
* Breasts: normal. * No breast mass was found.
Lungs:
* Normal.
Cardiovascular:
* System: normal.
Abdomen:
* Normal.
Genitalia:
External: * Genitalia showed no abnormalities.
Vagina: * Normal.
Pelvic:
Cervix: * Pap smear sample taken. * Normal.
Uterus: * Normal.
Uterine Adnexae: * Normal.
Rectovaginal: * Tissue was normal.
Musculoskeletal System:
General/bilateral: * Musculoskeletal system: normal.
Neurological:
* System: normal.
Skin:
* Normal.

Objective

vulvani, no lesions
vaginani, no cystocele, no rectocele
cervixni, no cmt, no prolapse
uterusni, small, nontender
adnexani, nontender, no masses

wet prepni epi cells.

Assessment
- Pelvic exam:
- Urinary frequency

56 YOAAF G6 P4 024 (s-eb x 2), LMP 4/1/13.
Menses became irregular age 54.
Menses getting lighter and spacing out. Perimenopause.
Here for BCN Pap.
OAB
Perimenopause
Asthma
Obesity
Chronic neck pain and arm pain, pt relates this to starting after a whip lash injury
Hand and finger arthritis
knee arthritis and pain
Indigestion.
- Extrinsic asthma
- Allergic rhinitis due to pollen
- Perimenopause
- Obesity
- Neck pain
- Pain in the finger joints
- Joint pain in both knees

Allergies and Adverse Reactions
No Known Allergies.

Plan
- A bilateral mammogram APPT. ADIC 9-27-13 @10:10AM—jdeckdeyl-pn
- Cervical/vaginal cytopathology with automated screening with manual rescreening under MD supervision
F/u pap
RTO 1 year / prn.

Notes

Documented by Jim Brown, MD.

Signoff Information
Electronically Signed By: DARRELL J. BROWN JR, MD on 10/01/2013 at 08:07 AM

Encounter Date	Examiner	Role	Chief Complaint
08/21/2013 03:21 PM	AMOAH APRAKU, BISMARCK		PHQ-9,HMF,PMH, Educational needs assesment completed 2013. B Hamilton-MOA

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

Medcin Note [redacted]

Dorothy Miller, Gender: F, DOB [redacted] Encounter Date and Time: 8/21/2013 03:21PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: PHQ-9,KMF,PMH, Educational needs assesment completed 2013. B Hamilton-MOA.

Allergies and Adverse Reactions
No Known Allergies.

Past medical/surgical history
Reported:
Medical: Previous hospitalizations Hernia removed in June 2013.
Surgical / Procedural: Prior surgery:
Diagnoses:
Asthma.
Hernia surgery

Personal history
Behavioral: No coffee consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.
Home Environment: The racial background is not black.
Marital: Currently married.
Sexual: Sexually active.

Family history
4 children.

Other Information 1
SubGroup 1
Educational level: grade was twelve.
SubGroup 2
Learning Preference: Videos.
SubGroup 3
No Interpretation Method.
No language translator needed.
Does not communicate by sign language.
SubGroup 4
Religion: Baptist.
SubGroup 5
Religious practices include prayer at specific times of the day.
SubGroup 6
No Language or other communication barriers.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 08/28/2013 at 05:33 PM.

Encounter Date	Examiner	Role	Chief Complaint
08/21/2013 03:08 PM	AMOAH APRAKU, BISMARCK		Check up visit.Needs refill on medications,has pain in both arms, lower back, and stomach. Denies any other complaints. B Hamilton-MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 8/21/2013 03:08PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Check up visit.Needs refill on medications,has pain in both arms, lower back, and stomach. Denies any other complaints. B Hamilton-MOA.

History of present illness
Dorothy Miller is a 55 year old female. Source of patient information was patient.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN LOCATION: __Arms.
QUALITY: pressure.
DURATION: persistent.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
• LMP not documented: Postmenopausal.

Allergies and Adverse Reactions
No Known Allergies.
Allergies Reviewed.

Current medication
Medication List Reconciled.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Ketorolac 30 mg/mL Soln 60 mg by Intramuscular route 1 time now.
Zyrtec 10 mg Tab take 1 tablet by Oral route 1 time per day for 30 days PRN for sinus/allergy Sxs: MAY cause drowsiness.
• cetirizine 10 mg tablet take 1 tablet (10 mg) by oral route once daily

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Tympanic membrane temperature 98.28/21/2013
RR 20 per min8/21/2013
PR 58 bpm8/21/2013
Blood pressure 112/78 mmHg8/21/2013
Pain level (0-10) 108/21/2013
Weight 242 lbs8/21/2013
Body mass index 37.9 kg/m28/21/2013

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Height 67 in8/21/2013
Standard Measurements:
• Body surface area was 2.3 8/21/2013 03:08PM.
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Neck sprain
• Urinary incontinence
• Sprain of the back
• Muscle spasm

Plan
• A mammogram was performed
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• History of cervical Pap smear
• cetirizine 10 mg Tab take 1 tablet (10 mg) by oral route once daily. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• ketorolac 30 mg/mL Soln 60 mg by intramuscular route 1 time now. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• Zyrtec 10 mg Tab take 1 tablet by Oral route 1 time per day for 30 days PRN for sinus/allergy Sxs: MAY cause drowsiness. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: . COMMENTS: Medication Renewed with Change
• Zyrtec 10 mg tablet. take 1 tablet by Oral route 1 time per day for 30 days PRN. Dispense: 30 tablet(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• History of a lipid test panel was performed 2/08/2013
• History of blood sugar studies were performed 2/08/2013
• History of serum TSH level 2/08/2013
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
Chronic disease education:
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Labs, Tests, or Studies Reviewed.

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• Blood pressure was checked 8/21/2013
• An ECG was performed
Patient in for asthma f/u. No recent asthma flare up. Had peri-umbilical hernia repair since last visit. Advised to use her corset as needed. Results of last labs d/w patient. Still has spasms in her neck/shoulder muscles. Restart flexeril and recommend massage/hot packs prn. Refer to GYN for annual. Doing well on current meds without any SEs. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 08/28/2013 at 05:33 PM.

Encounter Date	Examiner	Role	Chief Complaint
03/29/2013 02:46 PM	PRICE, ANNA		C/o right shoulder and right hand pain X 4 days. D. Moorer, LPN

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 3/29/2013 02:46PM, Examiner: Anna Price, MD

Chief complaint
The Chief Complaint is: C/o right shoulder and right hand pain X 4 days. D. Moorer, LPN.

History of present illness
Dorothy Miller is a 55 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
NO RELIEVING FACTORS.
QUALITY: sharp.
QUALITY: throbbing.
DURATION: persistent.
Medication(s) Taken: __ Rx. Tramadol and Naprosyn.
• Shoulder joint pain.

Current medication
Naproxen sodium 500 mg tablet, ER multiphase 24 hr TAKE 1 tablet by Oral route 2 times per day for 30 days PRN w foods & fluids for pain/inflammation.
Tramadol 50 mg tablet take 1 tablet by Oral route every 6 hours for 30 days PRN.
Oxybutynin 10 mg tablet, extended release take 1 tablet by Oral route 1 time per day for 30 days (do not crush or chew).
Albuterol sulfate 2.5 mg /3 mL (0.083 %) Solution for Nebulization take 3 mL by Inhalation route every 6 hours for 30 days as needed for wheezing.
Ventolin HFA 90 mcg/actuation HFA Aerosol Inhaler Inhale 2 puffs by Inhalation route every 6 hours as needed for 30 days.

Personal history
Behavioral: No coffee consumption and not a current smoker. Never a smoker: Never smoked. Not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Subjective
Right shoulder and left shoulder after whiplash 1 1/2 years ago. Did physical therapy but that was several years ago and doesn't seem to remember any of the exercises. from then.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Oral tempereture 97.63/29/2013
RR 20 per min3/29/2013
PR 78 bpm3/29/2013
Blood pressure 125/77 mmHg3/29/2013
Pain level by numeric rating scale 103/29/2013
Weight 234 lbs3/29/2013
Body mass index 36.6 kg/m23/29/2013
Height 67 in3/29/2013
Standard Measurements:
• Patient was observed to be obese.
• Body surface area was 2.2 3/29/2013 02:46PM.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Chest:
* Normal.
Lungs:
* Normal. * Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
* System: normal.
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Musculoskeletal System:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders. • Pain was elicited by motion of the shoulder. * Shoulders showed a normal appearance. * No muscle spasm of the shoulders.
Right Shoulder: • Examined. • Palpation revealed abnormalities. • Active motion was abnormal. • Passive motion was abnormal.
Left Shoulder: • Examined. • Palpation revealed abnormalities.
Laboratory Studies:
• 100% percent oxygen saturation 3/29/2013 02:47:00PM.

Assessment
• Arthralgia of the shoulder region
• Shoulder tendonitis

Allergies and Adverse Reactions
No Known Allergies.

Counseling/Education

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• Return to the clinic if condition worsens or new symptoms arise
• Patient education - RE: NATURAL HISTORY. The natural history of the process described above was discussed
• Patient education - RE: SYMPTOMATIC MANAGEMENT. We discussed the appropriate home management, including OTC meds, rest if indicated, and symptomatic management

Plan
• Injection - Ketorolac Tromethamine - per 15 mg (Toradol) one V. O. Toradol 60mg IM
• Dr. supervised injection IM/SQ
• Consultation with a specialist Orthopaedic, Orthopedic Surgery. Reason: ortho in columbia right shoulder pain
• ketorolac 30 mg/mL Solution. 60 mg by Intramuscular route 1 time now. Dispense: 60 mg. Refill: 0
• hydrocodone-acetaminophen 5-500 mg tablet. 1 tablet by Oral route 4 times per day PRN as needed for severe pain. . Dispense: 20 tab(s). Refill: 0
• Follow-up for re-examination - PRN

Notes
Documented by: Anna Price, M.D.

Encounter Date	Examiner	Role	Chief Complaint
02/08/2013 07:37 AM	AMOAH APRAKU, BISMARCK		Right and left arm/shoulder pain, Neck pain, right and left hand stiffness, and pain in the posterior thoraic(Back) on Inhalation. Medication Refills required.—I.Pryer,LPN

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 2/08/2013 07:37AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Right and left arm/shoulder pain, Neck pain, right and left hand stiffness, and pain in the posterior thoraic(Back) on inhalation. Medication Refills required.—I.Pryer,LPN.

History of present illness
Dorothy Miller is a 55 year old female. Source of patient information was patient.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN LOCATION: __BACK.
QUALITY: dull.
QUALITY: __ACHING.
DURATION: persistent.
INTERFERES WITH: ACTIVITY.
Medication(s) Taken: __FLEXERIL 10MG/ INDOCIN 50MG.

Allergies and Adverse Reactions
No Known Allergies.
Allergies Reviewed.

Current medication
Medication List Reconciled.
Qvar 80 mcg/actuation Aero Inhale 1 puff by Inhalation route 2 times per day.
Advair Diskus 250 mcg-50 mcg powder SIG: 1 puff(s) Inhaled 2 times a day rinse mouth after use.
Albuterol sulfate 90 mcg/actuation HFAA 2 Puffs by Inhaled route every 4-6 hours for Duration PRN Other instruction.
Cyclobenzaprine 10 mg tablet. Take one tablet by mouth twice a day.
Advair HFA 115-21 mcg/actuation HFAA 2 puff by Inhalation route 2 times per day.
Tramadol 50 mg tablet SIG: 1 tab(s) orally every 6 hours PRN(as needed for pain).
Albuterol sulfate 2.5 mg /3 mL (0.083 %) Nebu 3 mL by Inhalation route every 6 hours as needed for wheezing.
Oxybutynin 10 mg tablet, extended release SIG: 1 tab(s) orally once a day (do not crush or chew).
• indomethacin 50 mg capsule. Take one capsule three times a day

Review of systems
Musculoskeletal: Arthralgias.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Oral temperature 97.72/08/2013
RR 20 per min2/08/2013
PR 64 bpm2/08/2013
Blood pressure 141/86 mmHg2/08/2013
Pain level (0-10) 102/08/2013
Weight 239 lbs2/08/2013
Body mass index 37.4 kg/m22/08/2013
Height 67 in2/08/2013
Standard Measurements:
• Body surface area was 2.3 2/08/2013 07:37AM.
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Neck:
Suppleness: * Neck demonstrated no decrease in suppleness.
Thyroid: * Showed no abnormalities.
Eyes:
General/bilateral
Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Hearing: * No hearing abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Muscle spasm
• Urinary incontinence
• Neck sprain
• Sprain of the back
• Visit for: screening for metabolic disorders

Counseling/Education
• Patient information sheet: Asthma Prevention-Brief

Plan
• cyclobenzaprine 10 mg tablet. take 1 tablet (10 mg) by oral route 3 times per day for 30 days Take one tablet by mouth twice a day. Dispense: 90 tab(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• Advair HFA 115-21 mcg/actuation HFA Aerosol Inhaler. inhale 2 puff by Inhalation route 2 times per day for 30 days. Dispense: 1 Each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• tramadol 50 mg tablet. take 1 tablet by Oral route every 6 hours for 30 days PRN. Dispense: 120 tab(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• albuterol sulfate 2.5 mg /3 mL (0.083 %) Solution for Nebulization. take 3 mL by Inhalation route every 6 hours for 30 days as needed for wheezing. Dispense: 100 each. Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• oxybutynin 10 mg tablet, extended release. take 1 tablet by Oral route 1 time per day for 30 days (do not crush or chew). Dispense: 30 tab(s). Refill: 11. RENEWED BY BISMARCK AMOAH-APRAKU
• A mammogram was performed
• CBC with partial differential
• Order postponed for a comprehensive metabolic panel
• A comprehensive metabolic panel
• Order postponed for a lipid test panel
• A lipid test panel
• Order postponed for serum TSH level
• Serum TSH level
• History of colonoscopy (fiberoptic) was performed 7/23/2009
• History of cervical Pap smear
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Chronic disease education:
• indomethacin 50 mg cap Take one capusle three times a day.. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Substitution
• cyclobenzaprine 10 mg Tab Take one tablet by mouth twice a day. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete. COMMENTS: Medication Renewed with Change
• Advair HFA 115-21 mcg/actuation HFAA 2 puff by Inhalation route 2 times per day. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete. COMMENTS: Medication Renewed with Change
• Qvar 80 mcg/actuation Aero inhale 1 puff by inhalation route 2 times per day. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• tramadol 50 mg tablet SIG: 1 tab(s) orally every 6 hours PRN(as needed for pain) . DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete. COMMENTS: Medication Renewed with Change
• albuterol sulfate 2.5 mg /3 mL (0.083 %) Nebu 3 mL by Inhalation route every 6 hours as needed for wheezing. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete. COMMENTS: Medication Renewed with Change
• oxybutynin 10 mg tablet, extended release SIG: 1 tab(s) orally once a day (do not crush or chew) . DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete. COMMENTS: Medication Renewed with Change
• Advair Diskus 250 mcg-50 mcg powder SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use . DISCONTINUED BY: BISMARCK AMOAH-

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APRAKU. REASON: Course Complete
- albuterol sulfate 90 mcg/actuation HFAA 2 Puffs by inhaled route every 4-6 hours for Duration PRN Other instruction. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
• Ventolin HFA 90 mcg/actuation HFA Aerosol Inhaler. inhale 2 puffs by inhalation route every 6 hours as needed for 30 days. Dispense: 1 Each. Refill: 11
• Zyrtec 10 mg tablet. take 1 tablet by Oral route 1 time per day for 30 days PRN for sinus/allergy Sxs: MAY cause drowsiness. Dispense: 30 tablet(s). Refill: 11
Labs, Tests, or Studies Reviewed.
• History of a lipid test panel was performed 2/08/2013
• History of blood sugar studies were performed 2/08/2013
• History of serum TSH level 2/08/2013
• Blood pressure was checked 2/08/2013
Patient in for asthma f/u. No recent asthma flare up. Still has neck/shoulder muscle spasms. Recommend massage/hot packs/tramadol prn. Her BP is mildly elevated. Wants to do diet before meds. Complete physical and labs today, with patient's consent. Doing well on current meds without any SEs. Other conditions stable. Refill meds. Refer to GYN for annual via BCN. Had colonoscopy.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 02/22/2013 at 01:28 PM.

Encounter Date	Examiner	Role	Chief Complaint
12/19/2012 12:53 PM	BROADHEAD, ALFRED		Patient c/o pain in the neck, left arm, and lower right side of back x weeks. M.E.Williams, MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 12/19/2012 12:53PM, Examiner: Alfred . Broadhead, MD

Chief complaint
The Chief Complaint is: Patient c/o pain in the neck, left arm, and lower right side of back x weeks. M.E.Williams, MOA

History of present illness
Dorothy Miller is a 55 year old female. Source of patient information was patient.
Visit location: Urgent Care, Orangeburg Family Health Center.
PAIN LOCATION: __ neck, left arm, lower right side of back.
QUALITY:
Medication(s) Taken: __ Aleve.

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Advair HFA 115-21 mcg/actuation HFA Aerosol Inhaler 2 puff by inhalation route 2 times per day.
Albuterol sulfate 90 mcg/actuation HFA Aerosol Inhaler 2 Puffs by inhaled route every 4-6 hours for Duration PRN Other instruction.
Nebulizer for home use. And supplies. Use as directed.
Albuterol sulfate 2.5 mg /3 mL (0.083 %) Solution for Nebulization 3 mL by Inhalation route every 6 hours as needed for wheezing.
Qvar 80 mcg/actuation Aerosol Inhale 1 puff by Inhalation route 2 times per day.
Oxybutynin 10 mg tablet, extended release SIG: 1 tab(s) orally once a day (do not crush or chew).
Tramadol 50 mg tablet SIG: 1 tab(s) orally every 6 hours PRN(as needed for pain).
Advair Diskus 250 mcg-50 mcg powder SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use.

Personal history
Behavioral: Not a current smoker.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/Measurements Value Date
RR 18 per min 12/19/2012
PR 59 bpm 12/19/2012
Blood pressure 123/82 mmHg 12/19/2012
Pain level (0-10) 10 12/19/2012
Weight 149 lbs 12/19/2012
Body mass index 23.3 kg/m2 12/19/2012
Height 67 in 12/19/2012
• Temperature was 97.9 12/19/2012 12:53:00PM.
Standard Measurements:
• Patient was observed to be obese.
• Body surface area was 1.8 12/19/2012 12:53:00PM.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Neck:
Suppleness: * Neck demonstrated no decrease in suppleness.
Thyroid: * Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral:
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Hearing: * No hearing abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:
* Respiration rhythm and depth was normal. * Chest was normal to percussion. * Clear to auscultation.

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Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Carotid Arteries: * Normal.
Arterial Pulses: * Equal bilaterally and normal.
Edema: * Not present.
Abdomen:
Auscultation: * Abdominal auscultation revealed no abnormalities.
Percussion: * Abdominal percussion was normal.
Palpation: * Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Functional Exam:
General/bilateral: * Ambulation was not limited.
Neurological:
* System: normal.
Skin:
* General appearance was normal. * No skin lesions.
Antalgic FROM neck and back; SLR neg; bil frozen shoulders with pain on partial abduction.
Laboratory Studies:
• 100% percent oxygen saturation 12/19/2012 12:53:00PM.

Assessment
• Shoulder tendonitis
• Backache

Therapy
• Patient will call for appointment.

Counseling/Education
• Return to the clinic if condition worsens or new symptoms arise

Plan
• Follow-up for re-examination days
Fneck, back and shoulder rehab instructions; Flexeril 10 mg bid #30l Indocin 50 mg tid pc prn pain#60.

Notes
Documented by: Alfred Broadhead, M.D.

Practice Management
Estab outpatient expanded h&p - low complexity decisions.

Signoff Information
Electronically Signed By: ALFRED . BROADHEAD, MD on 02/07/2013 at 07:53 PM.

Encounter Date	Examiner	Role	Chief Complaint
10/19/2012 04:13 PM	PRICE, ANNA		shortness of breathe ,pain in chest and back along with coughing and wheezing.E.H.HamptonMOA

Modoin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 10/19/2012 04:13PM, Examiner: Anna Price, MD

Chief complaint
The Chief Complaint is: Shortness of breathe ,pain in chest and back along with coughing and wheezing.E.H.HamptonMOA.

History of present illness
Dorothy Miller is a 55 year old female. Source of patient information was patient.
PAIN LOCATION: __CHEST AND BACK.
Visit location: Urgent Care, Orangeburg Family Health Center.

Subjective
55 year old black female c/o wheezing, severe shortness of breath, chest pain with coughing and deep breathing. Has been sick since yesterday and is having nasal congestion, bilateral ear pain, sore throat and back pains. Takign no meds. Does not have a home nebulizer.

Review of systems
Systemic: No fever and no chills.
Head: No headache.
Otolaryngeal: Earache, nasal passage blockage (stuffiness), hoarseness, and sore throat.
Cardiovascular: Chest pain or discomfort. No palpitations and no intermittent leg claudication.
Pulmonary: Feeling congested in the chest and dyspnea. No paroxysmal nocturnal dyspnea. Orthopnea, cough, and coughing up sputum. No hemoptysis. Wheezing.
Gastrointestinal: No nausea, no vomiting, no diarrhea, and no constipation.
Genitourinary: No nocturia.
Musculoskeletal: No soft tissue swelling.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min10/19/2012
PR 91 bpm10/19/2012
Blood pressure 123/82 mmHg10/19/2012
Weight 255 lbs10/19/2012
Body mass index 39.9 kg/m210/19/2012
Height 67 in10/19/2012
• Temperature was 98.2.
Standard Measurements:
• Body surface area was 2.3 10/19/2012 04:14:00PM.
• Patient was observed to be obese.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.

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wheezing) .
Zanaflex 4 mg tablet. SIG: 1 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) .
Oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew).
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .

Subjective
54 year old black female c/o worsening pain an dstiffness of the right shoulder, her hands and fingers. HAs taken Naprosyn and muscle relaxers inthe past. Was seen in the ER and given a shot of Percocet and it helped and she i requesting more of them. Has not had a rheumatology workup. Not taking any meds at this time. Needs refill on Oxybutynin for her bladder too.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min1/13/2012
PR 70 bpm1/13/2012
Blood pressure 135/80 mmHg1/13/2012
Pain level (0-10) 101/13/2012
Weight 268 lbs1/13/2012
Body mass index 42 kg/m21/13/2012
Height 67 in1/13/2012
• Temperature was 97.9 1/13/2012 09:03:00AM.
Standard Measurements:
• Patient was observed to be obese.
• Body surface area was 2.4 m2 1/13/2012 09:03:00AM.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Head:
* Normal.
Neck:
Thyroid: * Showed no abnormalities.
Lymph Nodes:
* Normal. * No adenopathy.
Chest:
* Normal.
Lungs:
* Normal. * Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
* System: normal.
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Back:
• Middle back exhibited tenderness on palpation of the right paraspinal region. * No muscle spasm. * No costovertebral angle tenderness.
Musculoskeletal System:
Hands:
General/bilateral: • Pain was elicited by motion of the hands. * Appearance of the hands was normal. * No tenderness on palpation of the hands.
Shoulder:
General/bilateral: * Shoulders showed a normal appearance.
Right Shoulder: • Shoulder was tender on palpation. • Motion was abnormal. • Pain was elicited on motion.

Assessment
• Shoulder joint pain Right
• Arthritis
• Urinary incontinence

Therapy
• Medication List Reconciled.
Allergies Reviewed.

Allergies and Adverse Reactions
No Known Allergies.

Counseling/Education
• Return to the clinic if condition worsens or new symptoms arise

Plan
• Follow-up for re-examination 2-3 weeks Dr Amoah
• Follow-up for re-examination - PRN
• Zanaflex 4 mg tablet. SIG: 1 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) . Dispense: 90 tab(s). Refill: 0. RENEWED WITH CHANGES BY ANNA PRICE
• oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew) . Dispense: 30 each. Refill: 1. RENEWED WITH CHANGES BY ANNA PRICE
• Naproxen Sodium DS sodium 550 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) PRN(as needed for arthritis) with food . Dispense: 60 tab(s). Refill: 1
• tramadol 50 mg tablet. SIG: 1 tab(s) orally every 6 hours PRN(as needed for pain) . Dispense: 40 tab(s). Refill: 0

Notes
Electronically Signed by: Anna Price, M.D.

Practice Management
Estab outpatient expanded h&p - low complexity decisions.

Encounter.Date	Examiner	Role	Chief.Complaint
07/19/2011 01:58 PM	AMOAH APRAKU, BISMARCK		Asthma visit: Patient c/o continuous abdominal and neck pain. Rx needed. M.Jones_MOA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 7/19/2011 01:58PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Asthma visit: Patient c/o continuous abdominal and neck pain. Rx needed. M.Jones_MOA

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History of present illness
Dorothy Miller is a 53 year old female. Source of patient information was patient.
PAIN LOCATION: __abdomen and neck.
DURATION: intermittent.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
Visit location: Adult Medicine, Orangeburg Family Health Center.
• Diarrhea.

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew).
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .
Ventolin HFA 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours for 30 day(s) PRN(as needed for wheezing) .
Zanaflex 4 mg tablet. SIG: 1 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) .
Naprosyn 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) with food .
Prilosec 20 mg delayed release capsule. SIG: 1 cap(s) orally once a day for 30 day(s).
Ventolin HFA 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours for 30 day(s) PRN(as needed for wheezing) . Refill: 5.

Personal history
Behavioral: No coffee consumption, no tea consumption, no cola consumption, no chocolate consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Review of systems
Musculoskeletal: Arthralgias.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min7/19/2011
PR 72 bpm7/19/2011
Blood pressure 122/80 mmHg7/19/2011
Pain level (0-10) 97/19/2011
Weight 271.5 lbs7/19/2011
Body mass index 42.5 kg/m27/19/2011
Height 67 in7/19/2011
• Temperature was 98.5 7/19/2011 01:58:00PM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
• Body surface area was 2.4 m2 7/19/2011 01:58:00PM.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

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SAT= 98%.

Assessment
- Neck sprain
- Sprain of the back
- Muscle spasm
- Asthma
- Urinary incontinence

Plan
- Blood pressure was checked 7/19/2011
- A mammogram was performed
- CBC with partial differential
- A comprehensive metabolic panel
- History of a lipid test panel was performed 7/19/2011
- A lipid test panel
- History of blood sugar studies were performed 7/19/2011
- History of serum TSH level 7/19/2011
- Serum TSH level
- History of colonoscopy (fiberoptic) was performed 7/23/2009
- History of cervical Pap smear
- Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
- Education and counseling

PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
- Education and counseling

Instruction Provided to patient verbally and patient voiced understanding
- Discussed concerns about tobacco use
- Discussed concerns about alcohol use
- Patient education about medication
- Patient education about adverse reactions to medication
- Patient education about the proper use of medications
- Inquiry and counseling about medication administration and compliance
- Education: medication instruction
- History of haemophilus influenzae B vaccine 10/14/2009
- Follow-up for re-examination 3 months

Chronic disease education:
- Darvocet-N 100. SIG: 1 tab(s) orally every 4 to 6 hours PRN(as needed for pain) . RENEWED WITH CHANGES BY BISMARCK AMOAH-APRAKU.. DISCONTINUED BY: MARQUITA JONES. REASON: Ineffective
- Flexeril 10 mg. SIG: 1 tab(s) orally 3 times a day PRN(as needed for spasm) . RENEWED WITH CHANGES BY BISMARCK AMOAH-APRAKU.. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
- Nexium 40 mg delayed release capsule. SIG: 1 cap(s) orally once a day on an empty stomach. Dispense: 30 delayed release capsule(s). DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
- tetanus/diphtheria/pertussis, acel (Tdap) 5 units-2.5 units-18.5 mcg/0.5 mL suspension. SIG: 1 mL intramuscularly once for 1 dose(s) . Refill: 0. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete
- Ventolin HFA 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours for 30 day(s) PRN(as needed for wheezing) . Refill: 5. RENEWED BY BISMARCK AMOAH-APRAKU
- Zanaflex 4 mg tablet. SIG: 1 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) . Dispense: 90 tab(s). Refill: 5
- Naprosyn 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) with food . Dispense: 60 tab(s). Refill: 0
- Prilosec 20 mg delayed release capsule. SIG: 1 cap(s) orally once a day for 30 day(s). Dispense: 30 cap(s)

Labs, Tests, or Studies Reviewed.
Patient in for asthma f/u. No recent asthma flare up. Says her whiplash injury is acting up again. Start zanaflex and naproxen. Recommend massage/hot packs prn. Doing well on current meds without any SEs. Other conditions stable. Refill meds. Annual labs today, with patient's consent. Strongly recommend GYN annual/eye exam f/u.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 12/17/2012 at 01:21 PM.

Encounter Date	Examiner	Role	Chief Complaint
08/19/2010 08:17 AM	AMOAH APRAKU, BISMARCK		MVA accident follow up. Patient states she was in car accident in December 2009. Patient wants results of MRI. MRMonroe, LPN

MedcinNote

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 8/19/2010 08:17AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: MVA accident follow up. Patient states she was in car accident in December 2009. Patient wants results of MRI. MRMonroe, LPN.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __Neck, arm.
Medication(s) Taken:
INTERFERES WITH: ACTIVITY.
Visit location: Adult Medicine, Orangeburg Family Health Center.

Current medication
Oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew).
Darvocet-N 100. SIG: 1 tab(s) orally every 4 to 6 hours PRN(as needed for pain).
Benzonatate 200 mg. SIG: 1 cap(s) orally every 12 hours.
Nexium 40 mg delayed release capsule. SIG: 1 cap(s) orally once a day on an empty stomach.
Flexeril 10 mg. SIG: 1 tab(s) orally 3 times a day PRN(as needed for spasm) . RENEWED WITH CHANGES BY BISMARCK AMOAH-APRAKU.

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Past medical/surgical history
Procedural:
No endotracheal tube insertion

Previous therapy
No history of hospitalization admission to the MICU

Personal history
Behavioral: No coffee consumption, no tea consumption, no cola consumption, no chocolate consumption, no chocolate consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValue
Blood pressure 112/78 mmHg
Pain level (0-10) 8
• Oral temperature was 97.8 8/19/2010 08:17:00AM. • RR was 20 per min 8/19/2010 08:17:00AM. • PR was 74 bpm 8/19/2010 08:17:00AM.
• Weight was 274.25 lbs 8/19/2010 08:17:00AM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders. • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Neck sprain
• Sprain of the back
• Muscle spasm

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Blood pressure was checked 8/19/2010
• A mammogram was performed
• History of a lipid profile was performed 10/14/2009
• History of blood sugar studies were performed 10/14/2009
• History of serum TSH level 10/14/2009
• History of colonoscopy (fiberoptic) was performed
• History of cervical Pap smear
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Chronic disease education:
Nexium 40 mg delayed release capsule. SIG: 1 cap(s) orally once a day on an empty stomach. Dispense: 30 delayed release capsule(s).
Darvocet-N 100. SIG: 1 tab(s) orally every 4 to 6 hours PRN(as needed for pain) . RENEWED WITH CHANGES BY BISMARCK AMOAH-APRAKU.
Flexeril 10 mg. SIG: 1 tab(s) orally 3 times a day PRN(as needed for spasm) . RENEWED WITH CHANGES BY BISMARCK AMOAH-APRAKU.
Allegra 180 mg tablet. SIG: 1 tab(s) orally once a day. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete.
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day . Dispense: 10.2 gram(s). Refill: 5. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete.
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day . Dispense: 10.2 gram(s). Refill: 5. DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete.
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain) . DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete.
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms . Dispense: 90 tab(s). RENEWED WITH CHANGES BY WILLIE DEAS . DISCONTINUED BY: BISMARCK AMOAH-APRAKU. REASON: Course Complete.
Labs, Tests, or Studies Reviewed.
Patient in for f/u on her whiplash injury. Says she is doing much better now. Does not need any more f/u. Her cervical spine MRI showed only a mild disc protrusion at C5/C6. Recommend continuation of prn massage/flexeril/DCN. Other conditions stable. Refill meds. MRI report d/w patient.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 07/19/2011 at 03:54 PM

Encounter Date	Examiner	Role	Chief Complaint
07/23/2010 04:49 PM	AMOAH APRAKU, BISMARCK		MEDICINE CHANGE

General Note

CHANGE SYMBICORT 80/4.5 TO FLONASE PER INSURANCE PER DR AMOAH MGREEN MOA

SIGNOFF INFORMATION:

Electronically signed by: BISMARCK AMOAH APRAKU, MD on 8/19/2010 at 9:26 AM

ADDENDA DETAILS:

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 7/23/2010 04:49PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: MEDICINE CHANGE.

Allergies and Adverse Reactions
No Known Allergies.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 08/19/2010 at 09:26 AM

Encounter Date	Examiner	Role	Chief Complaint
07/23/2010 03:26 PM	AMOAH APRAKU, BISMARCK		Hosp f/u. Rx. needed. Pt. c/o of neck and throat has a rattle in it started ever since December 2010 fronal area of of her head hurt and it causes pt. to feel dizzy. Pt. wants a MRI and TSH and CT Scan.D.Hart,CMA

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 7/23/2010 03:26PM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Hosp f/u. Rx. needed. Pt. c/o of neck and throat has a rattle in it started ever since December 2010 fronal area of of her head hurt and it causes pt. to feel dizzy. Pt. wants a MRI and TSH and CT Scan.D.Hart,CMA.

Allergies and Adverse Reactions
No Known Allergies.

Current medication
Oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew).
Allegra 180 mg tablet. SIG: 1 tab(s) orally once a day.
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Albuterol 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours PRN(as needed for wheezing) SIG: .
Darvocet-N 100. SIG: 1 tab(s) orally every 4 to 6 hours PRN(as needed for pain).
Omeprazole 20 mg. SIG: 2 cap(s) orally 2 times a day.

Past medical/surgical history
Procedural:
No endotracheal tube insertion

Previous therapy

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

No history of hospitalization admission to the MICU

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min7/23/2010
PR 78 bpm7/23/2010
Blood pressure 110/80 mmHg7/23/2010
Weight 280 lbs7/23/2010
• Temperature was 97.9 7/23/2010 03:45:34PM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders. • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: ° Normal.
Sensation: ° No sensory exam abnormalities were noted.
Motor: ° A motor exam demonstrated no dysfunction.
Reflexes: ° Normal.
Psychiatric:
Mood: ° Euthymic.
Skin:
° General appearance was normal. ° No skin lesions.

Assessment
• Asthma
• Neck sprain
• Sprain of the back
• Muscle spasm

Plan
• Blood pressure was checked 7/23/2010
• A mammogram was performed
• History of a lipid profile was performed 10/14/2009
• History of blood sugar studies were performed 10/14/2009
• History of serum TSH level 10/14/2009
• History of colonoscopy (fiberoptic) was performed
• History of cervical Pap smear
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Chronic disease education:
Labs, Tests, or Studies Reviewed.

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

Patient in for f/u on her neck pain. Seen by Orthopedics and has completed 6 wks of rehab at the Healthplex. Still c/o neck pain. Will order lumbar spine MRI. Has postnasal drip. Will continue allegra. Does not need a TSH now. Other conditions stable. Refill meds. Samples of detrol LA.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 08/19/2010 at 09:26 AM

Encounter Date	Examiner	Role	Chief Complaint
05/13/2010 10:46 AM	AMOAH APRAKU, BISMARCK		ER f/u for right side pain when breathing, left knee pain, and neck pain. No refills needed per pt M.Jones_MOA

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 5/13/2010 10:46AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: ER f/u for right side pain when breathing, left knee pain, and neck pain. No refills needed per pt. M.Jones_MOA.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __left knee, right side, and neck.
DURATION: persistent.
Medication(s) Taken: __Darvocet N-100.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN RELIEVED BY: __Darvocet N-100 helps a little bit.

Current medication
Naproxen Sodium DS sodium 550 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) PRN (as needed for pain).
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms .
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s) .
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Omeprazole 20 mg. SIG: 2 cap(s) orally 2 times a day.
Cetirizine 10 mg. SIG: 1 tab(s) orally once a day.
Benzonatate 200 mg. SIG: 1 cap(s) orally every 12 hours.
Oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew).

Past medical/surgical history
Procedural:
• No endotracheal tube insertion

Previous therapy
• No history of hospitalization admission to the MICU

Personal history
Behavioral: No coffee consumption, no tea consumption, no cola consumption, no chocolate consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min5/13/2010
PR 76 bpm5/13/2010
Blood pressure 130/88 mmHg5/13/2010
Pain level (0-10) 105/13/2010
Weight 264 lbs5/13/2010
Height 67 in5/13/2010
• Temperature was 97.4 F 5/13/2010 11:16:04AM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Neck:
Suppleness: * Neck demonstrated no decrease in suppleness.
Thyroid: * Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral:
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Hearing: * No hearing abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:
* Respiration rhythm and depth was normal. * Chest was normal to percussion. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Carotid Arteries: * Normal.

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Arterial Pulses: * Equal bilaterally and normal.
Edema: * Not present.
Abdomen:
Auscultation: * Abdominal auscultation revealed no abnormalities.
Percussion: * Abdominal percussion was normal.
Palpation: * Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders. • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: * Normal.
Sensation: * No sensory exam abnormalities were noted.
Motor: * A motor exam demonstrated no dysfunction.
Reflexes: * Normal.
Psychiatric:
Mood: * Euthymic.
Skin:
* General appearance was normal. * No skin lesions.
PF= 500.
SAT= 99%.

Assessment
• Asthma
• Urinary Incontinence
• Neck sprain
• Sprain of the back
• Muscle spasm

Therapy
Allergies Reviewed.

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Blood pressure was checked 5/13/2010
• A mammogram was performed
• History of a lipid test panel was performed 10/14/2009
• History of blood sugar studies were performed 10/14/2009
• History of serum TSH level 10/14/2009
• History of colonoscopy (fiberoptic) was performed
• History of cervical Pap smear
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION
Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
- Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
• Consultation with a specialist - Orthopedics
• Consultation with a specialist - ___Healthplex
Chronic disease education:
• oxybutynin 10 mg tablet, extended release. SIG: 1 tab(s) orally once a day (do not crush or chew)
Labs, Tests, or Studies Reviewed.
Patient in for ER f/u. Seen in ER for persistent neck and left knee pain after her accident. Will refer to Orthopedics and the Healthplex. No recent asthma attack. C/o not being able to hold her urine. Start oxybutinin. Other conditions stable. Refill meds.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 07/23/2010 at 04:11 PM.

Encounter Date	Examiner	Role	Chief Complaint
05/04/2010 08:44 AM	JACKSON, CALVIN		C/O Chills and c/o pain head, neck and arms. BLHunter RN

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 5/04/2010 08:44AM, Examiner: Calvin Jackson, MD

Chief complaint
The Chief Complaint is: C/O Chills and c/o pain head, neck and arms. BLHunter RN.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __neck, shoulders arms and down left leg.
QUALITY: __aching.

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DURATION: intermittent.
Medication(s) Taken: __.
Visit location: Urgent Care, Orangeburg Family Health Center.
Medication(s) Taken: __tramadol.
NO RELIEVING FACTORS.
AGGRAVATED BY: __movement.
NO ASSOCIATED SYMPTOMS.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
• Date of last menstruation 2/01/2010.

Pt c/o pain in her joint. Pt sates that she having pain in neck ,lower back arm hands and feeeling chill for 5 to 6 month following mva.

Current medication
Diclofenac sodium 75 mg enteric coated tablet. SIG: 1 tab(s) orally 2 times a day for 14 day(s) PRN (as needed for pain).
Allegra 180 mg tablet. SIG: 1 tab(s) orally once a day.
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms .
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain).
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s) .
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Tetanus/diphtheria/pertussis, acel (Tdap) 5 units-2.5 units-18.5 mcg/0.5 mL suspension. SIG: 1 mL intramuscularly once for 1 dose(s) .
Albuterol 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours PRN(as needed for wheezing) SIG: .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .

Personal history
Behavioral: No coffee consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Review of systems
Systemic: No fever and no recent weight change.
Head: No headache.
Eyes: No vision problems and no eye pain.
Otolaryngeal: No hearing loss and no sore throat. No oral cavity symptoms.
Cardiovascular: No chest pain or discomfort and no palpitations.
Pulmonary: No dyspnea, no orthopnea, no cough, and no wheezing.
Gastrointestinal: No dysphagia, no heartburn, no nausea, no vomiting, no hematemesis, no abdominal pain, and no change in stool color. No diarrhea and no constipation.
Genitourinary: No increase in urinary frequency. No dysuria.
Endocrine: No polydipsia, no hot flashes, and no sexual complaints.
Musculoskeletal: No foot symptoms. Arthralgias. No soft tissue swelling. Swelling localized to one or more joints.
Neurological: No lightheadedness, no memory lapses or loss, no motor disturbances, and no sensory disturbances.
Psychological: No depression and not thinking about suicide.
Skin: No skin lesions and no rash.
Past Medical: No thyroid disease.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Oral temperature 98.45/04/2010
RR 20 per min5/04/2010
PR 86 bpm5/04/2010
Blood pressure 142/90 mmHg5/04/2010
Pain level (0-10) 105/04/2010
Weight 278.5 lbs5/04/2010
Body mass index 43.6 kg/m25/04/2010
Height 67 in5/04/2010
Standard Measurements:
• Body surface area was 2.4 5/04/2010 08:44:00AM.
• Patient was observed to be obese.
General Appearance:
° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness.
Thyroid: ° Showed no abnormalities.
Eyes:
General/bilateral:
Extraocular Movements: ° Normal.
Pupils: ° Normal.
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal.
Tympanic Membrane: ° Normal.
Hearing: ° No hearing abnormalities.
Pharynx:
° Normal.
Lymph Nodes:
° Normal.
Lungs:
° Respiration rhythm and depth was normal. ° Chest was normal to percussion. ° Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: ° Normal.
Heart Sounds: ° Normal.
Murmurs: ° No murmurs were heard.
Carotid Arteries: ° Normal.
Arterial Pulses: ° Equal bilaterally and normal.
Edema: ° Not present.
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities.
Percussion: ° Abdominal percussion was normal.
Palpation: ° Abdominal palpation revealed no abnormalities.
Musculoskeletal System:

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General/bilateral: • Musculoskeletal system:
Fingers:
General/bilateral: • Appearance of the fingers was abnormal. • Nodules were seen on the fingers. • Heberden's nodes were seen. • Bouchard's nodes were seen.
Hands:
General/bilateral: • Hand nodules.
Neurological:
Speech: * Normal.
Sensation: * No sensory exam abnormalities were noted.
Motor: * A motor exam demonstrated no dysfunction.
Reflexes: * Normal.
Psychiatric:
Mood: * Euthymic.
Skin:
* General appearance was normal.

Assessment
• Osteoarthrosis of the ankle/foot

Therapy
Allergies Reviewed.

Allergies and Adverse Reactions
No Known Allergies.

Counseling/Education
• Patient education about pain management

Plan
• Naproxen Sodium DS sodium 550 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) PRN (as needed for pain). Dispense: 60 tab(s)
• Ultram 50 mg tablet. SIG: 1 tab(s) to 2 tab(s) orally every 6 hours for 7 day(s) PRN (as needed for pain). Dispense: 56 tab(s)

Notes
Electronically Signed by: Calvin Jackson, M.D.

Signoff Information
Electronically Signed By: DR CONVERSION2 on 12/13/2012 at 12:52 PM.

Encounter Date	Examiner	Role	Chief Complaint
04/26/2010 01:43 PM	DEAS, WILLIE MAE		Left leg and thigh painx 2days.E.H.HamptonMOA

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 4/26/2010 01:43PM, Examiner: Willie Mae Deas, MD

Chief complaint
The Chief Complaint is: Left leg and thigh painx 2days.E.H.HamptonMOA.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __left thigh and leg.
QUALITY: __achy.
DURATION: __intermittent.
Medication(s) Taken: __tylenol. aleve.
NO RELIEVING FACTORS.
Visit location: Urgent Care, Orangeburg Family Health Center.

Pt reports " tremendous pain" for a couple of years secondary to an injury.Pt bellererant ,upset about her wait time.

Current medication
Allegra 180 mg tablet. SIG: 1 tab(s) orally once a day.
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms .
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain).
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s) .
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Tetanus/diphtheria/pertussis, acel (Tdap) 5 units-2.5 units-18.5 mcg/0.5 mL suspension. SIG: 1 mL intramuscularly once for 1 dose(s) .
Albuterol 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours PRN(as needed for wheezing) SIG: .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min4/26/2010
PR 88 bpm4/26/2010
Blood pressure 110/70 mmHg4/26/2010
Pain level (0-10) 104/26/2010
Weight 278 lbs4/26/2010
Body mass index 43.5 kg/m24/26/2010
Height 67 in4/26/2010
Standard Measurements:
• Body surface area was 2.4 4/26/2010 01:43:00PM.
Vital Signs:
• Temperature was 98.2 4/26/2010 01:56:16PM.
Standard Measurements:
• Patient was observed to be obese.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Lungs:
* Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.

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Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Edema: * Not present.
Musculoskeletal System:
Knee:
General/bilateral: * Knees showed no abnormalities.
Ankle:
General/bilateral: * Ankles showed no abnormalities.

Assessment
• Osteoarthrosis of the ankle/foot

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Injection - Ketorolac Tromethamine - per 15 mg (Toradol) tolerated well
• X-rays of the knee with anteroposterior and lateral views
• diclofenac sodium 75 mg enteric coated tablet. SIG: 1 tab(s) orally 2 times a day for 14 day(s) PRN (as needed for pain). Dispense: 28 tab(s)
Referred pt. to pain clinic.

Notes
Electronically Signed by: Willie Mae Deas, MD.

Signoff Information
Electronically Signed By: WILLIE MAE DEAS on 01/24/2012 at 07:44 PM.

Encounter Date	Examiner	Role	Chief Complaint
04/21/2010 04:49 PM	DEAS, WILLIE MAE		Health Maintenance Form 2010

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 4/21/2010 04:49PM, Examiner: Willie Mae Deas

Chief complaint
The Chief Complaint is: Health Maintenance Form 2010.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.

Allergies and Adverse Reactions
No Known Allergies.

Plan
• No prior tests were performed

Signoff Information
Electronically Signed By: WILLIE MAE DEAS on 01/24/2012 at 04:06 PM

Encounter Date	Examiner	Role	Chief Complaint
04/19/2010 08:34 AM	DEAS, WILLIE MAE		Pain down Right arm and some down Left arm for appx 3 wks. Hoarseness for 3 wks and c/o some problems with allergies. HC Ulmer,RN.

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 4/19/2010 08:34AM, Examiner: Willie Mae Deas

Chief complaint
The Chief Complaint is: Pain down Right arm and some down Left arm for appx 3 wks. Hoarseness for 3 wks and c/o some problems with allergies. HC Ulmer,RN.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __Bilateral arm pain. Some neck pain.
QUALITY: pressure.
No Medication(s) Taken
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY. Cycles have been irregular for appx 2-3 yrs.
Visit location: Urgent Care, Orangeburg Family Health Center.

Current medication
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms .
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain).
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s) .
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Albuterol 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours PRN(as needed for wheezing) SIG: .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .

Personal history
Behavioral: No coffee consumption, no tea consumption, no cola consumption, no chocolate consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Review of systems
Systemic: No fever.
Otolaryngeal: No sore throat.
Cardiovascular: No chest pain or discomfort.
Pulmonary: No dyspnea, no cough, and no wheezing.
Gastrointestinal: No dysphagia.

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Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min4/19/2010
PR 80 bpm4/19/2010
Blood pressure 120/74 mmHg4/19/2010
Pain level (0-10) 94/19/2010
Weight 277.5 lbs4/19/2010
Body mass index 43.5 kg/m24/19/2010
Height 67 in4/19/2010
Standard Measurements:
• Body surface area was 2.4 4/19/2010 08:34:00AM.
Vital Signs:
• Temperature was 98.4 4/19/2010 08:47:43AM.
Standard Measurements:
• Patient was observed to be obese.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Neck:
Suppleness: * Neck demonstrated no decrease in suppleness.
Eyes:
General/bilateral:
Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral:
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Hearing: * No hearing abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:
* Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Edema: * Not present.
Abdomen:
Palpation: * Abdominal palpation revealed no abnormalities.

Assessment
• Allergic rhinitis
• Inflammatory myopathy (myositis)

Therapy
Allergies Reviewed.

Allergies and Adverse Reactions
No Known Allergies.

Plan
Allegra 180 mg tablet. SIG: 1 tab(s) orally once a day.
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 4 hours for 7 day(s) PRN (as needed for pain). Dispense: 42 tab(s).
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms . Dispense: 90 tab(s). RENEWED WITH CHANGES BY WILLIE DEAS.

Signoff Information
Electronically Signed By: WILLIE MAE DEAS on 01/24/2012 at 04:08 PM

Encounter Date	Examiner	Role	Chief Complaint
02/25/2010 10:41 AM	AMOAH APRAKU, BISMARCK		Asthma. Pt has c/o persistent arm and leg pain. Does not need any Rx refills today. D.Sprinkle-McCreary,LPN

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 2/25/2010 10:41AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Asthma. Pt has c/o persistent arm and leg pain. Does not need any Rx refills today. D.Sprinkle-McCreary,LPN.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __Arms.
DURATION: persistent.
Visit location: Adult Medicine, Orangeburg Family Health Center.
* Feeling fine * Previously well* No symptoms

* No fever * No chest tightness or heavy pressure * Not feeling congested in the chest* No dyspnea* No episodic dyspnea* No rapid breathing* No cough* No nocturnal cough* Not coughing up sputum* Which is not purulent* No hemoptysis* No wheezing* Chronic wheezing, not suddenly much worse* Which has not slowly gotten much worse* Not inspiratory* Not worse at night* Not worse in the morning* Not worse during an upper respiratory infection* Not worse during cold weather* Which does not worsen with exercise* Not responding to bronchodilators

Current medication
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s)
Advair Diskus 250 mcg-50 mcg powder. SIG: 1 puff(s) inhaled 2 times a day rinse mouth after use
Prilosec 40 mg delayed release capsule. SIG: 1 cap(s) orally once a day for 30 day(s)
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day

Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms
Naproxen Sodium DS 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) PRN(as needed for pain)

Past medical/surgical history
Reported:
Medical: No previous hospitalizations.
Procedural:
No endotracheal tube insertion

Previous therapy
No history of hospitalization admission to the MICU

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 20 per min2/25/2010
PR 72 bpm2/25/2010
Blood pressure 120/90 mmHg2/25/2010
Pain level (0-10) 92/25/2010
Weight 282 lbs2/25/2010
Height 67 in2/25/2010
• Temperature was 98.2 F 2/25/2010 10:48:17AM
Standard Measurements:
• Patient was observed to be obese • Symmetrical obesity (>30% over) • Centripetal obesity
General Appearance:
° Alert ° Oriented to time, place, and person ° Well developed ° In no acute distress
Neck:
Suppleness: ° Neck demonstrated no decrease in suppleness
Thyroid: ° Showed no abnormalities
Eyes:
General/bilateral:
Extraocular Movements: ° Normal
Pupils: ° Normal
Ears:
General/bilateral:
External Auditory Canal: ° External auditory meatus normal
Tympanic Membrane: ° Normal
Hearing: ° No hearing abnormalities
Pharynx:
° Normal
Lymph Nodes:
° Normal
Lungs:
° Respiration rhythm and depth was normal ° Chest was normal to percussion ° Clear to auscultation
Cardiovascular:
Heart Rate And Rhythm: ° Normal
Heart Sounds: ° Normal
Murmurs: ° No murmurs were heard
Carotid Arteries: ° Normal
Arterial Pulses: ° Equal bilaterally and normal
Edema: ° Not present
Abdomen:
Auscultation: ° Abdominal auscultation revealed no abnormalities
Percussion: ° Abdominal percussion was normal
Palpation: ° Abdominal palpation revealed no abnormalities
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders • Muscle spasm of the shoulders
Right Shoulder: • Examined
Left Shoulder: • Examined
Neurological:
Speech: ° Normal
Sensation: ° No sensory exam abnormalities were noted
Motor: ° A motor exam demonstrated no dysfunction
Reflexes: ° Normal
Psychiatric:
Mood: ° Euthymic
Skin:
° General appearance was normal ° No skin lesions
SAT= 500
SAT= 99

Assessment
• Asthma
• Neck sprain
• Sprain of the back
• Muscle spasm

Allergies and Adverse Reactions
No Known Allergies

Plan
• Blood pressure was checked 2/25/2010
• A mammogram was performed
• History of a lipid profile was performed 10/14/2009
• History of blood sugar studies were performed 10/14/2009
• History of serum TSH level 10/14/2009
• History of colonoscopy (fiberoptic) was performed
• History of cervical Pap smear
• Instructions for patient - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, high calorie foods
• Education and counseling
PATIENT EDUCATION

SuccessEHS, Inc. makes no warranties or representations whatsoever regarding the quality, content, or completeness of information included in this report.

Understands current medication condition/diagnosis: Yes
Understands current medication usages: Yes
Understands current treatment plan: Yes
Understands his or her responsibilities in care: Yes
• Education and counseling
Instruction Provided to patient verbally and patient voiced understanding
• Discussed concerns about tobacco use
• Discussed concerns about alcohol use
• Patient education about medication
• Patient education about adverse reactions to medication
• Patient education about the proper use of medications
• Inquiry and counseling about medication administration and compliance
• Education: medication instruction
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Chronic disease education:
Baclofen 10 mg tablet. SIG: 1 tab(s) orally 3 times a day as needed for spasms . Dispense: 90 tab(s)
Naproxen Sodium DS 500 mg tablet. SIG: 1 tab(s) orally 2 times a day for 30 day(s) PRN(as needed for pain) . Dispense: 60 tab(s)
Patient in for asthma f/u. No recent asthma attack. Still having neck muscle spasms. Has not been doing the massage Rx. Advised. Add baclofen and change tramadol to naproxen. Other conditions stable. Refill meds
Labs, Tests, or Studies Reviewed

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D

Practice Management
Estab outpatient expanded h&p - low complexity decisions

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 05/13/2010 at 11:38 AM

Encounter Date	Examiner	Role	Chief Complaint
12/29/2009 09:08 AM	AMOAH APRAKU, BISMARCK		Asthma f/u: pt was seen in the ER for MVA. Pt c/o pain in the neck and back from the MVA. Pt also c/o headaches, shoulders, and abdominal pain. M.Jones_MOA

Medcin Note:

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 12/29/2009 09:08AM, Examiner: Bismarck Amoah Apraku, MD

Chief complaint
The Chief Complaint is: Asthma f/u: pt was seen in the ER for MVA. Pt c/o pain in the neck and back from the MVA. Pt also c/o headaches, shoulders, and abdominal pain. M.Jones_MOA.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __neck, back, abdominal pain.
QUALITY: __aching back and neck pain.
DURATION: persistent.
Medication(s) Taken:
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
Visit location: Adult Medicine, Orangeburg Family Health Center.
PAIN RELIEVED BY: __ helps a little.

Current medication
ProAir HFA CFC free 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 4 times a day for 30 day(s) .
Prilosec 40 mg delayed release capsule. SIG: 1 cap(s) orally once a day for 30 day(s) .
Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day .
Zanaflex 4 mg tablet. SIG: 2 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) .
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain).

Personal history
Behavioral: No coffee consumption, not a current smoker, not a former smoker, and not chewing nicotine-containing substances.
Alcohol: Not using alcohol.
Drug Use: Not using drugs.

Review of systems
Head: Headache.
Gastrointestinal: Abdominal pain.
Musculoskeletal: Arthralgias.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
RR 22 per min12/29/2009
PR 68 bpm12/29/2009
Blood pressure 126/74 mmHg12/29/2009
Pain level (0-10) 912/29/2009
Weight 270 lbs12/29/2009
Height 67 in12/29/2009
• Temperature was 98.2 F 12/29/2009 09:31:26AM.
Standard Measurements:
• Patient was observed to be obese. • Symmetrical obesity (>30% over). • Centripetal obesity.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Neck:
Suppleness: * Nock demonstrated no decrease in suppleness.
Thyroid: * Showed no abnormalities.
Eyes:
General/bilateral:

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Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Hearing: * No hearing abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:
* Respiration rhythm and depth was normal. * Chest was normal to percussion. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Carotid Arteries: * Normal.
Arterial Pulses: * Equal bilaterally and normal.
Edema: * Not present.
Abdomen:
Auscultation: * Abdominal auscultation revealed no abnormalities.
Percussion: * Abdominal percussion was normal.
Palpation: * Abdominal palpation revealed no abnormalities.
Musculoskeletal System:
General/bilateral: • Musculoskeletal system:
Shoulder:
General/bilateral: • Tenderness on palpation of the shoulders. • Muscle spasm of the shoulders.
Right Shoulder: • Examined.
Left Shoulder: • Examined.
Neurological:
Speech: * Normal.
Sensation: * No sensory exam abnormalities were noted.
Motor: * A motor exam demonstrated no dysfunction.
Reflexes: * Normal.
Psychiatric:
Mood: * Euthymic.
Skin:
* General appearance was normal. * No skin lesions.
PF= 530.
SAT= 99%.

Assessment
• Asthma
• Neck sprain
• Sprain of the back
• Muscle spasm

Allergies and Adverse Reactions
No Known Allergies.

Plan
• Blood pressure was checked 12/29/2009
• A mammogram was performed
• History of a lipid profile was performed 10/14/2009
• History of blood sugar studies were performed 10/14/2009
• History of serum TSH level 10/14/2009
• History of colonoscopy (fiberoptic) was performed
• History of cervical Pap smear
• History of haemophilus influenzae B vaccine 10/14/2009
• Follow-up for re-examination 3 months
Zanaflex 4 mg tablet. SIG: 2 tab(s) orally every 8 hours for 30 day(s) PRN(as needed for spasms) (not to exceed 3 doses/day) . Dispense: 180 tab(s).
Tramadol 50 mg tablet. SIG: 1 tab(s) orally every 8 hours PRN(as needed for pain).
Patient's asthma is stable. Has a motor vehicle accident and sustained a whiplash injury of the neck. Seen in ER for it. No apparent bony lxs but has neck muscle spasms. Recommend massage/hot packs/zanaflex. Samples of symbicort. refill meds. prilosec for acid reflux.

Notes
Electronically Signed by: Bismarck Amoah-Apraku, M.D.

Practice Management
Estab outpatient expanded h&p - low complexity decisions

Signoff Information
Electronically Signed By: BISMARCK AMOAH APRAKU, MD on 02/25/2010 at 11:57 AM

Encounter Date	Examiner	Role	Chief Complaint
12/08/2009 08:28 AM	JACKSON, CALVIN		SOB and congested and chest hurts from coughing, also has been vomiting. ARivers,lpn

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 12/08/2009 08:28AM, Examiner: Calvin Jackson, MD

Chief complaint
The Chief Complaint is: SOB and congested and chest hurts from coughing, also has been vomiting. ARivers,lpn.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __chest and ears and throat.
QUALITY: dull.
DURATION: persistent.
Medication(s) Taken: __goodies.

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• Extrinsic asthma
• Candida albicans vaginitis
• Patient education about self-examination of breasts
• Need for prophylactic vaccination against tetanus toxoid

Discussed

Sexual health

Exercise 3 x week 30 minutes day start slow

Self Breast Exam every month

Vitamins and calcium needs suggest 1200 -1500 mg /day along with 400 IU vitamin D

Etiology of Yeast Infection

Plan of care

Vaginal Health.

Plan
• A fecal occult blood test
• A bilateral screening mammogram
• Cervical/vaginal cytopathology with automated screening with manual rescreening under MD supervision
• A vaginal wet mount smear
Terazol 7 0.4% cream. SIG: 1 appful intravaginally once a day (at bedtime) for 7 day(s) . Dispense: 45 gram(s). Refill: 0.
Tetanus/diphtheria/pertussis, acel (Tdap) 5 units-2.5 units-18.5 mcg/0.5 mL suspension. SIG: 1 mL intramuscularly once for 1 dose(s) . Refill: 0.

RTC 1 year for annual

RTC sooner for complications.

Signoff Information
Electronically Signed By: KAHLIL A. DEMONBREUN, WHNP on 11/14/2009 at 10:37 AM

Encounter Date	Examiner	Role	Chief Complaint
09/22/2009 08:23 AM	ALGOOD, DENISE		HMF 2009. Asthma flare up - was seen in the ER on 09/14/09. C/o coughing and wheezing. Also c/o body pain and blurred vision. Rxs needed. SOB. M.E.Williams, MOA.Pt has had no regular medical care for nearly one year. Has been going to the ED for asthma flare ups. Was unable to fill rx written by ED doctor on 9/14/09 due to cost. Purchased 2 tabs of Zithromax. Continues to have shortness of breath and wheezing.

Medcin Note:

Dorothy Miller, Gender: F, DOB [redacted] Encounter Date and Time: 9/22/2009 08:23AM, Examiner: Denise D. Algood, MD

Chief complaint
The Chief Complaint is: HMF 2009. Asthma flare up - was seen in the ER on 09/14/09. C/o coughing and wheezing. Also c/o body pain and blurred vision. Rxs needed. SOB. M.E.Williams, MOA.Pt has had no regular medical care for nearly one year. Has been going to the ED for asthma flare ups. Was unable to fill rx written by ED doctor on 9/14/09 due to cost. Purchased 2 tabs of Zithromax. Continues to have shortness of breath and wheezing.

History of present illness
Dorothy Miller is a 52 year old female. Source of patient information was patient.
PAIN LOCATION: __left knee; back.
QUALITY: dull.
QUALITY: __.
No Medication(s) Taken.
Visit location: Adult Medicine, Orangeburg Family Health Center.

Current medication
Albuterol 90 mcg/inh aerosol with adapter. SIG: by metered dose inhaler every 4 hours PRN(as needed for wheezing).

Physical findings
Vital Signs:
Vital Signs/Measurements/Value/Date
RR 18 per min/9/22/2009
PR 80 bpm/9/22/2009
Blood pressure 118/70 mmHg/9/22/2009
Pain level by numeric rating scale 9/9/22/2009
Weight 261 lbs/9/22/2009
Height 67 in/9/22/2009
• Temperature was 97.9 F.
Standard Measurements:
• Patient was observed to be obese.
General Appearance:
* Alert. * Oriented to time, place, and person. * Well developed. * In no acute distress.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
SAT= 96%.
Lungs-bilateral wheezes heard in all lung fields.Not using accessory muscles.

Assessment
• Asthma

Allergies and Adverse Reactions

No Known Allergies.

Plan
• Prior tests were performed Does not recall last tetanus, pap, mammogram, dental, or eye exam. Due for Influenza vaccine per pt. Information per pt
• Blood pressure was checked 9/01/2009
• History of colonoscopy (fiberoptic) was performed 1/01/2008
• History of pneumococcal conjugate vaccine, polyvalent, IM use 9/22/2009
• Pneumococcal polysaccharide vaccine Pneumococcal vaccine given in Left Deltoid. No comps noted
• Follow-up for re-examination 3 weeks
• albuterol 90 mcg/inh aerosol with adapter. SIG: 2 puff(s) to 2 puff(s) by metered dose inhaler every 4 hours PRN(as needed for wheezing) SIG: . Refill: 5. RENEWED WITH CHANGES BY DENISE ALGOOD
- Cipro 250 mg tablet. SIG: 1 tab(s) orally every 12 hours for 10 day(s) SIG: . Dispense: 20 tab(s). Refill: 0
• Symbicort 80 mcg-4.5 mcg/inh aerosol with adapter. SIG: 2 puff(s) inhaled 2 times a day . Dispense: 10.2 gram(s). Refill: 5
Ms. Miller has a multitude of vague complaints, left knee pain, stomach pain (chronic) and fatigue. Explained that the focus of today's visit is to improve respiratory status and get asthma under control. Explained the importance of both her daily and rescue inhalers and the need to take all of her antibiotics. Pneumovac today.

Notes
Electronically Signed by: Denise Algood, M.D.

Practice Management
Estab outpatient detailed h&p - moderate complexity decision.

Encounter Date	Examiner	Role	Chief Complaint
09/23/2008 10:46 AM	DEGEN, JEROME		Annual exam and c/o heavy menses. TA Whitesides, RN

Modcin Note:

Dorothy Miller, Gender: F, DOB: [redacted], Encounter Date and Time: 9/23/2008 10:46AM, Examiner: Jerome B. Degen

Chief complaint
The Chief Complaint is: Annual exam and c/o heavy menses. TA Whitesides, RN.

History of present illness
Dorothy Miller is a 51 year old female. Source of patient information was patient.
PAIN LOCATION: __shoulders and lower back.
QUALITY: pressure.
DURATION: Intermittent.
Medication(s) Taken: __Ibuprofen.
AGGRAVATED BY: __lifting.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
Visit location: OB/GYN, Orangeburg Family Health Center.
• Date of last menstruation 8/12/2008.

Current medication
Albuterol 90 mcg/inh aerosol with adapter. SIG: by metered dose inhaler every 4 hours PRN(as needed for wheezing).

Physical findings
Vital Signs:
Vital Signs/MeasurementsValueDate
Blood pressure 120/82 mmHg9/23/2008
Pain level (0-10) 109/23/2008
Weight 266 lbs9/23/2008
Body mass index 41.7 kg/m29/23/2008
Height 67 in9/23/2008
Standard Measurements:
• Body surface area was 2.4 9/23/2008 10:46:00AM.
Breasts:
General/bilateral:
* Appearance of the breast was normal. * Palpation of the breast revealed no abnormalities. * No breast mass was found. * No tenderness of the breast.
Right Breast:
• Examined.
Left Breast:
• Examined.
Lungs:
* Normal breath sounds/voice sounds.
Cardiovascular:
Heart Rate And Rhythm: * Heart rate was normal.
Abdomen:
Visual Inspection: • Shape of the abdomen was abnormal.
Palpation: * Abdomen was soft.
Genitalia:
External: * Genitalia showed no abnormalities.
Vagina: * Normal.
Pelvic:
• Exam:
Cervix: • Pap smear sample taken. * Normal.
Uterus: * Normal.
Uterine Adnexae: * Normal.

Assessment
• Pelvic exam:
• Menopausal disorder
Needs repeat scan.

Allergies and Adverse Reactions
No Known Allergies.

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Plan
• Cervical Pap smear

Notes
Electronically Signed by: Dr. Jerome Degan.

Signoff Information
Electronically Signed By: DORIS HAIGLER on 12/11/2012 at 05:14 PM.

Encounter Date	Examiner	Role	Chief Complaint
09/08/2008 08:36 AM	DEAS, WILLIE MAE		Hit little toe on saturday, frequent urination, and need rx for albuterol inhaler. Pt states she needs something for arthritis pain in her shoulders.A.Rivers,lpn

Medcin Note

Dorothy Miller, Gender: F, DOB: [redacted] Encounter Date and Time: 9/08/2008 08:36AM, Examiner: Willie Mae Deas

Chief complaint
The Chief Complaint is: Hit little toe on saturday, frequent urination, and need rx for albuterol inhaler. Pt states she needs something for arthritis pain in her shoulders.A.Rivers,lpn.

History of present illness
Dorothy Miller is a 51 year old female. Source of patient information was patient.
QUALITY: dull.
DURATION: persistent.
Medication(s) Taken: tylenol is not helping.
INTERFERES WITH: SLEEP.
INTERFERES WITH: ACTIVITY.
• Increased urinary frequency• Urinary loss of control
• Shoulder symptoms• Toe symptoms• Soft tissue swelling• Stiffness localized to one or more joints • No chronic localized joint stiffness

Review of systems
Systemic: No fever
Otolaryngeal: No oral cavity symptoms
Cardiovascular: No chest pain or discomfort
Pulmonary: No dyspnea and no cough. Wheezing.
Gastrointestinal: No abdominal pain, no diarrhea, and no constipation.
Genitourinary: Increased urinary frequency. No dysuria.
Musculoskeletal: Arthralgias. No soft tissue swelling. Swelling localized to one or more joints.
Right shoulder pain and stiffness.Left small toe pain and swelling.

Physical findings
Vital Signs:
Vital Signs/MeasurementsValue
RR 24 per min
PR 84 bpm
Blood pressure 124/70 mmHg
Pain level (0-10) 10
Weight 270 lbs
Height 67 in
Standard Measurements:
• Body surface area was 2.4 9/08/2008 08:36:00AM. • Body mass index 42.3 percentile.
Vital Signs:
• Temperature was 97.9.
General Appearance:
• Not alert. • Not well developed. * Normal.
Head:
* Normal.
Neck:
* Normal.
Suppleness: * Neck demonstrated no decrease in suppleness.
Eyes:
General/bilateral
* Eyes: normal.
Extraocular Movements: * Normal.
Pupils: * Normal.
Ears:
General/bilateral
* Ears: normal.
External Auditory Canal: * External auditory meatus normal.
Tympanic Membrane: * Normal.
Nose:
General/bilateral
* Nose: normal.
Oral Cavity:
Teeth: * Showed no abnormalities.
Pharynx:
* Normal.
Lymph Nodes:
* Normal.
Lungs:
* Normal. * Respiration rhythm and depth was normal. * Clear to auscultation.
Cardiovascular:
Heart Rate And Rhythm: * Normal.
Heart Sounds: * Normal.
Murmurs: * No murmurs were heard.
Carotid Arteries: * Normal.
Abdomen:
* Normal.
Musculoskeletal System:

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Toes:
General/bilateral: • Toes showed abnormalities left small toe edematous .

Assessment
• Asthma
• Contusion of the toe(s) with intact skin surface

Allergies and Adverse Reactions
No Known Allergies.

Plan
• X-rays of the toes
Lortab 7.5/500 500 mg-7.5 mg tablet. SIG: 1 tab(s) orally every 6 hours for 7 day(s) PRN (as needed for pain). Dispense: 28 tab(s).

Notes
Electronically Signed by: Willie Mae Deas, MD.

Signoff Information
Electronically Signed By: WILLIE MAE DEAS on 09/20/2011 at 08:34 AM

Path/Labs

Date Ordered	Date Performed	CPT Code	Dx Code	Description
04/30/2015	05/01/2015	910385		CARDIOVASCULAR RISK ASSESSMENT

Component	Value	Unit	Range	Indicator
INTERPRETATION	NTAP			
LITHOLINK				
IMAGE PDF				
PDF IMAGE	NOT APPLICABLE			

Ordering clinician: AMOAH APRAKU, BISMARCK

Date Ordered	Date Performed	CPT Code	Dx Code	Description
04/30/2015	05/01/2015	910343		Litholink CKD Program

Component	Value	Unit	Range	Indicator
Interpretation	NOTE			
Component Comments: SUPPLEMENT REPORT IS AVAILABLE.				
Litholink				
PDF Image				

Ordering clinician: AMOAH APRAKU, BISMARCK

Date Ordered	Date Performed	CPT Code	Dx Code	Description
04/30/2015	05/01/2015	86701	V70.0, V01.79	HIV SCREEN

Component	Value	Unit	Range	Indicator
HIV 1/O/2 Abs-ICMA				
HIV 1/O/2 Abs-Index Value	<1.00		<1.00	
Component Comments: INDEX VALUE: SPECIMEN REACTIVITY RELATIVE TO THE NEGATIVE CUTOFF.				
HIV 1/O/2 Abs, Qual	NON REACTIVE		NON REACTIVE	
HIV-1 Abs-O.D. Ratio				
HIV-1 Abs-EIA				
HIV-1 Abs, Qual				

Ordering clinician: Amoah Apraku, Bismarck

Date Ordered	Date Performed	CPT Code	Dx Code	Description
04/30/2015	05/01/2015	84443	V70.0, V77.99, V01.79	TSH

Component	Value	Unit	Range	Indicator
TSH	1.240	UIU/ML	0.450-4.500	

Ordering clinician: Amoah Apraku, Bismarck

Date Ordered	Date Performed	CPT Code	Dx Code	Description
04/30/2015	05/01/2015	85025	V70.0, V77.99, V01.79	CBC - Labcorp

Component	Value	Unit	Range	Indicator
White Blood Cell(WBC)Count	4.4	X10E3/UL	3.4-10.8	
Red Blood Cell (RBC) Count	4.69	X10E6/UL	3.77-5.28	
Hemoglobin	12.8	G/DL	11.1-15.9	
Hematocrit	41.1	%	34.0-46.6	
MCV	88	FL	79-97	
MCH	27.3	PG	26.6-33.0	
MCHC	31.1	G/DL	31.5-35.7	L
RDW	14.4	%	12.3-15.4	
Platelets	248	X10E3/UL	150-379	
Neutrophils	36	%		
Lymphs	54	%		

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	21 January 2014 14:42 EST
Result status:	Auth (Verified)
Result title:	Hand/ Finger/ Wrist Pain *
Performed by:	Buckaloo MD, Jerrold M on 21 January 2014 15:27 EST
Verified by:	Buckaloo MD, Jerrold M on 21 January 2014 15:27 EST
Encounter info:	1000980785, SCOI, Clinic Outpatient, 01/21/2014 - 01/21/2014

* Final Report *

Hand/ Finger/ Wrist Pain *

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000980785
Age: 58 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Buckaloo MD, Jerrold M

Chief Complaint

01/21/2014 14:25 EST Est.pt/new prob/Husqvarna work.comp/pt states she was using an air gun last Oct. (cant remember exact date), felt pain in the R hand & wrist. Went to PT/OT for it. No xrays. R-handed. Uses CVS pharm on CN St.

History of Present Illness

This is a Workmen's Compensation case. Injury to the right hand and wrist occurred 3 months ago when using an Arc o". Pain was felt with no known mechanism. A trial of therapy has been attempted with no x-rays to date.

She reports that symptoms initiated with using an air gun. She reports that she has been using the air gun for some time but the current injury occurred with a single use on a date which she cannot remember. She is currently on light duty limited use of the right hand and wearing a wrist brace at all times. Ports occasional night pain but denies any paresthesias. Predominantly wrist symptomatology with occasional symptoms along the ulnar margin of the forearm

Review of Systems

Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.

Health Status

Current medications:
Home Medications (1) Active
Misc Prescription

Physical Examination

General: Alert and oriented, No acute distress.
Musculoskeletal: No swelling, No deformity, right hand/wrist examination reveals tenderness to the radiocarpal joint with occasional crepitance with flexion extension which exhibits flexion to 50 and extension to 60 radial and ulnar deviation is 15 and

Orthopedic Office/Clinic Note

* Final Report *

20 respectively. Tenderness over the snuff box with equivocal Finkelstein. Negative compression and Tinel's median nerve at the wrist negative Tinel's ulnar nerve at the elbow or mobility of the digits with no thenar or hypothenar or intrinsic atrophy //volar distal forearm compartment is nontender and no swelling //pulses capillary refill/2 point discrimination is normal/ negative Watson test.

Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management

X-rays obtained today in the office of the right hand and wrist reveal-Chronic deformity to the middle phalanx of the ring finger with ulnar drift of the distal phalanx approximately 25°. Wrist demonstrates mild CMC arthritis with no acute or chronic abnormalities to the wrist.

Impression and Plan

Diagnosis
Wrist pain (ICD9 729.5, Discharge, Medical).

Patient Instructions: Counseled: Patient, Family.

Orders

Evaluation and Management:
Office Visit Level 3 New (Order)

Order Profile (Selected).

Outpatient Orders

Ordered
Follow Up Appointment Req:
MRI Upper Extremity Req:

Canceled
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:

Completed
Hand Rt 3v POC
Referral Req:
Wrist Rt 3v POC

Prescriptions

Prescribed
Ultram 50 mg oral tablet: 50 mg, 1 tab, Oral, q6hr Interval, 24 tab, PRN: for pain

Documented Medications

Documented
Misc Prescription: did not bring home meds to visit today

I reviewed with the patient that no acute findings were noted on the x-ray. Minimal changes at the CMC joint of the thumb were noted. The patient is diffusely tender to the hand and wrist forearm. The patient inquires as to the status of the nerves in her right arm. Clinical examination reveals no evidence of nerve deficit.

She has not reached MMI. Light duty at work with no use of air gun and limited use of the right hand. Discontinue splint. Nerve conduction and EMG studies recommended to the right upper extremity along with MRI of the hand and wrist.

Followup after completion of the aforementioned studies.

Neither physical exam normal radiographs indicate a specific diagnosis other than diffuse hand and wrist pain.

Orthopedic Office/Clinic Note

* Final Report *

She reports that the deformity to the ring finger occurs when she was a teenager

Completed Action List:
* Perform by Buckalco MD, Jerrold M on 21 January 2014 15:27 EST
* Sign by Buckaloo MD, Jerrold M on 21 January 2014 15:27 EST
* VERIFY by Buckaloo MD, Jerrold M on 21 January 2014 15:27 EST

SCOI
1175 Cook Rd, Suite #215
Orangeburg, SC 29118
(803) 531-0126

937-0720

MRN: 0000174021

Name:	Miller, Dorothy Ann	FIN:	1000980785
Location:	SCOI	Admit Date:	01/21/14
Room:		Attending MD:	Buckaloo MD, Jerrold M
Date of Birth:	[redacted]	Ordering MD:	Buckaloo MD, Jerrold M
Age:	[redacted]	LOS:	1 Days
Sex:	Female		
Height:			
Weight:			

Admitting Diagnosis:

Allergies: No known allergies

Order: **MRI UPPER EXTREMITY REQ**

ICD9 Code:: 719.43 Wrist pain

WComp

Order ID: 183188000

Comments: MRI right hand and wrist

Order Entered By: Fairey , Caroline H
Electronically Signed By:

Order Date/Time: 01/21/14 15:10
Signed Date/Time:
Communication Type: Electronic

SCOI
1175 Cook Rd, Suite #215
Orangeburg, SC 29118
(803) 531-0126

937-0720

MRN: 0000174021

Name: Miller, Dorothy Ann
Location: SCOI
Room:
Date of Birth: [redacted]
Age:
Sex: Female
Height:
Weight:

FIN: 1000980785
Admit Date: 01/21/14
Attending MD: Buckaloo MD, Jerrold M
Ordering MD: Buckaloo MD, Jerrold M
LOS: 1 Days

Admitting Diagnosis:

Allergies: No known allergies

WCOMP

Order: **REFERRAL REQ**

Requested Start Date/Time: 01/21/14 15:10:00 EST
Reason for Referral: NCS/EMGs rt extrem
ICD9 Code:: 719.43 Wrist pain

Order ID: 183187877

Comments:

Order Entered By: Fairey , Caroline H
Electronically Signed By:

Order Date/Time: 01/21/14 15:10
Signed Date/Time:
Communication Type: Electronic

8035361122 P.004
D:\Patient Images\Miller, Dorothy Ann_22682\Originals\10620456\DR1150.tif

Orthopedic Office/Clinic Note

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	11 February 2014 14:06 EST
Result status:	Auth (Verified)
Result title:	Hand/ Finger/ Wrist Pain *
Performed by:	Buckaloo MD, Jerrold M on 11 February 2014 14:59 EST
Verified by:	Buckaloo MD, Jerrold M on 11 February 2014 14:59 EST
Encounter info:	1000987557, SCOI, Clinic Outpatient, 02/11/2014 - 02/11/2014

* Final Report *

Hand/ Finger/ Wrist Pain *

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1000987557
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Buckaloo MD, Jerrold M

Chief Complaint
02/11/2014 14:03 EST FU rt hand/wrist injury-- 4months out--States she is still having pain. Here for a review of MRI and EMGs.

History of Present Illness
Workmen's Compensation case. Patient returns to review MRI study and EMG studies.

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative except as documented in history of present illness.

Health Status
Current medications:
Home Medications (2) Active
Misc Prescription
Ultram 50 mg oral tablet 50 mg = 1 tab, PRN, Oral, q6hr interval

Physical Examination
General: Alert and oriented. No acute distress.
Musculoskeletal: Normal range of motion, Normal strength, right wrist reveals tenderness over the first dorsal compartment with a positive Finkelstein test. No thenar or hyperthenar or intrinsic atrophy with equivocal compression and Tinel's.
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management

Orthopedic Office/Clinic Note

* Final Report *

Nerve conduction studies performed February 4, 2014 in Charleston reveals a right focal median neuropathy at the wrist and no other abnormalities noted. MRI examination performed at ADI to 3 2014 MRI of the right wrist revealed scattered areas of fluid collection nonspecific with no definite fractures, ligament tears or tendon and tears.Essentially negative MRI

Impression and Plan

Diagnosis

Hand pain (ICD9 729.5, Discharge, Medical)

Patient Instructions: Counseled: Patient.

Orders

Order Profile (Selected).

Outpatient Orders

Ordered

Follow Up Appointment Req:
Kenalog per J3301 Charge:
bupivacaine: 0.5 mL, IA, Once
triamcinolone: 0.5 mL, IA, Once

Canceled

Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:

Completed

Office Visit Level 3 Est:
Thumb Spica Splint:

Clinical exam reveals a de Quervain's tenosynovitis of the wrist. I am recommending a steroid injection for treatment along with the night splint. I discussed with the patient that nerve conduction studies confirm carpal tunnel syndrome for which her work activities would aggravate and contribute to the condition. Causation is unknown. The de Quervain's tenosynovitis is most probably caused by her activities at work. Followup in one month to review her response to injection for de Quervain's

It appears that her dominant symptoms at this time are related to her de Quervain's tenosynovitis

Completed Action List:

* Perform by Buckaloo MD, Jerrold M on 11 February 2014 14:59 EST
* Sign by Buckaloo MD, Jerrold M on 11 February 2014 14:59 EST
* VERIFY by Buckaloo MD, Jerrold M on 11 February 2014 14:59 EST

Printed by: Williams , Cynthia R
Printed on: 03/10/2014 08:39 EDT

Office/Clinic Note-Nurse

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Office/Clinic Note-Nurse
Result date:	11 February 2014 14:09 EST
Result status:	Auth (Verified)
Result title:	Work or School Excuse/Buckaloo
Performed by:	Miller, Christina L on 11 February 2014 14:56 EST
Verified by:	Miller, Christina L on 11 February 2014 14:56 EST
Encounter info:	1000987557, SCOI, Clinic Outpatient, 02/11/2014

* Final Report *

Work or School Excuse/Buckaloo

Patient: **Miller, Dorothy Ann** MRN: **0000174021** FIN: **1000987557**
Age: **56 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Miller, Christina L**

Today's date: 02/11/14

To whom it may concern:
This patient Was seen in my office on 02/11/2014 14:09:00. He/ she may return to work, with the following restrictions: limited use of the right hand, no use of air gun pending next office visit. Please contact me if you have any questions or concerns.

Jerrold Buckaloo, M.D.
South Carolina Orthopaedic Institute
1175 Cook Rd., Suite 215
Orangeburg, S.C., 29118

ph. 803-531-0126

Printed by: Miller, Christina L
Printed on: 02/11/2014 14:56 EST

Page 1 of 1
(End of Report)

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	25 March 2014 14:14 EDT
Result status:	Auth (Verified)
Result title:	Hand/ Finger/ Wrist Pain *
Performed by:	Buckaloo MD, Jerrold M on 25 March 2014 14:34 EDT
Verified by:	Buckaloo MD, Jerrold M on 25 March 2014 14:34 EDT
Encounter info:	1001002706, SCOI, Clinic Outpatient, 03/25/2014 - 03/25/2014

* Final Report *

Hand/ Finger/ Wrist Pain *

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001002706**
Age: **56 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Buckaloo MD, Jerrold M**

Chief Complaint
03/25/2014 14:09 EDT **F/U R wrist DeQuervains/CTS- States shot helped- States only having a little pain right now due to recent activities**

History of Present Illness
Followup after injection for a right wrist de Quervain's
This is a Workmen's Compensation case
Patient reports no tingling in her hand and no pain in the wrist. She is ready to return to her regular work
Positive improvement after the injection

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.

Health Status
Current medications:
No qualifying data available

Physical Examination
General: Alert and oriented, No acute distress.
Musculoskeletal: Normal range of motion, Normal strength, No tenderness, No swelling, right wrist-very minimal depigmentation over the first dorsal compartment and negative Finkelstein and normal wrist motion is normal hand function and no motor sensory deficits.
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan
Diagnosis
DEQUERVAIN'S DISEASE (ICD9 727.04, Discharge, Medical).
CARPAL TUNNEL SYNDRO (ICD9 354.0, Discharge, Medical).
Patient Instructions: Counseled: Patient, Family, case manager.
Orders

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Evaluation and Management:
Office Visit Level 3 Est (Order)
Outpatient:
Follow Up Appointment Req (Order): 03/25/2014 14:31 EDT, f/u 6 weeks, DEQUERVAIN'S DISEASE
With improvement of symptoms, recommendation is to allow the patient to return to regular duties at work. She does not wish to pursue surgical intervention and will followup. 6 weeks. Has not reached MMI

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 25 March 2014 14:34 EDT
* Sign by Buckaloo MD, Jerrold M on 25 March 2014 14:34 EDT
* VERIFY by Buckaloo MD, Jerrold M on 25 March 2014 14:34 EDT

Printed by: Netties , Rene' S
Printed on: 05/06/2014 15:08 EDT

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	10 April 2014 15:32 EDT
Result status:	Auth (Verified)
Result title:	Hand/ Finger/ Wrist Pain *
Performed by:	Buckaloo MD, Jerrold M on 10 April 2014 15:48 EDT
Verified by:	Buckaloo MD, Jerrold M on 10 April 2014 15:48 EDT
Encounter info:	1001045078, SCOI, Clinic Outpatient, 04/10/2014 - 04/10/2014

* Final Report *

Hand/ Finger/ Wrist Pain *

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001045078**
Age: **58 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Buckaloo MD, Jerrold M**

Chief Complaint
04/10/2014 15:26 EDT F/U R hand/wrist w/comp injury October 2013- States started working in the same station and pain started again

History of Present Illness
followup for right hand and wrist pain. Patient has documented carpal tunnel syndrome and right de Quervain's tenosynovitis. He presents today with recurrence of symptoms in the right hand after returning to work

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative except as documented in history of present illness.

Health Status
Current medications:
Home Medications (1) Active
Ibuprofen 800 mg oral tablet 800 mg = 1 tab, PRN, Oral, BID

Physical Examination
General: Alert and oriented, No acute distress.
HENT: Normocephalic.
Neck: Supple, Non-tender.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm.
Musculoskeletal: Normal range of motion, Normal strength, No swelling, No deformity, right wrist-tenderness over the first dorsal compartment with a positive Finkelstein test. Negative grind. Equivocal compression test and Tinel's median nerve at the wrist with no thenar or hypothenar or intrinsic atrophy. Full mobility in the digits and wrist pulses capillary refill normal.
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan
Diagnosis
CARPAL TUNNEL SYNDRO (ICD9 354.0, Discharge, Medical).
DEQUERVAIN'S DISEASE (ICD9 727.04, Discharge, Medical).

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Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Patient Instructions: Counseled: Patient.
Orders
Order Profile (Selected).
Outpatient Orders
Ordered
Follow Up Appointment Req:
Canceled
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Completed
Office Visit Level 3 Est:
patient has been refractory to conservative treatment and adjustment in her work activities. Recommendation is to call for a de Quervain's release and carpal tunnel release of the right upper extremity as an outpatient. Risk and benefits reviewed in detail. Opportunity to ask questions provided. Informed consent obtained. Pending approval by workman's comp. No guarantees given. Risks include bleeding, infection, scarring, stiffness, persistent pain, neurovascular tendon injury, and sensitive incision continue current work status. Has not reached MMI.

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 10 April 2014 15:48 EDT
* Sign by Buckaloo MD, Jerrold M on 10 April 2014 15:48 EDT
* VERIFY by Buckaloo MD, Jerrold M on 10 April 2014 15:48 EDT

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Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	10 April 2014 15:46 EDT
Result status:	Auth (Verified)
Result title:	Work or School Excuse
Performed by:	Fairey , Caroline H on 10 April 2014 15:47 EDT
Verified by:	Fairey , Caroline H on 10 April 2014 15:47 EDT
Encounter info:	1001045078, SCOI, Clinic Outpatient, 04/10/2014 - 04/10/2014

* Final Report *

Work or School Excuse

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001045078**
Age: **56 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Fairey , Caroline H**

Today's date: 04/10/2014

To whom it may concern:
This patient is currently under my care. Please excuse him/ her from work, this afternoon. He/ she may return to work, on 04/11/2014, limited use of right hand. No lifting greater than 5 lbs.. Please contact me if you have any questions or concerns.

Sincerely,
Jerrold Buckaloo, MD
South Carolina Orthopaedic Institute
1175 Cook Road, Suite 215
Orangeburg, SC 29118

803-531-0126

Completed Action List:
* Perform by Fairey , Caroline H on 10 April 2014 15:47 EDT
* Sign by Fairey , Caroline H on 10 April 2014 15:47 EDT
* VERIFY by Fairey , Caroline H on 10 April 2014 15:47 EDT

Printed by: Allen, Eva R
Printed on: 04/21/2014 08:54 EDT

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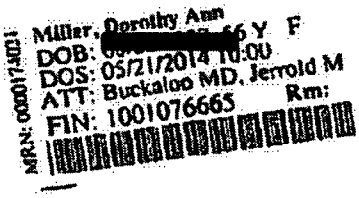
Orthopedic Office/Clinic Note

* Final Report *



Result Type:	Orthopedic Office/Clinic Note
Result Date:	08 May 2014 16:07 EDT
Result Status:	Auth (Verified)
Result Title:	Hand/ Finger/ Wrist Pain *
Performed By:	Buckaloo MD, Jerrold M on 08 May 2014 16:15 EDT
Verified By:	Buckaloo MD, Jerrold M on 08 May 2014 16:15 EDT
Encounter info:	1001038591, SCOI, Clinic Outpatient, 05/06/2014 - 05/06/2014

* Final Report *

Hand/ Finger/ Wrist Pain *

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001038591
Age: 58 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Buckaloo MD, Jerrold M

Chief Complaint
05/06/2014 15:53 EDT Pt here for a f/u on R hand/wrist workmans comp injury/CTR/DeQuervains/7mos out. To discuss and possibly schedule surgery today. Uses CVS pharm on CN St.

History of Present Illness
Patient was counseled one month ago for de Quervain's and carpel tunnel release as an outpatient. This is a Workmen's Compensation case. Injury involves the right upper extremity

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative except as documented in history of present illness.

Health Status
Current medications:
Home Medications (1) Active
Ibuprofen 800 mg oral tablet 800 mg = 1 tab, PRN, Oral, BID

Physical Examination
General: Alert and oriented. No acute distress.
HENT: Normocephalic.
Neck: Supple, Non-tender.
Respiratory: Lungs are clear to auscultation. Respirations are non-labored. Breath sounds are equal.
Cardiovascular: Normal rate. Regular rhythm.
Gastrointestinal: Soft, Non-tender, Non-distended.
Musculoskeletal: No swelling, No deformity, right hand and wrist-restricted ulnar deviation with a positive Finkelstein test and tenderness over the first dorsal compartment. Equivocal compression and Tinel's median nerve at the wrist with normal motor

PRINTED BY: VC96424 DATE 5/20/2014

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

MRN: 0000174021
Miller, Dorothy Ann
DOB: [redacted] 56 Y F
DOS: 05/21/2014 10:00
ATT: Buckaloo MD, Jerrold
FIN: 1001076665 Rm:

sensory examination and normal vascular exam.,
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management
Nerve conduction studies performed on February 4, 2014 revealed a focal right median neuropathy.

Impression and Plan
Diagnosis
Right carpal tunnel syndrome (ICD9 354.0, Discharge, Medical).
De Quervain's tenosynovitis, right (ICD9 727.04, Discharge, Medical).
Plan: Procedure: Consent signed.
Patient Instructions: Counseled: Patient, Verbalized understanding.
Orders
Order Profile (Selected).
Outpatient Orders
Ordered
Follow Up Appointment Req:
Canceled
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Physical Therapy Additional Treatment:
Completed
Office Visit Level 3 Est:
Risks and benefits were reviewed in great detail on her last appointment a month ago. The risks benefits were listed in that note in April of 2014. Reviewed once again today. Awaiting workman's comp approval to proceed with surgery for right carpal tunnel and right de Quervain's release
Has not reached MMI. Continue her regular duty at work Until surgery

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 06 May 2014 16:15 EDT
* Sign by Buckaloo MD, Jerrold M on 06 May 2014 16:15 EDT
* VERIFY by Buckaloo MD, Jerrold M on 06 May 2014 16:15 EDT

Updated History and Physical
(Day of Admission / Procedure)

I reviewed the H & P and examined the patient and there are no changes except as noted below:

Printed by: Potchebski, Teresa K
Printed on: 05/20/2014 11:35 EDT

Physician Signature / Date / Time

Revision 10/13/2010

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PRINTED BY: VC96424 DATE 5/28/2014

PATIENT: Miller, Dorothy Ann ROOM #: AS
MEDICAL RECORD #: 0000174021
ADMISSION #: 1001076665
DATE OF BIRTH: [redacted]
ATTEND PHYSICIAN: J.M. Buckaloo, M.D.
SURGEON: J.M. Buckaloo, M.D.
PROCEDURE DATE: 05/21/2014

DD: 05/21/2014 DT: 10:17 A TD: 05/23/2014 TT: 8:58 A

Regional Medical Center
Orangeburg, South Carolina

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:
1. Right carpal tunnel syndrome.
2. Right wrist de Quervain tenosynovitis.

POSTOPERATIVE DIAGNOSIS:
1. Right carpal tunnel syndrome.
2. Right wrist de Quervain tenosynovitis.

PROCEDURES:
1. Right carpal tunnel release.
2. Right de Quervain tendon sheath release.

SURGEON: Dr. Buckaloo.

ANESTHESIA: MAC with local.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Minimal.

INDICATION: Please see history and physical.

DESCRIPTION OF PROCEDURE: The patient was taken to the Operating Room and transferred to the operating table in the supine position. She received monitored anesthesia and appropriate perioperative antibiotics. After adequate sedation, the right hand was administered local over the carpal canal and over the first dorsal compartment of the right wrist. The hand was prepped and draped in the usual manner. The limb was exsanguinated, tourniquet raised under loop magnification. An incision was created transverse 1 centimeter incision one fingerbreadth proximal to the radial styloid over the de Quervain tendon sheath and adjacent to the radial longitudinal crease for carpal tunnel release. De Quervain's release was performed first carefully dissecting longitudinally and bluntly over the extensor tendon sheath reflecting the tissue housing neurovascular structures dorsal and volar. Direct visualization over the first dorsal compartment sheath which was incised longitudinally with a 15 blade knife releasing the tendons. There was a small tendon and an accessory sheath which was released, otherwise mild inflammation, no significant tenosynovitis. The wound was irrigated and closed with monofilament nylon.

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Carpal canal was approached after incision as noted above. Palmar fat was spread bluntly with tenotomy scissors. Self retaining retractor was placed. The palmar fascia and transverse carpal ligament was divided in line with the incision releasing the distal interbrachial fascia under direct visualization protecting the deep structures with a groove retractor. After decompression of the median nerve there was no aberrant neurovascular structure identified. No aberrant course to the recurrent branch. No abnormal contents of the canal. Moderate paraneural scarring with no flattening or hourglass constriction to the nerve. The wound was thoroughly irrigated. Both wounds were closed with monofilament nylon. Brisk refill to the digits after release of the tourniquet. All counts were correct. A short arm thumb spica splint applied under sterile condition. The patient was transferred to Same Day Surgery in stable condition.

J.M. Buckaloo, M.D.

000642782:cr

cc: J.M. Buckaloo, M.D.

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	03 June 2014 14:16 EDT
Result status:	Auth (Verified)
Result title:	Postoperative H&P: Ortho Upper Ext *
Performed by:	Buckaloo MD, Jerrold M on 03 June 2014 14:33 EDT
Verified by:	Buckaloo MD, Jerrold M on 03 June 2014 14:33 EDT
Encounter info:	1001076484, SCOI, Clinic Outpatient, 06/03/2014 - 06/03/2014

* Final Report *

Postoperative H&P: Ortho Upper Ext *

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001076484
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Buckaloo MD, Jerrold M

Chief Complaint
06/03/2014 14:11 EDT FU Rt wrist CTR and Dequervains release 05/21/14---States wrist was feeling pretty good last couple of days but has began to hurt today. States she has severe pain last night.

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies

Allergies (1) Active	Reaction
No known allergies	None Documented

Physical Examination
General: Alert and oriented, No acute distress.
Musculoskeletal: Normal range of motion, No tenderness, No deformity, right hand and wrist-well healed surgical incisions for carpal tunnel and de Quervain's release. Sutures removed and Steri-Strips applied..
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan
Diagnosis
Postoperative orthopedic surgical visit (ICD9 V67.00, Discharge, Medical).

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Course: Progressing as expected.
Orders
Order Profile (Selected).
Outpatient Orders
Ordered
Follow Up Appointment Req:
Occupational Therapy/Physical Therapy Eval Req:
Completed
Office Visit Post Op:
Thumb Spica Splint:
Prescriptions
Prescribed
ibuprofen 800 mg oral tablet: 800 mg, 1 tab, Oral, BID, WITH FOOD OR MILK, 60 tab, PRN: as needed for pain
Recommend low-profile thumb spica splint and referred to occupational therapy for strengthening and range of motion. Light-duty no use of right hand beginning June 9, 2014. Has not reached MMI. Followup 6 weeks

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 03 June 2014 14:33 EDT
* Sign by Buckaloo MD, Jerrold M on 03 June 2014 14:33 EDT
* VERIFY by Buckaloo MD, Jerrold M on 03 June 2014 14:33 EDT

Printed by: Williams , Cynthia R
Printed on: 08/13/2014 10:39 EDT

Page 2 of 2
(End of Report)

Progress Note-Physician/Mid-Level

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Progress Note-Physician/Mid-Level
Result date:	03 June 2014 14:19 EDT
Result status:	Modified
Result title:	Work or School Excuse *
Performed by:	Walters PA, Linda R on 03 June 2014 14:21 EDT
Verified by:	Walters PA, Linda R on 03 June 2014 14:21 EDT
Encounter info:	1001076484, SCOI, Clinic Outpatient, 06/03/2014 -

* Final Report *
Document Has Been Updated

Work or School Excuse *

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001076484**
Age: **56 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Walters PA, Linda R**

Today's date: 06/03/2014.

To whom it may concern:
This patient Was seen in my office on 06/03/2014. . He/ she may return to work, on 06/09/2014, with the following restrictions: NO USE RIGHT ARM. . The patient will need follow-up care in 6 weeks. Please contact me if you have any questions or concerns.

Jerrold Buckaloo, MD

Printed by: Walters PA, Linda R
Printed on: 06/03/2014 14:36 EDT

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SCOI
1175 Cook Rd, Suite #215
Orangeburg, SC 29118
(803) 531-0126

MRN:	0000174021	FIN:	1001076484
Name:	Miller, Dorothy Ann	Admit Date:	06/03/14
Location:	SCOI	Attending MD:	Buckaloo MD, Jerrold M
Room:		Ordering MD:	Walters PA, Linda R
Date of Birth:	[redacted]	LOS:	1 Days
Age:			
Sex:	Female		
Height:			
Weight:			

Admitting Diagnosis:

Allergies: No known allergies

Order: OCCUPATIONAL THERAPY/PHYSICAL THERAPY EVAL REQ

Requested Start Date/Time:	06/03/14 14:18:00 EDT
Reason for Referral:	R wrist pain/stiff
DIAGNOSIS:	V45.89 POSTOPERATIVE STATUS
Special Instructions:	R wrist/hand Strengthening, ROM, desensitization 2-3 x wk x 6 wks

Order ID: 207283129

Comments:

Order Entered By: Walters PA, Linda R		Order Date/Time:	06/03/14 14:18
Electronically Signed By: Walters PA, Linda R		Signed Date/Time:	06/03/14 14:19
		Communication Type:	Written

Orthopedic Office/Clinic Note

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	15 July 2014 14:14 EDT
Result status:	Auth (Verified)
Result title:	Postoperative H&P: Ortho Upper Ext *
Performed by:	Buckaloo MD, Jerrold M on 15 July 2014 14:34 EDT
Verified by:	Buckaloo MD, Jerrold M on 15 July 2014 14:34 EDT
Encounter info:	1001100396, SCOI, Clinic Outpatient, 07/15/2014 - 07/15/2014

* Final Report *

Postoperative H&P: Ortho Upper Ext *

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001100396**
Age: **58 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Buckaloo MD, Jerrold M**

Chief Complaint
07/15/2014 14:10 EDT **f/u right ctr and dequervains release 2 months out. (DOS: 5/21/2014).**

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.

Health Status
Allergies
Allergic Reactions (Selected)
No known allergies

Allergies (1) Active	Reaction
No known allergies	None Documented

Physical Examination
General: Alert and oriented, No acute distress.
Musculoskeletal: Normal range of motion, right hand and wrist reveals normal mobility with well-healed surgical incisions mild tenderness over the first dorsal compartment with no apparent Finkelstein test. Soreness and discomfort along the ulnar margin of the forearm.
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan
Diagnosis
Postoperative orthopedic surgical visit.

Printed by: Williams , Cynthia R
Printed on: 08/13/2014 10:39 EDT

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Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Course: Progressing as expected.
Orders
Order Profile (Selected):
Outpatient Orders
Ordered
Follow Up Appointment Req:
Completed
Office Visit Level 3 Est:
Patient reports that her therapist mentioned perhaps do another nerve in her forearm was problematic. I have reviewed her original nerve conduction studies which were performed of this year and they indicate only right focal median neuropathy at the wrist and no other abnormalities noted
Discontinue splints. Advance therapy to a home exercise program within the next 2 weeks. Light duty limited use right hand 10 pounds and no air guns. Followup in one month. Has not reached MMI
Findings reviewed with the case manager
Anticipate rate and release upon return

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 15 July 2014 14:34 EDT
* Sign by Buckaloo MD, Jerrold M on 15 July 2014 14:34 EDT
* VERIFY by Buckaloo MD, Jerrold M on 15 July 2014 14:34 EDT

Printed by: Williams , Cynthia R
Printed on: 08/13/2014 10:39 EDT

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	15 July 2014 14:28 EDT
Result status:	Auth (Verified)
Result title:	Work or School Excuse
Performed by:	Fairey , Caroline H on 15 July 2014 14:29 EDT
Verified by:	Fairey , Caroline H on 15 July 2014 14:29 EDT
Encounter Info:	1001100396, SCOI, Clinic Outpatient, 07/15/2014 -

* Final Report *

Work or School Excuse

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001100396
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Fairey , Caroline H

Today's date: 07/15/2014

To whom it may concern:
This patient is currently under my care. Please excuse him/ her from work, today. He/ she may return to work, on 07/16/2014, with the following restrictions: no lifting greater than 10 pounds, no air guns. Please contact me if you have any questions or concerns.

Sincerely,
Jerrold Buckaloo, MD
South Carolina Orthopaedic Institute
1175 Cook Road, Suite 215
Orangeburg, SC 29118

803-531-0126

Printed by: Fairey , Caroline H
Printed on: 07/15/2014 14:30 EDT

Page 1 of 1
(End of Report)

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	21 July 2014 13:32 EDT
Result status:	Auth (Verified)
Result title:	Postoperative H&P: Ortho Upper Ext *
Performed by:	Buckaloo MD, Jerrold M on 21 July 2014 13:43 EDT
Verified by:	Buckaloo MD, Jerrold M on 21 July 2014 13:43 EDT
Encounter info:	1001139342, SCOI, Clinic Outpatient, 07/21/2014 - 07/21/2014

* Final Report *

Postoperative H&P: Ortho Upper Ext *

Patient: Miller, Dorothy Ann MRN: 0000174021 FIN: 1001139342
Age: 56 years Sex: Female DOB: [redacted]
Associated Diagnoses: None
Author: Buckaloo MD, Jerrold M

Chief Complaint
07/21/2014 13:05 EDT F/U R CTR and dequervains release on 05/21/14- States still having pain and went back to work and pain caused her to have to go to ER

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.
patient reports that she attempted to return back to work and is in a significant amount of pain upon return. Location of pain is in an nonanatomic distribution with no evidence of actual swelling at this time.

Health Status
Allergies: ,
Allergic Reactions (Selected)
No known allergies

Allergies (1) Active	Reaction
No known allergies	None Documented

Physical Examination
General: Alert and oriented, No acute distress.
Musculoskeletal: Normal range of motion, No swelling, No deformity, no change in clinical examination of the right hand since her last appointment.
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan

Orthopedic Office/Clinic Note

Miller, Dorothy Ann - 0000174021

* Final Report *

Diagnosis
Postoperative orthopedic surgical visit.
Orders
Order Profile (Selected):
Outpatient Orders
Ordered
2x/wk x 6 wks:
Follow Up Appointment Req:
Completed
Office Visit Level 3 Est:
recommendation is to initiate and resume physical therapy for strengthening and work hardening and range of motion. Work status will be modified to light duty no use of right hand followup as scheduled a prescription has been sent to the pharmacy for ibuprofen as needed

Completed Action List:
* Perform by Buckaloo MD, Jerrold M on 21 July 2014 13:43 EDT
* Sign by Buckaloo MD, Jerrold M on 21 July 2014 13:43 EDT
* VERIFY by Buckaloo MD, Jerrold M on 21 July 2014 13:43 EDT

Printed by: Williams , Cynthia R
Printed on: 08/13/2014 10:39 EDT

Page 2 of 2
(End of Report)

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– SCOI
1175 Cook Rd, Suite #215
Orangeburg, SC 29118
(803) 531–0126

Kim Carter
ask 12 Visits
or
7/24/14

MRN: 0000174021

Name:	Miller, Dorothy Ann	FIN:	1001139342
Location:	SCOI	Admit Date:	07/21/14
Room:		Attending MD:	Buckalew MD, Jerrold M
Date of Birth:	[redacted]	Ordering MD:	Buckalew MD, Jerrold M
Age:		LOS:	1 Days
Sex:	Female		
Height:			
Weight:			

Admitting Diagnosis:

Allergies: No known allergies

Order: OCCUPATIONAL THERAPY/PHYSICAL THERAPY EVAL REQ

Requested Start Date/Time:	07/21/14 13:37:00 EDT
Reason for Referral:	right hand pain
Precise Orderable:	2x/wk x 8 wks
DIAGNOSIS::	729.5 PAIN, LIMB
Special Instructions:	ROM, strengthening, grip strengthening, modalities for pain reduction and swelling reduction

Order ID: 215388375

Comments:

8/18/14

Order Entered By: Fetrey , Caroline H
Electronically Signed By:

Order Date/Time: 07/21/14 13:34
Signed Date/Time:
Communication Type: Electronic

Jul 21 2014 1:39PM HP Fax

0599

* Final Report *

Result type:	Orthopedic Office/Clinic Note
Result date:	22 September 2015 15:41 EDT
Result status:	Auth (Verified)
Result title:	Upper Extremity Pain *
Performed by:	Buckaloo MD, Jerrold M on 22 September 2015 16:56 EDT
Verified by:	Buckaloo MD, Jerrold M on 22 September 2015 16:56 EDT
Encounter info:	1001529945, SCOI, Clinic Outpatient, 09/22/2015 - 09/22/2015

* Final Report *

Upper Extremity Pain *

Patient: **Miller, Dorothy Ann** **MRN: 0000174021** **FIN: 1001529945**
Age: **58 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Buckaloo MD, Jerrold M**

Chief Complaint
09/22/2015 15:38 EDT ENP Bilat shoulder pain x years. xrays and MRIs @ RMC. pt c/o severe pain

History of Present Illness
The patient had been evaluated and treated several years ago for carpal tunnel and de Quervain's tenosynovitis for which she underwent surgical management of the right upper extremity. This Workmen's Compensation case was ultimately transferred to Charleston where she was evaluated by Dr. Sheely and underwent an ulnar nerve decompression at the elbow. She reports that she is still having tennis elbow symptoms in the right arm and presents today to evaluate recently obtained MRI studies which confirm chronic rotator cuff tears with retraction and atrophy of the associated muscle. She reports that she believes that her 30 years of work at Husquavarna was a partially responsible for her rotator cuff condition. She reports that she does not present today for Workmen's Comp. She presents today for evaluation and treatment of both shoulders.

Review of Systems
Constitutional: Negative.
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative.
Neurologic: Negative.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies.

Allergies (1) Active	Reaction
No known allergies	None Documented

Current medications: (Selected)
Prescriptions
Prescribed
Azithromycin 5 Day Dose Pack 250 mg oral tablet: See Instructions, as directed on package labeling, # 6 tab, 0 Refill(s)
ibuprofen 800 mg oral tablet: 800 mg = 1 tab, Oral, TID, with food, # 90 tab, 0 Refill(s), Pharmacy: CVS/pharmacy #5531, 1 tab Oral TID,Instr:with food
Documented Medications
Documented
ZyrTEC: Daily, 0 Refill(s)
oxybutynin: Daily, 0 Refill(s),
Home Medications (4) Active

P.001
SEP-13-2000 14:12 0600

* Final Report *

Azithromycin 5 Day Dose Pack 250 mg oral tablet See Instructions
ibuprofen 800 mg oral tablet 800 mg = 1 tab, Oral, TID
oxybutynin , Daily
ZyrTEC , Daily

Physical Examination
General: Alert and oriented, No acute distress.
Neck: Supple, Non-tender.
Musculoskeletal
right upper extremity reveals well-healed surgical incisions in the medial elbow palm and the dorsoradial wrist she is stable and mobility with no motor sensory deficits and tenderness at the lateral epicondyle. Elbow motion is unrestricted. Both shoulders exhibited no deformity swelling mild tenderness and subacromial spaces without evidence of chronic cuff insufficiency limited forward flexion and abduction to no greater than 100 of each shoulder. Passively slight improvement of range of motion..
Integumentary: Warm, Pink, Intact, Moist.
Neurologic: Normal sensory, Normal motor function.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management
Patient: Miller, Dorothy Ann
MRN: 0000174021

Magnetic Resonance Imaging

Accesion Number	Exam	Exam Date/Time	Ordering Physician
MR-15-02741	MRI Shoulder w/o Contrast Right	07/17/2015 16:30 EDT	Amoah-Apraku, Bismarck

Reason for Exam
Rt and Lt Rotator Cuff tear,Mril Rt Lt Shoulder w/o contrast

Report
PROCEDURE: MRI right shoulder without contrast

Technique: High-field MRI of the right shoulder was performed utilizing the following sequences: Axial PD fat-sat, axial T2 fat-sat, coronal PD fat-sat, coronal STIR, sagittal T2 fat-sat, and sagittal T1.

COMPARISON: Plain film dated 2 July 2015

CLINICAL HISTORY: Shoulder pain for years with limited range of motion, evaluate for rotator cuff tear

FINDINGS:
The humeral head is high riding on the bony glenoid. No fracture or dislocation are seen. No there is mild edema of the acromioclavicular joint. No Hill sac deformity or bony Bankart lesion are seen. The long head of the biceps tendon is normally positioned in the inter tubercular groove. The biceps labral anchor appears intact. The superior labrum is degenerated and likely torn. There is a full-thickness fullwidth tear of the supraspinatous muscle with approximately 3 cm of tendinous retraction. There is also tendinopathy of the infraspinatus. There is soft tissue fullness and some edema at

P.002
SEP-13-2000 14:13 0601

* Final Report *

the rotator cuff interval, query symptoms of a frozen shoulder. Tendinopathy of the subscapularis tendon is also seen. Fluid is seen in the subacromial and coracoid bursa. There is muscle atrophy of the supraspinatous and infraspinatus.

IMPRESSION:

1. Full-thickness fullwidth tearing of the supraspinatous tendon with approximately 3 cm of tendinous retraction. There is atrophy of the supraspinatous muscle.

2. Tendinopathy of the infraspinatus tendon with some muscle atrophy. Tearing of the anterior fibers should be considered.

3. Degeneration and probable tearing of the superior labrum.

4. Soft tissue fullness of the rotator cuff interval with mild

associated edema. Query symptoms of a frozen shoulder.

5. Tendinopathy of the subscapularis tendon.
***** Final Report *****

Dictated by: Morgan, Gerard E
07/17/2015 4:33 pm
Signed by: Morgan, Gerard E
07/17/2015 4:40 pm
Transcribed by: Morgan, Gerard E

Signed by: Morgan, Gerard Eric Signed on: 17-Jul-2015 16:40

Patient: Miller, Dorothy Ann
MRN: 0000174021

Magnetic Resonance Imaging

Accesion Number	Exam	Exam Date/Time	Ordering Physician
MR-15-02740	MRI Shoulder w/o Contrast Left	07/28/2015 15:00 EDT	Amoah-Apraku, Bismarck

Reason for Exam
Rt and Lt Rotator Cuff tear,Mril Rt Lt Shoulder w/o contrast

Report
LEFT SHOULDER MRI

* Final Report *

Technique: Coronal T1, coronal proton density fat sat, coronal STIR, axial T2 fat sat, axial proton density fat sat, sagittal T1, and sagittal T2 fat sat weighted images are obtained on a 1.5 Tesla MR unit.

HISTORY: 57-year-old female with shoulder pain and decreased range of motion. There are no comparison examinations available.

FINDINGS: The humeral head is high riding within the glenoid fossa. There is acromioclavicular hypertrophy and small joint effusion extending into the subacromial/subdeltoid bursa. Small amount of fluid noted within the subcoracoid bursa. No os acromiale or Hill-Sachs deformity. Complete tear of the supraspinatus tendon with retraction to the level of the acromioclavicular joint noted with associated atrophy of the supraspinatus muscle belly suggesting long-standing injury. Tendinopathy of the infraspinatus tendon noted with muscular atrophy. No partial or full thickness tear identified in this location. The subscapularis and teres minor tendons are intact. Long head biceps tendon is appropriately located within the bicipital groove. Long head biceps tendon anchor is intact. There is degenerative change of the glenohumeral articulation with osteophyte formation and small degenerative tear of the superior labrum. No large displaced labral tear, occult fracture, osseous destructive lesion, or soft tissue mass identified.

IMPRESSION:
1. Complete tear of the supraspinatus tendon, retracted to the level of acromioclavicular joint. Atrophy of the supraspinatus muscle belly noted.
2. Acromioclavicular hypertrophy.
3. Tendinopathy of the infraspinatus tendon with muscular atrophy.
4. Small nondisplaced degenerative tear of the superior labrum.
***** Final Report *****

Dictated by: Habakus DO, Scott J
07/28/2015 3:31 pm
Signed by: Habakus DO, Scott J
07/28/2015 3:46 pm
Transcribed by: Habakus DO, Scott J

Signed by: Habakus, Scott J. Signed on: 28-Jul-2015 15:46

Impression and Plan
Diagnosis
H/O: RCT (rotator cuff tear).
Plan: Procedure: Consent signed.
Patient Instructions: Counseled: Patient; Family.
Orders
Orders (Selected)
Outpatient Orders
Ordered

P.004
SEP-13-2000 14:13 0603

* Final Report *

Follow Up Appointment Req: 09/22/15 15:43:00 EDT, prn, Bilateral shoulder pain
Kenalog per J3301 Charge:
Kenalog per J3301 Charge:
Physical Therapy Eval/Occupational Therapy Req: 09/22/15 16:22:00 EDT, pt/ot, Bursitis of both shoulders
bupivacaine: 2 mL, Injection, IntraArTICular, Once, Start date 09/22/15 16:00:00 EDT, Stop date 09/22/15 16:00:00 EDT, Physician Stop
bupivacaine: 2 mL, Injection, IntraArTICular, Once, Start date 09/22/15 16:00:00 EDT, Stop date 09/22/15 16:00:00 EDT, Physician Stop
lidocaine: 2 mL, Injection, IntraArTICular, Once, Start date 09/22/15 16:00:00 EDT, Stop date 09/22/15 16:00:00 EDT, Physician Stop
lidocaine: 2 mL, Injection, IntraArTICular, Once, Start date 09/22/15 16:00:00 EDT, Stop date 09/22/15 16:00:00 EDT, Physician Stop
triamcinolone: 1 mL, Injection, IntraArTICular, Once, Routine, Start date 09/22/15 16:00:00 EDT, Physician Stop, Stop date 09/22/15 16:00:00 EDT
triamcinolone: 1 mL, Injection, IntraArTICular, Once, Routine, Start date 09/22/15 16:00:00 EDT, Physician Stop, Stop date 09/22/15 16:00:00 EDT

Canceled

Physical Therapy Additional Treatment: 06/09/10 12:30:00 EDT, 06/09/10 12:30:00 EDT
Physical Therapy Additional Treatment: 06/22/10 9:00:00 EDT, 06/22/10 9:00:00 EDT
Physical Therapy Additional Treatment: 07/06/10 8:00:00 EDT, 07/06/10 8:00:00 EDT

Completed

Arthrocentesis, Aspiration and/or Inj (Major Joint) 20610 Charge:
Arthrocentesis, Aspiration and/or Inj (Major Joint) 20610 Charge:
Office Visit Level 3 Est: Bilateral shoulder pain.

Patient reports that she is currently not pursuing surgical options. She is having pain and difficulty with overhead activities for which she reports is been a chronic condition. I have offered and administered steroid injections to each shoulder to reduce inflammation and subsequently refer her to physical therapy in hopes of gaining improved range of motion and functional capabilities without surgical intervention. Rotator cuff images by MRI are consistent with chronic retracted supraspinatus tendon injuries. The age of injury is unknown but certainly chronic given the atrophy of the associated supraspinatus muscle belly of the shoulder.

Completed Action List:

* Perform by Buckaloo MD, Jerrold M on 22 September 2015 16:56 EDT
* Sign by Buckaloo MD, Jerrold M on 22 September 2015 16:56 EDT
* VERIFY by Buckaloo MD, Jerrold M on 22 September 2015 16:56 EDT

1728 Villagepark Drive / Orangeburg, SC 29
803.536.1106 / 803.535.60

ADI CENTER

Advanced Diagnostic Imaging Center, LLC

BISMARCK AMOAH APRAKU , MD
3310 MAGNOLIA ST

ORANGEBURG, SC 29115-

DOROTHY A MILLER
105 GIZMO ROAD

ORANGEBURG, SC 29115-

Date of Birth [redacted]

Date of Service
07-27-10

22288

MR C-SPINE WO 72141

HISTORY: Pain radiating to the left arm and hand

Imaging was accomplished on a Philips 1.5 Tesla 16 receiver channel MRI unit. Sagittal T1-weighted, T2-weighted and STIR sequences were obtained as well as axial T1 and T2-weighted series and axial balanced turbo field echo series.

C2-3 and C3-4: No abnormalities are noted at these levels.

C4-5: Minimal central disc bulging is present.

C5-6: There is mild generalized disc protrusion at this level. However, again, this is only mild. No definite mass effect upon the spinal cord is seen. The neural foramina are widely patent.

C6-7: Minimal to mild generalized bulging is present at this level. There is no mass effect upon the spinal cord. The neural foramina re widely patent.

C7-T1: No abnormalities are noted at this level.

No abnormal signal is seen arising from the spinal cord. No abnormal signal is seen arising from the visualized bones.

IMPRESSION: There is some mild disc protrusion at the C5-6 level.

Interpreted by: Steven G. Patterson, MD

ADI CENTER

1728 Villagepark Drive / Orangeburg, SC 29
803.536.1106 / 803.535.60

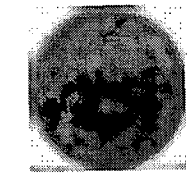
Advanced Diagnostic Imaging Center, LLC

Steven S. Patterson, MD

FAX CC:

transcribed: 07-27-2010 12:20:41 PM
released: Steven Patterson MD 07-27-2010 12:22:41 PM

SGP/kc/KPR



1728 Villagepark Drive / Orangeburg, SC 29118
803.536.1106 / 803.535.6033 f

Advanced Diagnostic Imaging Center, LLC

JERROLD M BUCKALOO , MD
1175 COOK RD, STE 215

ORANGEBURG, SC 29118-

DOROTHY A MILLER
105 GIZMO ROAD

ORANGEBURG, SC 29115-

Date of Birth [redacted]

Date of Service
02-03-14

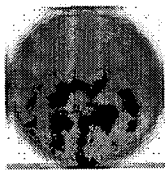
22283

MR WRIST RIGHT W/O

HISTORY: Trauma

Imaging was accomplished on a Philips 1.5 Tesla 16 receiver channel MRI unit. Numerous T1 and T2-weighted sequences were obtained in the transaxial, coronal and sagittal planes.

The study shows that there is a small amount of fluid lateral to the distal navicular bone and proximal trapezium bone. Also seen is a small amount of fluid in the radiocarpal joint, specifically its mid and lateral aspects. A small amount of fluid is interposed between the distal navicular bone and capitate and there is also some fluid, more so towards the volar aspect medial to the triquetrum, again more so towards the mid and volar aspects of the wrist. No definite ligamentous tears are seen although the ulnar collateral ligament is not well delineated. No definite abnormal signal is seen arising from the tendons. The visualized nerves have a normal appearance. No fractures are seen.



ADI CENTER

1728 Villagepark Drive / Orangeburg, SC 29118
803.536.1106 / 803.535.6033 f

Advanced Diagnostic Imaging Center, LLC

IMPRESSION: There are some scattered abnormal areas of fluid collection. No definite fractures, ligamentous tears or tendinous tears are identified, however. Please see above specifics.

Interpreted by: Steven G. Patterson, MD

FAX CC:

MEDICAL ONE CALL

transcribed: 02-04-2014 09:13:32 AM
released: Steven Patterson MD 02-04-2014 11:17:49 AM

SGP/kc/SD

Palmetto Spine

& Sports Medicine, P.A.

3030 Ashley Town Center Suite A-102
Charleston, SC 29414
843.573.9997 Fax 843.377.1446 1.866.9-SPINE-3

Test Date: 2/4/2014

Patient:	Dorothy Miller	**DOB:**	[redacted]	**Physician:**	Timothy M. Zgleszewski, M.D.
Sex:	Female	**Height:**	5' 7"	**Ref Phys:**	Jerrold Buckaloo
ID#:		**Weight:**	245 lbs.	**Technician:**	

Chief Complaints:
Right Wrist Pain

History
The patient states the injury is secondary to a work accident that occurred on or about October 2, 2013. She states this was secondary to air gun use. The patient states that she has progressed through physical therapy. Her current diagnostic testing includes x-rays and MRI performed to date. She is currently taking Tramadol for her discomfort.

The patient states that she has intermittent neck pain, however, the pain is chiefly located in the right wrist and forearm. The pain is described constant aching sensation. She states the pain radiates into the right thumb. Aggravating factors include twisting, reaching, and repetitive use of the right upper extremity. The patient denies any alleviating factors. The patient's current pain averages around 8/10 on the pain scale.

Physical Examination

WRIST/HAND: There is a positive Phalen's at the right wrist. There is a negative Tinel's Sign at the right elbow. There is a negative Tinel's Sign at the right wrist. There are negative neural tension signs in the median, ulnar and radial biases in the right arm.

UPPER EXTREMITY MOTOR/SENSORY/DTR: Bilateral upper extremity motor examination was normal today. Bilateral upper extremity sensory examination was normal to soft touch and pinprick today except for over the right thumb and index finger where there was a slight decrease. Deep tendon reflexes of the bilateral biceps, triceps and brachioradialis were normal and symmetric today.

EMG & NCV Findings:
Evaluation of the Right Median Motor nerve showed prolonged distal onset latency (4.8 ms) and decreased conduction velocity (Elbow-Wrist, 48 m/s). The Right Median Anti Sensory nerve showed prolonged distal peak latency (3.9 ms) and decreased conduction velocity (Wrist-2nd Digit, 36 m/s). The Right Median/Radial Dig I Comparison nerve showed abnormal peak latency difference (Median 10 cen-Radial 10 cm, 0.6 ms). All remaining nerves (as indicated in the following tables) were within normal limits.

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:

1. Abnormal electrodiagnostic examination
2. Right focal median neuropathy at the wrist (motor/sensory)
3. No evidence of a cervical radiculopathy, brachial plexopathy, peripheral polyneuropathy or myopathic process.
4. Right upper extremity limb temperature > 32.0 C

Thank you for allowing me the opportunity to participate in the care of your patient. If you have any further questions, please do not hesitate to contact me.

Electronically signed by Timothy M. Zgleszewski, MD on 02/04/2014 @ 04:02:13 PM

Timothy M. Zgleszewski, M.D.

Board Certified Physical Medicine & Rehabilitation
Board Certified Pain Medicine

Nerve Conduction Studies
Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Anti Sensory (2nd Digit)											
Wrist		*3.9	<3.7	26.2	>10	Wrist	2nd Digit	3.9	14.0	*36	>39
Right Ulnar Anti Sensory (5th Digit)											
Wrist		3.6	<4.0	47.8	>10.0	Wrist	5th Digit	3.6	14.0	39	>38

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Poll Brev)											
Wrist		*4.8	<4.0	6.5	>5	Elbow	Wrist	5.1	24.5	*48	>50
Elbow		9.9		3.6							
Right Ulnar Motor (Abd Dig Minimi)											
Wrist		3.0	<4.0	7.2	>3	B Elbow	Wrist	4.7	24.0	51	>50
B Elbow		7.7		5.8							

Comparison Summary Table

Site	NR	Peak (ms)	P-T Amp (µV)	Site1	Site2	Delta-P (ms)	Norm Delta (ms)
Right Median/Radial Dig I Comparison (Digit 1)							
Median 10 cm		3.2	272.9	Median 10 cm	Radial 10 cm	*0.6	<0.4
Radial 10 cm		2.6	45.4				

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtCarRad	Radial	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	FlexCarpUln	Ulnar	C8,T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Nerve Conduction Studies
Anti Sensory Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Anti Sensory (2nd Digit)											
Wrist		2.9			26.2		Wrist	2nd Digit		*36	
Ulnar Anti Sensory (5th Digit)											
Wrist		2.8			47.8		Wrist	5th Digit		39	

Motor Left/Right Comparison

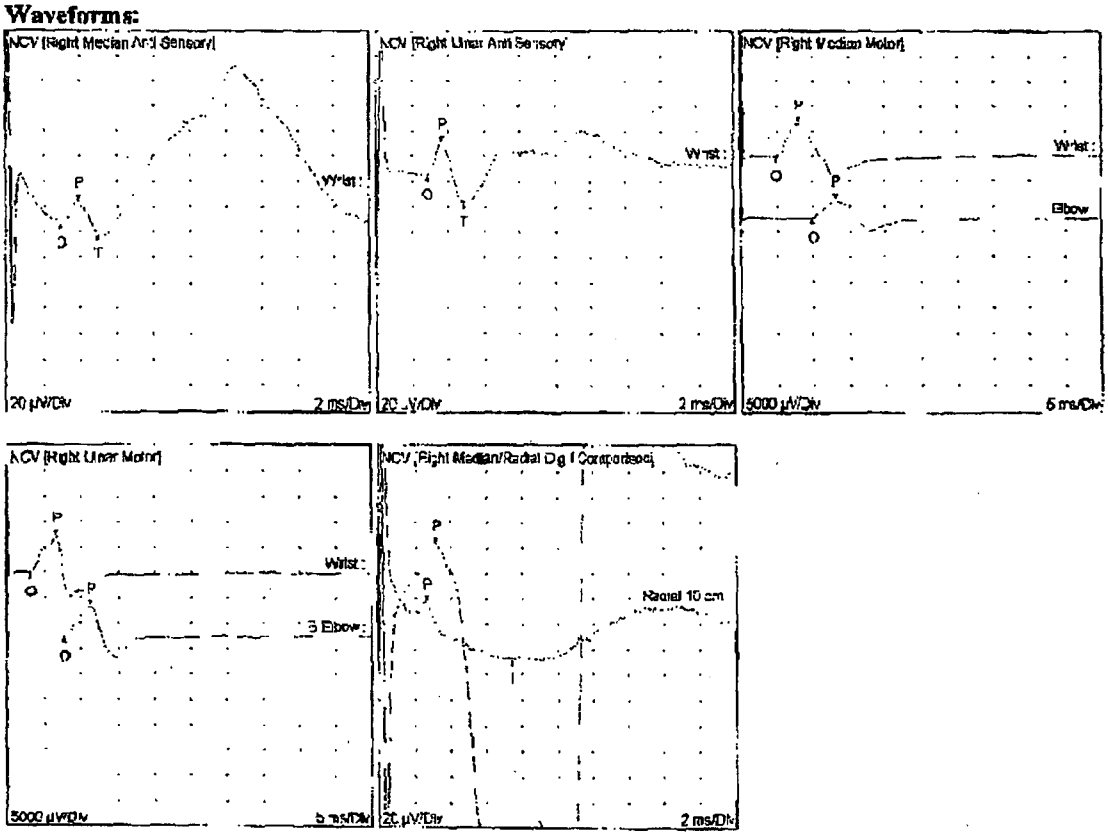
Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (mV)	R Amp (mV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Motor (Abd Poll Brev)											
Wrist		*4.8			6.5		Elbow	Wrist		*48	
Elbow		9.9			3.6						
Ulnar Motor (Abd Dig Minimi)											
Wrist		3.0			7.2		B Elbow	Wrist		51	

B Elbow	7.7		5.8			

Comparison Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (%)
Median/Radial Dig I Comparison (Digit I)						
Median 10 cm		3.2			272.9	
Radial 10 cm		2.6			45.4	

Waveforms:


NCV [Right Median Antl Sensory]
Wrist
20 µV/Div
2 ms/Div
NCV [Right Ulnar Antl Sensory]
Wrist
20 µV/Div
2 ms/Div
NCV [Right Median Motor]
Wrist
Elbow
5000 µV/Div
6 ms/Div
NCV [Right Ulnar Motor]
Wrist
Elbow
5000 µV/Div
NCV [Right Median/Radial Dig I Comparison]
Radial 10 cm
20 µV/Div
2 ms/Div

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

MILLER, DOROTHY (Id #2125881, dob: [redacted])
Encounter Summary

Patient

Name	MILLER, DOROTHY (57, F) ID# 2125881	Appt. Date/Time	08/27/2014 10:10AM
DOB	[redacted]	Service Dept.	MOPA_Blanding
Provider	MICHAEL UGINO, MD		
Insurance	Med Worker's Comp: GALLAGHER BASSETT SERVICES Employer Name : HUSQVARNER Case # : 002754-031923-WC-01 Case Injury Date : 10/02/2013 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. details		

Chief Complaint

Right Hand problem

This 57-year-old patient presents for an independent medical evaluation and will with the chief complaint of pain involving the right hand and forearm. Her history is that apparently she was using a new air gun on the job where she works in October of last year when she started having problems with pain and discomfort. She was taken off of the job activity but continued to complain of pain primarily along the ulnar aspect of the forearm. She was referred to an orthopedic surgeon who initially evaluated the patient on 1/21/14. He notes that the injury to the hand and wrist occurred 3 months prior to the visit. She was currently on light duty job activities limiting usage of her right hand. She denied any paresthesias initially on the evaluation. He recommended nerve conduction studies of the upper extremity along with an MRI scan of the right hand and wrist. These tests were performed with the MRI scan being done on 2/3/14. No abnormality was noted along the tendons and no fractures or dislocations were noted. The patient underwent nerve conduction studies on 2/4/14 which demonstrated mild right carpal tunnel syndrome. Ulnar nerve sensibility and motor function was normal. Subsequently, the patient underwent a right carpal tunnel release and a right wrist de Quervain's release by the same orthopedic surgeon on 5/21/14. She then was sent to occupational therapy. Her symptoms have persisted. She complains of severe pain radiating along the volar aspect of the forearm. She was told by her therapist that a different nerve may be involved, the ulnar nerve. She is here for an independent medical evaluation.

HPI

Hand/Fingers

Reported by patient.

Hand Dominance: left
Location: right
Quality: aching; deep
Duration: date of onset: (October 2013)
Timing: chronic
Context: cannot identify
Aggravating Factors: lifting; pushing/pulling; previous surgery; changing clothes; getting out of bed
Associated Symptoms: weakness; numbness; tingling
Previous Surgery: surgical procedure: (Carpal Tunnel release); date: (5/21/14)
Prior Imaging: x ray; MRI
Previous Injections: did not help
Previous PT: did not help
Work Related: no
Working: no

Vitals

08/27/2014 11:00 am

Ht: 5 ft 7 in	Wt: 240 lbs	BMI: 37.6
BP: 130/78 sitting	Pulse: 72 bpm	

Medications

Reviewed Medications

Name	Date
ibuprofen 800 mg tablet TAKE 1 TABLET BY MOUTH 3 TIMES A DAY WITH FOOD	07/21/14 filled

Allergies

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

MILLER, DOROTHY (id #2125881, dob: [redacted]

Reviewed Allergies
NKDA

Problems

- Carpal tunnel syndrome
- Wrist joint pain

Past Medical History

Reviewed Past Medical History

Family History

Reviewed Family History
Father - Malignant neoplastic disease
- Hypertensive disorder

Surgical History

Reviewed Surgical History
- Orthopedic Surgery - Right Carpal Tunnel release
- Other - Hernia Repair

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol Intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Hand Dominance: Left.

Patient's Care Team

Insurance Adjuster (Worker's Comp): ROBIN LAWTON: Ph (704) 547-1586

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 57-year-old female.

The patient is alert and oriented to person time and place. The patient is able to ambulate to the examination area without assistive devices. The patient is in no apparent distress. The patient is morbidly obese. Examination of the right wrist demonstrates a well-healed transverse incision scar where the de Quervain's release was performed. There is a 3 cm carpal tunnel incision scar which is well healed. There is some tenderness along the pillars of the carpal tunnel. Negative Finkelstein test. Full range of motion of the elbow and full pronation and supination of the forearm. Full range of motion of the wrist. Normal intrinsic strength. Normal Allen's test.

Assessment / Plan

I reviewed the patient's nerve conduction studies which demonstrated mild carpal tunnel syndrome only. There was no evidence of any ulnar nerve dysfunction. I also reviewed the MRI scan and the patient's x-rays with her in detail. I don't believe the patient has reached maximal medical improvement and I would recommend a work hardening program in Orangeburg South Carolina with Sports plus or Health Works. I would continue light duty job activities at least for 2 or 3 more months. She should reach maximum medical improvement by 6 months postoperatively. I do not see any evidence of permanent impairment to the upper extremity.

MILLER, DOROTHY (id #2125881, dob: [redacted]

Considering the preoperative testing, surgery performed, I cannot find an organic reason reason for her continued complaints and symptoms. She is discharged from the office.

1. Wrist joint pain
   719.43: Pain in joint, forearm

2. Carpal tunnel syndrome
   354.0: Carpal tunnel syndrome
   - CARPAL TUNNEL SYNDROME: AFTER YOUR VISIT
   - CARPAL TUNNEL SYNDROME: EXERCISES

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Michael Ugino, MD, 08/27/2014.

Encounter performed and documented by Michael Ugino, MD
Encounter reviewed & signed by Michael Ugino, MD on 08/27/2014 at 5:36pm

MIDLANDS ORTHOPAEDICS, PA
1910 Blanding Street
Columbia, SC 29201-3520
Phone: (803) 256-4107, Fax: (803) 253-6676

SCHOOL/WORK EXCUSE

PATIENT: Miller,Dorothy **DOB:** [redacted] **DATE:**08/27/2014

To Whom It May Concern:

Our patient, Dorothy Miller, was seen in the office on 08/27/2014.

If you have any questions, please feel free to contact our office at 803.256.4107.

- ☐ Patient will be out of school or work until *
- ☐ Patient may return to school or work with no restrictions.
- ☐ Patient may return to school or work on * with the following restrictions:

☐ No lifting/carrying over * lbs	☐ No repetitive bending		
☐ No sitting over * hours/day	☐ No repetitive stooping		
☐ No standing over * hours/day	☐ No reaching above shoulder level		
☐ No prolonged walking	☐ No work involving use of	☐ upper extremity	
☐ No climbing	☐ No work involving use of	☐ lower extremity	
☐ No kneeling	☐ No repetitive squatting		
☐ No repetitive twisting	☐ No repetitive crawling		
☐ No pushing or pulling			

Other:

Return Appointment Date and Time: None recorded.

Sincerely,

Electronically Signed by: MICHAEL UGINO, MD
MICHAEL UGINO, MD
08/27/2014

Attachment for claim 109966V7388

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57 Y old Female, DOB: [redacted]
Account Number: 0000533004
105 GIZMO DR, ORANGEBURG, SC-29115-3706
Home: 803-937-0720
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group

10/15/2014 Gerald J Shealy MD

Current Medications
Taking
- ibuprofen
- Naproxen
- Oxybutynin
- Medication List reviewed and reconciled with the patient

Past Medical History
Asthma
Arthritis
Acid reflux

Surgical History
hernia repair
CTR and Dequervains release 5/21/14
cesarean section

Family History
Father: alive, diagnosed with HTN, Prostate CA
Mother: deceased, mva
Sister(s): alive
3daughter(s) .
1 sister died of cancer colon.

Social History
Tobacco Use:
Tobacco Use/Smoking Are you a nonsmoker.
Drugs/Alcohol:
Alcohol Screen Did you have a drink containing alcohol in the past year? No, Points 0.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
surgery
childbirth

Review of Systems
ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:

Reason for Appointment
1. RIGHT HAND WC APPROVED OK PER DR. SHEALY
2. Work comp DOI 10/2/13
3. She had CTR and Dequervains release on 5/21/14 Dr. Buckaloo.
4. She works at a lawnmower manufacturing company, Husqvama
5. She still has right hand pain and swelling. She complains of pain in her right thumb and wrist. She has pain that goes down her arm into her elbow.
6. She is still off work since she had surgery.
7. She is right hand dominant.

History of Present Illness
:

This lady is seen for evaluation of her right upper extremity, she relates a history of having injured her right hand at work in October 2013, she essentially diagnosed as having de Quervain's stenosing tenosynovitis as well as a right carpal tunnel syndrome. She underwent surgical decompression of both problems in May 2014, the surgery was undertaken in Orangeburg. Since that time she had been unable to return to her previous employment due to persistent symptoms of pain in her right upper extremity, she relates that she still has tenderness and pain in the palm her right hand, pain at the base of her thumb. In addition she has pain in her hand extending into her elbow, also notes night symptoms and aggravation of her pain in the ulnar aspect of her hand with flexion of her elbow as when she is talking on the phone.. She is also noted weakness with grip strength in her right hand. She presents today for evaluation and consideration for treatment.

Vital Signs
Ht 67 in, Wt 240 lbs, BMI 37.59.

Examination
General Examination:

Examination right hand reveals tenderness over the hamate hook in the palm of the hand consistent with pillar pain following carpal tunnel decompression. Well healed surgical incision is present in the palmar aspect of the hand. She has a negative Phalen's, negative Tinel's, decreased sensibility is present in the median and the ulnar nerve distribution. Weakness of the profundus to the small and ring fingers are noted, no significant abductor pollicis brevis atrophy is noted, circulation is intact. Manipulation of her thumb the carpometacarpal joint failed to reproduce her symptoms. No

Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Hematology:
Bleeding problems No.
Musculoskeletal:
Joint stiffness No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

tenderness is present over the distal pole of the scaphoid.

Assessments
1. Carpal tunnel syndrome - 354.0 (Primary)
2. Cubital tunnel syndrome - 354.2

X-rays of the wrist and hand are reviewed and fail demonstrate any abnormality or evidence of arthritis, specifically at the carpometacarpal joint of the thumb.
Impression: Status post carpal tunnel decompression right hand with recurrent symptoms
Possible right ulnar neuropathy, cubital tunnel syndrome.

Treatment
1. Carpal tunnel syndrome
IMAGING: Nerve Conduction Study (Fax Only)
NCV'S RIGHT MEDIAN NERVE DX: RECURRENT RIGHT CARPAL TUNNEL SYNDROME NCV'S RIGHT ULNAR NERVE ? POSSIBLE RIGHT CUBITAL TUNNEL SYNDROME PLEASE SCHEDULE TEST AND FOLLOW UP IN THE SAME DAY PT LIVES OUT OF TOWN Phillips,Shannon 10/15/2014 04:17:32 PM EDT > SHEALY,GERALD J, MD 10/15/2014 04:34:51 PM EDT > order given to work comp case worker to schedule
IMAGING: PR XR HAND 2 VIEWS

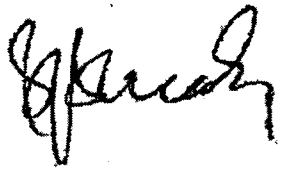
2. Cubital tunnel syndrome
IMAGING: Nerve Conduction Study (Fax Only)
NCV'S RIGHT MEDIAN NERVE DX: RECURRENT RIGHT CARPAL TUNNEL SYNDROME NCV'S RIGHT ULNAR NERVE ? POSSIBLE RIGHT CUBITAL TUNNEL SYNDROME PLEASE SCHEDULE TEST AND FOLLOW UP IN THE SAME DAY PT LIVES OUT OF TOWN Phillips,Shannon 10/15/2014 04:17:32 PM EDT > SHEALY,GERALD J, MD 10/15/2014 04:34:51 PM EDT > order given to work comp case worker to schedule
IMAGING: PR XR HAND 2 VIEWS

3. Others
Start Tramadol HCl Tablet, 50 mg, 1 tablet as needed, Orally, every 6 hrs, 09 days, 30, Refills 0
Notes: Recommendations: electrodiagnostic studies will be scheduled to reassess the status of the median nerve in the carpal tunnel as well as the ulnar nerve in the cubital tunnel, she will return for reevaluation upon completion and consideration of further treatment.

Procedure Codes
73120 X-RAY EXAM OF HAND

Follow Up
after NCS

Summary View for MILLER, DOROTHY



Electronically signed by GERALD SHEALY MD on 10/16/2014 at 04:45 PM EDT

Sign off status: Completed

Charleston Hand Group
1483 Tobias Gadson Blvd
CHARLESTON, SC 29407-4794
Tel: 843-763-2320
Fax: 843-606-8067

Patient: MILLER, DOROTHY DOB: [redacted] Progress Note: Gerald J Shealy MD 10/15/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Charleston Hand Group
ROPER ST. FRANCIS PHYSICIANS

Gerald J. Shealy, M.D.
John A. McFadden, M.D.
R. Christopher Brooker, M.D.
Phone (843) 763-2320

1483 Tobias Gadson Blvd., Suite 202
Charleston, SC 29407
Fax (843) 606-8067

767 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464
Fax (843) 606-8067

2881 Tricom Street, St A
North Charleston, SC 29406
Fax (843) 606-8067

Name: DOROTHY MILLER

Date of Appointment: 10/15/2014

Next Appointment: AFTER NERVE STUDIES

Work Status: Cannot Work

Comments: PATIENT IS TO BE ON A CANNOT WORK STATUS UNTIL SHE COMES BACK FOR HER FOLLOW UP APPOINTMENT WITH DR. GERALD SHEALY , AFTER NERVE STUDIES ARE COMPLETED

Gerald J. Shealy M.D

Charleston Hand Group

1483 Tobias Gadson Blvd, Suite 202
CHARLESTON, SC, 29407-4794
Tel: 843-763-2320 Fax: 843-606-8067

Gerald J Shealy MD (**NPI:**1952324063)
Provider Code test:0005000

Hand Surgery

Patient: MILLER, DOROTHY
DOB: [redacted] **Sex:** Female **Phone:** 803-937-0720
Address: 105 GIZMO DR, ORANGEBURG, SC 29115-3706

Order Date: 10/15/2014 03:00 PM
Today: 10/15/2014 04:35 PM

Primary Insurance Name:
Insurance Address:
Subscriber Number:
Insured Name: Address:

DIAGNOSTIC IMAGING:

Code	Diagnostic Name	Assessment(s)	Notes	Instructions
	Nerve Conduction Study (Fax Only)	729.5, Hand pain	NCV'S RIGHT MEDIAN NERVE DX: RECURRENT RIGHT CARPAL TUNNEL SYNDROME NCV'S RIGHT ULNAR NERVE ? POSSIBLE RIGHT CUBITAL TUNNEL SYNDROME PLEASE SCHEDULE TEST AND FOLLOW UP IN THE SAME DAY PT LIVES OUT OF TOWN Phillips,Shannon 10/15/2014 04:17:32 PM EDT > SHEALY,GERALD J, MD 10/15/2014 04:34:51 PM EDT > order given to work comp case worker to schedule	

Electronically Signed By: **Gerald J Shealy MD** Date: **10/15/2014**

Signature of Patient/Guardian

Patient: MILLER, DOROTHY DOB: [redacted]

Charleston Hand Group
1483 Tobias Gadson Blvd, Suite 202
CHARLESTON, SC, 29407-4794
Tel: 843-763-2320 Fax: 843-606-8067

Gerald J Shealy MD (NPI:1952324063)
Provider Code test:0005000

Hand Surgery

Patient: MILLER, DOROTHY
DOB: [redacted] **Sex:** Female **Phone:** 803-937-0720
Address: 105 GIZMO DR, ORANGEBURG, SC 29115-3706

Order Date: 10/15/2014 03:00 PM
Today: 10/17/2014 02:05 PM

Primary Insurance Name:
Insurance Address:
Subscriber Number:
Insured Name: Address:

DIAGNOSTIC IMAGING:

Code	Diagnostic Name	Assessment(s)	Notes	Instructions
	Nerve Conduction Study (Fax Only)	354.0, Carpal tunnel syndrome 354.2, Cubital tunnel syndrome	NCV'S RIGHT MEDIAN NERVE DX: RECURRENT RIGHT CARPAL TUNNEL SYNDROME NCV'S RIGHT ULNAR NERVE ? POSSIBLE RIGHT CUBITAL TUNNEL SYNDROME PLEASE SCHEDULE TEST AND FOLLOW UP IN THE SAME DAY PT LIVES OUT OF TOWN Phillips,Shannon 10/15/2014 04:17:32 PM EDT > SHEALY,GERALD J, MD 10/15/2014 04:34:51 PM EDT > order given to work comp case worker to schedule	

Electronically Signed By: **Gerald J Shealy MD** Date: **10/17/2014**

Signature of Patient/Guardian

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57 Y old Female, DOB: [redacted]
Account Number: 0000533004
105 GIZMO DR, ORANGEBURG, SC-29115-3706
Home: 803-937-0720
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group

11/18/2014

Gerald J Shealy MD

Current Medications

Taking
- Ibuprofen
- Naproxen
- Oxybutynin
- Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
Arthritis
Acid reflux

Surgical History

hernia repair
CTR and Dequervains release 5/21/14
cesarean section

Family History

Father: alive, diagnosed with HTN, Prostate CA
Mother: deceased, mva
Sister(s): alive
3daughter(s)
1 sister died of cancer colon

Social History

Tobacco Use:
Tobacco Use/Smoking: Are you a nonsmoker.
Drugs/Alcohol:
Alcohol Screen: Did you have a drink containing alcohol in the past year? No, Points: 0

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

surgery
childbirth

Review of Systems

ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:

Reason for Appointment

1. EMG RESULTS KIM CARTER GENEX NCM
2. DOI 10/2/13
3. RIGHT HAND PAIN AND SWELLING WITH PAIN IN THE RIGHT THUMB AND WRIST
4. THERE IS ALSO PAIN THAT TRAVELS DOWN HER ARM INTO THE ELBOW

History of Present Illness

:

This lady is seen with electrodiagnostic studies confirm that she does have a moderately severe ulnar neuropathy consistent with a cubital tunnel syndrome in her right elbow. I would recommend that she has definitive treatment undertaken for this problem, surgical release endoscopically is discussed with her at length as well as the alternatives and anticipated results. Following the surgical procedure will be necessary that she remain on a limited work status for at least 6 weeks, possibly longer based on her status at that time. Following careful discussion with her of the surgical procedure, the surgery will be scheduled as an outpatient at her request pending authorization by the insurance carrier.

After discussion of treatment options and decision for surgery is made.

The risks, benefits and indications for surgery including infection, hematoma, wound dehiscence or failure of soft tissue or bone healing, peripheral nerve injury and failure of resolution of the presenting problem were reviewed and permission obtained to proceed with scheduling.

Vital Signs

Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments

1. Cubital tunnel syndrome - 354.2 (Primary)
2. Carpal tunnel syndrome - 354.0
3. Thumb pain - 729.5

Treatment

1. Cubital tunnel syndrome

Start Tramadol HCl Tablet, 50 mg, 1 tablet as needed, Orally, every 6 hrs, 07 days, 30, Refills 0

IMAGING: PR XR FINGER(S) 2 OR MORE VIEWS ROUTINE

Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

RIGHT HAND

2. Others
Continue Medications reported as directed by the ordering provider

Procedure Codes
73140 X-RAY FINGER(S) (SIM 30182)

Follow Up
AFTER SURGERY

Electronically signed by GERALD SHEALY MD on 11/21/2014 at 03:53 PM EST

Sign off status: Completed

Charleston Hand Group
1483 Tobias Gadson Blvd
CHARLESTON, SC 29407-4794
Tel: 843-763-2320
Fax: 843-606-8067

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57 Y old Female, DOB: [redacted]
Account Number: 0000533100
105 GIZMO DR, ORANGEBURG, SC-29115-3706
Home: 803-937-0720
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group MC

12/10/2014

WILLIAM R MUIRHEAD, MD

Reason for Appointment

1. SHEALY PT WAS TO HAVE SX ON 12-11-14
2. RIGHT HAND PAIN AND SWELLING WITH PAIN IN THE RIGHT THUMB AND WRIST

Current Medications

Taking

- Medications reported as directed by the ordering provider
- ibuprofen
- Naproxen
- Oxybutynin
- Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
Arthritis
Acid reflux

Surgical History

hernia repair
CTR and Dequervains release 5/21/14
cesarean section

Family History

Father: alive, diagnosed with HTN, Prostate CA
Mother: deceased, mva
Sister(s): alive, HEALTHY
Daughter(s): alive, HEALTHY
2 sister(s) . 3daughter(s) - healthy.
1 sister died of cancer colon.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *No*
Points *0*
Interpretation *Negative*

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

surgery
childbirth

Review of Systems

ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:
Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management
Cancer No.
General:
vision problems No.

Vital Signs

Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments

1. Cubital tunnel syndrome - 354.2 (Primary)
2. Carpal tunnel syndrome - 354.0

Ms. Dorothy Miller is a 57-year-old right-hand-dominant female with a complaint of numbness in her right hand and pain at the base of her right thumb. She is a patient of Dr. Sheely's and I have been asked to assist with her care. She has been scheduled for right cubital tunnel release. She is status post right carpal tunnel release and right de Quervain's release on 5/21/2014. Dr. Alexander did a nerve conduction study November 11, 2014 which showed moderately severe right ulnar neuropathy across the elbow.
Review of systems and Past Medical History as documented above.
Physical examination: Patient is pleasant and calm with normal mood and affect
Examination shows positive Tinel's cubital tunnel, negative Tinel's carpal tunnel. Mild tenderness to palpation first CMC joint. No tenderness over the first dorsal compartment. No evidence of subluxation of the ulnar nerve at the elbow. Skin intact. All digits well perfused. Negative Wartenberg. Sensibility intact to light touch with subjective decrease volar aspect of small finger.
Impression: Right cubital tunnel syndrome. I reviewed the pathophysiology and treatment options. Discussed with her operative and nonoperative treatments. She has elected to proceed with scheduling a right cubital tunnel release. I reviewed with her the nature of the procedure location and length of the incision and discussion of benefits and risks and expected postoperative rehabilitative course and responsibilities.

Treatment

1. Carpal tunnel syndrome
Start Tramadol HCl Tablet, 50 mg, 1 tablet as needed, Orally, Every 6 to 8 hours as needed, 30 days, 40, Refills 0

2. Others
Continue Medications reported as directed by the ordering provider

Follow Up

surgery

Electronically signed by WILLIAM MUIRHEAD MD on 12/11/2014 at 08:20 AM EST
Sign off status: Completed

Charleston Hand Group MC
730 Stoney Landing Road
MONCKS CORNER, SC 29461
Tel: 843-763-2320
Fax: 843-606-8067

Patient: MILLER, DOROTHY DOB: [redacted] Progress Note: WILLIAM R MUIRHEAD, MD 12/10/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57 Y old Female, DOB: [redacted]
Account Number: 0000533[illegible]
105 GIZMO RD, ORANGEBURG, SC-29115-3706
Home: 803-347-5232
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group MC

01/14/2015

WILLIAM R MUIRHEAD, MD

Reason for Appointment

1. PST SX 1/2/15
2. Right cubital tunnel release.DOS 1/2/15
3. PATIENT STS SHE DOING WELL AND INCISION LOOKS HEALTHY

Current Medications

Taking

- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- ibuprofen
- Naproxen
- Oxybutynin
- Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
Arthritis
Acid reflux

Surgical History

hernia repair
CTR and Dequervains release 5/21/14
cesarean section
Right cubital tunnel release. 1/2/2015

Family History

Father: alive, diagnosed with HTN, Prostate CA
Mother: deceased, mva
Sister(s): alive, HEALTHY
Daughter(s): alive, HEALTHY
2 sister(s) , 3daughter(s) - healthy.
1 sister died of cancer colon.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Tobacco Use/Smokeless
Smokeless Tobacco: *No*
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? *No*
Points *0*
Interpretation *Negative*

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

surgery
childbirth

Review of Systems

ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:
Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

Vital Signs

Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments

1. Cubital tunnel syndrome - 354.2 (Primary)

Pt is s/p right cubital tunnel release on 1/2/2015
Pain well controlled
Numbness and tingling still present to some degree
Incision clean, dry and intact
Suture tabs cut
Sens intact M,U, R nerves, FDI intact, negative Wartenberg
A/P: S/P cubital tunnel release. I reviewed the intraoperative findings. Advance activity as tolerated. F/u in 4 weeks. She complains of some symptoms in her hand surgically around her thumb. Dr. Buckalew had done a right carpal tunnel release and release of right de Quervain's and may. She has not worked since that time. We discussed issues involving return to work, MMI, impairment ratings. If she is still having some symptoms at next visit I would recommend we obtain right first CMC x-rays.

Treatment

1. Cubital tunnel syndrome
Start Norco Tablet, 5-325 MG, 1 tablet as needed, Orally, Every 6 to 8 hours as needed, 30 days, 30, Refills 0

2. Others
Continue Medications reported as directed by the ordering provider

Follow Up

4 Weeks

Electronically signed by WILLIAM MUIRHEAD MD on 01/14/2015 at 12:44 PM EST
Sign off status: Completed

Charleston Hand Group MC
730 Stoney Landing Road
MONCKS CORNER, SC 29461
Tel: 843-763-2320
Fax: 843-606-8067

Patient: MILLER, DOROTHY DOB: [redacted] Progress Note: WILLIAM R MUIRHEAD, MD 01/14/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Charleston Hand Group MC
730 Stoney Landing Road Suite 100, MONCKS CORNER, SC 29461
843-763-2320

MILLER, DOROTHY, F[redacted]

803-347-5232 MRN: HNE1298596909

Accession Id: RSFH8151404

Order Date: 02/11/2015 Procedure: 02/11/2015 10:40:00 Transcribed: 02/11/2015 10:46:00

Requesting Physician: MUIRHEAD, WILLIAM Ordering Physician: MUIRHEAD, WILLIAM

R

XR FINGER(S) 2 OR MORE VIEWS ROUTINE

REPORT

Exam:

PERFORMED AT ROPER HOSPITAL DIAGNOSTICS AND ER BRENTLEY
730 STONY LANDING ROAD
MONCKS CORNER SC

1374
1374
Right finger series- 02/11/15

INDICATION- "729.5- PAIN IN LIMB". 3 views right thumb

COMPARISON- None

FINDINGS- provided. No fracture, dislocation, or periosteal reaction. Mild joint space narrowing distal interphalangeal articulation. No focal lytic or sclerotic lesion. No evident soft tissue abnormality.

IMPRESSION
Mild degenerative changes distal interphalangeal joint.

Transcriptionist- KARLN L SPODAREK-DO
Reading Radiologist- KAREN L SPODAREK-DO
Releasing Radiologist- KAREN L SPODAREK-DO
Released Date Time- 02/11/15 1130

1374

Charleston Hand Group
ROPER ST. FRANCIS PHYSICIANS

Gerald J. Shealy, M.D.
John A. McFadden, M.D.
R. Christopher Brooker, M.D.
William R. Muirhead, M.D.
Phone (843) 763-2320

1483 Tobias Gadson Blvd., Suite 202	767 Johnnie Dodds Blvd.	2881 Tricom Street, St A	730 Stoney Landing Rd, St 100
Charleston, SC 29407	Mt. Pleasant, SC 29464	North Charleston, SC 29406	Moncks Corner, SC 29461
Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067

Name: DOROTHY MILLER

Diagnosis: RIGHT CUBITAL TUNNEL SYNDROME

Date of Appointment: 03/11/2015

Next Appointment: 04/22/2015 10:45 AM

Work Status: Light Duty: PATIENT MAY RETURN TO WORK 3/16/2015

a. **Sedentary: RIGHT HAND**
   - **No lifting more than 5 lbs**
   - **No climbing,**
   - **No impact or vibrating tools, NO AIR GUNS**
   - **Limited repetitive motion**

WMuirhead

William R. Muirhead, MD

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57 Y old Female, DOB: [redacted]
Account Number: 00005331004
1268 DOUGLAS MACARTHUR ST, ORANGEBURG, SC-29115-7608
Home: 803-347-5232
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group MC

04/23/2015 WILLIAM R MUIRHEAD, MD

Reason for Appointment
1. 6 WK F/U
2. Right cubital tunnel release.DOS 1/2/15
3. INJECTION 2/11/2015 RIGHT WRIST
4. s/p injection 3/11/2015 Right thumb mcp joint.
5. Patient sts she is still having pain

Current Medications
Taking
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- ibuprofen
- Naproxen
- Oxybutynin
- Medication List reviewed and reconciled with the patient

Review of Systems
ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:
Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

Vital Signs
Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments
1. Thumb pain - 729.5 (Primary)
2. Cubital tunnel syndrome - 354.2

Ms. Dorothy Miller is status post right cubital tunnel release January 2, 2015. She states that she has minimal symptoms in the area of surgery. Most recently she had a steroid injection dorsal aspect of right thumb just proximal to the MCP joint and she states his this injection has given her good relief. Dr. Buckalew had performed a first dorsal compartment release and carpal tunnel release. Her other complaint is painful symptoms in the posterior and proximal aspect of her forearm. Examination reveals her cubital tunnel incision is well-healed. No tenderness to light palpation. She has smooth range of motion of her elbow. Some tenderness noted in the region of the radial tunnel. Distally she is neurovascularly intact. There is some hypopigmentation in the region of the steroid injections but good range of motion of all digits with no evidence of catching or triggering.
She complains that the pain in her arm base difficult for her to perform any activities. I reviewed that I think that she is recovering at a normal paste from the cubital tunnel release but perhaps an therapy can help with her more dorsal forearm symptoms which could possibly be related to her radial tunnel. She would also like to try taking Neurontin. Followup in 6 weeks.

Treatment
1. Thumb pain
Referral To:CLAIRE APPLE Occupational Therapy
Reason:RADIAL TUNNEL PAIN|PATIENT IS WORK COMP

2. Cubital tunnel syndrome
Start Norco Tablet, 5-325 MG, 1 tablet as needed, Orally, Every 6 to 8 hours as needed, 30 days, 40, Refills 0
Start Gabapentin Capsule, 100 MG, as directed, Orally, Three times a day, 30 days, 90, Refills 0
Referral To:CLAIRE APPLE Occupational Therapy
Reason:RADIAL TUNNEL PAIN|PATIENT IS WORK COMP

3. Others
Continue Medications reported as directed by the ordering provider

Follow Up
6 Weeks

Electronically signed by WILLIAM MUIRHEAD MD on 04/23/2015 at 05:11 PM EDT
Sign off status: Completed

Charleston Hand Group
ROPER ST. FRANCIS PHYSICIANS

Gerald J. Shealy, M.D.
John A. McFadden, M.D.
R. Christopher Brooker, M.D.
William R. Muirhead, M.D.
Phone (843) 763-2320

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767 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464
Fax (843) 606-8067

2881 Tricom Street, St A
North Charleston, SC 29406
Fax (843) 606-8067

730 Stoney Landing Rd, St 100
Moncks Corner, SC 29461
Fax (843) 606-8067

Hand Therapy/OT Referral

Patient Name: DOROTHY MILLER DOB [redacted]

Chart #:

Diagnosis: IMO Thumb pain - 729.5 Cubital tunnel syndrome - 354.2

Date of Injury:

Surgery Performed: RT CTR Date of Surgery 1/2/15

Therapy Frequent and Duration: times/week for wks.

Therapy Orders:

X Evaluate & Treat
: Hot packs
: Ultrasound
: Phonophoresis
: Iontophoresis
: Whirlpool
: Fluidotherapy
: Tens therapy/unit
: Muscle electrical stimulation
: Contrast baths
: Scar management
: Suture removal 2 wks from surgery
: Wound care/tissue debridement
: Edema control
: Nerve desensitization
: ADL assistance
: ADL equipment
: ROM
: Active
: Active assisted
: Passive
: Blocking exercises
: Intrinsic stretching
: Strengthening

Splinting Orders:

: Static:

: Dynamic

: Other:

Specific Needs: OT for Radial tunnel pain

WRMuirhead

Physician Signature: Date: 4/23/15

Physician Name: William R. Muirhead, M.D.

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY
57Y old Female, DOB: [redacted]
Account Number: 000053310004
1268 DOUGLAS MACARTHUR ST, ORANGEBURG, SC-29115-7608
Home: 803-347-5232
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group MC

06/04/2015

WILLIAM R MUIRHEAD, MD

Reason for Appointment

1. 6 WK F/U
2. Right cubital tunnel release.DOS 1/2/15
3. INJECTION 2/11/2015 RIGHT WRIST
4. injection 3/11/2015 Right thumb mcp joint.
5. Patient sts right wrist is doing great.

Current Medications

Taking

- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- ibuprofen
- Naproxen
- Oxybutynin
- Gabapentin 100 MG Capsule as directed Three times a day
- Medication List reviewed and reconciled with the patient

Review of Systems

ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:
Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

Vital Signs

Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments

1. Radial tunnel syndrome - 354.3 (Primary)
2. Cubital tunnel syndrome - 354.2
3. Hand pain, right - 729.5
4. Thumb pain - 729.5

Ms. Miller has been doing therapy and states that she does not have any numbness in her hand but complains of pain in her posterior proximal forearm and anterior right shoulder.
Examination shows surgical sites are well-healed she has excellent and full range of motion of her digits. Sensibility intact to light touch throughout. All digits well perfused. Full range of motion of her elbow. She does have point tenderness over the radial tunnel.
Impression: Patient with continued shoulder symptoms and I had recommended or offered a referral but she states that her medical doctor is treating her for this at this time. Therapy had recommended discontinuing for a few weeks for strengthening. With regards to her forearm discomfort I reviewed with her that I feel that she does have symptoms and exam findings consistent with radial tunnel syndrome. I reviewed with her treatment options and she elected to proceed with steroid injection.Risks and Benefits of the procedure discussed as well as expected rehabilitative course. Risk of skin depigmentation reviewed.
Sterile injection of 5 mg kenalog with lidocaine with 25 gauge needle and ethyl chloride spray was performed into the site of maximal tenderness over the radial tunnel without paresthesias.
Patient tolerated the procedure well and will follow up in 4 - 6 weeks.
The patient states that she cannot Koback to work except in a full duty capacity.

Treatment

1. **Radial tunnel syndrome**
   PROCEDURE: Inj Theraputic, Carpal Tunnel (CHG)

2. **Others**
   Continue Medications reported as directed by the ordering provider

Procedure Codes

J7799 CAINE FAMILY
20526 Carpal Tunnel Inj
J3301 Kenalog (per 10MG)

Follow Up

6 Weeks

Electronically signed by WILLIAM MUIRHEAD MD on 06/04/2015 at 05:44 PM EDT

Sign off status: Completed

Charleston Hand Group MC
730 Stoney Landing Road
MONCKS CORNER, SC 29461
Tel: 843-763-2320
Fax: 843-606-8067

Patient: MILLER, DOROTHY DOB: [redacted] Progress Note: WILLIAM R MUIRHEAD, MD 06/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Charleston Hand Group
ROPER ST. FRANCIS PHYSICIANS

Gerald J. Shealy, M.D.
John A. McFadden, M.D.
R. Christopher Brooker, M.D.
William R. Muirhead, M.D.
Phone (843) 763-2320

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Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067

Name: DOROTHY MILLER

Diagnosis: RIGHT UPPER EXTREMITY

Date of Appointment: 06/04/2015

Next Appointment: 07/16/2015 10:15 AM

Work Status: Light Duty

a. **Sedentary: RIGHT HAND**
   - **No lifting more than 5 lbs**
   - **No climbing,**
   - **No impact or vibrating tools, NO AIR GUNS**
   - **Limited repetitive motion**

Comments: WORK STATUS WILL BE UPDATED AT NEXT APPOINTMENT

William R. Muirhead, MD

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

MILLER, DOROTHY

57 Y old Female, DOB: [redacted]
Account Number: 00005331004
1268 DOUGLAS MACARTHUR ST, ORANGEBURG, SC-29115-7608
Home: 803-347-5232
Guarantor: MILLER, DOROTHY
Appointment Facility: Charleston Hand Group MC

07/16/2015 WILLIAM R MUIRHEAD, MD

Reason for Appointment

1. 6 WK F/U
2. Right wrist injection 2/11/2015 and 3/11/2015
3. s/p 6/4/2015 injection ELBOW
4. Patient sts injection helped some on the right elbow

Current Medications

Taking

- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- Medications reported as directed by the ordering provider
- ibuprofen
- Naproxen
- Oxybutynin
- Gabapentin 100 MG Capsule as directed Three times a day
- Medication List reviewed and reconciled with the patient

Review of Systems

ENT:
Ear trouble No. Stuffy nose No. Sore throat No.
Respiratory:
Breathing pattern Yes.
Cardiovascular:
Heart problems No. High blood pressure No.
Gastrointestinal:
Indigestion No. change in bowel movements No.
Musculoskeletal:
Joint stiffness No.
Hematology:
Bleeding problems No.
Extremities:
Numbness/Tingling Yes.
Genitourinary:
Loss of Bowel/Bladder Control No.
Neurologic:
Balance difficulty Yes. Fainting No.
Cancer Self-Management:
Cancer No.
General:
vision problems No.

Vital Signs

Ht 67 in, Wt 240 lbs, BMI 37.59.

Assessments
1. Carpal tunnel syndrome - 354.0 (Primary)
2. Thumb pain - 729.5

Ms. Dorothy Miller has continued with some symptoms but overall she states that her hand function is good. She does have some pain and points to her first CMC joint. Also having some discomfort and forearm. The primary location of her pain at this time seems to be her right shoulder and she states that she has rotator cuff tear and is undergoing current workup and treatment.
Exam right upper extremity shows limited forward flexion and abduction of shoulder. She has full range of motion of her elbow wrist and digits. All surgical sites are well-healed. Tenderness over the radial tunnel is equal to that on the contralateral side. 5 out of 5 strength EPL and FPL. Negative Wartenberg. All digits well perfused. Skin intact. No tenderness over right first dorsal compartment
Impression: With a reasonable degree of medical certainty the patient is thought to be at a maximum medical endpoint with regards to her right elbow wrist and hand. Impairment rating is calculated 7 percent secondary to continued symptoms after right cubital tunnel and carpal tunnel releases and release of right first dorsal compartment. Restrictions are less than 1 pound and no repetitive activities right upper extremity. These are given to the patient today as guidelines and her activities may be able to be increased over time particularly with hopeful relief of her shoulder symptoms.

Treatment
1. Others
Continue Medications reported as directed by the ordering provider

Follow Up
prn

Electronically signed by WILLIAM MUIRHEAD MD on 07/16/2015 at 05:10 PM EDT
Sign off status: Completed

Charleston Hand Group MC
730 Stoney Landing Road
MONCKS CORNER, SC 29461
Tel: 843-763-2320
Fax: 843-606-8067

Charleston Hand Group
ROPER ST. FRANCIS PHYSICIANS

Gerald J. Shealy, M.D.
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Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067	Fax (843) 606-8067

Name: DOROTHY MILLER

Diagnosis: right upper extremity

Date of Appointment: 07/16/2015

Next Appointment: prn

Work Status: Light Duty

a. **One Handed**
   - **No lifting more than 1 lbs**
   - **No impact or vibrating tools**
   - **Limited repetitive motion**

PATIENT MAY RETURN TO LIGHT DUTY

Comments:

William R. Muirhead, MD

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: DOROTHY MILLER

Physician's Name: William Muirhead

Practice/Clinic: Charleston Hand Group

Preparer's Name: WILLIAM R. MUIRHEAD, MD

Phone: (843) 763 - 2320

Employer's Name: HUSQUARANA OF ORANGEBURG

Insurance Carrier: GALLAGHER BASSETT

SCWCC File No: 0027540319 23WC01

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to**§§42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: 10-02-2013

Date of first office visit: 10-15-2014 Date of last visit: 07-16-2015

Diagnosis or nature of injury or illness: CARPAL TUNNEL SYNDROME - 354.0 THUMB PAIN - 729.5

Body part(s) injured: RIGHT WRIST AND ELBOW Body part(s) affected: RIGHT UPPER EXTREMITY

Date of **Maximum Medical Improvement**: 07-16-2015

Based on the **AMA Guidelines**, the claimant has sustained a SEVEN (7)**% medical impairment** to RIGHT UPPER EXTREMITY injured body part(s) and a _____**% medical impairment** to _____other affected body part(s).

___The claimant is **able to return to work** without restriction.

_X___The claimant is **able** to return to work **with the following restrictions:**

RESTRICTIONS ARE LESS THAN 1 POUND AND NO REPETITIVE ACTIVITIES RIGHT UPPER EXTREMITY.

_____The claimant is **unable to return to work** at his or her current employment.

_____Claimant **possesses retained hardware** casually related to this injury

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

_X___**will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____**will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician **07/16/2015**

NON-SURGICAL SPINE CENTER
J. ROBERT ALEXANDER JR., M.D.

Miller, Dorothy Ann

67 Y old Female, DOB: [redacted]
Account Number: 13607
105 Gizmo Rd, Orangeburg, SC-291153706
Home: 803-937-0720
Guarantor: Miller, Dorothy Ann Insurance: ONE CALL CARE MANAGEMENT
Appointment Facility: MP Spine and Orthopaedic Specialists of SC

11/11/2014 Progress Notes: J. Robert Alexander Jr., MD

Current Medications
Taking
- Ibuprofen
- Medication List reviewed and reconciled with the patient

Past Medical History
Cholecystectomy, hernia repair

Surgical History
Cholecystectomy, hernia repair

Family History
No Family History documented.

Social History
Tobacco Use:
Tobacco Use/Smoking
Are you a nonsmoker
Drugs/Alcohol:
Alcohol Screen
Did you have a drink containing alcohol in the past year? No
Points 0
Interpretation Negative
Miscellaneous:
Marital status: married.
Occupation: works full-time.

Allergies
N.K.D.A.

Hospitalization
Denies Past Hospitalization

Review of Systems
General/Constitutional:
Change in appetite denies. Fatigue denies. Fever denies. Night sweats denies. Sleep disturbance admits. Weight gain denies. Weight loss denies.
Urological:
Difficulty with Urination denies. Blood in Urine denies.
Allergy/Immunology:

Reason for Appointment
1. Arm pain and numbness.

History of Present Illness
New symptom(s):
Dear Gerald,
I had the pleasure of evaluating Dorothy in consultation for electrodiagnostic examination per your very kind recommendation. Individual describes work injury October 7, 2013 involving the right hand after air gun incident. Initial surgery performed by Dr. Buckaloo in Orangeburg. Some improvement but symptoms have not resolved. Continued right hand pain paresthesias and occasional weakness. Symptoms especially involve digits 4 and 5. Radiation to the level of the elbow. VAS 7-8/10. Does not report symptoms prior to the injury.

Vital Signs
HR 81 /min, BP 156/101 mm Hg, Ht 5 ft 7 in, Wt 240 lbs, BMI 37.59 Index, Oxygen sat % 97 %.

Examination
General Examination:
GENERAL: Well-nourished well-developed individual in mild discomfort subjectively. Alert and oriented x3. Cranial nerves intact grossly. HEAD: Normocephalic. Atraumatic. EYES: Equally reactive. EARS: Unremarkable. THROAT: Clear. ORAL CAVITY: Moist mucosa. NECK: Supple. SKIN: Warm and dry without ecchymosis. HEART: Regular rate and rhythm. LUNGS: No labored breathing. ABDOMEN: Nontender. EXTREMITIES: No edema. NEUROLOGIC: Nonantalgic gait. Motor sensory DTRs intact upper extremities with the exception of decreased sensation in digits 4 and 5 of the right hand.

Impression and Recommendations
1. Ulnar neuropathy - 354.2 (Primary)
2. Paresthesias - 782.0
3. Wrist hand pain - 719.44

Performed electrodiagnostic examination of the bilateral upper extremities today to further evaluate. Please see report for details. Findings consistent with moderate severity right ulnar neuropathy. No evidence of carpal tunnel syndrome or cervical radiculopathy. Thank you for the opportunity to assist in the care of your patient. With kindest regards,

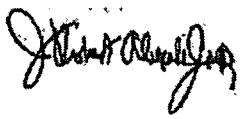
Itching denies. Rash denies.
Wheezing denies.
Respiratory:
Cough denies. Shortness of breath at rest denies. Shortness of breath with exertion denies. Wheezing denies.
Cardiovascular:
Chest pain at rest denies. Chest pain with exertion denies. Palpitations denies.

Gastrointestinal:
Uncontrolled Loss of Stool denies. Yellow Jaundice denies. Pain with Bowel Movement denies. Abdominal pain denies. Blood in stool denies. Change in bowel habits denies. Constipation denies. Diarrhea denies. Heartburn denies.
Hematology:
Easy bruising denies. Prolonged bleeding denies. Swollen glands denies.
Genitourinary:
Blood in urine denies. Difficulty urinating denies.
Musculoskeletal:
Joint Redness denies. Loss of Strength accepts. Joint stiffness admits. Painful joints admits. Swollen joints admits. Weakness denies.
Skin:
Pain denies. Discoloration denies.
Neurologic:
Change in Sensation to Lower Extremities denies. Headache denies. Tingling/Numbness admits.
Psychiatric:
Psychological Difficulties denies. Mood Changes denies.

Robert Alexander M.D.
CC: Gerald Shealy M.D.
Worker's Compensation.

Procedure Codes
95900 MOTOR NERVE CONDUCTION TEST
95903 NCV MOTOR/F-WAVE
95904 NCV SENSORY
95860 MUSCLE TEST, ONE LIMB

Follow Up
with surgeon



Electronically signed by J Alexander Jr, MD on 11/11/2014 at 05:02 PM EST

Sign off status: Pending

MP Spine and Orthopaedic Specialists of SC
180 Wingo Way
Mount Pleasant, SC 294641810
Tel: 843-856-9669
Fax: 843-856-9161

D:\PrintImageBundler\Temp\226377\Originals\MEDICALREPORT.PDF

Patient: DOROTHY MILLER **Sex:** Female
Patient ID [redacted]

Sensory NCS

Nerve / Sites	Nml Peak ms	Onset ms	Peak ms	NP Amp µV	PP Amp µV	Dist cm	Vel m/s
R MEDIAN - Dig III							
Wrist	<=3.7	2.70	3.40	20.7	37.4	14	51.9
L MEDIAN - Dig III							
Wrist		2.80	3.25	22.4	27.2	14	50.0
R ULNAR - Dig V							
Wrist		2.25	3.15	16.8	27.3	14	62.2
L ULNAR - Dig V							
Wrist		2.70	3.05	20.5	15.7	14	51.9
R RADIAL – Dig I							
Forearm		2.75	3.35	9.0	8.8	14	50.9
L RADIAL – Dig I							
Forearm		2.80	3.20	5.5	6.5	14	50.0

Motor NCS

Nerve / Sites	Nml Lat ms	Lat ms	Amp mV	Rel Amp %	Dist cm	Vel m/s
R MEDIAN – APB						
Wrist	<=4.5	4.30	14.2	100	8	
Elbow		8.75	13.7	97.1	25	56.2
L MEDIAN – APB						
Wrist		4.25	10.7	100	8	
Elbow		8.90	10.2	95.2	26	55.9
L ULNAR – ADM						
Wrist		2.70	7.6	100	8	
R ULNAR – ADM						
Wrist		2.95	7.4	100	8	
B.Elbow		6.20	6.5	88.4	19.5	60.0
A.Elbow		8.50	4.0	54	10	43.5

F Wave(<=30)

Nerve	Fmin ms
L MEDIAN	27.55
L ULNAR	27.55
R ULNAR	28.65
R MEDIAN	29.05

Extremities>=32C.

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EMG Summary Table									
	Spontaneous					MUAP			Recruitment
	IA	Fib	PSW	Fasc	H.F.	Amp	Dur.	PPP	Pattern
R. DEL C5-6	N	None	None	None	None	N	N	N	N
R. BIC C5-6	N	None	None	None	None	N	N	N	N
R. TRI C6-8	N	None	None	None	None	N	N	N	N
R. PTERES C6-7	N	None	None	None	None	N	N	N	N
R. FDI C8-T1	N	None	None	None	None	N	N	N	N
R. ADM C8-T1	N	None	None	None	None	N	N	N	N
R. FLEX CARPI ULN	N	None	None	None	None	N	N	N	N
R. FLEX DIG PROF IV	N	None	None	None	None	N	N	N	N

FINDINGS:

1. Conduction velocity slowing of the right ulnar nerve across the elbow/cubital tunnel. Mild amplitude deficits.
2. Unremarkable F-waves.
3. EMG needle examination of the right upper extremity without evidence of denervation potentials or recruitment deficits.

IMPRESSION:

1. Electrodiagnostic evidence of moderate severity right ulnar neuropathy across the elbow/cubital tunnel. No EMG needle abnormalities noted.
2. No evidence of carpal tunnel syndrome.
3. No evidence of a peripheral sensory motor polyneuropathy.
4. Dictated report to follow.

Gerald,
Thank you for the opportunity to assist in the care of Dorothy Miller.

With best regards,
J. Robert Alexander, Jr. MD

CC : Gerald Shealy, MD
Workers Comp

Primary Physician:

Patient: MILLER, DOROTHY DOB: [redacted] Sex: female Tel: 803-347-5232

Report Name: OPERATIVE REPORT

Accession ID: 461530

Admit Date:

REPORT

Berkeley Hospital
William R. Muirhead II,, MD
Service Date: 01/02/2015
PREOPERATIVE DIAGNOSES: Right cubital tunnel syndrome.
POSTOPERATIVE DIAGNOSES: Right cubital tunnel syndrome.
PROCEDURE PERFORMED: Right cubital tunnel release.
SURGEON: Dr. William Muirhead.
ANESTHESIA: General with local.
ESTIMATED BLOOD LOSS: 2 mL.
COMPLICATIONS: None.
OPERATIVE FINDINGS: Thickening of the Osborne's ligament, compression of ulnar nerve at the level of the cubital tunnel.
OPERATIVE INDICATIONS: Ms. Dorothy Miller is a 57-year-old female with symptomatic right cubital tunnel syndrome. She is status post a right carpal tunnel release and has elected to proceed with right cubital tunnel release. I reviewed with her the nature of the procedure, benefits and risks and expected rehabilitative course and responsibilities, including the possible need for transposition of the ulnar nerve and the need for intraoperative decision making.
DESCRIPTION OF PROCEDURE: The patient was met in the holding area. The operative site was marked and identified. I again reviewed with her the length and placement of the incision. Consent was obtained and placed in the chart.
The patient was brought back into the operating room; and after induction of general anesthetic, a time-out was held to verify site and procedure and a well-padded tourniquet was placed on the right upper arm and the extremity was then sterilely prepped and draped with ChloraPrep solution. A marking pen was used to mark out an incision overlying the course of the ulnar nerve proximal and distal to the medial epicondyle. The extremity was exsanguinated, tourniquet inflated, and the skin incision was created with a 15 blade. Bipolar cautery was used for hemostasis and then blunt dissection was carried

out to
identify the ulnar nerve posterior to the intermuscular septum. The nerve was
then released of its overlying tissues from proximal to distal at the level of
the medial epicondyle. Meticulous dissection was carried out through the soft
tissues to identify the branches of the medial antebrachial cutaneous nerve.
One was found just 2 cm distal to the medial epicondyle and this was protected
carefully throughout the procedure. The ulnar nerve was decompressed. The
Osborne's ligament was noted to be thickened. No evidence of hourglass
deformity of the ulnar nerve; and a after full decompression proximally and
distally, the elbow was brought through a range of motion and there was no
evidence of subluxation of the ulnar nerve. Copious irrigation was performed
and the tourniquet was released. Pressure and elevation maintained for
hemostasis followed by use of bipolar cautery. Once the area was hemostatic,
closure was completed with 4-0 and 5-0 Monocryl sutures and Steri-Strips. At
the time of closure, the wound was hemostatic. All digits were well perfused
and a sterile dressing was loosely applied. The patient tolerated the procedure
well and was transported to the recovery area in stable condition.
William R Muirhead II,, MD
TR: sn DD: 01/02/2015 10:48 TD: 01/02/2015 11:36 Job#: 358619
DOC#: 461530
Authenticated by WILLIAM MUIRHEAD MD On 01/05/2015 08:14:51 AM
William R Muirhead II,, MD
TR: sn DD: 01/02/2015 10:48 TD: 01/02/2015 11:36 Job#: 358619
DOC#: 461530

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035384104

7/13
843-706-806

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 5/13/2015
Visits: 1
Cx/NS: 0

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Evaluation:

History:

Past Medical History:
allergies, arthritis, asthma, back pain, GI disease, headaches

Current Medical History:
Pt is a R handed female s/p ulnar nerve surgery on 1-2-15. Pt presented with c/o pain up to 8/10 in the R upper arm, elbow, forearm and hand. She was originally injured at work in Oct. 2013 while using air guns on an assembly line. Pt underwent carpal tunnel surgery and DeQuervain's release on May 20, 2014. She received PT at that time at a different clinic and returned to work before less than 6 weeks following surgery. She continued to experience pain and nerve conduction study showed ulnar nerve damage and she underwent surgery on 1-2-15.

Medications:
See list in medical record. Pt takes pain medication PRN.

Functional Limitations due to current injury/illness:
Inability to perform work tasks, increased pain, decreased ROM/strength R UE

Functional Limitations prior to current injury/illness:
None

Range of Motion Comments:

R shd flex 110 AROM
R shd ABD 82 AROM
R elbow, forearm, wrist, hand WNL

Strength Comments:

R grip 30#
L grip 55.3#

Strength MMT Comments:

R elbow flex/ext 4-/5
R forearm pro 5/5
R forearm sup 4/5
R wrist flex 3+/5
R wrist ext 4+/5

Sensory Comments:

Light touch sensation intact and equal bilaterally. Pt reported occasional numbness in the R small, middle and index digits

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Evaluation	OT evaluation
Therapeutic Exercise	UBE x10 min; shd flex, ABD with dowel x10; elbow flex/ext, 4 way wrist with red t-band x20 each
Cold Pack	Cold pack R elbow, wrist x10 minutes in sitting
Supplies	Red theraband and Biofreeze

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Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97003) OT Evaluation		1
(97010) Hot/Cold Pack		1
		Total Units: 4

Assessment:

Free Text Problem/Goals

Pt presented to occupational therapy evaluation s/p ulnar nerve surgery and previous carpal tunnel and Dequervain's release. Pt demonstrated decreased ROM/strength and increased pain throughout the R UE affecting her ability to perform ADLs/IADLs, hobbies and work tasks. Pt would benefit from occupational therapy in order to address these deficits. Pt issued HEP at end of tx session and educated on exercises.

Rehabilitation Prognosis:
Potential for improvement and acheivement of goals is good.

Problems and Goals:

Free Text Problem/Goals:

Problem	Goal	Timeframe
Decreased AROM R shoulder	Pt will improve R shoulder ROM to WNL in order to increase ADLs/IADLs	D/C
Decreased Strength forearm, wrist met 6-7	Pt will increase R elbow, forearm and wrist strength to 5/5 throughout in order to perform work tasks	D/C
Decreased grip met	Pt will increase R grip strength to at least 50# in order for improved functional performance of the dominant hand	D/C
Pain	Pt will perform all ADLs/IADLs, hobbies and work tasks with pain no greater than 2/10	D/C

Plan of Care:

Therapeutic Components:
Ther ex, ther act, manual therapy, moist heat, cryotherapy, IFC, HEP

Frequency and Duration:
2x/week for 4-6 weeks

Required Components:
I hereby certify that the treatment described above will be carried out by me or another licensed therapist or by a licensed therapist assistance under the direction of the licensed therapist.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 5/13/2015

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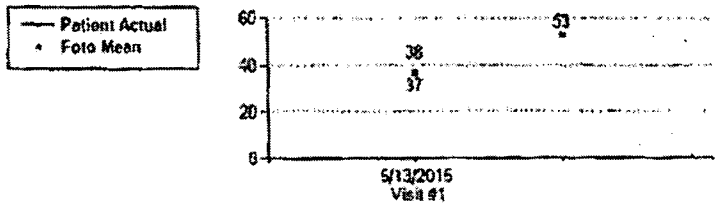
07/13/2015 MON 16:12 FAX 020/031

Clemson Sports Medicine - Sports Plus - Orang

INTAK. UNCTIONAL STATUS SUMMARY (5/13/2015)

Patient:	MILLER, DOROTHY	**Risk-Adjustment Criteria**			
ID#	dm.08221957	**Care Type:**	Orthopedic	**Gender:**	Female
Date of Birth:	[redacted]	**Body Part:**	Wrist	**Comorbidities:**	Four or more
Initial DOS:	5/13/2015	**Severity:**	Very Severe (Intake FS: 38)	**Payer:**	Workers' Comp
Body Part:	Wrist	**Age:**	57	**Fear Avoidance:**	Elevated
Impairment:	Muscle, Tendon + Soft Tissue D...	**Acuity:**	Over 6 months	**Surgery Status:**	1 or more
Surgery Type:	Not Applicable				

Functional Status Measures:	Intake Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	38	Patient's intake functional measure is 38 out of 100 (higher number = greater function).
Risk Adjusted Statistical FOTO*	37	Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 37 at intake.



Rehabilitation Resource Predictor*	Predicted Value	Interpretation of Predicted Value
Points of Physical FS Change	15	
Discharge FS Score	53	Given this patient's risk-adjustment variables, and the actual intake FS score, FOTO predicts this patient will experience at least an increase in function of 15 points (to 53 or higher).
Visits per Episode	14	
Duration of Episodes in Days	55	
Satisfaction Score	96.7 %	

* The above predictions are calculated for
) patients who have previously utilized rehabilitation services from FOTO's national aggregate database and
using sophisticated analyses to risk adjust for the impact of ten important variables known to influence outcomes including Care type, Body Part/Impairment, Severity, Age, Acuity, Gender, Surgery, Fear Avoidance, Payer, and Comorbidities.

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at Intake	Functional Limitation
pushing up on your hands (eg, from bathtub or chair)?	With moderate difficulty	Other PT/OT Primary - G8990
carrying a shopping bag or briefcase?	With severe difficulty	Carrying, Moving & Handling Objects - G8984
do you feel less capable, less confident or less useful?	Strongly agree	Other PT/OT Primary - G8990
preparing a meal?	With severe difficulty	Other PT/OT Primary - G8990
making a bed?	With moderate difficulty	Other PT/OT Primary - G8990

Additional Intake Information Gathered for the Clinician

- **Patient reports other health problems as:** Allergies, Arthritis, Asthma, Back pain, BMI over 30, Gastrointestinal Disease, Headaches
- **BMI:**36.0 (Height: 67 inches, Weight: 230 lbs)

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- **Exercise prior to onset:** Patient completed 20 minutes of exercise once or twice a week
- **Prescription medicine:** Patient is taking prescription medicine for this condition
- **Surgery:** Patient reports 3 surgeries for this primary condition
- **Fear avoidance belief about physical activity:** 80(20) Scale: 0-100(0-24)

Additional Surveys

	Intake	Scale
Physical Fear	80(20)	0-100(0-24)
Patient Specific Functional Scale		
PSFS Activity 1	5	0-10
PSFS Activity 2	0	0-10

Physical Fear

Physical Fear Results:

	Fear Avd Belief About Phys Activ
Intake	80(20)

Patient responses to Physical Fear were as follows:

Question	Response at Intake
I should not do physical activities which (might) make my pain worse	Completely Agree
Physical activity might harm me	Completely Disagree
I cannot do physical activities which (might) make my pain worse	Completely Agree

Patient Specific Functional Scale

Patient Specific Functional Scale Results:

	PSFS Activity 1	PSFS Activity 2
Intake	5	0

PSFS Activites:

1. Washing body. An cooking
2. Driving. An. Reaching. Up higgh

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INTAKE FUNCTIONAL STATUS SUMMARY (5/13/2015)

Patient: Miller, Dorothy (dm.08221957) | Primary Body Part: Wrist | Initial DOS: 5/13/2015

CMS G-Codes

FOTO Wrist Survey
CMS G-Code Options**

Functional Limitations Assessed in FOTO Wrist Survey

Current Status	Goal Status	D/C** Status	Asked	Descriptor
G8984	G8985	G8986	1	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	0	Self care functional limitation
G8990	G8991	G8992	4	Other physical or occupational primary functional limitation

**Only report if this is a one time visit

CMS Impairment/Limitation/Restriction for FOTO Wrist Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	38%	62%	Current Status	CL - At least 60 percent but less than 80 percent
Predicted	53%	47%	Goal Status*	CK - At least 40 percent but less than 60 percent
			D/C Status	CL **only report if this is a one time visit

*Based on FOTO predicted change score

× Meg McLaurin OTR/L
Clinician: MARGARET MCLAURIN, OT

* Mean, Risk Adjusted, Intake Composite FS measures from FOTO aggregate database.
** As indicated by the ICF assignments to the survey items in the FOTO survey used.

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Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 5/26/2015
Visits: 2
Cx/NS: 2

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt has not been to therapy since evaluation secondary to father passing away.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD with dowel x20; elbow flex/ext, 4 way wrist with red t-band x30 each
Therapeutic Activity	powerweb x30; wrist roller 1# x3; green putty with pennies
Cold Pack	Cold pack R elbow x10 min

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	15	1
(97010) Hot/Cold Pack		1
		Total Units: 4

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt performed ther ex/act with minimal c/o pain. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 5/26/2015

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0018/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB[redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 5/27/2015
Visits: 3
Cx/NS: 2

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 0027554220319 23WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt reported no new information.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD with dowel x30; elbow flex/ext, 4 way wrist with red t-band x30 each; digi-flex 7# x30
Therapeutic Activity	powerweb x30; wrist roller 1# x4; green putty with pennies
Cold Pack	Cold pack R elbow x10 min

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	15	1
(97010) Hot/Cold Pack		1
		Total Units: 4

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt unable to reach full shd AAROM with dowel. Pt c/o pain in shoulders with this exercise. No difficulty with elbow t-band exercises. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care.

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Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 5/27/2015

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0017/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy

DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/1/2015
Visits: 4
Cx/NS: 2

Clinician: Margaret McLaurin

Physician: William Mulrhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 0027554220319 23WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt sees MD on 6-4-15. She reports most pain in upper arm/shoulder area. She states her wrist is doing good.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD with dowel x30; elbow flex/ext, 4 way wrist with red t-band x30 each; digi-flex 7# x30
Therapeutic Activity	powerweb x30; wrist roller 1# x5; green putty with pennies
Cold Pack	Cold pack R upper forearm and shoulder x10 min

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97010) Hot/Cold Pack		1
(97110) Therapeutic Exercise	30	2
(97530) Functional Activities	15	1
		Total Units: 4

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Increased reps with wrist roller. Pt improved with technique when performing shoulder flex/ABD with dowel. Measurements to be taken next visit for MD visit. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care. MD note next visit.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/1/2015

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0016/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035366509 - Fax: 8035364104

Patient Name: Miller, Dorothy

DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/3/2015
Visits: 5
Cx/NS: 2

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt c/o most pain in forearm, even with shd flex, ABD. She stated she isn't taking pain medication anymore and the weather is making her arm hurt worse.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD x30; elbow flex/ext, 4 way wrist with blue t-band x30 each; digi-flex 9# x30
Therapeutic Activity	powerweb x30; wrist roller 2# x5; shelf lift with 1# x30
Unattended e-stim with cold pack	E-stim R forearm with cold pack x10 min to R forearm and shoulder

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	20	1
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
MD note completed. Pt met forearm and wrist strength goal. She is progressing towards remaining goals. Pt most limited with shd ROM and pain in forearm. When performing shoulder exercises and taking measurements, she c/o pain in forearm. Increased weight/resistance for wrist roller, t-band exercises and digi-flex. Skin integrity normal before and after tx. Goals ongoing.

Communication/Collaboration:
MD note sent with patient and faxed to MD.

Plan:
Continue OT 2x/week for 3 weeks to address R shd ROM/strength, R elbow strength, grip and pain. Plan to include ther ex, ther act, moist heat, cryotherapy, IFC, HEP.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/3/2015

0659
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SPORTS PLUS
Physical Therapy

5/13

Physician Follow-Up/Re-Evaluation/Discharge

Date: 6-3-15 Physician: Dr. Muirhead

Patient Name: Dorothy Miller Initial Eval. Date: 5/13/15

Diagnosis: @ ulnar nerve Sx DOB: [redacted]

Number of Visits: ~~6~~ 5

Patient's treatment has consisted of:

Ther Ex, Ther Act, Cryotherapy, HEP

Objective Measurements/Progress:

@ Shd flex 128° Abd 125° @ elbow flex 4/5 ext 4/5

@ forearm sup 5/5 pro 5/5 wrist flex 5/5 ext 5/5 @ grip 47# pain 6/10

Assessment/Progress:

Pt met forearm and wrist strength goal. Progressing towards remaining goals. Most limited ↓ Shd ROM. She reports pain in forearm ↓ Shd flex, Abd.

Plan/Goals/Reason for DC:

Continue OT 2x/wk for 3 wks to address @ Shd ROM/strength, @ elbow strength, grip and pain. Plan to include ther ex, ther act, Moist heat, cryotherapy, HEP, ice.

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New Physician orders or written comments: Frequency & Duration _____

Therapist signature: Meg McLaurin PTA Physician signature: _____

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Orangeburg, SC 29118

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F 803 536-4104

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Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/8/2015
Visits: 6
Cx/NS: 2

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt stated MD gave her an injection in radial nerve and she was told to "take it easy" at therapy if arm was hurting badly.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD with dowel x30 each; shd flex, ABD x30; elbow flex/ext, 4 way wrist with blue t-band x30 each; digi-flex 9# x30
Therapeutic Activity	powerweb x30; wrist roller 2# x8; shelf lift with 1# x30
Unattended e-stim with cold pack	E-stim R forearm with cold pack x10 min to R forearm and shoulder

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	20	1
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt unable to complete shd ABD secondary to increased pain. Minimal complaints of pain with all other ther ex/act. Pt instructed to perform 4 reps with wrist roller but completed 8 with no c/o difficulty or pain. Pt most limited with R shd ROM/strength. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/8/2015

07/13/2015 MON 16:10 FAX 0661
TEO/ETO

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy

DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/11/2015
Visits: 7
Cx/NS: 3

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt stated she still has pain in the forearm.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD x30; elbow flex/ext with blue t-band x30 each; digi-flex 9# x30
Therapeutic Activity	powerweb x30; wrist roller 2# x5; shelf lift with 2# x30; pink putty with pennies
Unattended e-stim with cold pack	E-stim R forearm with cold pack x10 min to R forearm and shoulder

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	20	1
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt continues to c/o pain in forearm, mostly with shd flex, ABD. Pt unable to flex/abduct R shoulder to full ROM but is able to maintain position with assistance to reach full ROM. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care.

Electronically authenticated
Meg McRamin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/11/2015

07/13/2015 MON 16:09 FAX 0662
012/031

SPORTS PLUS
Physical Therapy

Physician Follow-Up/Re-Evaluation/Discharge

Date: 6-17-15 Physician: Dr. Muirhead

Patient Name: Dorothy Maller Initial Eval. Date: 5-13-15

Diagnosis: @ulnar nerve Sx DOB: [redacted]

Number of Visits: 8

this copy easy to read; next copy updated @ bottom.

Patient's treatment has consisted of:

Ther Ex, Ther Act, Cryotherapy, IFC, Ultrasound

Objective Measurements/Progress:

@Shd flex 130°A Abd 140°A @wrist flex 5/5 ext 5/5

@grip 52# Pain 7/10 @elbow flex 4/5 ext 4/5

Assessment/Progress:

Pt met grip goal. Shoulder pain and elbow strength continue to be impaired. Pain improving Minimally to none.

Plan/Goals/Reason for DC:

Continue OT 2x/wk for 2 weeks to address @ Shd ROM, elbow strength and pain. Plan to include ther ex, ther act, cryotherapy, IFC, ultrasound.

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New Physician orders or written comments: Frequency & Duration _____

Therapist signature Meg McShaun, OTR/L Physician signature: _____

2012

119 Officepark Drive
Orangeburg, SC 29118

T 803.536-5509
F 803 536-4104

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07/13/2015 MON 16:09 FAX 010/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035366509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/17/2015
Visits: 8
Cx/NS: 4

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt did not come to therapy on Monday secondary to increased pain throughout entire R UE. She stated the doctor did not give her another prescription for pain medication. She requested not to do powerweb because she thought it made her hand numb last visit.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex, ABD x30; elbow flex/ext with blue t-band x30 each; digi-flex 9# x30; R elbow flex/ext with 3# x30
Therapeutic Activity	wrist roller 2# x5; shelf lift with 3# x30; pink putty with pennies
Unattended e-stim wtih cold pack	E-stim R forearm with cold pack x10 min to R forearm and shoulder

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	20	1
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt met grip goal. Shoulder ROM and elbow strength continue to be limited. Pt reported being unable to quickly reach behind her couch or under a chair at home but demonstrated action/movement to therapist with no difficulty. Patient's biggest complaint is forearm; however, forearm/wrist strength is 5/5. Skin integrity normal before and after tx. Remaining goals ongoing.

Plan:
Continue OT 2x/week for 2 weeks to address R shd ROM, elbow strength and pain. Plan to include ther ex, ther act, cryotherapy, IFC, HEP.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/17/2015

0664
07/13/2015 MON 16:09 FAX 0011/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/26/2015
Visits: 9
Cx/NS: 5

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 0027554220319 23WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt reported pain 7-8/10 in R forearm, elbow and shoulder. She saw family doctor this week and he suggested she see a chiropractor. He also gave her a shot for pain (patient unaware of medicine given)

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex x30; elbow flex/ext with blue t-band x30 each; powerweb x30; R elbow flex/ext with 3# x30; shelf lift 3# x30
Unattended e-stim with cold pack	E-stim R forearm with cold pack x10 min to R forearm and shoulder

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
(97110) Therapeutic Exercise	40	3
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Patient Response:
Pt continues to complain of pain in the R forearm and shoulder which is not getting better per her report. ROM/strength gradually improving. Pt was unable to complete shd ABD secondary to pain. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/26/2015

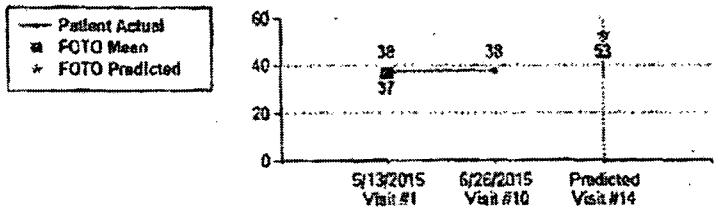
0665
07/13/2015 MON 16:08 FAX
TE0/600

C nson Sports Medicine - Sports Plus - Orangeb

FUNCTIONAL STATUS SUMMARY (5/13/2015)

		Risk-Adjustment Factors			
Patient:	MILLER, DOROTHY	Care Type:	Orthopedic	Gender:	Female
ID#	dm.08221957	Body Part:	Wrist	Comorbidities:	Four or more
Date of Birth:	[redacted]	Severity:	Very Severe (Intake FS: 38)	Payer:	Workers' Comp
Initial DOS:	5/13/2015	Age:	57	Fear Avoidance:	Elevated
Body Part:	Wrist	Acuity:	Over 6 months	Surgery Status:	1 or more
Impairment:	Muscle, Tendon + Soft Tissue D...				
Surgery Type:	Not Applicable				

Function Status Measures:	Intake Score	06/26/2015 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	38	38	Patient's Intake FS Score was 38
Risk Adjusted Statistical FOTO*	37		Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 37 at intake.



Additional Items	FOTO Mean at Discharge	06/26/2015 Value	Interpretation of Predicted Value
Points of Physical Change	15	0	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 15 points (to 53 or higher).
Visits	14	10	
Duration in Days	55	44	
Satisfaction	96.7%	84.4%	

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake. Responses listed in the Intake column are the survey item levels of ability at intake.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at:		Functional Limitation
	Intake	Status	
= pushing up on your hands (eg, from bathtub or chair)?	With moderate difficulty	With moderate difficulty	Other PT/OT Primary - G8990
= carrying a shopping bag or briefcase?	With severe difficulty	With severe difficulty	Carrying, Moving & Handling Objects - G8984
preparing food (eg, peeling, cutting)?	--	Unable to do	Other PT/OT Primary - G8990
+ do you feel less capable, less confident or less useful?	Strongly agree	Agree	Other PT/OT Primary - G8990
preparing a meal?	With severe difficulty	--	Other PT/OT Primary - G8990
making a bed?	With moderate difficulty	--	Other PT/OT Primary - G8990

Additional Intake Information Gathered for the Clinician

- Prescription medicine for this condition: No

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031/900

FUNCTIONAL STATUS SUMMARY (5/13/2015)

Patient: Miller, Dorothy (dm.08221957) Primary Body Part: Wrist Initial DOS: 5/13/2015

Additional Surveys

	Intake	06/26/2015	Scale
+ Physical Fear	80(20)	66(18)	0-100(0-24)
Patient Specific Functional Scale			
- PSFS Activity 1	5	4	0-10
+ PSFS Activity 2	0	4	0-10

Physical Fear Results:

Physical Fear

	Fear Avd Belief About Phys Activ
Intake	80(20)
6/26/2015	66(18)

Patient responses to Physical Fear were as follows:

Question	Response at:	
	Intake	Status
- Physical activity might harm me	Completely Disagree	Somewhat Disagree
+ I should not do physical activities which (might) make my pain worse	Completely Agree	Somewhat Agree
= I cannot do physical activities which (might) make my pain worse	Completely Agree	Completely Agree

Patient Specific Functional Scale Results:

Patient Specific Functional Scale

	PSFS Activity 1	PSFS Activity 2
Intake	5	0
6/26/2015	4	4

PSFS Activites:

1. Washing body. An cooking
2. Driving. An. Reaching. Up higgh

Patient Satisfaction Summary for 6/26/2015:

I am somewhat satisfied with the information given about my condition.
I am very satisfied with my input in setting treatment goals.
I am very satisfied with the availability of convenient appointments.
I am very satisfied with the access to the facility location.
I am somewhat satisfied with the level of courtesy and respect shown to me by my treatment team.
I am somewhat satisfied with the treatments for my condition.
I am somewhat satisfied with the overall results of my treatment.
I would tell a friend that I was somewhat satisfied with my experience at this facility.

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CMS G-Codes

FOTO Wrist Survey
CMS G-Code Options**

Functional Limitations Assessed in FOTO Wrist Survey

Current Status	Goal Status	D/C Status	Asked	Descriptor
G8984	G8985	G8986	1	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	0	Self care functional limitation
G8990	G8991	G8992	3	Other physical or occupational primary functional limitation

CMS Impairment/Limitation/Restriction for FOTO Wrist Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	38%	62%		
Predicted	53%	47%	Goal Status*	CK - At least 40 percent but less than 60 percent
6/26/2015	38%	62%	Current Status	CL - At least 60 percent but less than 80 percent
			D/C Status	CL **only report if this is discharge survey

*Based on FOTO predicted change score

× Meg McLaurin OTR
Clinician: MARGARET MCLAURIN, OT

* Mean, Risk Adjusted, Intake Composite FS measures from FOTO aggregate database.
** As indicated by the ICF assignments to the survey items in the FOTO survey used.

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07/13/2015 MON 16:08 FAX
TEO/800

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy

DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/29/2015
Visits: 10
Cx/NS: 5

Clinician: Margaret McLaurin

Physician: William Mulrhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt stated her pain was much better this morning; however, she still rated pain 6/10. It was reported 7/10 last week. She also stated her fingers started getting numb over the weekend. She initially stated her index finger was numb but when questioned about this, she stated all fingers were numb. Entire digits are numb, not just one side.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex x30; elbow flex/ext with blue t-band x30 each; R elbow flex/ext with 3# x30
Therapeutic Activity	powerweb x30; wrist roller 2# x5; shelf lift (top shelf) shd flex x20, ABD x10
IFC with Cold pack	IFC R shoulder x10 min with cold pack to R shoulder and forearm

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	25	2
(97530) Functional Activities	10	1
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
		Total Units: 5

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
verbal/tactile	Frequently	Frequent verbal/tactile cues for correct form of ther ex/act

Education/Training:
Pt educated to perform shd ABD in supine for HEP

Patient Response:
Pt unable to perform shd ABD secondary to increased pain. Increased height for shelf lift performed with no weight. Pt most limited with R shd strength and pain. Skin integrity normal before and after tx. Goals ongoing.

Plan:
Continue to progress toward goals as established in plan of care. Pt has one visit remaining; re-assess next visit.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/29/2015

0669
07/13/2015 MON 16:07 FAX 005/031

SPORTS PLUS
Physical Therapy

faxed
6/30/15

Physician Follow-Up/Re-Evaluation/Discharge

Date: 6-30-15 Physician: Dr. Muirhead

Patient Name: Dorothy Miller Initial Eval. Date: 5-13-15

Diagnosis: @ulnar nerve 6x DOB: [redacted]

Number of Visits: 11

Patient's treatment has consisted of:

Ther Ex, Ther Act, IFC, Cryotherapy, HEP

Objective Measurements/Progress:

@Shd flex 120° ABD 102° @Elbow flex 3+/5 ext 3+/5

Pain 7/10 @wrist, forearm, shoulder

Assessment/Progress:

@Shd ROM and Elbow strength have decreased. Pt reports no benefit from OT.

Plan/Goals/Reason for DC:

D/C 2° to not making any progress

Thank you very much for this referral. Please feel free to contact our clinic if you have any questions or concerns regarding this patient's treatment.

New Physician orders or written comments: Frequency & Duration _____

Therapist signature: Meg McKenna PTA Physician signature: _____

2012

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F 803 536-4104

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07/13/2015 MON 16:07 FAX 003/031

Sports Plus - Orangeburg
119 Officepark Drive, , Orangeburg, SC, 29118
Phone: 8035365509 - Fax: 8035364104

Patient Name: Miller, Dorothy
DOB: [redacted]
Date of Injury: 10/2/2013
Date of Surgery: 1/2/2015
Visit Date: 6/30/2015
Visits: 11
Cx/NS: 5

Clinician: Margaret McLaurin

Physician: William Muirhead, MD
Medical DX
719.41 - Shoulder Pain

Payer 1: Workers Compensation
Policy 1 #: 002755422031923WC02
Payer 2:
Policy 2 #:

Encounter:

Patient/Caregiver Report:
Pt stated e-stim helped shoulder some. She continues to complain of pain in the forearm and shoulder which is not getting any better.

Intervention Activities:

Intervention / Activity	Specific Details / Notes
Therapeutic Exercise	UBE x10 min; shd flex x30; elbow flex with blue t-band x30
IFC with Cold pack	IFC R shoulder and forearm x15 min with cold pack to R shoulder and forearm

Procedures:

Procedure/CPT Code	Time Code Minutes	Units
(97110) Therapeutic Exercise	18	1
(97010) Hot/Cold Pack		1
(97014) Unattended E-Stim		1
		Total Units: 3

Skilled Assistance/Observations:

Type	Amount	Therapist Observations
Verbal	Occasional	Occasional v.c. for correct form of ther ex

Patient Response:
R shd ROM and elbow strength have decreased since last re-assessment. Pt making no functional gains from OT and has met max rehab potential at this time. Skin integrity normal before and after tx. Goals ongoing.

Plan:
D/C to HEP secondary to not making any progress.

Electronically authenticated
Meg McLaurin OTR/L

Margaret McLaurin, OT license #: 4016

Signed on 6/30/2015

0671
07/13/2015 MON 16:07 FAX 004/031

Clemson Sports Medicine - Sports Plus - Orangeburg

DISCHARGE SUMMARY (5/13/201

Patient:	MILLER, DOROTHY				
ID#	dm.08221957				
Date of Birth:	[redacted]	Care Type:	Orthopedic	Gender:	Female
Initial DOS:	5/13/2015	Body Part:	Wrist	Comorbidities:	Four or more
Body Part:	Wrist	Severity:	Very Severe (Intake FS: 38)	Payer:	Workers' Comp
Impairment:	Muscle, Tendon + Soft Tissue D...	Age:	57	Fear Avoidance:	Elevated
Surgery Type:	Not Applicable	Acuity:	Over 6 months	Surgery Status:	1 or more

DURATION

The duration of this episode was 47 days (factoring out 0 interruption days) from 5/13/2015 to 6/30/2015, the date of last visit.
The risk adjusted FOTO mean duration is 55 days.

VISITS, HOURS, and or UNITS

The patient received the following number of visits and hours (units):

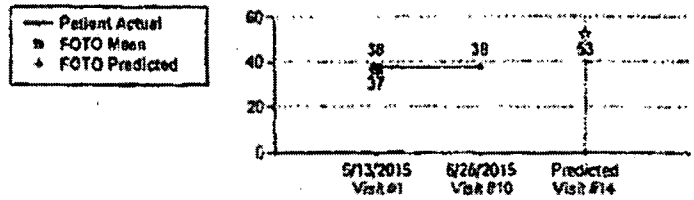
	Visits	Hours
PT	11	
Total	11	

FOTO Mean visits: 14

MISCELLANEOUS / OPTIONAL INFORMATION

Payment Source: Workers' Comp

Function Status Measures:	Intake Score	06/26/2015 Score	Interpretation of FS Scores
Patient's Physical FS Primary Measure	38	38	Patient's Intake FS Score was 38
Risk Adjusted Statistical FOTO*	37		Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 37 at Intake.



Additional Items	FOTO Mean at Discharge	06/26/2015 Value	Interpretation of Predicted Value
Points of Physical Change	15	0	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 15 points (to 53 or higher).
Visits	14	10	
Duration in Days	55	44	
Satisfaction	96.7%	84.4%	

x [signature]
Clinician: MARGARET MCLAURIN, OT

* Mean, Risk Adjusted, Intake Composite FS measures from FOTO aggregate database.
** As indicated by the ICF assignments to the survey items in the FOTO survey used.

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

ISO Claim Search Match Report Summary

A claim report identified by ClaimSearch identification number 2Q003562372 was received by ISO ClaimSearch on 23-Jan-2014 . Submission on this claim report initiated a search for similar claims. The claim(s) listed below appear(s) to be similar to the claim submitted. Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigation should be performed to evaluate the relevant data provided.

ISO File Number(s)	Claim Number(s)	Match Reason(s)
1F001875297	048010717	Name is similar
3G002886539	4501670102	Name is similar Social security number is identical
5R000579105	9926012880002	Name is similar Social security number is identical
6M001896955	408017890	Name is similar
6Y002659474	408531331	Social security number is identical Name is similar Address is similar
7Y003021549	6139013734PE2011051751	Address is similar
7Z001896413	200500102852	Social security number is identical Name is similar
8A001652787	402967908	Name is similar

Initiating Claim Information

ISO File Number: 2Q003562372
Claim Number: 002754-031923-WC-01
Company: G14110034
Date/Time of Loss: 02-Oct-2013 09:00
Policy Number: WLRC47317137
Policy Type: WORKERS COMP & EMPLOYERS LIABILITY
Inception Date: 01-May-2013 **Expiration Date:** 01-May-2014
ISO Received Date: 23-Jan-2014
Loss Description: EE IS EXPERIENCING PAIN FROM USING AN AIR GUN TO H
Location of the Loss: HIGHWAY 33 OLD CAMERSON R ORANGEBURG SC 291161687

Involved Party **Claimant**

Name: DOROTHY MILLER
Address: 105 GIZMO RD ORANGEBURG SC 291153706
Gender: Female

Casualty Coverage Information

Coverage Type: INDEMNITY
Loss Type: INDEMNITY
Claim Status: Open
Adjuster Company: GALLAGHER BASSETT SERVICES INC
Adjuster: LAWTON,ROSLYN
Alleged Injury/Damage: EXERTION - REPETITIVE MOTION

For Phone Support, call 630-285-4060
Support Hours: Monday thru Friday - 7am to 6pm CST

Gallagher Bassett Services, Inc.

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Index System Matched Claims

<< Back

HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 8A001652787**

Reason for Match: Name is similar
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 402967908
Date/Time of Loss: 28-May-2004 00:00
Policy Number: 041607240A
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: CIOS - 00
ONE STATE FARM PLAZA

BLOOMINGTON ,IL 61710
Insuring Co. Phone:
Co. Received Date:
Loss Description:
Agency Notified:
Location of Loss: JOHN C CALHOUN DR
ORANGEBURG ,SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Records: 1 thru 2 Previous Next

Role in Claim	Name	Address1	Address2
[redacted]	[redacted]	[redacted]	
Insured	MILLER DOROTHY	132 GOODWIN RD LOT 26	

Role in Claimant
Name: MILLER, DOROTHY
Address 1: 132 GOODWIN RD LOT 26
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-8855
DOB: [redacted]
Gender:
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License: 7478072
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1 Previous Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type

Adjuster Company: STATE FARM (R) AFFILIATE
Adjuster: Processor, Team
Adjuster Phone:
Coverage Type:
Loss Type: PIP
Claim Status: **Date Claim Closed:**
Alleged Injury/Damage: NECK AND BACK
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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For Phone Support, call 630-285-4060
Support Hours: Monday thru Friday - 7am to 6pm CST

Gallagher Bassett Services, Inc.

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Index System Matched Claims

<<Back

HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 7Z001896413**

Reason for Match:
Insuring Company: BRISTOL WEST INSURANCE GROUP
Claim Number: 200500102862
Date/Time of Loss: 22-Oct-2005 00:00
Policy Number: G00058911903
Policy Type: PERSONAL AUTO
Inception Date: 23-Aug-2005 **Expiration Date:** 23-Feb-2006
Policy Renewed?
Assigned Risk?
Insuring Co. Address: 333 S ANITA DR
STE 150 *
ORANGE ,CA 92868-3320
Insuring Co. Phone: 714-999-2000
Co. Received Date: 23-Oct-2005
Loss Description:
Agency Notified:
Location of Loss: RUSSELL
ORANGEBURG ,SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

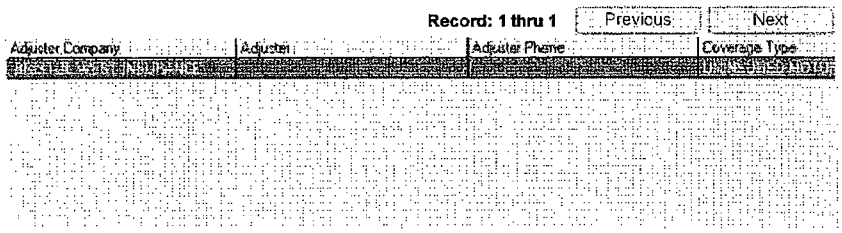
Records: 1 thru 2 Previous Next

Role in Claim	Name	Address1	Address2
[redacted]	[redacted]	[redacted]	
Insured	MILLER, SONYA	445 DANTZLER	

Role In Insured
Name: MILLER, DOROTHY
Address 1: 445 DANTZLER STREET
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115
DOB: [redacted]
Gender:
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1



Adjuster Company:	BRISTOL WEST INSURANCE GROUP
Adjuster:	
Adjuster Phone:	
Coverage Type:	UNINSURED MOTORIS
Loss Type:	OTHER AUTO
Claim Status:	**Date Claim Closed:**
Alleged Injury/Damage:	INJURY TO PERSON
Suit Field (Y/N):	
Court Date:	
Court State:	
Docket Number:	

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 7Y003021549**

Reason for Match: Address is similar
Insuring Company: NATIONWIDE MUTUAL INSURANCE COMPANY
Claim Number: 6139013734PE2011051751
Date/Time of Loss: 17-May-2011 00:01
Policy Number: ACPDWHO7123384273
Policy Type: GENERAL LIABILITY
Inception Date: 31-May-2008 **Expiration Date:**
Policy Renewed? Y
Assigned Risk?
Insuring Co. Address: PO BOX 100278
COLUMBIA ,SC 29202
Insuring Co. Phone: 800-421-3535
Co. Received Date: 13-Sep-2011
Loss Description: PER SCAN LOSS INSD RECEIVED LETTER FROM ATTY
Agency Notified: N
Location of Loss: 205 WOODS LAKE R GREENVILLE, SC 29607
GREENVILLE
SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

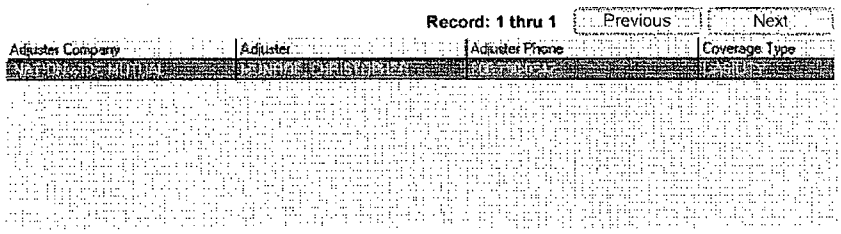
Records: 1 thru 5 Previous Next

Role in Claim	Name	Address1	Address2
Insured	ATLAS FOOD SYSTEMS AND	205 WOODS LAKE RD	
Claimant	GRIFFIN, HOPE	PO BOX 1947, 4404 BUSHY CR	
[redacted]			
Claimant	PORTER, LEONARD	126 NIMMONS ROAD	
Claimant	SWEAT, WILLIE	149 COTTON STREET	

Role in Claimant
Name: MILLER, JOHN
Address 1: 105 GIZMO ROAD
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115
DOB: [redacted]
Gender:
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1



Adjuster Company:	NATIONWIDE MUTUAL INSURANCE COMPANY
Adjuster:	MUNROE, CHRISTOPHER
Adjuster Phone:	800-790-0542
Coverage Type:	LIABILITY
Loss Type:	BODILY INJURY
Claim Status:	Open **Date Claim Closed:**
Alleged Injury/Damage:	ILLNESS
Suit Field (Y/N):	No
Court Date:	
Court State:	
Docket Number:	

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 6Y002669474**

Reason for Match:
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 408531331
Date/Time of Loss: 17-Dec-2009 00:00
Policy Number: 178237440
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: CIOS - 00
ONE STATE FARM PLAZA
BLOOMINGTON ,IL 61710
Insuring Co. Phone:
Co. Received Date:
Loss Description:
Agency Notified:
Location of Loss: JOHN C CALHOUN / US 301

ORANGEBURG ,SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Records: 1 thru 2 Previous Next

Role in Claim	Name	Address1	Address2
[redacted]	[redacted]	[redacted]	[redacted]
Insured	JETER CHRISTIE	ZOHLANDA DR	

Role in Claimant
Name: MILLER, DOROTHY A
Address 1: 105 GIZMO RD
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-0000
DOB:
Gender: Unknown
Home Phone: 803-534-2973
Business Phone:
Cellular Phone:
SSN: [redacted]
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1 | Previous | Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type
STATE FARM (R) AFFILIATE	KRAUK, KIM		

Adjuster Company: STATE FARM (R) AFFILIATE
Adjuster: KRAUK, KIM
Adjuster Phone:
Coverage Type:
Loss Type: BODILY INJURY
Claim Status: **Date Claim Closed:**
Alleged Injury/Damage: NECK & BACK; ORANGEBURG REGIONAL ER; FAI
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 6M001896955**

Reason for Match: Name is similar
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 408017890
Date/Time of Loss: 06-Nov-2005 00:00
Policy Number: 120086540
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: CIOS - 00
ONE STATE FARM PLAZA

BLOOMINGTON ,IL 61710
Insuring Co. Phone:
Co. Received Date:
Loss Description:
Agency Notified:
Location of Loss: 400
ORANGEBURG ,SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

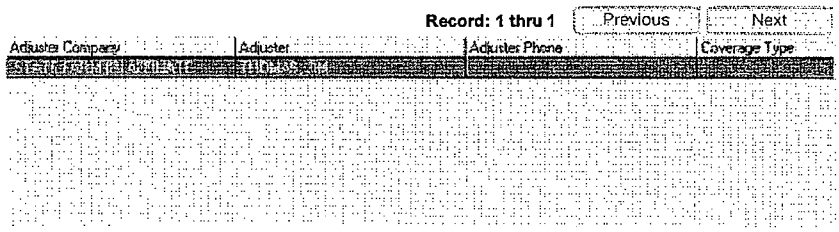
Involved Party

Records: 1 thru 2 Previous Next

Role in Claim	Name	Address1	Address2
Insured	BALTZIGAR MARY	440 RUTLAND RD	

Role in Claimant
Name: MILLER, DOROTHY
Address 1: 445 DAMTZLER STREET
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115-0000
DOB:
Gender: Unknown
Home Phone: 803-268-6374
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information



Adjuster Company: STATE FARM (R) AFFILIATE
Adjuster: THOMAS, JIM
Adjuster Phone:
Coverage Type:
Loss Type: BODILY INJURY
Claim Status: **Date Claim Closed:**
Alleged Injury/Damage: NECK, HEAD, BACK
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 5R000579105**

Reason for Match:
Insuring Company: SAFECO INSURANCE COMPANY OF AMERICA
Claim Number: 9926012880002
Date/Time of Loss: 14-Sep-1999 00:00
Policy Number:
Policy Type: WORKERS COMP & EMPLOYERS LIABILITY
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: PO BOX 100027
DULUTH ,GA 30097-0000
Insuring Co. Phone: 800-332-3220
Co. Received Date:
Loss Description:
Agency Notified:
Location of Loss: SC
Mailing Address:

SIU Infonnation

Name:
Business Phone:
Cell Phone:

Involved Party

Records: 1 thru 2 Previous Next

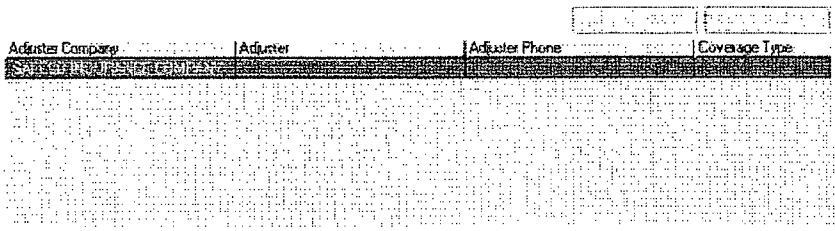
Role in Claim	Name	Address1	Address2
[redacted]	[redacted]	[redacted]	[redacted]
Insured	RESTAURANT MANAGEMENT	994 MILLER ROAD	

Role in Claimant
Name: MILLER, DOROTHY
Address 1: 1616 BAUGH ST
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29118
DOB: [redacted]
Gender: [redacted]
Home Phone:
Business Phone:
Cellular Phone:
SSN: [redacted]
Occupation: COOK
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1 Previous Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type



Adjuster Company: SAFECO INSURANCE COMPANY OF AMERICA
Adjuster:
Adjuster Phone:
Coverage Type:
Loss Type: COMPREHENSIVI
Claim Status: **Date Claim Closed:**
Alleged Injury/Damage: Hand Contusion Liquid/Grease
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 3G002886639**

Reason for Match:
Insuring Company: EVEREST NATIONAL INSURANCE COMPANY
Claim Number: 4501670102
Date/Time of Loss: 17-Dec-2009 13:04
Policy Number: 4501670102
Policy Type: PERSONAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: C/O AM CLMS MGMT - IQ OK
PO BOX 1620
ALPHARETTA ,GA 30009-1620
Insuring Co. Phone: 800-545-7742
Co. Received Date:
Loss Description: CV RE IV
Agency Notified: SCHP
Location of Loss: JOHN C. CALHOUN
US 501
ORANGEBURG ,SC 29115
US
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Record: 1 thru 1 Previous Next

Role in Claim	Name	Address1	Address2
[redacted]			

Role In Insured Driver
Name: MILLER, DOROTHY ANN
Address 1: 105 GLZMO RD
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29115
DOB: [redacted]
Gender:
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State: SC

Service Provider

Service Provider

Records: 1 thru 7 Previous Next

Name	Address1	Address2	City
REGIONAL MEDICAL CENTER	PO BOX 1306		ORANGEBURG
FAMILY HEALTH CENTER	3310 MAGNOLIA ST		ORANGEBURG
THE RADIOLOGY ASSOCIATES	PO BOX 468		ORANGEBURG
SC ORTHOPAEDIC INSTITUTE	1175 COOK RD STE 215		ORANGEBURG
ADVANCED DIAGNOSTIC	PO BOX 2729		ORANGEBURG
HEALTHPLEX/ TRMC-PT	3000 ST. MATTHEWS RD		ORANGEBURG
WILSON, LUGINBILL & KIRKLAND	PO BOX 1150		BAMBERG

Name: REGIONAL MEDICAL CENTER
Address 1: PO BOX 1306
Address 2:
City: ORANGEBURG
State: SC **Postal Code:** 29116
DOB:
Gender: Unknown
Business Phone:
Home Phone:
SSN:
Med./Prof. License:
Driver License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1 Previous Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type
EVEREST NATIONAL	ELLIS, KIMBERLY		MEDICAL PAYMENT

Adjuster Company: EVEREST NATIONAL INSURANCE COMPANY
Adjuster: ELLIS, KIMBERLY
Adjuster Phone:
Coverage Type: MEDICAL PAYMENTS
Loss Type: MEDICAL PAYMEI
Claim Status: Open **Date Claim Closed:**
Alleged Injury/Damage: NECK, BACK, KNEE
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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HUSQVARNA NORTH AMERICA
002754-031923-WC-01

Matching Claim **File Number: 1F001675297**

Reason for Match: Name is similar
Insuring Company: SEDGWICK CMS (SPECIALTY)
Claim Number: 048010717
Date/Time of Loss: 28-May-2004 13:30
Policy Number: CNV020000000259
Policy Type: COMMERCIAL AUTO
Inception Date: **Expiration Date:**
Policy Renewed?
Assigned Risk?
Insuring Co. Address: 5700 LOMBARDO CENTER
ROCK RUN NORTH STE 100

SEVEN HILLS ,OH 44131
Insuring Co. Phone: 216-617-2409
Co. Received Date:
Loss Description: NECK/BACK
Agency Notified:
Location of Loss: SC
Mailing Address:

SIU Information

Name:
Business Phone:
Cell Phone:

Involved Party

Record: 1 thru 1 Previous Next

Role in Claim	Name	Address1	Address2
[redacted]	[redacted]	[redacted]	[redacted]

Role in Both Claimant and Insured
Name: MILLER, DOROTHY
Address 1: 132 GOODWIN RD
Address 2:
City: ORANGEBURG
State: SC **Postal Code:**
DOB:
Gender: Unknown
Home Phone:
Business Phone:
Cellular Phone:
SSN:
Occupation:
Med./Prof. License:
Drivers License:
Drivers License State:

Casualty Coverage Information

Record: 1 thru 1

Record: 1 thru 1 Previous Next

Adjuster Company	Adjuster	Adjuster Phone	Coverage Type

Adjuster Company: SEDGWICK CMS (SPECIALTY)
Adjuster:
Adjuster Phone:
Coverage Type: BODILY INJURY
Loss Type: BODILY INJURY
Claim Status: **Date Claim Closed:**
Alleged Injury/Damage: NECK/BACK
Suit Field (Y/N):
Court Date:
Court State:
Docket Number:

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SR2

Husqvarna EMPLOYMENT APPLICATION

An equal opportunity employer. This application becomes void after six (6) months unless renewed.

HR Use Only
165958 (SK)
DB CB (no show)

ALL information requested must be provided for this application to be considered complete.

General Information

Name Miller (Last) Dorothy (First) Ann (Middle)

Address 125 Cizmo Rd (Street) Orangeburg (City) S.C. (State) 29115 (Zip Code)
398-2180

Telephone 664-8255-614-0354 1 (Area Code) Social Security Number [redacted]

Driver's License Number [redacted] State S.C. Expiration Date 8-22-2015

Have you ever been convicted of a crime other than a minor traffic offense? ☑ Yes ☐ No
If yes, please provide details (date, location, and disposition)

A conviction will not necessarily disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Date/Location	Nature of Crime	Disposition
Husband an I have marital problems he was hot got arrested husband is a had drinking problem But I'm being rebilitated thru Vocational Rehab I am sorry for my mistakes		

Husband is abusive sometimes

Are you a citizen of the United States? ☐ Yes ☐ No

Verification of eligibility to work in the U.S. must be satisfied within three days of the start of employment.

United States Military Service

Have you ever served in the US military? ☐ Yes ☑ No

(Rank) (Branch) (Reserve or National Guard Status)

Date Entered _____ Date of Discharge _____

Current Status
☐ Active ☐ Inactive

Service or Special Training

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	DEGREE OR DIPLOMA CERTIFICATE AND HONORS DATES RECEIVED
HIGH SCHOOL	Orangeburg Wilkinson Hi. Sch Orangeburg S.C.		11	B C	
COLLEGE OR UNIVERSITY	C-C D classes		2	B C	C.C.D from O.C.T 0000
OTHER					

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer Husqvarna

Address Old Ellorbe Rd (Street) Kathy Wannamaker (City) Orangeburg (State) S.C. 29115 (Zip Code)

Supervisor and Title Chris Johnson Your Title Inspector

Employed From 3-2011 To 6-2011 Starting Salary $8.50 Ending Salary $9.00 hr

Work Performed
sorter drilling parts checking parts on machines in machine shop machines

Reason for leaving Layed OFF

2. Name of Employer Husqvarna Lawn more Co.

Address Old Ellorbe Rd (Street) Orangeburg (City) S.C. (State) 29115 (Zip Code)

Supervisor and Title Kathy Wannamaker Your Title machine operator line worker

Employed From 7-1995 To 8-1999 Starting Salary $8.00 Ending Salary $8.50

Work Performed 4 years called back to this dept
putting screw in decks drilling screws putting parts on decks
Some more time other depts over years 12 years total

Reason for leaving Layed Off

3. Name of Employer Federal Mogulle Power train Piston Plant

Address Prosperity Drive (Street) Orangeburg (City) S.C. (State) 29115 (Zip Code)

Supervisor and Title Mr. Vic Corbitt Your Title CNC Machine operator

Employed From 4-1992 To 1994 Starting Salary _____ Ending Salary _____

Work Performed
CNC machine operator gauging, calibrating making offsets
guaging, making sure parts in tolerances

Reason for leaving Plant closed down went to Mexico

4. Name of Employer Hunter Printable Textile Plant

Address Winston Salem (Street) N. C (City) S.C. (State) 29115 (Zip Code)

Supervisor and Title Mr. John Stewart Your Title Machine operator

Employed From 2-1980 To 8-89 Starting Salary $3.00 hr Ending Salary $4.25

Work Performed
Taking cloth off machine putting on buggies also running and

JOB INTERESTS/SKILLS

Position(s) applied for Any positi't Salary Desired 7.50 ☑ Hour ☐ Year

Have you previously worked at Husqvarna or an affiliate? ☑ Yes ☐ No

If yes, list location(s) Syr. on OFFtill Inyedoff Employment Dates since 2000

Type of employment requested ☐ Full Time ☑ Temporary Date available today

Summarize any other special skills or qualifications

Bags machine operating

Other

Willing to work any shift? ☑ Yes ☐ No

If No, Explain

Do you have reliable means of transportation? ☑ Yes ☐ No

If No, Explain

Are you willing to work overtime when required? ☑ Yes ☐ No

If No, Explain

Is your age under 18? ☐ Yes ☑ No

Are any of your relatives employed by this company? ☑ Yes ☐ No (If yes, please complete below)

List Names and Relationship

Angie Clark - cousin

Are you willing to relocate? ☐ Yes ☐ No If yes, please list locations other warehouses

PROFESSIONAL REFERENCES

Name	Address	Daytime Phone	Evening Phone
Supervisors Kathy Vanwinkle	Husqvarna	536-3285	
Supervisor Tyrone Manigult	Husqvarna	536 3285	
Supervisors Christine Pelzer	Husqvarna	536-3285	

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment immediately if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by the company.

0602

I understand that any employment with Husqvarna is voluntarily entered into and, if employed, I may resign at any time for any reason. Similarly, Husqvarna may terminate the employment relationship at any time for any reason.

DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

313 2634790 SPECIMEN ID NO.

Security Seal

Initial D. M.

Date 11/15/2011

MPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

er Name, Address, I.D. No.
HARNA
WISEMAN
LD ELLOREE RD
EBURG SC 29115
3-535-1145 FAX: 803-533-7710

B. MRO Name, Address, Phone and Fax No. FORM ID: POCT400020

PH: FAX:

SSN or Employee I.D. No. [redacted]

Name: Last: [redacted] First: DOROTHY

ID Verified: ☐ Photo ID ☐ Emp. Rep.

for Test: ☑ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

sts to be Performed:

( ) 20909N POCT SAP-5 TESTSURE

ion Site Name: HUSQUARNA
: 172 OLD ELLOREE RD
te and Zip: ORANGEBURG SC 29115

Collection Site Code: 11

Collector Phone No.: 803-536-3285
Collector Fax No.: 803-533-7710

OMPLETED BY COLLECTOR

Specimen Collection: ☐ Split ☑ Single

☑ Yes ☐ No, Enter Remark

☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

On site testing performed on this specimen: ☑ Yes ☐ No

Lot #

☑ All results screened negative

☐ Specimen screened positive
List positive drug(s):

Kit Expiration Date: / /

This form is provided for confirmatory testing only. Initial testing of this specimen was performed by the site indicated in STEP 1, and is the responsibility of the indicated site and may not be the responsibility of Quest Diagnostics Incorporated.

0 meds

HAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Specimen given to me by the donor identified in the certification section on Copy 2 of the forms was collected, labeled, sealed, and released to the Delivery Service named in accordance with applicable requirements.

Kelly Randolph — Signature of Collector
10:20 AM PM — Time of Collection
Kelly Randolph — Print Collector's Name (First, MI, Last)
11/15/11 — Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☐ Quest Diagnostics Courier ☐ FedEx
☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X
Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 4: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Dorothy Miller — Signature of Donor
Dorothy A Miller — (PRINT) Donor's Name (First, MI, Last)
11/15/2011 — Date (Mo./Day/Yr.)

Daytime Phone No. (803) 664-8255
Evening Phone No. (803) 614-0354
Date of Birth [redacted]

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

0693

Husqvarna

Drug Testing Consent

Husqvarna Outdoor Products will conduct drug tests for all applicants tentatively selected for employment. Husqvarna will not hire any applicant tentatively selected for employment who refuses to submit to a drug test or who tests positive for use of illegal or unauthorized substances. Leaving the test site is also considered refusal to submit to a drug test.

If the result of your screening is positive and you would like to contest the results, there is a $25 charge (payable in cash) to have the specimen sent out to a laboratory for further testing, at your expense. The $25 charge is refunded if the results are negative after further testing.

An applicant who is rejected under this policy may be considered after a period of 12 months if they can demonstrate that they are no longer a user of any substances. For example, the applicant may successfully complete a drug abuse treatment program and pass a more thorough drug test conducted at the applicant's expense (hair sampling).

Please be advised that if a urine sample is produced without a temperature reading you will not be able to produce another sample and you will automatically be considered as a "Do not Hire" indefinitely for failing the drug screen.

I have received a copy of Husqvarna Outdoor Products drug –free workplace statement. I understand that I must abide by the terms of the drug –free workplace statement as a condition of employment. I am also aware of the facility's random drug testing process, and fully understand that a positive screening makes me ineligible for employment.

Applicant's Signature: Dorothy A Miller

0694

Print Signature: Dorothy A Miller Date: 1-15-2011

Husqvarna

NOTICE OF WAGES
SEASONAL EMPLOYEES

You are an hourly seasonal employee. Your wage rate is dependent on your job assignment.

1. Your normal work schedule will generally be 40 hours per week. Your work hours will be based on the department and shift you are assigned to. These hours are subject to change and will be dependent on the production schedule and manpower requirements. You maybe required working a different schedule (including more or less than 40 hours/week); however, we will pay you at a rate of one and one half times your normal hourly rate for all hours worked in excess of 40 hours per week in accordance with the Fair Labor Standards Act.

2. You will be paid weekly.

3. We will make deductions for state and federal income tax, and FICA, as well as any wage garnishments.

4. I authorize the Company to make deductions from my paycheck (including my final paycheck) for any money owed to the Company for items belonging to Husqvarna that have not been returned upon termination, including but not limited to: uniforms, gloves, aprons, or other company property.

I acknowledge that I am aware of these terms of employment and that this is a seasonal position. I also acknowledge that my employment with the company is "at-will." This means that I am free to terminate my employment at any time, for any reason and that the company is likewise free to terminate the relationship. THIS DOCUMENT AND THE COMPANY'S GUIDELINES AND POLICIES ARE NOT A CONTRACT. I recognize that the company's guidelines do not impose any contractual obligations on either me or the company. No statement contrary to this paragraph will have any force or effect unless it is in writing and signed by the President of the Company.

Dorothy Miller
Employee Name (Printed)

11-15-2011
Date

Dorothy Miller
Employee Signature

Husqvarna

EQUAL EMPLOYMENT OPPORTUNITY & SEXUAL HARASSMENT POLICY

A. The Company is committed to an affirmative action program to assure equal treatment of all employees and prospective employees.

The Company will recruit, select, train, promote, compensate, transfer, discipline and release employees and take any and all other personnel action without regard to race, color, religion, citizenship, age, sex, disability, or other impermissible criteria as developed from time to time, and will provide veterans and other protected groups with such extra considerations as may be required by law.

B. The Company will not tolerate any acts of sexual harassment by any of its employees.

Sexual harassment is a form of discrimination on the basis of sex and, as with other forms of discriminations, will not be tolerated in any form, by the Company. Sexual harassment generally falls into two broad categories: (1) forcing an employee to choose between submitting to sexual demands or forfeiting job benefits, employment, or promotion; and (2) subjecting employees to an intimidating hostile or offensive work environment because of persistent and repeated verbal or physical conduct of a sexual nature. This latter form of sexual harassment can arise in a number of ways, either intentionally or unintentionally. You must remember that what may appear to be "harmless", "insignificant" or a "joke" to one employee may, and can be extremely offensive to others. You must be careful to be sensitive to your co-workers' sensibilities. Employees engaging in acts that constitute any form of sexual harassment shall be subject to disciplinary measure, up to and including discharge.

If you believe that you have been subjected to sexual harassment, you should immediately notify the Human Resources Manager or equivalent at your location. In situations where no Human Resources Manager is assigned, or where the employee is dissatisfied with the action taken, successive levels of Human Resources Management should be notified of the problem up to and including the Vice President of Human Resources.

I have read, understand, and will comply with the Equal Employment Opportunity and Sexual Harassment Policy listed above.

Signature: Dorothy Miller Name: Dorothy Miller

Date: 11-15-2011

Remember: You have an absolute affirmative duty to report, whether to your supervisor or to the Corporate Compliance Counsel, any conduct that violates or potentially violates any law by an employee or agent of the Company. Failure to fully and properly discharge this duty will result in disciplinary action being taken against you up to and including the termination of employment.

0696

REV DATE: 11.08.07

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE POLICIES

I acknowledge that I have received a copy of Husqvarna's ("Company") policies that cover many important Company standards, including, among other things:

	Initials
Drug and Alcohol Policy	D.M
Equal Employment Opportunity (EEO) Policy	D.M
Paycheck Distribution	D.M
Code of Conduct	D.M
Timekeeping	D.M
Plant Safety Rules	D.M
Core Values	D.M
Work Rules	D.M
No Harassment Policy	D.M
Open Door Policy	D.M
Company Relationships Policy	D.M

I will familiarize myself with these policies and all of its contents.

I understand that these policies represent only current policies and benefits and that they do not create a contract of employment. Husqvarna retains the right to change these policies and benefits at any time, without advance notice, as it deems appropriate.

I understand that I have the right to terminate my employment at any time, for any reason with or without advance notice, and that the Company has a similar right. I further understand that my status as an at-will employee may not be changed except in writing signed by the Company's President or designee.

[redacted]
SSN

Dorothy Miller
Signature

Industrial plant worker
Job Title

Dorothy Miller
Printed Name

11-15-2011
Date

0697

Personnel File Copy

Revised August 2011

Husqvarna

Corrective Action Form (CAF)

Employee Name:	Dorothy Miller	Department:	Chassis
Date Presented:	7/16/2013	Supervisor:	Marilyn Butler
Date of Hire:	11/16/2011	Employee Clock #:	165958

1. Warning Level

- [x] Verbal Counseling (Document)
- [ ] Written Warning
- [ ] Final Warning

2. Subject(s)

- [ ] ATTENDANCE
- [x] PERFORMANCE/CONDUCT
- [ ] SAFETY

3. Action Taken

- [ ] Suspension
- [ ] Termination

Incident Description and Supporting Details: Describe the specific circumstances involved in this problem – who, what, when, where and why this caused a problem, as well as the organizational impact.

Who was involved? Dorothy Miller

What happened? Dorothy Miller is leaving parts off the chassis causing another employee to have to put them. When the leader asks what's wrong Dorothy do not response to the question.

When did it happen? July 16,2013

Where did it happen? Chassis Line .

What caused it to happen? Not working with a sense of urgency to get the job done. Looking around and not focusing on what she's doing.

How does it impact the Company? Causing downtime when the other employee does not have time to put parts on,which cause the line to stop.

Corrective Action Plan: Verbal Warning

Actions & Consequences of a repeat violation: If Dorothy continues she can receive write-ups until termination.

Acknowledgments

Immediate Supervisor	Marilyn Butler	Date: 16-Jul-13
Superintendent/Manager:	[signature]	Date: 16-Jul-13
Human Resources:	[signature]	Date: 7/17/13

My signature attests to the fact that I have read discussed and understand this disciplinary action and my progress toward achieving the actions that are required to correct the problem noted. However, my signature does not denote either agreement or disagreement but only that I understand the statements above and acknowledge that I may contact HR for the Complaint Procedure if I disagree.

0698

Husqvarna

GENERAL INFORMATION FORM

NEW HIRE/TRANSFER SURVEY
(New Hire Information Required for Benefit/Payroll Purposes)

(Please Print)

Date: 11-15-2011

Social Security Number: [redacted]

Clock #:

Name: Dorothy Miller

Mailing Address: 105 Gizmo Rd

City: Orangeburg State: S.C. Zip Code: 29115

County:

Telephone: 664-8255-614-0354

Cell Number: 290-2940-347-2081

Birth Da[redacted]

Circle One: Male (Female)

Job Title: industrial worker

Hire Date:

Marital Status: (Single (Married) Divorced or Widowed)

Spouse's Name: John Miller

IN CASE OF EMERGENCY, PLEASE LIST THREE NAMES OF YOUR IMMEDIATE FAMILY.

Name: Latasha Miller Relationship: daughter

Address: Wmyerass Orangeburg S.C. Ph: 664-8255

Name: Lazilla Miller Relationship: daughter

Address: 105 Gizmo Rd Ph: 347-2081

Name: Soniya Miller Relationship: daughter

Address: 105 Gizmo Rd Ph: 290-2940

Signature: Dorothy Miller Date: 11-15-2011

0699

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B	1
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	0
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D	2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E	1
F	Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	0
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	2
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶	H	4

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you **have more than one job** or are **married** and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2011

1 Type or print your first name and middle initial. Dorothy A	Last name Miller	2 Your social security number [redacted]
Home address (number and street or rural route) 105 Gizmo Rd	3 ☐ Single ☐ Married ☑ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code Orangeburg S.C. 29115	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	2
6 Additional amount, if any, you want withheld from each paycheck	6	$ 0
7 I claim exemption from withholding for 2011, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had no tax liability **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here	7	exempt

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. 0700

Employee's signature (This form is not valid unless you sign it.) ▶ Dorothy A Miller

Date ▶ 11-15-2011

8 Employer's name and address (Employer: Complete lines 8 and 10)

NOV 2 0 2011

Husqvarna

Change of Status

HR-FM-003 (Revision Date 01/03/2008)

Employee Info

165958 Employee Number			11/15/2011 Request Created
Miller Last	Dorothy First	Middle	Generational Qualifier
● Full Time ○ Part Time Employment Category	○ Core ● Temporary Employment Group	● Hourly ○ Salary Salary Type	○ Exempt ● Nonexempt Employee Type

Change Information

☐ Hire	☐ Transfer	☐ Layoff	☐ Leave of Absence
☐ Reinstate	☐ Classification Change	☐ Suspension	☐ Resign
☒ Seasonal Return	☐ Rate Change	☐ Terminate	☐ Retire

Was this change included in the approved budget? ● Yes ○ No		11/16/2011 Recommended Effectivity	
111 Proposed Dept. No.	Chassis Proposed Dept. Name	Assembler Proposed Position	2nd Proposed Shift

Comments & Supporting Docs

Stephanie Keitt on 11/15/2011: Created COS
Stephanie Keitt on 11/15/2011: REQ # 1875

Approvals

Department	Signature	Date	Disposition
Marilyn Butler Proposed Supervisor			
Reginald Lawson Proposed Business Owner			
Plant Manager			Approve or Reject
Ronald Warnock Human Resources			

Stephanie Keitt
[DBA]
[ADM]

Husqvarna

Revised August 2011

Corrective Action Form (CAF)

Employee Name:	Dorothy Miller	Department:	Chassis-11
Date Presented:	March,13 ,2012	Supervisor:	Marilyn Butler
Date of Hire:	11/16/2011	Employee Clock #:	165958

1. Warning Level

- [x] Verbal Counseling (Document)
- [ ] Written Warning
- [ ] Final Warning

2. Subject(s)

- [ ] ATTENDANCE
- [x] PERFORMANCE/CONDUCT
- [ ] SAFETY

3. Action Taken

- [ ] Suspension
- [ ] Termination

Incident Description and Supporting Details: Describe the specific circumstances involved in this problem – who, what, when, where and why this caused a problem, as well as the organizational impact.

Who was involved? Dorothy Miller

What happened? Dorothy is an operator in the chassis area everytime someone new comes over to work with her there is a problem. She has this thing with picking on whoever comes to work on the steering table.

When did it happen? March 13,2012

Where did it happen? Chassis line 3

What caused it to happen? Not working with the new employees when it comes to training.

How does it impact the Company? Causing downtime by not building parts as instructed to.

Corrective Action Plan: Dorothy is receiving a verbal warning for job performances as well as her conduct.

Actions & Consequences of a repeat violation: If this continue Dorothy will receive writeups until dismissal

Acknowledgments

Immediate Supervisor	Marilyn Butler	Date:	March 13,2012
Superintendent/Manager:	[signature]	Date:	March 15, 2012
Human Resources:		Date:	

My signature attests to the fact that I have read, discussed and understand this disciplinary action and my progress toward achieving the actions that are required to correct the problem noted. However my signature does not denote either agreement or disagreement but only that I understand the statements above and acknowledge that I may contact HR for the Complaint Procedure if I disagree.

0703

NOV

Husqvarna

Change of Status

HR-FM-003 (Revision Date 01/03/2008)

Employee Info

Employee Number		Request Effective	Request Created
165959			10/30/2008

Last	First	Middle	Generational Qualifier
Miller	Dorothy		

Employment Category	Employment Group	Salary Type	Employee Type
● Full Time ○ Part Time	○ Core ● Temporary	● Hourly ○ Salary	○ Exempt ● Nonexempt

Change Information

☐ Hire	☐ Transfer	☐ Layoff	☐ Leave of Absence
☐ Reinstate	☐ Classification Change	☐ Suspension	☐ Resign
☒ Seasonal Return	☐ Rate Change	☐ Terminate	☐ Retire

Was this change included in the approved budget? ● Yes ○ No

11/03/2008
Recommended Effectivity

Proposed Dept. No.	Proposed Dept. Name	Proposed Position	Proposed Shift
117	Deck Assembly	Assy Temp Assoc I	1st

Comments & Supporting Docs

Alberta Simmons on 10/30/2008: Created COS

Approvals

Department	Signature	Date	Disposition
Tyrone Manigault Proposed Supervisor	Tyrone Manigault	10/30/2008	Approve
Richard Wood Proposed Business Owner			Approve or Reject
Mike Guttas Human Resources	Mike Guttas	10/30/2008	Approve

mac

Husqvarna

OUTDOOR PRODUCTS INC. **CHANGE OF STATUS**

NOV 15 2007 DATE: 11/9/2007

NAME: *DOROTHY MILLER* EMPLOYEE NO.: 165958 EFFECTIVE DATE: 11/13/2007

☐	EXEMPT	X	NONEXEMPT	☐	SALARIED		
☐	HIRE	☐	TERMINATE	☐	TRANSFER	X	RETURNING SEASONAL
☐	REINSTATE	☐	RATE CHANGE	☐	SUSPENSION	☐	LAYOFF
☐	RETIRE	☐	CLASSIFICATION CHANGE	☐	RESIGNED	☐	LEAVE OF ABSENCE

PRESENT POSITION	DATE	PROPOSED
MFG ASSOC I (TEMP)	11/19/2007	
PRESENT DEPARTMENT	**ACCOUNT NUMBER**	**PROPOSED**
17		
AMOUNT	**PERCENT OF LAST INCREASE** / **DATE OF INCREASE**	**PROPOSED AMOUNT** / **PERCENT**
$8.50		

CHANGE INCLUDED IN APPROVED BUDGET: ☐ YES ☐ NO

REMARKS: _____

APPROVAL	DATE
IMMEDIATE SUPERVISOR	
BUSINESS MANAGER	
PLANT MANAGER	
HUMAN RESOURCES Dorothy L	11/14/07
CORPORATE APPROVAL	

REHIRE ELIGIBILITY/HOURLY

	Ex.	Good	Fair	Poor
Safety				
Attitude				
Attendance				
*Absences				
*Tardiness				
*No Show				
Productivity				
Cross-training				
Previous exp.				

Husqvarna
OUTDOOR PRODUCTS, INC.

CHANGE OF STATUS
Exempt / Non-Exempt / Hourly

NOV 0 6 2006

DATE: 11/1/2006

NAME: DOROTHY MILLER EMPLOYEE NO. 165958 EFFECTIVE DATE: 11/6/2006

BIRTH DATE: [redacted] DATE EMPLOYED: _____ SOCIAL SECURITY NO. [redacted]

☐ EXEMPT ☐ NON-EXEMPT SALARIED ☒ HOURLY

☐ HIRE ☐ TERMINATE ☒ RE-HIRE ☐ SUSPENSION
☐ REINSTATE ☐ CHANGE IN RATE ☐ TRANSFER ☐ LAYOFF
☐ RETIRE ☐ CHANGE IN CLASSIFICATION ☐ RESIGNED ☐ LEAVE OF ABSENCE

PRESENT POSITION	DATE	PROPOSED
MFG. ASSOC I	11/6/2006	
PRESENT DEPARTMENT	**ACCOUNT NUMBER**	**PROPOSED**
CRD BAGGERS (DEPT 34-137)		
PRESENT SALARY AMOUNT	**PERCENT OF AST INCREASI** / **DATE OF INCREASE**	**PROPOSED AMOUNT** / **PERCENT**
$8.50		

CHANGE INCLUDED IN APPROVED BUDGET: ☐ YES ☐ NO

REMARKS: _____

APPROVAL	DATE
IMMEDIATE SUPERVISOR	
BUSINESS MANAGER	
PLANT MANAGER	
HUMAN RESOURCES	
CORPORTE APPROVAL	
CORPORATE APPROVAL	

REHIRE ELIGIBILITY/HOURLY

	Ex.	Good	Fair	Poor
Safety				
Attitude				
Attendance				
Productivity				

Rehire: Yes or No & Explain

Comments: _____

0705

Hourly and Non-Exempt Attendance Policy Sign-Off Sheet

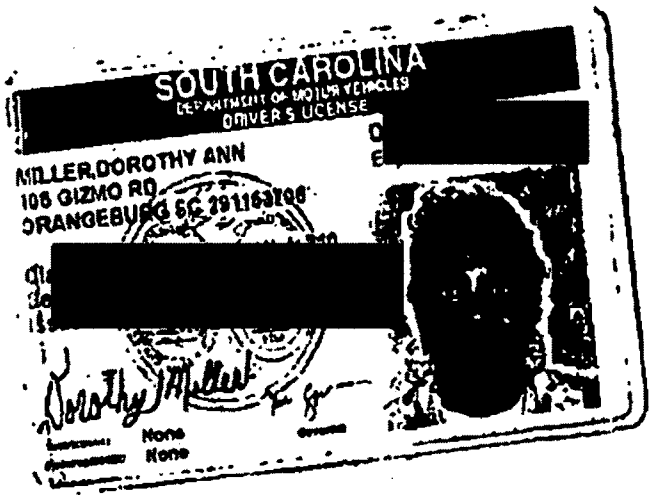
I have received and read the Husqvarna Attendance Policy. I understand that I will accrue occurrences for any full and partial absences except for excused absences as noted in this policy. I understand the occurrences will remain active for a 12-month rolling period. I further understand that all previous polices addressing attendance have been revoked and are void.

Nothing in this policy, including the presence of any disciplinary procedures is intended or should be construed as a contract for employment, expressed or implied.

Print Name: Dorothy Miller

Employee Signature: Dorothy Miller

Date: 11/16/2011


SOUTH CAROLINA
DEPARTMENT OF MOTOR VEHICLES
DRIVER'S LICENSE
MILLER,DOROTHY ANN
105 GIZMO RD
ORANGEBURG SC 291163106
None
None

SOCIAL SECURITY

SLED CATCH

Citizens Access to Criminal Histories

Results

Hello **

Name **DOROTHY MILLER**

Date of Birth [redacted]

Malden Name

Gender **Female**

SSN [redacted]

Transaction **004540416**

Date of Check **November 15, 2011 at 10:40**

ARREST RECORD
S.C. Law Enforcement Division
WWW

This record is based on a search using **Last name, First initial, Date of Birth, Gender, and Social Security Number.** Compare all identifying data given for record subject with screening subject. Fingerprint comparison is recommended as the most reliable means to identify a record subject.

INTERNET RAP SHEET REQUEST
ORI-SCLED0000 SID-SC00268750 FBI-********* PUR-E
ATN-WEB.. ACCOUNT

AUTHORIZED USE ONLY. ******** CONTACT CONTRIBUTING
AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS.
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-11/15/2011 TIME-10:35:09
REQ ORI-SCLED0000 S C LAW ENF DIV
SID-SC00268750 FBI-
NAME-SALLEY, DOROTHY SEX-F RACE-B
HEIGHT-504 WEIGHT-140 EYES-BRO HAIR-BLK SKIN- BORN-SC
FPC-131414120912091OCI09 HENRY-13 M 1 U OOI 9
M 2 U III

PHOTOGRAPH AVAILABLE AUTHORIZED USE ONLY
PALM PRINTS AVAILABLE AUTHORIZED USE ONLY
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--02/02/1980 DATE OF LAST UPDATE--03/19/2003

ADDITIONAL IDENTIFIERS NAME	BIRTH DATES	MARKS	SOC SEC	MISC NUM
SALLEY, DOROTHY ANN	[redacted]			
SALLEY, DOT				
BAXTER, LINDA		SC FACE		
DAVIS, DOROTHY		TAT R ARM		
MILLER, DOROTHY				
MILLER, DOROTHY ANN				

CONTRIBUTOR/SUBJECT	DOA/RCVD	CHARGE/DISPOSITION/ETC
SC0380100 ORANGEBURG PD	01/19/1980	
CASE-80242		
CIT-SC16-13-110 LIFTING		ARREST CHARGE 01-SHOP
		OFFENSE DATE-01/19/1980
		ARREST CHARGE 02-SIMPLE ASSAU

0708

ARREST CHARGE 03-DISORDERLY
CONDUCT
OFFENSE DATE-01/19/1980
ARREST INFO-HELD
CIT-SC16-13-110 COURT CHARGE 01-SHOPL
IFTING
COURT DISP-CONVICTED;BAIL
FORFEITED;$108
COURT CHARGE 02-SIMPLE ASSAUL
T
COURT DISP-CONVICTED;BAIL
FORFEITED;$35
COURT CHARGE
03-DISORDERLY
CONDUCT
COURT DISP-CONVICTED;BAIL
FORFEITED;$35

SC0380100 ORANGEBURG PD 03/06/1980
CASE-805643
ARREST CHARGE 01-HOUSEBREAKIN
G
OFFENSE DATE-03/04/1980
CIT-SC16-1-10 ARREST CHARGE 02-GRAND
LARCEN
Y
OFFENSE DATE-03/04/1980
ARREST CHARGE 03-FORGERY 3
CTS
OFFENSE DATE-03/04/1980
COURT CHARGE 01-HOUSEBREAKING
& LARCENY
COURT DISP-CONVICTED;1Y-6Y
CONFINE; INDETERMINATE;
YOA 5C RESTITUTION OF $425
CIT-SC16-13-10 COURT CHARGE 02-FORGER
Y 3
COUNTS
COURT DISP-CONVICTED;1Y-6Y
CONFINE; YOA 5C TO RUN
CONCURRENT WITH CHG 01
COURT DATE-05/29/1980
SC040055C R & E CENTER COLA
CASE-101039
CUSTODY STATUS-RECEIVED
START DATE-04/10/1980

SC0380100 ORANGEBURG PD 07/24/1981
CASE-812561
WARR-A524336
CIT-SC16-13-110 ARREST CHARGE 01-SHOP
LIFTING
OFFENSE DATE-07/24/1981
ARREST INFO-HELD
CIT-SC16-13-110 WARR-A524336 COURT CHARGE 01-SHOPL
IFTING
COURT DISP-CONVICTED;3M CONFI
NE; $300 FINE;CONFINEMENT
OR FINE
COURT DATE-09/08/1981

BAXTER, LINDA 10/16/1981
SC0400100 COLUMBIA PD
CASE-95417
WARR-A589050

0709

ARREST CHARGE 01-SHOPLIFTING

TERED/LIC
COURT DISP-CONVICTED;FINE
SUSPENDED
COURT DATE-02/20/2003

SALLEY, DOROTHY ANN 08/26/1982
SC0380100 ORANGEBURG PD
CASE-822607
WARR-A754920
CIT-SC16-13-110 ARREST CHARGE 01-SHOP
LIFTING
3RD
OFFENSE DATE-08/26/1982
ARREST INFO-HELD
CIT-SC16-13-110 WARR-A754920 COURT CHARGE 01-SHOPL
IFTING
3RD OFF
COURT DISP-CONVICTED;1Y CONFI
NE
COURT DATE-03/22/1983

SC0380100 ORANGEBURG PD 09/24/1982
CASE-822631
WARR-A754968
CIT-SC16-17-490 ARREST CHARGE 01-CONT
RIBUTING
TO THE DELINQUENCY OF A
MINOR
OFFENSE DATE-08/26/1982
ARREST INFO-HELD

SALLEY, DOROTHY ANN 10/22/1982
SC0320500 WEST COLUMBIA PD
CASE-29408
WARR-A779551
CIT-SC16-13-110 ARREST CHARGE 01-SHOP
LIFTING
4TH OFFENSE
OFFENSE DATE-10/20/1982
CIT-SC16-13-110 WARR-A779551 COURT CHARGE 01-SHOPL
IFTING
3RD
COURT DISP-CONVICTED;5Y SUSP;
2Y CONFINE; 3Y PROB;
GUILTY PLEA
COURT DATE-01/26/1983
SC0400055C R & E CENTER COLA CUSTODY STATUS-RECEIVED
CASE-115562 START DATE-01/28/1983

MILLER, DOROTHY 02/12/1992
SC0380000 ORANGEBURG CNTY SO
ARREST CHARGE 01-CRIMINAL
DOMESTIC VIOLENCE
WARR-04565TW COURT CHARGE 01-CRIMINAL
DOMESTIC VIOLENCE
COURT DISP-CONVICTED;TIME
SERVED
COURT DATE-12/15/1992

MILLER, DOROTHY ANN 12/13/1992
SC0380000 ORANGEBURG CNTY SO
CASE-9214829
ARREST CHARGE 01-CRIMINAL
DOMESTIC VIOLENCE

WARR-E662548

ARREST CHARGE 01-THREATENING
LIFE OF PUBLIC OFFICIAL
PALM PRINTS AVAILABLE

WARR-E662577

ARREST CHARGE 02-THREATENING
LIFE OF PUBLIC OFFICIAL

WARR-E662575

ARREST CHARGE 03-THREATENING
LIFE OF PUBLIC OFFICIAL

CIT-16-9-340 FELONY
DOC-96GS3801400 WARR-E662548

COURT CHARGE 01-INTIMIDATION
OF COURT OFFICIALS/JURORS/
WITNESS
COURT DISP-NON-CONVICTION;
NOLLE PROSSED
COURT DATE-07/09/1996

CIT-16-9-340 FELONY
DOC-96GS3801401 WARR-E662575

COURT CHARGE 02-INTIMIDATION
OF COURT OFFICIALS/JURORS/
WITNESS
COURT DISP-NON-CONVICTION;
NOLLE PROSSED
COURT DATE-07/09/1996

CIT-16-9-340 FELONY
DOC-96GS3801402 WARR-E662577

COURT CHARGE 03-INTIMIDATION
OF COURT OFFICIALS/JURORS/
WITNESS
COURT DISP-NON-CONVICTION;
NOLLE PROSSED
COURT DATE-07/09/1996

MILLER, DOROTHY 04/15/1999
SC0380000 ORANGEBURG CNTY SO
ATN-WARR-11851AV

ARREST CHARGE 01-CRIMINAL
DOMESTIC VIOLENCE
PHOTOGRAPH AVAILABLE

DOC-R84 WARR-11851AV

COURT CHARGE 01-CRIMINAL
DOMESTIC VIOLENCE
COURT DISP-CONVICTED;TIME
PAYMENT DUE ON 6-11-1999
COURT DATE-05/26/1999
ATN-

BASED ON SEARCH OF SCLED CJIS CCH FILE USING SID/SC00268750
THIS CRIMINAL HISTORY RECORD IS FOR SOUTH CAROLINA ARRESTS AND CONVICTIONS ONLY AND IS BASED ON THE INFORMATION PROVIDED. SINCE CHANGES MAY OCCUR DAILY A NEW INQUIRY SHOULD BE MADE AND NO SUBSEQUENT USE OF THIS RECORD IS ALLOWED.

** S C CJIS END OF RECORD **

Credit Card Transaction Number **1321366039ICE614111115103955**

Return Another Check

Husqvarna

BACKGROUND SEARCH RELEASE AUTHORIZATION

Name: Dorothy Miller

Address: 105 Gizmo Rd

City: Olanyeburg State: S.C. Zip: 29115

Gender: ✓ Female ____ Male (check one)

Prior Address (List all from the past 5 years. Include dates): 105 Gizmo Rd Olanyeburg S.C.

Former, Prior and Maiden Names (List all names and dates of change): _____

Social Security Number: [redacted]

Drivers License Number: [redacted]

I voluntarily consent to and authorize **Husqvarna Outdoor Products**, herein referred to as Company, and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer furnish Company and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. I further agree to release Company or their assigned agents, associates, or consumer reporting agencies and all persons or organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

Dorothy Miller
Signature

Dorothy Miller
Printed Name

11/15/2011
Date

0712

Husqvarna

172 Old Elloree Road
Orangeburg, SC 29115

SUPPLEMENT TO EMPLOYMENT APPLICATION FOR SEASONAL PRODUCTION POSITIONS

First Name Dorothy Last Name Miller

Social Security Number [redacted]

Please indicate below your availability, skills and abilities. While we cannot guarantee that we can accommodate your preferences, this information will help us match you to the right position.

Please check all that apply:

- ✓ 1st shift ✓ start 5:30 AM ✓ start 7:00 AM
- ✓ 2nd shift ✓ start between 1:30-3:00 PM ✓ start 4:00 PM
- ✓ 3rd shift (9:00 PM start)
- ✓ Compressed work schedule (40 hrs in 3 ½ days)
- ✓ Available to work overtime (daily and weekends)
- ✓ Press training ✓ Interested ✓ Previously trained
- ✓ Forklift training ___ Interested ___ Previously trained
- ___ Clamp training ___ Interested ___ Previously trained
- ___ Tugger training ___ Interested ___ Previously trained
- ___ Welding ___ Interested ___ Experienced
- ✓ Ability to use (or experience with using) air tools
- ✓ Ability to lift 10-15 lbs.
- ✓ Ability to lift 15-25 lbs.
- ✓ Ability to lift 25-50 lbs.
- ✓ Ability to lift 50-75 lbs.
- ✓ Ability to lift 75+ lbs.

Have you previously worked for Husqvarna? ✓ Yes ___ No
If yes, what department(s) do you have experience in?

0713

What duties did you perform? I have worked in all departments over

Husqvarna

GENERAL INFORMATION FORM

NEW HIRE/TRANSFER SURVEY
(New Hire Information Required for Benefit/Payroll Purposes)

(Please Print)

Date: 10/9/2008

Social Security Number: [redacted]

Clock #: _____

Name: Dorothy Miller

Address: 105 Gizmo Road

City: Orangeburg State: S.C. Zip Code: 29115

County: Orangeburg Telephone: 534-2973

Birth Date: [redacted]

Circle One: Male / Female

Job Title: ~~Machine Operator~~

Hire Date: _____

Marital Status: (Single, Married, Divorced or Widowed) married

Spouse's Name: John Miller

IN CASE OF EMERGENCY, PLEASE LIST FOUR NAMES OF YOUR IMMEDIATE FAMILY.

Name: Latasha Miller Relationship: daughter

Address: _____ Ph: 290-3512

Name: Priscilla Miller Relationship: daughter

Address: _____ Ph: 378-5255

Name: Sonali Ross Relationship: cousin

Address: _____ Ph: 308-8510

Name: _____ Relationship: _____

Address: _____ Ph: _____

Signature: Dorothy Miller Date: 10/9/2008

0714

Husqvarna

EQUAL EMPLOYMENT OPPORTUNITY & SEXUAL HARASSMENT POLICY

A. The Company is committed to an affirmative action program to assure equal treatment of all employees and prospective employees.

The Company will recruit, select, train, promote, compensate, transfer, discipline and release employees and take any and all other personnel action without regard to race, color, religion, citizenship, age, sex, disability, or other impermissible criteria as developed from time to time, and will provide veterans and other protected groups with such extra considerations as may be required by law.

B. The Company will not tolerate any acts of sexual harassment by any of its employees.

Sexual harassment is a form of discrimination on the basis of sex and, as with other forms of discriminations, will not be tolerated in any form, by the Company. Sexual harassment generally falls into two broad categories: (1) forcing an employee to choose between submitting to sexual demands or forfeiting job benefits, employment, or promotion; and (2) subjecting employees to an intimidating hostile or offensive work environment because of persistent and repeated verbal or physical conduct of a sexual nature. This latter form of sexual harassment can arise in a number of ways, either intentionally or unintentionally. You must remember that what may appear to be "harmless", "insignificant" or a "joke" to one employee may, and can be extremely offensive to others. You must be careful to be sensitive to your co-workers' sensibilities. Employees engaging in acts that constitute any form of sexual harassment shall be subject to disciplinary measure, up to and including discharge.

If you believe that you have been subjected to sexual harassment, you should immediately notify the Human Resources Manager or equivalent at your location. In situations where no Human Resources Manager is assigned, or where the employee is dissatisfied with the action taken, successive levels of Human Resources Management should be notified of the problem up to and including the Vice President of Human Resources.

I have read, understand, and will comply with the Equal Employment Opportunity and Sexual Harassment Policy listed above.

Signature: Dorothy Miller Name: Dorothy Miller

Date: 10/9/2008

Remember: You have an absolute affirmative duty to report, whether to your supervisor or to the Corporate Compliance Counsel, any conduct that violates or potentially violates any law by an employee or agent of the Company. Failure to fully and properly discharge this duty will result in disciplinary action being taken against you up to and including the termination of employment.

REV DATE: 11-09-07

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. *You cannot* claim exemption from withholding if (a) your income exceeds $900 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B 1
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C 0
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D 2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E 1
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F 0
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $58,000 ($86,000 if married), enter "2" for each eligible child. • If your total income will be between $58,000 and $84,000 ($86,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G 2
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶	H 4

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2008

1 Type or print your first name and middle initial. Dorothy	Last name Miller
Home address (number and street or rural route) 105 Gizo Road	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Orangeburg S.C. 29115	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 2
6 Additional amount, if any, you want withheld from each paycheck	6 $
7 I claim exemption from withholding for 2008, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶	7 Exempt

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it) ▶ Dorothy M Miller

Date 07-16

Husqvarna

NOTICE OF WAGES
SEASONAL EMPLOYEES

You are an hourly employee. This means that you are currently to be paid at a rate of $_____ per hour.

1. Your normal work hours will be _____ and are subject to change. While these are your normal work hours, you will also be required to work additional and/or different hours, when we decide it is necessary. We will pay you at a rate of one and one half times your normal hourly rate in accordance with the Fair Labor Standards Act.

2. You will be paid weekly during your shift, 52 payrolls per year.

3. Paychecks will be distributed in your work area (unless you choose direct deposit) during your shift on Thursday for 2nd and 3rd and Friday 1st shift. If you are not present for work during your shift to receive your paycheck, it will be mailed to the address on file in Human Resources.

4. We will make deductions for state and federal income tax, and FICA.

5. I authorize the Company to make deductions from my paycheck for any money owed to the Company, including my final paycheck, for any "advanced" vacation I have taken before the vacation is granted to me under the vacation policy. Any money owed for items purchased through the employee purchase program and any uniforms not turned in as a part of the employee voluntary uniform program.

I acknowledge that I am aware of these terms of employment and that this is a seasonal position. I also acknowledge that my employment with the company is "at-will." This means that I am free to terminate my employment at any time, for any reason and that the company is likewise free to terminate the relationship. THIS DOCUMENT AND THE COMPANY'S GUIDELINES AND POLICIES ARE NOT A CONTRACT. I recognize that the company's guidelines do not impose any contractual obligations on either me or the company. No statement contrary to this paragraph will have any force or effect unless it is in writing and signed by the President of the Company.

Dorothy Miller 5
Employee Signature

10/9/2008
Date

Dorothy Miller 2
Employee Name

0717

Husqvarna EMPLOYMENT APPLICATION

An equal opportunity employer. This application becomes void after sixty (60) days unless renewed.

General Information

Name Miller (Last) Dorothy (First) A (Middle)

Address 105 Gizmo Road (Street) Orangeburg (City) S.C. (State) 29115 (Zip Code)

Telephone (803 ~~387-5255~~ 747-4927) (Area Code) (~~531-3964~~) Social Security Number 250-17-6065

Driver's License Number [redacted] State S.C. Expiration Date 8-22-2015

Have you ever been convicted of a felony? ☐ Yes ☑ No Explain Felony

Are you a citizen of the United States? ☑ Yes ☐ No

JOB INTERESTS/SKILLS

Position(s) applied for Machine operator, Assembly production any oper. Salary Desired $8.00 hr

Have you applied for a position here before? ☑ Yes ☐ No If yes, when?

Type of employment requested ☑ Full Time ☐ Part Time ☐ Temporary ☐ Summer

Date you could start working when needed Typing Speed (WPM) 0

Summarize any other special skills or qualifications

Machine operator 10 years (Some team leader also.)
Production worker 10 years
Line worker 10 years

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	DEGREE OR DIPLOMA CERTIFICATE AND HONORS DATES RECEIVED
HIGH SCHOOL	Orangeburg Wilkinson High Orangeburg S.C.		12	B C	12 years G.E.D.
COLLEGE OR UNIVERSITY					
OTHER EDUCATION					

Husqvarna

GENERAL INFORMATION FORM

NEW HIRE/TRANSFER SURVEY
(New Hire Information Required for Benefit/Payroll Purposes)

(Please Print)

Date: 11/8/2007

Social Security Number: [redacted]

Clock #: _____

Name: Dorothy Miller

Address: 353 Silkwood Street

City: Orangeburg State: S.C. Zip Code: 29115

County: [redacted]

Telephone: 534-6397

Birth Date: [redacted]

Circle One: Male / (Female)

Job Title: _____

Hire Date: _____

Marital Status: (Single, (Married), Divorced or Widowed) _____

Spouse's Name: John Miller

IN CASE OF EMERGENCY, PLEASE LIST FOUR NAMES OF YOUR IMMEDIATE FAMILY.

Name: LaTasha Miller Relationship: daughter

Address: Seawright Orbg S.C. Ph: 534-9831

Name: John Miller Relationship: husband

Address: 353 Silkwood Street Orbg S.C. Ph: 534-6397

Name: _____ Relationship: _____

Address: _____ Ph: _____

Name: _____ Relationship: _____

Address: _____ Ph: _____

Signature: Dorothy Miller Date: 11/8/2007

0719

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $850 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B 1
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C 0
D	Enter number **of dependents** (other than your spouse or yourself) you will claim on your tax return	D 2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E 1
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F 0
G	**Child Tax Credit** (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. • If your total income will be less than $57,000 ($85,000 if married), enter "2" for each eligible child. • If your total income will be between $57,000 and $84,000 ($85,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children.	G 5
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶	H

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married** and you **and your spouse both** work and the combined earnings from all jobs exceed $40,000 ($25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2007

1 Type or print your first name and middle initial: Dorothy A. | Last name: Miller | 2 Your social security number: [redacted]

Home address (number and street or rural route): 3535 Ilkwood St.

City or town, state, and ZIP code: Orangeburg S.C. 29115

3 ☐ Single ☑ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) — 5

6 Additional amount, if any, you want withheld from each paycheck — 6 $ 0

7 I claim exemption from withholding for 2007, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here ▶

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) ▶ Dorothy A. Miller — Date ▶ 1/16/07

0720

Husqvarna

For the purpose of fulfilling the requirements of S.C. Code Ann. Section 42-9-400, your employer needs to know, to the best of your knowledge, if you have ever had any of the following conditions:

Yes	No		Yes	No	
[ ]	[X]	Epilepsy	[ ]	[X]	Hemophilia
[ ]	[X]	Diabetes	[ ]	[X]	Chronic ostomyelitis
[ ]	[X]	Cardiac disease	[ ]	[X]	Alkalosis of joints
[ ]	[X]	Arthritis	[ ]	[X]	Hyperinsulinism
[ ]	[X]	Amputated foot, leg, arm or hand	[ ]	[X]	Muscular Dystrophy
[ ]	[X]	Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75% bilateral	[ ]	[X]	Arteriosclerosis
			[ ]	[X]	Thrombophlebitis
			[ ]	[X]	Varicose veins
[ ]	[X]	Residual disability from poliomyelitis	[ ]	[X]	Heavy Metal Poisoning
[ ]	[X]	Cerebral palsy	[ ]	[X]	Ionizing radiation injury
[ ]	[X]	Multiple sclerosis	[ ]	[X]	Compressed air squeal
[ ]	[X]	Parkinson's disease	[ ]	[X]	Ruptured disc
[ ]	[X]	Cerebral vascular	[ ]	[X]	Hodgkin's disease
[ ]	[X]	Tuberculosis	[ ]	[X]	Brain damage
[ ]	[X]	Silicosis	[ ]	[X]	Deafness
[ ]	[X]	Psychoneurotic disability following treatment in a recognized medical or mental institution	[ ]	[X]	Cancer
			[ ]	[X]	Sickle-cell anemia
			[ ]	[X]	Pulmonary disease
			[ ]	[X]	Mental retardation
			[ ]	[X]	Have you suffered from any other pre-existing disease, condition or impairment which is permanent in nature? (If yes, please explain on back of form)

Acknowledgement and Records Release

I understand this questionnaire is for the purpose of enabling my employer to fulfill the requirements of the South Carolina Second Injury Fund, and it is in no way connected to the Company's decision to hire me. The information provided is not to be used by the company as a basis of denying me replacement within the Company or promotion, or to discriminate against me in any way. The information provided is true to the best of my information and belief. In the event of a future work related accident, my employer is authorized to request and review medical records pertaining to any of the conditions described herein as well as any records maintained by any government agency, past employer, or treatment facility with respects to any personal injuries I have received.

Printed Name: Dorothy Miller

Signed: Dorothy Miller Date: 11/8/2007

Social Security Number: [redacted]

Witness: _____ Date: _____

Husqvarna

CHECK RULES

ANY ASSOCIATE WHO FAILS TO REPORT FOR WORK (SICK, PERSONAL LEAVE OF ABSENCE, TERMINATION) ON HIS/HER SCHEDULED PAYDAY (THURSDAY FOR 2ND/3RD SHIFT OR FRIDAY FOR 1ST SHIFT) WILL NOT BE ALLOWED TO PICK UP THEIR CHECK.

THESE CHECKS WILL BE MAILED ON FRIDAY.

I ACKNOWLEDGE/UNDERSTAND THE GUIDELINES OF HUSQVARNA CONSUMER OUTDOOR PRODUCTS NORTH AMERICA CHECKS RULES.

SIGNATURE

11/8/2001
DATE

0722

Husqvarna

ACCIDENT REPORTING PROCEDURE

This will confirm that the following procedure has been reviewed with me in case I am ever involved in an accident while on the job.

1. Any time I am injured, I will immediately notify my Supervisor(s) regardless of the degree of seriousness.

2. Before seeking medical treatment for an injury related to my job, I must call either my Supervisor or Security so they can notify the 1st Aid Administrator or her backup, prior to going to any doctor. If this is an EMERGENCY have security notify the 1st Aid Administrator or her backup as soon as possible.

3. I understand that all on-the-job injuries are to be handled through the 1st Aid Department. Written authorization approving Worker's Compensation for medical treatment must always be presented to Medical Facility at the time of treatment.

Dept:_____ Shift:_____ Clock #:_____

Dorothy Miller
Associate Name (Print)

11/8/2007
Date

Dorothy Miller
Associate Signature

_____
Witness

PLEASE RETURN THIS FORM TO THE FIRST AID DEPARTMENT

Mailing Address
P.O. Box 1687
Orangeburg, SC 29116
USA

Office Address
Hwy 33, Old Cameron Rd
Orangeburg, SC 29116
USA

Telephone
803-536-3285

Husqvarna

REMINDER OF THE PERSONAL PROTECTIVE EQUIPMENT PROCEDURES:

In order to provide a safe and healthy work environment, and to meet the government regulations we must adhere to the following Personal Protective Equipment, PPE, procedures;

1). Safety glasses with permanent side shields must be worn at all times in the work area.

2). Ear protection is mandatory in all areas except Model Shop, Service Parts and Offices.

3). Steel Toe Shoes must be worn in the work area (except one time – visitors).

Violators of the above procedures will be sent home to retrieve the proper PPE, and be cited for late or absenteeism accordingly. Disciplinary actions for this violation will follow the established disciplinary steps. Office and break areas are exempted from the above requirements.

Dorothy Miller
Signature

11/6/2007
Date

0724

Husqvarna

EQUAL EMPLOYMENT OPPORTUNITY & SEXUAL HARASSMENT POLICY

A. The Company is committed to an affirmative action program to assure equal treatment of all employees and prospective employees.

The Company will recruit, select, train, promote, compensate, transfer, discipline and release employees and take any and all other personnel action without regard to race, color, religion, citizenship, age, sex, disability, or other impermissible criteria as developed from time to time, and will provide veterans and other protected groups with such extra considerations as may be required by law.

B. The Company will not tolerate any acts of sexual harassment by any of its employees.

Sexual harassment is a form of discrimination on the basis of sex and, as with other forms of discriminations, will not be tolerated in any form, by the Company. Sexual harassment generally falls into two broad categories: (1) forcing an employee to choose between submitting to sexual demands or forfeiting job benefits, employment, or promotion; and (2) subjecting employees to an intimidating hostile or offensive work environment because of persistent and repeated verbal or physical conduct of a sexual nature. This latter form of sexual harassment can arise in a number of ways, either intentionally or unintentionally. You must remember that what may appear to be "harmless", "insignificant" or a "joke" to one employee may, and can be extremely offensive to others. You must be careful to be sensitive to your co-workers' sensibilities. Employees engaging in acts that constitute any form of sexual harassment shall be subject to disciplinary measure, up to and including discharge.

If you believe that you have been subjected to sexual harassment, you should immediately notify the Human Resources Manager or equivalent at your location. In situations where no Human Resources Manager is assigned, or where the employee is dissatisfied with the action taken, successive levels of Human Resources Management should be notified of the problem up to and including the Vice President of Human Resources.

I have read, understand, and will comply with the Equal Employment Opportunity and Sexual Harassment Policy listed above.

Signature: Dorothy Miller Name: Dorothy Miller

Remember: You have an absolute affirmative duty to report, whether to your supervisor or to the Corporate Compliance Counsel, any conduct that violates or potentially violates any law by an employee or agent of the Company. Failure to fully and properly discharge this duty will result in disciplinary action being taken against you up to and including the termination of employment.

REV DATE: 8-30-06 HR-FM-033

Husqvarna

I AM ACCEPTING THIS TEMPORARY POSITION AT HUSQVARNA OUTDOOR PRODUCTS WITH THE UNDERSTANDING THAT THIS POSITION CAN BE ELIMINATED AT ANY TIME WITHOUT NOTICE.

Dorothy Miller
ASSOCIATE SIGNATURE

WITNESS

11/8/2007
DATE

DATE

Husqvarna

NOTICE OF WAGES
TEMPORARY ASSOCIATES

You are an hourly employee. This means that you are currently to be paid at a rate of $_____ per hour.

1. Your normal work hours will be _____ and are subject to change. While these are your normal work hours, you will also be required to work additional and/or different hours, when we decide it is necessary. We will pay you at a rate of one and one half times your normal hourly rate in accordance with the Fair Labor Standards Act.

2. You will be paid weekly during your shift, 52 payrolls per year.

3. Paychecks will be distributed in your work area (unless you choose direct deposit) during your shift on Thursday for 2nd and 3rd and Friday 1st shift. If you are not present for work during your shift to receive your paycheck, it will be mailed to the address on file in Human Resources.

4. We will make deductions for state and federal income tax, and FICA.

5. I authorize the Company to make deductions from my paycheck for any money owed to the Company, including my final paycheck, for any "advanced" vacation I have taken before the vacation is granted to me under the vacation policy. Any money owed for items purchased through the employee purchase program and any uniforms not turned in as a part of the employee voluntary uniform program.

I acknowledge that I am aware of these terms of employment. I also acknowledge that my employment with the company is "at-will." This means that I am free to terminate my employment at any time, for any reason and that the company is likewise free to terminate the relationship. THIS DOCUMENT AND THE COMPANY'S GUIDELINES AND POLICIES ARE NOT A CONTRACT. I recognize that the company's guidelines do not impose any contractual obligations on either me or the company. No statement contrary to this paragraph will have any force or effect unless it is in writing and signed by the President of the Company.

Dorothy Miller
Employee Signature

11/8/2007
Date

Dorothy Miller
Employee Name

[redacted]
Social Security Number

Employer Representative

Husqvarna Outdoor Products Orangeburg, SC	DOCUMENT NUMBER EFO-10	REVISION NUMBER 1
	ISSUE DATE 5-3-06	REVISION DATE 5-3-06
Environmental Forms	Department: Plant Wide	Applies To: Training
TITLE: Employee Enhancement Training Record		
Originated by: Steve Harvill Position: Environmental Rep.	Reviewed by: Steve Harvill Position: Environmental Rep.	Approved by: Gary Blankenship Position: Plant Manager

Employee Name: Dorothy Miller (Printed) Clock #: _____

Employee's S.S.#: [redacted] Dept. #: _____

Supervisor's Name: _____ Process Owner: _____

Description of Training:

Hazard Communication, LOTO Affected Employees, ISO 14001 Awareness, Personal Protective Equipment (PPE), Hearing Conservation, Emergency Procedures, OSHA Regulation in the Workplace

Attachments: ___ yes x no

Employee: Dorothy Miller (Signature) Date: 11/8/2007

Trainer: _____ (Signature) Date: _____

Process Owner or Team Leader: _____ Date: _____

Duration of training:

Husqvarna

172 Old Elloree Road - Orangeburg SC

Trainer (rev. 02-07)

ISO 14001 Environmental Policy

Recycling is a significant environmental aspect of our operations. We recycle cardboard, plastic, metal, gas and used oil to prevent pollution.

You can help prevent pollution and reduce waste by:

- Actively participating in company environmental endeavors.
- Using as little material as possible, thereby reducing waste.
- Not dumping any chemical in the sink, in the sewer, on the ground, or in the trash.
- Following applicable Environmental Work Instructions (EWIs).
- Sharing your ideas to minimize waste and prevent pollution.

In Conclusion:

Husqvarna is committed to the ISO 14001 international environmental standard.

Test Members' Knowledge:

1. *Pass out handout/quiz and pencils.*
2. *Verbally ask questions to the group being trained (calling on individuals to answer), having members fill out the quiz as you go.*
3. *Submit all quizzes to the Safety Department along with the documented training roster(s).*

Quiz Answers:

1. ***True***
2. ***True***
3. ***False-If you are unsure, always find out before disposing of chemicals***
4. ***True***
5. ***False-Recycling is a significant environmental aspect of our operation***

HUSQVARNA
Outdoor Products

POLICY AND PROCEDURE

SUBJECT: Production Attendance Policy

Production Attendance PolicyThis policy presents guidelines on attendance and applies to all full-time and temporary hourly Husqvarna Orangeburg Associates.

POLICY

Absenteeism is the unapproved absence from work, regardless of the reason, during your regular shift or work schedule. Absenteeism also includes tardiness, leaving work early and returning from lunch late.

Attendance is the personal responsibility of every Associate. Arriving for work on time and working on the job to the end of your shift or work schedule is very important to you and Husqvarna Orangeburg. We understand that there may be unavoidable compelling reasons that may prevent you from coming to work, or cause you to be late to work, or to have to leave early.

However, as absences become more frequent, job performance becomes less effective, production is disrupted, unfair burdens are placed on other Associates, and customer requirements are not met. Because of this, excessive absenteeism or tardiness is ***unacceptable.***

When illness or other circumstances make it impossible for you to come to work, you must give your immediate Supervisor or Manager as much notice as possible prior to the start of your shift or work schedule. Reporting absences allows Husqvarna Orangeburg to avoid scheduling problems. Our philosophy is to credit the Associate's truthfulness as long as it makes sense. Therefore, a doctor's statement is not required to verify every absence for medical reasons. However, there are cases where it is possible that an Associate is taking advantage of this policy; for example, "illness" excuses that fall into a pattern such as Friday or Monday, or where "illness" is given as an excuse more frequently than our experience tells us makes sense. In these instances, the supervisor should review the problem with Human Resources and then tell the Associate he/she is required to furnish a doctor's statement supporting the reason for each future absence where "illness" is the excuse. Failure to furnish this statement for future absences will result in the absence being "unexcused".

Approved:	Effective Date:	Supersedes:	Policy Number
	9/1/04		03

HUSQVARNA
Outdoor Products

POLICY AND PROCEDURE

SUBJECT: Production Attendance Policy

Time missed from work greater than 1 minute for the purposes of this guideline will be considered an absence. Time missed from work greater than 1 minute, but less than four (4) hours will be considered a tardy or leave early as appropriate. An Associate will be considered tardy anytime the Associate fails to report to his/her work site prepared to commence work at their scheduled time. An Associate will be considered to have departed work early anytime they leave his/her appropriate work site prior to the end of their scheduled ending time.

Two absences without proper notification (no call no show) within a 12 month rolling period will result in Coaching for Improvement action, up to and including termination. Any unreported absence of two (2) consecutive workdays will be considered to have voluntary resigned employment on the last day actually worked.

Poor attendance is defined as:

- **Any unexcused absence.**
- **Tardiness of more than three incidents per month or six incidents in any 90 day period.**
- **Any three incidents of tardiness will be considered the equivalent of one day absent.**
- **Excessive absence whether excused or unexcused.**
- **Any unexcused absences will result in corrective action. As a general rule, three excused absences in any 90 day period will result in an attendance review which may result in corrective action. It is possible for an Associate to compile such a record of excused absences that he/she establishes the fact that he/she is not suited for continued employment with our company. Since these situations vary on a case-by-case basis, they should be handled in close coordination with the Human Resources Department. Four or less unexcused absences in one year is satisfactory attendance.**

GUIDELINES

When reporting an absence, the following procedures are to be followed:

- **Associates must personally notify (voice mail is acceptable) your Supervisor or Manager as soon as you have knowledge that you will not be able to report to work at the beginning of your shift or work schedule. A guideline of 30 minutes prior to the start of the shift has been established to allow for re-**

Approved:	Effective Date:	Supersedes:	Policy Number

HUSQVARNA
Outdoor Products

POLICY AND PROCEDURE

SUBJECT: Production Attendance Policy

scheduling of workload. Having someone other than yourself call is not acceptable unless you are not able, due to a serious medical condition as defined by the FMLA.

- **Associates must let their Supervisor/Manager know when they will be able to return to work.**

Absences are classified as either excused or unexcused and are defined as follows:

Excused absences are absences that are considered authorized time away from work. **"Authorized Time" includes, but is not limited to absences approved for Vacation, Company Holidays, Leave of Absence, Plant Shutdown, Military Training/Service, Jury Duty, Court Subpoena, Bereavement, Family and Medical Leaves and for reasons of illness or legitimate emergencies for which the Associate has furnished satisfactory reasons to the supervisor that the absence should be excused.** In determining what a valid excuse is, the needs of the business must take precedence over Associate needs where only a matter of convenience to the Associate is concerned.

Also included as excused absence is time off from work for personal business when the absence has been prearranged and approved in advance by the immediate supervisor. Normally this requires at **least one day's notice**, except in extenuating circumstances. Absence for personal business will be approved by the supervisor only if the Associate has a good attendance record, and the absence does not seriously affect production requirements.

An Associate that receives an excused absence must utilize vacation in lieu of no pay. If the Associate has used all available vacation then the absence will automatically be unexcused. The only exception will be for Associates that have not accrued vacation during their first year of hire.

Unexcused absences are absences for any reasons that you do not report to work or has not received approval by the Supervisor or Manager.

A general rule of 3 absences in any 90-day period, or more than 6 absences in a 12 month rolling period, or 3 tardies in a 30 day period, or 6 tardies in a 90 day period will be used to uniformly identify Associates who may have an unacceptable attendance record. These limits are used to trigger an immediate

Approved:	Effective Date:	Supersedes:	Policy Number
	9/1/04		03

HUSQVARNA
Outdoor Products

POLICY AND PROCEDURE

SUBJECT: Production Attendance Policy

follow-up with supervision to make sure that appropriate correction has been taken or is required. This automatic follow-up is intended to insure that potential attendance problems do not develop.

An absence of several days in a row for medical reasons or severe family hardship will be treated as one absence. Where appropriate these absences will be considered as FMLA leave. The Company will require medical certification should the Associate be absent from work for medical reasons for three (3) or more consecutive workdays.

It is the role of the Human Resources Department to insure that the Attendance Policy is fully communicated to insure that supervisors are aware of their responsibility. Also, the Human Resources Department is responsible for insuring that the policy is administered fairly and consistently by maintaining and monitoring Central Attendance Records and by reviewing Individual Associate Attendance Records with supervision.

Human Resources is responsible for tracking and updating of attendance records. Human Resources will generate and send out attendance letters that will be given to the Associate Supervisors.

The supervisor will maintain an Individual Attendance Record for each Associate. It is imperative that all absences and incidents of tardiness be accurately maintained in KRONOS, including the explanation for the absence or tardiness. Supervisors and Managers are required to Coach Associates at all attendance levels as defined in the policy. Also, they are required to provide to HR daily by the end of each shift or work schedule updates of Associate time worked.

Associates are required to badge in and out daily utilizing KRONOS time keeping clocks. Associates that fail to follow this guideline will be coached using the following procedure:

- Verbal
- Written
- Final Written
- Termination

Approved:	Effective Date:	Supersedes:	Policy Number
	01/04		03

ELECTROLUX
HOME PRODUCTS, INC.

EMPLOYMENT APPLICATION

DATE 10/16/06

Electrolux Home Products is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or status as a disabled or Vietnam-era veteran.

LAST NAME	FIRST NAME	MIDDLE NAME	ARE YOU OVER 18? IF NOT, PLEASE GIVE YOUR DATE OF BIRTH.	SOCIAL SECURITY NO.
Miller	Dorothy			[redacted]

ADDRESS (Number & Street)	CITY & STATE	PHONE or NEAREST PHONE	TYPE OF WORK APPLYING FOR
353 Silkwood	Orangeburg S.C.	534-5177	

HOW LONG HAVE YOU LIVED IN THE AREA? All my life

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☒ NO

IF SO, WHAT OFFENSE:

IF SOMEONE REFERRED YOU HERE, GIVE NAME. Mabell Johnson / 13th and Plant worker, machine Operator Experience

HAVE YOU EVER WORKED HERE BEFORE?	IF YES, WHEN?	WHAT DEPARTMENT?
☑ YES ☐ NO	1995 hired	

GIVE NAMES OF ANY RELATIVES WORKING HERE: None — RELATIONSHIP — WHAT DEPARTMENT?

PERSONAL REFERENCES	ADDRESS	PHONE
Mabell Johnson	854 Santee S.C.	854-4910
Mrs Vivian Clafin College		

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	(12)
College, Trade or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License, or Certificate
High School Orangeburg Wilkinson High	Burnett Ave Orangeburg S.C.	Math English, Science Social Studies Social	
College/University			
Vocational, Business, Other			

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications

0734

Computer Skills

Other Related Skills

For Clerical Applicants Only:

Do you type? ☐ YES ☑ NO If, yes, WPM:

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From 1-98	Employer Name Federal Mogul Corp Tru	Supervisor Name Mr. Vic Corbitt	Beginning Salary 11.15
Employed Until 11-2003	Employer Address	Supervisor Phone # Listed	Ending Salary 10.75
Job Title CNC Machine Operator		Reason for Leaving Plant closed down	
Duties & Responsibilities CNC. Machine Operator loading, Unloading machine			

Employed From 6-1-2006	Employer Name Allied Air Ind.	Supervisor Name Mr. Jammie Gregg	Beginning Salary 7.45
Employed Until 7-1-2006	Employer Address	Supervisor Phone # Listed	Ending Salary 7.45
Job Title Machine Operator		Reason for Leaving Layed off	
Duties & Responsibilities Fabrication Machine Operator Press Operator			

Employed From 2-81	Employer Name Hanes Printables	Supervisor Name Mr. Sabb	Beginning Salary
Employed Until 9-91	Employer Address Winston Salem N.C.	Supervisor Phone # Listed	Ending Salary
Job Title Machine Operator		Reason for Leaving Plant closed down	
Duties & Responsibilities Lodding machine unloading, Making sheets			

RECEIVED
0735
2014

Employed From / /	Employer Name	Supervisor Name	Beginning Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

MILITARY RECORD

DATE ENTERED SERVICE	BRANCH OF SERVICE	RANK AT DISCHARGE
DATE DISCHARGED	TYPE DISCHARGED	VIETNAM VETERAN ☐ YES ☐ NO DISABLED VETERAN ☐ YES ☐ NO

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I RECOGNIZE THAT THIS APPLICATION WILL BE EFFECTIVE FOR THIRTY (30) DAYS AND THAT ANY MISREPRESENTATION OR OMISSION OF FACT MAY LEAD TO DENIAL OF OR DISCHARGE FROM EMPLOYMENT.

I AUTHORIZE: (1) THE INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS APPLICATION; (2) THE CONTACTING OF MY REFERENCES, ANY EMPLOYERS, AND OTHER INDIVIDUALS AND INSTITUTIONS TO OBTAIN INFORMATION; (3) ANY INDIVIDUAL, EMPLOYER, INSTITUTION, AND/OR ORGANIZATION TO PROVIDE THE COMPANY WITH ANY INFORMATION AND OPINION; AND (4) ELECTROLUX HOME PRODUCTS, TO ANSWER ANY INQUIRIES REGARDING MY EMPLOYMENT, CONDUCT, QUALIFICATIONS, AND REASON FOR LEAVING. I UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS TENTATIVELY MADE TO ME, IT IS CONDITIONED UPON MY SUCCESSFUL COMPLETION OF A MEDICAL EXAMINATION, INCLUDING A DRUG TEST (BLOOD TEST AND/OR URINALYSIS). IN EXCHANGE FOR BEING CONSIDERED FOR EMPLOYMENT, I RELEASE ELECTROLUX HOME PRODUCTS, ITS EMPLOYEES, AND AGENTS FROM ANY LIABILITY ARISING FROM ANY ACTIONS TAKEN TO SECTIONS (1), (2), AND (4) ABOVE.

IF EMPLOYED, I UNDERSTAND THAT: (1) MY EMPLOYMENT MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME FOR ANY REASON WITHOUT NOTICE; (2) THE COMPANY MAY REVISE AND MAKE EXCEPTIONS TO ITS POLICIES, PRACTICES, HANDBOOKS, MANUALS, RULES, AND REGULATIONS, IN WHOLE OR IN PART, AT ANY TIME; AND (3) UNLESS AGREED TO IN WRITING BY THE PRESIDENT OF THE COMPANY, NO WRITTEN OR ORAL STATEMENTS I RECEIVE FROM THE COMPANY WILL CHANGE MY STATUS AS AN AT-WILL EMPLOYEE.

SIGNED Dorothy Jelles

IF YOU ARE APPLYING FOR A POSITION REQUIRING SHORTHAND OR TYPING SKILLS, YOU WILL BE TESTED. PRIOR TO TAKING SUCH TESTS, YOU SHOULD INFORM THE COMPANY IF ANY ACCOMODATIONS TO ALLOW YOU TO TAKE ANY SUCH TESTS ARE NEEDED.

0736

DO NOT WRITE BELOW THIS LINE

BACKGROUND SEARCH RELEASE AUTHORIZATION

Name: Dorothy Miller

Address: 353 Silkwood St. Orangeb

City: Orangeburg State: S.C. Zip: 29115

Prior Address (List all from the past 5 years. Include dates): _____

Former. Prior and Maiden Names (List all names and dates of change): Dorothy Sally

Social Security Number: [redacted] Date of birth: [redacted]

Drivers License Number: [redacted]

I voluntarily consent to and authorize **Husqvarna Outdoor Products**, herein referred to as Company, and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer furnish Company and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. I further agree to release Company or their assigned agents, associates, or consumer reporting agencies and all persons or organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

Dorothy Miller
Signature

Dorothy Miller
Printed Name

10/19/06
Date

Husqvarna

DRUG AND ALCOHOL SCREENING CONSENT AND RELEASE FORM

--Notice--

It is the policy of this company to fulfill the requirements of the Drug-Free Act of 1988. Unlawful manufacturing, distribution, dispensation, possession or use of a controlled substance is prohibited on company premises. Violations of this policy will result in disciplinary action up to and including termination. The law further states that any Husqvarna Outdoor Products team member must notify the company of any criminal drug statute conviction no later than five (5) days after such conviction. Persons involved in such activities will be subject to corrective action up to and including termination.

Violations of this policy could jeopardize the company's ability to continue as a federal contractor.

This company also has random drug testing.

This policy is followed by the management of this company, not only because of legal requirements, but also because of moral commitments and a firm individual belief that a drug-free workplace will help insure the future of this company, and all team members.

I have received a copy of Husqvarna Outdoor Products drug-free workplace statement. I understand that I must abide by the terms of the drug-free workplace statement as a condition of employment. I am also aware of the facility's random drug testing process.

Associate Signature: Dorothy Mills Date: 10/19/06

Husqvarna

WELCOME! We deeply appreciate your interest in our organization and assure that we are sincerely interested in your qualifications. Your cooperation in completing this sheet fully and correctly will supply us with the information needed. (Please Print)

Name Dorothy Miller Soc. Sec. No [redacted]

Address 3535 Elwood Orangeburg S.C.

Date of Birth [redacted] Married/Single/Widowed/Divorced _____

IN CASE OF EMERGENCY, PLEASE LIST FOUR NAMES OF YOUR IMMEDIATE FAMILY.

Name LaTonya Miller Relationship daughter

Address 754 State Court Ph: 534 0577

Name Mr. David Patterson Relationship father

Address Bates, Orangeburg S.C. Ph: 536-4065

Name _____ Relationship _____

Address _____ Ph: _____

Name _____ Relationship _____

Address _____ Ph: _____

0739

Husqvarna

REMINDER OF THE PERSONAL PROTECTIVE EQUIPMENT PROCEDURES:

In order to provide a safe and healthy work environment, and to meet the government regulations we must adhere to the following Personal Protective Equipment, PPE, procedures;

1). Safety glasses with permanent side shields must be worn at all times in the work area.

2). Ear protection is mandatory in all areas except Model Shop, Service Parts and Offices.

3). Steel Toe Shoes must be worn in the work area (except one time – visitors).

Violators of the above procedures will be sent home to retrieve the proper PPE, and be cited for late or absenteeism accordingly. Disciplinary actions for this violation will follow the established disciplinary steps. Office and break areas are exempted from the above requirements.

Dorothy Mulder
Signature

10/20/06
Date

0740

REV DATE: 01/12/06

Husqvarna

APPLICANT DATA RECORD

As a government contractor, Electrolux is required to adopt an affirmative action program and maintain statistics regarding the race, sex, national origin or veteran status of applicants. To aid us with our governmental record-keeping requirements, we would appreciate your completing the form on this page. Completion of this page or any item in it is strictly voluntary. The data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Personal Traits:

Check One: ☐ Male ☐ Female

Check One: ☐ White ☑ Black ☐ Hispanic
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native

Check if applicable: ☐ Vietnam Era Veteran
☐ Disabled Veteran

Name: Dorothy Miller

Position Applied For: Machine Operator Assembly Production any other job open

Date: 10/20/06

0741

REV DATE: 8-30-06

Husqvarna

NOTICE OF WAGES
TEMPORARY ASSOCIATES

You are an hourly employee. This means that you are currently to be paid at a rate of $_____ per hour.

1. Your normal work hours will be _____ and are subject to change. While these are your normal work hours, you will also be required to work additional and/or different hours, when we decide it is necessary. We will pay you at a rate of one and one half times your normal hourly rate in accordance with the Fair Labor Standards Act.

2. You will be paid weekly during your shift, 52 payrolls per year.

3. Paychecks will be distributed in your work area (unless you choose direct deposit) during your shift on Thursday for 2nd and 3rd and Friday 1st shift. If you are not present for work during your shift to receive your paycheck, it will be mailed to the address on file in Human Resources.

4. We will make deductions for state and federal income tax, and FICA.

5. I authorize the Company to make deductions from my paycheck for any money owed to the Company, including my final paycheck, for any "advanced" vacation I have taken before the vacation is granted to me under the vacation policy. Any money owed for items purchased through the employee purchase program and any uniforms not turned in as a part of the employee voluntary uniform program.

I acknowledge that I am aware of these terms of employment. I also acknowledge that my employment with the company is "at-will." This means that I am free to terminate my employment at any time, for any reason and that the company is likewise free to terminate the relationship. THIS DOCUMENT AND THE COMPANY'S GUIDELINES AND POLICIES ARE NOT A CONTRACT. I recognize that the company's guidelines do not impose any contractual obligations on either me or the company. No statement contrary to this paragraph will have any force or effect unless it is in writing and signed by the President of the Company.

Dorothy Miller — 10/20/06
Employee Signature — Date

Dorothy Miller — [redacted]
Employee Name

_____
Employer Representative

Husqvarna

I AM ACCEPTING THIS TEMPORARY POSITION AT HUSQVARNA OUTDOOR PRODUCTS WITH THE UNDERSTANDING THAT THIS POSITION CAN BE ELIMINATED AT ANY TIME WITHOUT NOTICE.

Dorothy Miller
ASSOCIATE SIGNATURE

WITNESS

10/26/06
DATE

10/26/06
DATE

0743

Husqvarna

CHECK RULES

ANY ASSOCIATE WHO FAILS TO REPORT FOR WORK (SICK, PERSONAL LEAVE OF ABSENCE, TERMINATION) ON HIS/HER SCHEDULED PAYDAY (THURSDAY FOR 2ND/3RD SHIFT OR FRIDAY FOR 1ST SHIFT) WILL NOT BE ALLOWED TO PICK UP THEIR CHECK.

THESE CHECKS WILL BE MAILED ON FRIDAY.

I ACKNOWLEDGE/UNDERSTAND THE GUIDELINES OF ELECTROLUX CONSUMER OUTDOOR PRODUCTS NORTH AMERICA CHECKS RULES.

Dorothy M. Miller
SIGNATURE

10/20/06
DATE

0744

Husqvarna

ACCIDENT REPORTING PROCEDURE

This will confirm that the following procedure has been reviewed with me in case I am ever involved in an accident while on the job.

1. Any time I am injured, I will immediately notify my Supervisor(s) regardless of the degree of seriousness.

2. Before seeking medical treatment for an injury related to my job, I must call either my Supervisor or Security so they can notify the 1st Aid Administrator or her backup, prior to going to any doctor. If this is an EMERGENCY have security notify the 1st Aid Administrator or her backup as soon as possible.

3. I understand that all on-the-job injuries are to be handled through the 1st Aid Department.. Written authorization approving Worker's Compensation for medical treatment must always be presented to Medical Facility at the time of treatment.

Dept:_____ Shift:_____ Clock #:_____

Dorothy Miller
Associate Name (Print)

10/20/06
Date

_____
Associate Signature

_____
Witness

PLEASE RETURN THIS FORM TO THE FIRST AID DEPARTMENT

Mailing Address
P.O. Box 1687
Orangeburg, SC 29116
USA

Office Address
Hwy 33, Old Cameron Rd
Orangeburg, SC 29116
USA

Telephone
803-536-3285

Husqvarna

EQUAL EMPLOYMENT OPPORTUNITY & SEXUAL HARASSMENT POLICY

A. The Company is committed to an affirmative action program to assure equal treatment of all employees and prospective employees.

The Company will recruit, select, train, promote, compensate, transfer, discipline and release employees and take any and all other personnel action without regard to race, color, religion, citizenship, age, sex, disability, or other impermissible criteria as developed from time to time, and will provide veterans and other protected groups with such extra considerations as may be required by law.

B. The Company will not tolerate any acts of sexual harassment by any of its employees.

Sexual harassment is a form of discrimination on the basis of sex and, as with other forms of discriminations, will not be tolerated in any form, by the Company. Sexual harassment generally falls into two broad categories: (1) forcing an employee to choose between submitting to sexual demands or forfeiting job benefits, employment, or promotion; and (2) subjecting employees to an intimidating hostile or offensive work environment because of persistent and repeated verbal or physical conduct of a sexual nature. This latter form of sexual harassment can arise in a number of ways, either intentionally or unintentionally. You must remember that what may appear to be "harmless", "insignificant" or a "joke" to one employee may, and can be extremely offensive to others. You must be careful to be sensitive to your co-workers' sensibilities. Employees engaging in acts that constitute any form of sexual harassment shall be subject to disciplinary measure, up to and including discharge.

If you believe that you have been subjected to sexual harassment, you should immediately notify the Human Resources Manager or equivalent at your location. In situations where no Human Resources Manager is assigned, or where the employee is dissatisfied with the action taken, successive levels of Human Resources Management should be notified of the problem up to and including the Vice President of Human Resources.

I have read, understand, and will comply with the Equal Employment Opportunity and Sexual Harassment Policy listed above.

Signature: Dorothy Mills Name: Dorothy Miller

Remember: You have an absolute affirmative duty to report, whether to your supervisor or to the Corporate Compliance Counsel, any conduct that violates or potentially violates any law by an employee or agent of the Company. Failure to fully and properly discharge this duty will result in disciplinary action being taken against you up to and including the termination of employment.

EMPLOYEE AGREEMENT

ON

CONFIDENTIAL INFORMATION,

ELECTRONIC MEDIA SYSTEMS,

INVENTIONS, PATENTS,

AND

WRITINGS

Husqvarna

ELECTROLUX NA

EMPLOYEE AGREEMENT

In consideration of my employment or wage increases and continued employment by Husqvarna Outdoor Products, Inc., any Division, Subsidiary or affiliated company thereof (hereinafter collectively referred to as the "Company"), and the salary to be paid, I agree, for the benefit of the Company, its successors, assigns and nominees, as follows:

1. **Employment.** I understand that by signing this Agreement, the general conditions of my employment have not changed; which general conditions are: that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either myself or the Company. I understand that no manager, agent or representative of the Company has any authority to promise employment for a specified period of time, and no manager, agent or representative of the Company has the authority to enter into a contract of employment, either written or oral, which purports to restrict the Company's ability to terminate my employment at any time or for any reason. The only exception to this understanding is an employment agreement which as been reduced to writing and executed on behalf of the Company by the Senior Vice President, Human Resources.

2. **Duties.** I will conform to the rules and regulations of the Company, including but not limited to the WCI Business Conduct Policy, and faithfully and diligently perform all duties of my employment, including the devotion of my time, skill, energy and ability to (a) the promotion of the business and interests of the Company and (b) the exercise of my inventive faculties for the development or improvement of the products, services, processes and procedures of the Company.

3. **Confidentiality.** I will not, except as required in the conduct of the Company's business, or as authorized in writing by an executive officer of the Company, directly or indirectly, publish, disclose or communicate or authorize anyone else to publish, disclose or communicate to any person, firm or corporation not affiliated with the Company, or use to the Company's detriment, either during or after the period of my employment, any and all knowledge or technical information in the nature of any trade secret or confidential information relating to the Company's business and acquired or observed by me during and as a result of my employment by the Company, including without limitation, the whole or any portion or phase of, any business plan, discussion with or advice from legal counsel, financial information, or listing of customers, suppliers, employees or representatives, or other listing of names, addresses, or telephone numbers, or any information (scientific, technical or otherwise) with respect to any design, process, procedure, formula, invention or improvement, which such information has not been published or extensively disseminated, or otherwise become a matter of general public knowledge. Likewise, I will not disclose or utilize in any work performed by me for the Company any secret or confidential information of a former employer or others.

4. **Electronic Media Systems.** I understand that (a) all electronic media systems, including computers and electronic mail, and all information transmitted by, received from, or stored in these systems are the property of the Company; (b) that these systems are to be used only for business purposes and not for personal purposes; and (c) I have no expectation for privacy in connection with the use of these systems, or with the transmission, receipt, or storage of information in these systems. I will not use a code, access a file, or retrieve stored communications unless authorized. I acknowledge and consent to the Company monitoring my use of these systems at any time, at its discretion, including but not limited to printing and reading all electronic mail messages entering, leaving, or stored in these systems.

5. **Records and Materials.** I will keep, as required by the Company, notebooks, records, research and development data, blueprints, photographs, samples, models and the like, concerning all work I may be engaged in for the Company, and such materials shall at all times remain the property of the Company. Upon the termination of my employment, I will not take with me, without the prior written consent of an executive officer of the Company, any such materials, and I will deliver all such materials in my possession to the Company representative authorized to accept such materials.

6. **Prior Inventions.** On the last page of this form is a complete list of all inventions, whether patentable or not, including a brief description thereof, which I have made or conceived, either solely or jointly with others, prior to my employment by the Company, including a list of any assignments of any rights thereunder. If none, so state. Do not list any invention which is a trade secret of a former employer or others.

7. **Inventions Not Included.** It is expressly understood that the following paragraphs of this Agreement do not apply to an invention, which I have made or conceived, or may hereafter make or conceive, for which no equipment, supplies, facility, or trade secret information of the Company was used and which was developed entirely on my own time, and (a) the invention does not relate (i) to the business of the Company or (ii) to the Company's actual or demonstrably anticipated research or development; or (b) the invention does not result from

8. **Disclosure of Inventions.** I will promptly and fully disclose to the Company, or its designated representatives, any and all inventions and improvements thereon, whether or not patentable, which I have made or conceived, or may hereafter make or conceive, either solely or jointly with others, during the period of my employment, whether during working hours, or not, and which (a) relate (i) to the business of the Company or (ii) to the Company's actual or demonstrably anticipated research or development; or (b) result from any work performed by me for the Company. I will also fully and promptly disclose to the Company, or its designated representatives, any and all inventions and improvements thereon of the type set forth above, whether or not patentable, which I may make or conceive during the one (1) year period following termination of my employment and which directly or indirectly result from any work initiated, performed, observed or contemplated during the period of my employment by the Company. I will not at any time, without the prior written consent of an executive officer of the Company, disclose any such inventions and improvements thereon, whether patentable or not, the existence thereof or the existence or status of any application for patent thereon to any person, firm or corporation not affiliated with the Company.

9. **Assignment of Inventions and Patents.** I will, without charge to the Company, do all such lawful acts, and execute, acknowledge and deliver all such instruments of writing, including applications for Letters Patent, as may be necessary, in the opinion of the Company, (a) to vest, or more fully vest, in the Company, its successors, assigns or nominees, in the United States and any other country, the entire right, title and interest in and to all the inventions and improvements thereon referred to in paragraph 8 hereof, and (b) to enable the Company to secure protection for all such inventions and improvements thereon including (i) obtaining Letters Patent (as well as divisions, continuations, reexaminations and reissues) thereon, and (ii) any and all priority rights therein; so that the Company, its successors, assigns or nominees shall be the sole and absolute owner thereof in the United States and any other country in which it may desire to obtain Letters Patent and/or priority rights. I shall assign to the Company, its successors, assigns or nominees, all such inventions and improvements thereon, all applications for Letters Patent and/or priority rights filed thereon, and all Letters Patent and/or priority rights which may issue thereon in the United States and any other country.

10. **Writings and Copyrights.** Any writings or other copyrightable material first produced or composed during the performance of work in connection with my employment by the Company shall be deemed to be a work made for hire and after the creation thereof, I shall assign to the Company, its successors, assigns or nominees, all right, title and interest therein. In the event that I use my own copyrighted or copyrightable material in the performance of work for the Company, which material was not first produced or composed by me in the performance of such work, to the extent I have the right to do so, I shall grant to the Company a royalty free, non-exclusive and irrevocable license to reproduce, translate, publish, use and dispose of such material, and to authorize others to do so in the conduct of the Company's business.

11. **Assistance.** I will give all reasonable assistance and cooperation to the Company, its successors, assigns or nominees, in any investigation, litigation or controversy involving the subjects covered by this Agreement, provided, however, that should such service be rendered after termination of my employment, a reasonable compensation shall be paid to me upon a per diem basis, not to exceed a per diem amount equal to the highest daily remuneration received by me while employed by the Company.

12. **Survival of Obligations.** I hereby acknowledge that my obligations, as set forth in Paragraphs 3, 8, 9, 10 and 11 hereof, in respect of the matters covered therein shall survive the termination of my employment.

13. **Duplicate Copy.** I hereby acknowledge receipt of a duplicate copy of this Agreement.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal, this _ day of _____ 20__.

Dorothy Miller

Signature of Employee

WITNESS:

_____

_____

Employing Company

_____

Position or Title

_____

Authorized Signature for Employing Company

Husqvarna

HEALTH CARE CENTER
PROGRESS NOTES

NAME: Dorothy Miller	D.O.B [redacted]	SS#		
DATE: 7/17/14	Temp:	BP:	P:	R:
AGE: 56	7/17/14			
H:	Dorothy came to First Aid C/O pain in			
W:	Rt wrist post Carpal Tunnel Surgery.			
LMP:	We applied ice + gave her Rx			
Allergies: NKDA	of Ibuprofen. Dorothy stated she was			
	out of the Rx Ibuprofen + wanted			
	more. I told her it was over the			
	counter as drug pills + she could buy			
Meds: None	it at Walmart or Drug Stores. She			
	Said she didn't have any money because			
	She wasn't working.			
	Charles Bangura			

Husqvarna Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 7/16/14

Employee: Dorothy Miller Clock# 165958

Department: 11 Shift: 1

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

No lifting greater than 10 lbs
no use of air gun. may not work
more than 8 hrs a day and no more
than 40 hrs a week.

Employee signature: Dorothy Miller Date: 7-16-14

Administrator: Cindy Knight Date: 7/16/14

Husqvarna Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 4/23/14

Employee: Dorothy Miller Clock# 165988

Department: 111 Shift: 1st

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

No Restrictions Return to Full Duty
4/23/14

Employee signature: Dorothy Miller Date: 4/24/14

Administrator: Charles Bumpus Date: 4/24/14

Husqvarna
Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 4/21/2014

Employee: Dorothy Miller Clock# 165958

Department: 11 Shift: 1st

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

As of 4/11, limited use of right hand.
No lifting greater than 5 lbs.

Employee signature: _____ Date: _____

Administrator: Marija G. Jelley Date: 4/21/2014

Husqvarna Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 3/26/2014

Employee: Dorothy Ann Miller Clock# 165958

Department: 11 Shift: 1st

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

No restrictions

Next Appt. 5-6-2014

at 4:00pm

Employee signature: Dorothy A Miller Date: 3/26/2014

Administrator: Shawn A Mobley Date: 3/26/2014

Husqvarna Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 10/07/13

Employee: Dorothy Miller Clock# 165958

Department: 11 Shift: 1st

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

Unable to reach overhead, unable to lift overhead, must wear orthopedic splint/cast. May lift up to 5 lbs, limited use of right hand; No air gun. Restrictions in effect for one week. Dept appt. 10/16/13 @ 8:15am

Employee signature: Dorothy Miller Date: 10/7/13

Administrator: Marilyn G. Silley Date: 10/07/13

Husqvarna Group

WORKERS' COMPENSATION MEDICAL RELEASE

I Dorothy Miller hereby authorize the release of all medical records, including but not limited to psychological, psychiatric, alcohol and drug, and all other pertinent medical information relevant to my complaint of injury related to my workers' compensation claim.

Additionally, I authorize my Employer and its workers' compensation carrier and their representative and agents to communicate directly both orally and in writing with all treating physicians or medical providers of any kind regarding all facts and opinions relevant to my workers' compensation claim until my claim has ended. I understand that pursuant to S.C. Code Ann. 42-15-80 that no fact communication to or otherwise learned by any physician or surgeon who may have attended or examined me, or who may have been present at my any examination is privileged.

[redacted]

Dorothy Miller
Signature

10/7/13
Date

Husqvarna Group

AUTHORIZATION TO RETURN TO WORK

Worker's Compensation Employees

Date: 12/12/13

Employee: Dorothy Miller Clock# 165954

Department: 8 Shift: 1st

Employee above is authorized (per his/her physician) to return to work with the following restrictions:

previous restrictions as before.

Employee signature: Dorothy Miller Date: 12/12/13

Administrator: [signature] Date: 12/12/13

0757

HUSQVARNA (10/07/13 @ 10:15am (
CONSUMER OUTDOOR PRODUCTS Dr. Singleton
#19972

Employee Incident Report

DATE: 10/7/13 NAME: Dorothy Miller

ADDRESS: 105 Cizmo Rd Greenville S.C. 29615

DATE OF BIRTH: [redacted] EMPLOYEE SIGNATURE: Dorothy Miller

DATE OF HIRE: ~~20 years service~~ 11/16/11

CLOCK # 105958 JOB TITLE Assembly - machine operator

DEPT #: ~~Chassis~~ 11 SUPERVISOR: Marilyn Butler

DATE REPORTED / TIME / PERSON NOTIFIED: 2½ weeks ago 10/02/13 @ 9:00

HAVE YOU NOTIFIED YOUR SUPERVIOR: (YES) NO 9:00am

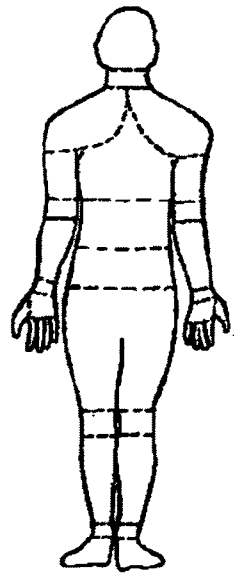
DATE OF INJURY: ~~2½ week ago~~ 10/02/13 TIME: ~~2 hrs today 10:35~~ ~~1:30~~ 1:56

MACHINE TYPE/ EQUIPMENT #: (Be specific) On Line with air gun
Never worked on line since in that dept.

NATURE OF INJURY: (What did you hurt) Using drill gun on line never work line before
my hand an hem paining real bad

DESCRIPTION OF ACCIDENT: (How did injury occur) Pain when using gun on line
severe pain in palm of hand and
right arm running up arm like moving to fast for arm when
in pain.

Shade injured area



WERE YOU PERFORMING YOUR NORMAL JOB AT THE TIME OF THE INCIDENT?
YES (NO)

IF NO, WHAT JOB WERE YOU PERFORMING: Was moved to that Station 3 week ago

WITNESS: (If any)

0758

ORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

15007813 8549513 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
HUSQUARNA
BETH WISEMAN
172 OLD ELLOREE RD
ORANGEBURG SC 29115
PH:803-535-1145 FAX: 803-533-7210

B. MRO Name, Address, Phone and Fax No. FORM ID: PDCT400V20

PH: FAX

C. Donor SSN or Employee I.D. No. [redacted]

D. Donor Name: Last: Miller First: Dorothy

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep. _____

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☑ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99) _____

G. Drug Tests to be Performed:

✓ 209098 PDCT SAP-5 TESTSURE

H. Collection Site Name: HUSQUARNA
Address: 172 OLD ELLOREE RD
City, State and Zip: ORANGEBURG SC 29115

Collection Site Code: HCOP

Collector Phone No.: 803-536-3285
Collector Fax No.: 803-533-7210

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☑ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☑ Single
☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

On-site testing performed on this specimen: ☑ Yes ☐ No Lot # DOA 2100157
☑ All results screened negative.
☐ Specimen screened positive. List positive drug(s) _____
Kit Expiration Date: 09 / 2017

This form is provided for confirmatory testing only. Initial testing of this specimen was performed by the site indicated in STEP 1, and is the responsibility of the indicated site and may not be the responsibility of Quest Diagnostics Incorporated.

REMARKS 940

STEP 3: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to the by donor listed in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service listed in accordance with applicable requirements.

X Marilyn G. Tiller
Signature of Collector
Marilyn G. Tiller
(Print) Collector's Name (First, MI, Last)

2:15 AM PM
Time of Collection
10 / 07 / 2013
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☐ Quest Diagnostics Courier ☐ FedEx
☐ Other _____
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X _____
Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
/ /
Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 4: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Dorothy Miller
Signature of Donor
Dorothy Miller
(PRINT) Donor's Name (First, MI, Last)
10 / 7 / 13
Date

Daytime Phone No. (803) 937-0750
Evening Phone No. ( )
Date of Birth [redacted]
Mo. Day Yr.

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

/ /
Date (Mo. Day Yr.)
Donor's Initials
/ /

CENTER OVER CAP
A
CENTER OVER CAP

SPECIMEN ID NUMBER
15007813 - 8549513

0759

```
.E51 CMD      JOB ORDER REFERRAL                    RECORD(S) SUCCESSFULLY ADDED
                                                  EMPLID: SC000263621
  - - - - - -  JOB SEEKER  - - - - - - >  | EMPL NAME: ELECTROLUX
:SNO: [redacted]          VET:            | < - - - - WORKSITE 00001 INFO - - - ->
(ILLER DOROTHY A                          | HUSQVARNA
 53 SILKWOOD ST                           | P O BOX 1687
                                          |
)RANGEBURG              SC 29115-0000     | ORANGEBURG              SC 29116
 03-534-5177    FAX:    -   -             | 803-536-3285    FAX: 803-533-7710
                                          |
: - - - - - - - - - - - - - - - - INSTRUCTIONS - - - - - - - - - - - - - - - - >
)RDER NO: SC3320812   JOB TITLE: PRODUCTION OPER
'NTERVIEW SCHEDULED: 10 / 16 / 2006 AT:    :      M    RFRM CODE: 5   AHST: SC
:EPORT TO: STEPHANIE KEITT                          RFRL POSTED: 10 / 16 / 2006
 REFERRAL INST: MAIL COMPANY APPLICATIONS TO EMPLOYER
)DDITIONAL INFO:

)AGE AT PLMT:                RSLT CODE:          RSLT DATE:    /    /

:EFERRED BY: ORANGEBURG ESC                      STAFF ID: ESC38001555
'OR QUESTIONS PHONE:                                      AT:     -     -
'1=HELP   F2=REQUR  F3=JO REG F4=STATUS F5=JS SRH F7=BCKWRD F8=FORWRD F9=NOTES
'10=AWS   F12=MAIN  F13=SKLWD F14=SMMRY F15=S RTN F16=STUSE F17=DS CI F18=DS RR
```

10-17-06 not home

8:30

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $850 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B 1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C 1
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D 2
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F 0
G	Child Tax Credit (including additional child tax credit): • If your total income will be less than $55,000 ($82,000 if married), enter "2" for each eligible child. • If your total income will be between $55,000 and $84,000 ($82,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G 2
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H 3

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $35,000 ($25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2006

1 Type or print your first name and middle initial. Dorothy	Last name Miller	2 Your social security number [redacted]
Home address (number and street or rural route) 353 Silkwood	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code Orangeburg S.C. 29115	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ ☐	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 3
6 Additional amount, if any, you want withheld from each paycheck		6 $ 0
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and. • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 Exempt

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it) ▶ Dorothy Miller Date ▶ 10/20/00

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
		0761

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2006)

Husqvarna

DRUG AND ALCOHOL SCREENING CONSENT AND RELEASE FORM

--Notice--

It is the policy of this company to fulfill the requirements of the Drug-Free Act of 1988. Unlawful manufacturing, distribution, dispensation, possession or use of a controlled substance is prohibited on company premises. Violations of this policy will result in disciplinary action up to and including termination. The law further states that any Husqvarna Outdoor Products team member must notify the company of any criminal drug statute conviction no later than five (5) days after such conviction. Persons involved in such activities will be subject to corrective action up to and including termination.

Violations of this policy could jeopardize the company's ability to continue as a federal contractor.

This company also has random drug testing.

This policy is followed by the management of this company, not only because of legal requirements, but also because of moral commitments and a firm individual belief that a drug-free workplace will help insure the future of this company, and all team members.

I have received a copy of Husqvarna Outdoor Products drug-free workplace statement. I understand that I must abide by the terms of the drug-free workplace statement as a condition of employment. I am also aware of the facility's random drug testing process.

Associate Signature: _____ Date: 11/7/2006

0762

Husqvarna

BACKGROUND SEARCH RELEASE AUTHORIZATION

Name: Dorothy Miller

Address: 3533 Elkwood Street

City: Orangeburg State S.C. Zip 29115

Prior Address (List all from the past 5 years. Include dates): Same

Former, Prior and Maiden Names (List all names and dates of change): Dorothy Sally Miller

Social Security Number [redacted] Date of birth: [redacted]

Drivers License Number [redacted]

I voluntarily consent to and authorize Husqvarna Outdoor Products, herein referred to as Company, and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer furnish Company and or their assigned agents, associates, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. I further agree to release Company or their assigned agents, associates, or consumer reporting agencies and all persons or organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

Signature Dorothy Miller

Printed Name Dorothy Miller

Date 11/17/2011

FIRST SCRIPT

PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Welcome to First Script, a pharmacy benefit program designed exclusively for Husqvarna North America #002754 in partnership with Gallagher Bassett Services, Inc. for your workplace injury.

Injured Worker

No Cost	STEP 1	Complete the information requested in the bottom portion below
	STEP 2	Present this form to your pharmacist along with the prescriptions for your work-related injury.
No Delay		First Script is available at over 61,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-866-445-7344.
Feel Better Faster		Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. The workers' compensation carrier will determine the compensability of the claim. You or your group health insurer, are financially responsible for any other prescriptions.

Pharmacy Instructions

The Injured Worker's employer participates in First Script, a pharmacy benefit program administered by Medco. Call the First Script Help Desk, 24 hours a day, 7 days a week, at 1-866-445-7344. If the Member ID number is not listed on this form, please provide the claimant information indicated below to receive the Member ID #. Please note the ID number on the form and return to injured worker. Please note that First Script claims are submitted electronically and electronic approval of the claim will be returned.

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.

FIRST SCRIPT

Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Name: Dorothy Miller

Date of Injury: 10 / 02 / 2013

SSN: [redacted]

Employer Name: Husqvarna North America #002754

(Above information to be completed by Injured worker or Supervisor)

RX PROGRAM ADMINISTERED BY: **Medco**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Member ID: _____

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File #
Carrier File #
Carrier Code # S-961
Employer FEIN 362532025

Dorothy Miller — [redacted] (SSN)
Claimant's Name

105 Gizmo Rd. Orangeburg, SC 29115
Address City State Zip

803-937-0720 803-536-3285
Home Phone # Work Phone #

HUSQVARNA CONSUMER OUTDOOR PRODUCTS
Employer's Name

P.O. BOX 1687 ORANGEBURG, S.C 29116
Address City State Zip

ACE AMERICAN INSURANCE COMPANY
Insurance Carrier

MARILYN G. TILLEY (803) 533-4869
Preparer's Name Phone #

A. Total Wages Paid

Date of Injury: 10/02/2013 (Month Day Year)

1. Check Applicable Method:
- ☒ Report of earnings of injured employee based on four completed quarters.
- ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
- ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: 11/16/2011
- ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation Rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid		
1st	12/30/12	$3319.50		
2nd	03/30/13	$6009.31		
3rd	06/30/13	$3366.01		
4th	09/30/13	$2475.03	Total Paid	2. $15,169.85

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. -0-

4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. $15,169.85

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 42

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. $361.18

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $240.79

8. The compensation rate is as follows (choose one):
- ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
- ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly Wage (line 6) is more than $75.00; the compensation rate is $75.00. Enter $75.00 on line 8.
- ☐ When the estimated compensate rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
- ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8: _____
- ☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $240.79

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS REPRESENTATIVE AT (803) 798-5811.

E. Ros Huff, Jr.
roshuff@huffandhapeshis.com

HUFF & HAPESHIS LLC
ATTORNEYS AT LAW

Shelby G. Hapeshis
shapeshis@huffandhapeshis.com

May 31, 2016

Dr. Jerrold M. Buckaloo
South Carolina Orthopaedic Institute
1175 Cook Road, Suite 215
Orangeburg, SC 29118
Attention: Vicki

Re: Dorothy Miller v. Husqvarna
WCC File No. 1318602
Date of Birth: [redacted]

Dear Dr. Buckaloo:

Our firm represents Husqvarna and ACE American Insurance in a workers' compensation claim brought by Dorothy Miller for an injury on October 8, 2013. Ms. Miller sustained an injury to her right wrist from repetitive use of an airgun. She was diagnosed with carpal tunnel and deQuervain's disease of the right wrist and underwent releases on May 21, 2014. She was ultimately referred to Dr. Murihead at Charleston Hand Group who released her on July 16, 2015 with a 7% impairment to her right upper extremity and permanent work restrictions. In July 2015 following her release by Dr. Murihead, Ms. Miller's counsel added bilateral shoulders to her October 8, 2013 workers' compensation claim (right wrist). However medical documentation does not demonstrate causation for inclusion of the shoulders as part of this claim.

Ms. Miller returned to you on September 22, 2015 and was diagnosed with bilateral shoulder pain after MRI's revealed rotator cuff tears. I have enclosed medical records for your review to address causation and relatedness with regards to the following:

1. Based upon review of medical records, can you state to a reasonable degree of medical certainty that Ms. Miller suffered from bilateral shoulder-pain, arthritis/arthralgia, muscle spasms, "frozen" shoulder symptoms and was diagnosed with bilateral shoulder tendonitis prior to the October 8, 2013 incident?

   ✓ Yes _____ No

2. Based upon treatment/evaluation you provided and upon review of Ms. Miller's medical records, can you state to a reasonable degree of medical certainty that the most probably

cause of Ms. Miller's bilateral complaints stem from pre-existing conditions, predating the accident of October 8, 2013?

✓ Yes _____ No

Dr. Jerrold M. Buckaloo

6/13/16
Date

Thank you for your time and cooperation.

Sincerely,

Shelby G. Hapcshis

1900.0490

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.

September 29, 2017

E. Ros Huff, Jr., Esquire #2767
Shelby G. Hapeshis, Esquire #74731
HUFF & HAPESHIS, LLC
Post Office Box 1935
Irmo, South Carolina 29063
(803) 252-2232 telephone

Attorneys for Husqvarna, Employer, and Ace American Insurance Company, Appellants

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