

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED
FEB 12 2018
SC Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Avery B. Wilkerson, Jr., Commissioner;
Melody L. James, Commissioner, and R. Michael Campbell, II, Commissioner, concurring

Appellate Case No. 2017-001757

Sarah White, Employee,..... Appellant,

v.

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

RECORD ON APPEAL

Christopher J. Archer
T. Jeff Goodwyn, Jr.
Goodwyn Law Firm, LLC
2519 Devine Street
Suite A
Columbia, SC 29205
Attorneys for Appellant

Clark W. McCants, III
Amy P. Shumpert
Nance, McCants & Massey
P.O. Box 2881
Aiken, SC 29802-2881
Attorneys for Respondents

INDEX FOR RECORD ON APPEAL

I. ORDERS/JUDGMENTS

Decision and Order of Commissioner Beck dated December 19, 2011.....	1
Decision and Order of the Single Commission dated July 26, 2016.....	8
Decision and Order of the Appellate Panel dated July 24, 2017.....	16

II. PLEADINGS

Claimant's Form 50, (May 15, 2015).....	21
Employer's Form 51, (June 12, 2015).....	24
Claimant's Form 58, (January 21, 2016).....	25
Employer's Form 58, (November 6, 2015).....	26
Claimant's Form 30, (August 8, 2016).....	27

III. TRANSCRIPTS

Transcript of Hearing dated February 4, 2016.....	29
Transcript of Hearing dated December 12, 2016.....	50

IV. EXHIBITS AND DOCUMENTS

Claimant's APA Submissions, including:

Ezra B. Riber, M.D. Palmetto Pain Management, LLC, (8/17/12).....	133
Ezra B. Riber, M.D. Palmetto Pain Management, LLC, (11/12/13).....	135
Palmetto Imaging, (8/24/00).....	140
Palmetto Imaging, (6/3/11).....	141
Palmetto Imaging, (3/31/11).....	142
Palmetto Imaging, (8/12/11).....	143
Medical University of South Carolina, (5/26/11).....	145
Larry Dillard, PA-C, Dept. of Army, Fort Jackson, (7/18/11).....	149

Larry Dillard, PA-C and Richard Cheng, M.D., (1/18/16).....	150
Larry Dillard, PA-C and Richard Cheng, M.D., (1/16/16).....	152
Medical University of South Carolina, (9/25/13).....	153
Medical University of South Carolina, (12/26/13).....	155
Statement of Tina Lovejoy, (10/25/11).....	162
Statement of Luther Washington, (5/26/12).....	164
Employer's APA Submissions, including:	
Palmetto Baptist Medical Center, (8/24/00).....	165
Moncrief Army Community Hospital, (3/21/11-6/13/11).....	172
Palmetto Imaging, (3/31/11-6/13/11).....	253
C. Phillip Touissant, M.D., (5/26/11-5/18/13).....	259
W. Randal Westerkam, M.D., (6/27/11).....	263
Palmetto Health Personnel Records, (7/28/11-8/1/11).....	265
Michael C. Mareska, M.D., South Carolina Neurological Clinic, P.A., (9/6/12-6/25/13).....	280
Ezra B. Riber, M.D., Palmetto Pain Management (9/28/12-11/12/13).....	308
Earl B. McFadden, Jr., M.D., Moore Orthopaedics, (4/23/13).....	346
MUSC, (9/25/13-12-27-13).....	347
Decision and Order filed 1/9/12 in WCC File No. 1103876.....	353
Doctor's Weight Loss Clinic Blog Pages.....	360
V. CERTIFICATE OF COUNSEL.....	366

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Sarah E. White,

Claimant,

vs.

NHC of Parklane,

Employer,

and

Premier Group Insurance,

Carrier,

Defendants.

) WCC File No. 1103876

) Carrier File No. WC18202011021400

) Carrier Code No: 1100

DECISION AND ORDER

Hearing: October 13, 2011 in Columbia, South Carolina

Appearances: Steven D. Haymond, Esquire of Harris & Graves, Attorneys at Law, Columbia, South Carolina for Claimant (subsequently relieved as Counsel for Claimant),

Clarke W. McCants, III, of Nance, McCants & Massey, Attorneys at Law, Aiken, South Carolina, for Defendants.

Purpose of Hearing: To determine those issues set forth on the Forms 50 and 51 and any other matters which may have timely come before the undersigned Commissioner.

Decision and Order: By T. Scott Beck, Commissioner

Filed: December 19, 2011

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.
2. Notice of the hearing for this matter was timely and properly served upon all parties of interest.
3. The Claimant's compensation rate is \$537.25 based upon an average weekly wage of \$805.83.
4. Venue in Richland County is proper.

APA SUBMISSIONS

Claimant

1. APA No. 1: Moncrief Hospital, 8/25/11 - 3/30/11, Pages 1 - 94;
2. APA No. 2: Progressive Physical Therapy, 8/8/11, Page 95;
3. APA No. 3: Dr. Phillip Toussaint, 5/26/11, Pages 96 - 97;
4. APA No. 4: Dr. Eugene Mironer, 5/16/11 - 4/18/11, Pages 98 - 104;
5. APA No. 5: Palmetto Imaging, 8/12/11, 3/31/11, Pages 105 - 107.

Defendants

1. Palmetto Baptist Medical Center, 8/24/00, Pages 1 - 7;
2. Moncrief Army Community Hospital, 3/21/11 - 6/13/11, Pages 8 - 88;
1. Palmetto Imaging, 3/31/11 - 6/13/11, Pages 89 - 94;

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51, and the Claimant's entitlement to compensation and benefits under the South Carolina Workers' Compensation Law (hereinafter the "Act").

The Claimant in this case contends that she sustained injuries to her lower back and pelvis on March 14, 2011 as a result of an accident arising out of and in the course of her employment with the Employer. She further contends that she is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of her injury. She also asserts that she has not reached the point of maximum medical improvement with regard to her injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of her employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

Subsequent to the hearing in this matter Counsel for the Claimant moved to be relieved in that regard. By Order dated October 28, 2011 Counsel for the Claimant was so relieved.

EVIDENCE IN THE CASE

The Claimant in this matter is 37 years old and resides in Columbia, South Carolina. She is married and has no natural children. She has worked in healthcare as a nurse most of her adult life.

The Claimant alleges that she injured her lower back and pelvis on March 14, 2011 while assisting and moving a resident at the Employer's long-term residential care facility in Columbia. She testified that she felt a "rip" in her lower back as a result of assisting the resident and immediately began experiencing pain and discomfort in her lower back.

The Claimant also testified that following the incident she immediately initiated a call light in the resident's room and two certified nursing assistants, Jeana McDonald and Laurin Green, arrived to assist her. The room where the incident allegedly occurred is identified as Room 106. The Claimant also contends that at some point during this event she noticed that Pam Jackson, who is the director of nursing for the Employer, was present in the room for the purpose of assisting another resident in the room. For purposes of this Order this resident is identified as Mr. Doe.

The Claimant stated that she initially sought treatment for her injuries at Moncrief Army Hospital at Fort Jackson in Columbia. A review of records produced by this facility, and submitted by the parties in this case, reflect that the Claimant sought treatment there on March 21, 2011 and complained of menstrual problems. The report for that visit also reflects that the Claimant was currently using Hydrocodone. The Claimant next sought treatment at Moncrief on March 24, 2011. The report for that visit reflects that the Claimant had experienced pelvic pain for one month. Neither of these reports make reference to any type of injury related to any type of accident.

The Claimant sought treatment at Moncrief on March 30, 2011. The report for that visit reflects that the Claimant complained of right flank pain for two days. The report also makes reference to the Claimant experiencing such problems for two months. There is no

mention in this report to any type of injury or accident.

In a report for a visit at Moncrief on March 30, 2011 reference is made to the Claimant experiencing low back and left buttock pain which began gradually. An MRI of the Claimant's lower back was performed on March 31, 2011 which shows some degree of disc protrusion and an annular tear without disc protrusion. A patient information sheet accompanying the MRI report indicates that the Claimant had experienced problems for two months. In response to the question as to whether or not such problems occurred at work the words "Not sure" are written.

A review of the Moncrief Hospital records reflects that the first reference to the Claimant having experienced some type of work-related incident is dated April 4, 2011.

The Claimant has received conservative medical care of any problems she experiences with regard to her lower back and pelvis. A report for a series of nerve conduction studies performed on June 27, 2011 reflects normal findings.

The Claimant's employment with the Employer ended on July 15, 2011. According to the Claimant she applied for a job as a nurse with Palmetto Health on July 28, 2011.

Jeana McDonald and Laurin Green testified for the Employer at the hearing for this case. Both of these witnesses testified that they never received any call from the Claimant to respond to an injury she allegedly sustained. Both of these witnesses testified that the Claimant never informed them that she had experienced any injury while attempting to assist a resident at the Claimant's facility.

Pam Jackson also testified for the Employer. She stated that she was not present

in any area or witness to any incident where the Claimant was injured, nor did the Claimant inform her of any alleged injury. Ms. Jackson also testified that the Employer's records reflect that Resident Doe was not placed in Room 106 until March 16, 2011.

FINDINGS OF FACT

1. The Claimant compensation rate in this matter is \$537.25 based upon an average weekly wage of \$805.83.
2. The Claimant was employed by the Employer on March 14, 2011.
3. The Claimant did not sustain an injury to her lower back or pelvis on March 14, 2011 and arising out of and in the course of her employment with the Employer.
4. The Claimant's account of the incident forming the basis for this matter is contradictory and inconsistent, and does not support a finding that she experienced any injury while working for the Employer. For this reason I find that the Claimant's testimony in this matter is not credible.
5. The medical records and reports for this matter reflect that the Claimant experienced pelvic and lower back pain and problems before March 14, 2011. Particular reference is made to those reports and records outlined above and to support this Finding of Fact.
6. The Claimant did not seek assistance from other employees in the area at the time of the alleged incident nor did she inform them that she was injured in any fashion.
7. Pam Jackson was not present in Room 106 at the time of the alleged incident

and has no knowledge of any alleged incident.

8. I find that the witnesses for the Employer provided credible testimony as part of this matter.

CONCLUSIONS OF LAW

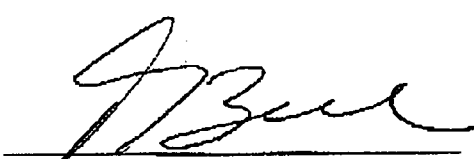
1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.

2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did not sustain any injury on March 14, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act.

ORDER

IT IS THEREFORE ORDERED that this matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant.

SO ORDERED.


T. Scott Beck, Commissioner

Dated: 12/19/11

Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States mail addressed to any unrepresented party.

By Amy A. Bracy on December 19, 2011

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Sarah E. White,

Claimant,

vs.

NHC of Parklane,

Employer,

and

Premier Group Insurance,

Carrier,

Defendants.

SCWCC File No. 1119634

DECISION AND ORDER

Hearing:

February 4, 2016 in Columbia, South Carolina

Appearances:

Vannie Williams, Jr., Esquire, Columbia, South Carolina for
Claimant.

Clarke W. McCants, III, of Nance, McCants & Massey, Aiken,
South Carolina, for Defendants.

Purpose of Hearing:

To determine those issues set forth on the Forms 50 and 51 and
any other matters which may have timely come before the
undersigned Commissioner.

Decision and Order:

By Aisha Taylor, Commissioner

Filed:

July 26, 2016

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.

2. Notice of the hearing for this matter was timely and properly served upon all parties of interest.

3. That the Parties stipulated that the issues of liability and damages were being bifurcated for trial due to the nature of the case, length of period of disability, periodic disability in dispute, multiple employment periods, and significant number of medical providers. That the only issue being tried was liability. Should Employee-Claimant prevail, a separate hearing will be held to determine what benefits are due to the Employee-Claimant.

4. The Claimant's compensation rate is \$537.25 based upon an average weekly wage of \$805.83.

5. Venue for this matter in Richland County is proper.

APA SUBMISSIONS

Claimant's APA Submissions

1. Ezra B. Riber, MD, Palmetto Pain Management, LLC, 8/17/12, Pages 1-2;
2. Ezra B. Riber, MD, Palmetto Pain Management, LLC, 11/12/13, Pages 3-7;
3. Michael Reed, MD, USC University Family Practice, 6/25/13, Pages 8-9;
4. Palmetto Imaging, 3/31/11, Page 10;
5. Palmetto Imaging, 8/12/11, Page 11;

6. Larry Dillard, PA-C, Department of Army, Fort Jackson, 7/18/11, Page 12;
7. Larry Dillard, PA-C, and Richard Cheng, MD, 1/18/16, Pages 13-15;
8. Medical University of South Carolina, 12/26/13, Page 16;
9. Medical University of South Carolina, 1/3/14, Page 17;
10. Michael Mareska, M.D. The S.C. Neurological Clinic, 4/4/13, Pages 18-19.

Defendants' APA Submissions

1. Palmetto Baptist Medical Center, 8/24/00, Pages 1 - 7;
2. Moncrief Army Community Hospital, 3/21/11 - 6/13/11, Pages 8 - 88;
3. Palmetto Imaging, 3/31/11 - 6/13/11, Pages 89 - 94;
4. C. Phillip Touissant, M.D., 5/26/11 - 5/8/13, Pages 95 - 98;
5. W. Randal Westerkam, M.D., 6/27/11, Pages 99 - 100;
6. Palmetto Health Personnel Records, 7/28/11 - 8/1/11, Pages 101 - 115;
7. Michael C. Mareska, M.D., South Carolina Neurological Clinic, P.A., 9/6/12 - 6/25/13, Pages 116 - 143;

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51, and the Claimant's entitlement to compensation and benefits under the South Carolina Workers' Compensation Law (hereinafter the "Act").

The Claimant in this case contends that she sustained injuries to her lower back on May 18, 2011 as a result of an accident arising out of and in the course of her employment with the Employer. She further contends that she is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of her injury. She also

asserts that she has not reached the point of maximum medical improvement with regard to her injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of her employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

EVIDENCE IN THE CASE

The Claimant in this matter is 42 years-old and resides in Columbia, South Carolina. She is married and has no natural children. She has worked in healthcare and as a nurse most of her adult life.

The Claimant alleges that she injured her lower back on May 18, 2011 when a co-worker violently shook her chair while she sat working at a nursing station at the Employer's long-term residential care facility in Columbia. She testified that she immediately felt pain in her lower back following this incident.

Extensive medical records were submitted by the Parties at the hearing held before me for this case.¹ Those records reflect that the Claimant sought treatment at Moncrief Army Hospital at Fort Jackson in Columbia on March 21, 2011 and complained of menstrual problems. The report for that visit also reflects that the Claimant was currently using Hydrocodone. The Claimant next sought treatment at Moncrief on March 24, 2011. The report for that visit reflects that the Claimant had experienced pelvic pain for one month. Neither of these reports make reference to any type of injury related to any type of accident.

¹ The Claimant previously filed a claim against the Defendants in this case for injuries to her lower back and pelvis which she alleged occurred on March 14, 2011, and as further set forth in SCWCC File No. 1103876. Following a hearing this claim was denied by Commissioner T. Scott Beck by his Decision and Order filed on December 19, 2011. The Claimant did not request review of Commissioner's Beck's decision.

The Claimant sought treatment at Moncrief on March 30, 2011. The report for that visit reflects that the Claimant complained of right flank pain for two days. The report also makes reference to the Claimant experiencing such problems for two months. There is no mention in this report to any type of injury or accident.

In a report for a visit at Moncrief on March 30, 2011 reference is made to the Claimant experiencing low back and left buttock pain which began gradually. An MRI of the Claimant's lower back was performed on March 31, 2011 which shows some degree of disc protrusion and an annular tear without disc protrusion. A patient information sheet accompanying the MRI report indicates that the Claimant had experienced problems for two months. In response to the question as to whether or not such problems occurred at work the words "Not sure" are written. A report for a series of nerve conduction studies performed on June 27, 2011 reflects normal findings.

Another MRI was performed on August 12, 2011, which was read and interpreted by another radiologist. There is no medical evidence in the record for this case comparing the two MRIs nor any medical evidence establishing a causal connection between any findings made by the radiologists and any work-related injury sustained by the Claimant.

In fact, on May 26, 2011, Dr. Toussaint of University Specialty Clinics opined that the Claimant's complaints and diagnoses were related to her March 2011 work-related incident, which has already been adjudicated by Commissioner Beck.

The Claimant submitted a medical questionnaire completed by Larry Dillard, a physician's assistant, and his supervising physician, Dr. Richard Cheng. Of note, Dr. Cheng is a weigh-loss specialist. Further, none of the opinions in these reports are stated to a reasonable

degree of medical certainty.

The Defendants called the Claimant's co-worker, Luther Washington, to testify at the hearing. Mr. Washington testified that he didn't remember an incident involving a shaken chair. Mr. Washington also testified that he suffers from Parkinson's Disease that sometimes affects his memory.

The Claimant's employment with the Employer ended on July 15, 2011. She has worked as a registered nurse since that time.

FINDINGS OF FACT

1. The Claimant alleges a work-related injury to her back on May 18, 2011 within the course and scope of her employment.
2. The Claimant relies on the differences between two MRI reports dated March 31, 2011 and August 12, 2011 respectively to prove her claim. Other than the two separate MRI reports completed by two different radiologists, there is no medical opinion stated to a reasonable degree of medical certainty that compare the two MRI's nor is there any medical opinion that establishes a causal connection between the different MRI reports and the Claimant's alleged work-related injury.
3. I find that there is medical evidence in the record that the Claimant was receiving substantial pain medication and medical treatment for her lower back leading up to the alleged May 18, 2011 incident.
4. On May 26, 2011, Dr. Toussaint of University Specialty Clinics opined that the Claimant's complaints and diagnoses were related to her March 2011 work-related incident, which has already been adjudicated by Commissioner Beck. (See Defendants' APAs).

5. The Claimant submitted a medical questionnaire completed by Larry Dillard, a physician's assistant, and his supervising physician, Dr. Richard Chang; however, this questionnaire is substantially outweighed by the preponderance of the evidence in the record as a whole for this matter. Additionally, the opinions stated in the questionnaire are not stated to a reasonable degree of medical certainty.

6. The Claimant testified at the hearing for this matter. I find as a fact that her answers during cross-examination were non-responsive to the questions being asked.

7. The Defendants called the Claimant's co-worker, Luther Washington, to testify at the hearing. Mr. Washington testified that he didn't remember an incident involving a shaken chair. He testified that he has Parkinson's Disease that sometimes affects his memory. Mr. Washington was very pleasant and I find his testimony was truthful; however, I cannot rely on his testimony as to whether or not an incident occurred due to his medical condition, which he admitted sometimes affects his memory.

8. The Claimant has failed to prove an injury by accident arising out of and in the course of her employment on May 18, 2011, by a preponderance of the evidence. All claims for benefits are denied.

9. The Claimant compensation rate in this matter is \$537.25 based upon an average weekly wage of \$805.83.

10. No hearing costs are assessed in this matter.

CONCLUSIONS OF LAW

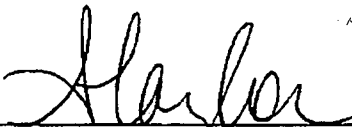
1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.

2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did not sustain any injury on May 18, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act.

ORDER

IT IS THEREFORE ORDERED that this matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant.

SO ORDERED.



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
July 27, 2016

By: Renee Smith, Administrative Assistant to Commissioner Taylor

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1119634**

Sarah White,

Employee / Claimant,

Appellant,

Vs.

NHC Parklane,

Employer,

and

Premier Group Insurance,

Carrier,

Respondents.

Appellate Panel Decision and Order filed

July 24, 2017

APPEARANCES:

Employee / Claimant / Appellant represented by
Christopher J. Archer, Esquire
of Columbia, South Carolina

Employer / Carrier / Respondents represented by
Clarke W. McCants, III, Esquire
of Aiken, South Carolina.

STATEMENT OF THE CASE

The Parties were heard by Commissioner Aisha Taylor on February 14, 2016 in Columbia, South Carolina. On July 26, 2016 she issued the following Order:

IT IS THEREFORE ORDERED that this matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant.

Within the statutory period, Counsel for the Employee filed an Application for Review in this case setting forth his reasons, a copy of which was furnished to all interested Parties prior to oral argument presented before an Appellate Panel on December 12, 2016 and comprised of Commissioners Avery B. Wilkerson, Jr., Melody L. James and R. Michael Campbell, II. All proffered testimony had been taken. Such, together with all documentary evidence, was delivered by oral argument to the individual members of the Appellate Panel convened on the aforesaid date.

By appeal, the Employee / Appellant respectfully submitted the following issues:

1. Did the Single Commissioner err in finding the Claimant relied on the differences between two MRI reports dated March 31, 2011 and August 12, 2011 to prove her claim?
2. Did the Single Commissioner err in finding that other than the two separate MRI reports completed by two different radiologist, there was no medical opinion stated to a reasonable degree of medical certainty that compared the two MRIs nor was there any medical opinion that established a causal connection between the different MRI reports and the Claimants alleged work-related injury?
3. Did the Single Commissioner err in finding that there was medical evidence in the record that the Claimant was receiving substantial pain medication and medical treatment for her lower back leading up to the alleged May 18, 2011 incident?
4. Did the Single Commissioner err in finding that on May 26, 2011, Dr. Toussaint of University Specialty Clinics opined that the Claimant's complaints

and diagnoses were related to her March 2011 work-related incident, which had already been adjudicated by Commissioner Beck?

5. Did the Single Commissioner err in finding the medical questionnaire completed by Larry Dillard, a physician's assistant, and his supervising physician, Dr. Richard Chang, was substantially outweighed by the preponderance of the evidence in the record as a whole for this matter?

6. Did the Single Commissioner err in finding Claimant's answers during cross-examination were non-responsive to the questions being asked?

7. Did the Single Commissioner err in finding Claimant failed to prove an injury by accident arising out of and in the course of her employment on May 18, 2011, by a preponderance of the evidence?

8. Did the Single Commissioner err in finding that pursuant to S.C. Code Ann. § 42-1-160 (1976, and other applicable law and regulation, the Claimant did not sustain any injury on May 18, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act?

9. Did the Single Commissioner err in ordering the matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant?

In an Appellate Review, the Appellate Panel shall, pursuant to S. C. Code Ann. § 42-17-50 (1976), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the record for this matter, and listening to and considering the statements and arguments of Counsel, a majority of the Appellate Panel hereby makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. The Claimant alleges a work-related injury to her back on May 18, 2011 within the course and scope of her employment.

2. The Claimant relies on the differences between two MRI reports dated March 31, 2011 and August 12, 2011 respectively to prove her claim. Other than the two separate MRI reports completed by two different radiologists, there is no medical opinion stated to a reasonable degree of medical certainty that compare the two MRI's nor is there any medical opinion that establishes a causal connection between the different MRI reports and the Claimant's alleged work-related injury.
3. There is medical evidence in the record that the Claimant was receiving substantial pain medication and medical treatment for her lower back leading up to the alleged May 18, 2011 incident.
4. On May 26, 2011, Dr. Toussaint of University Specialty Clinics opined that the Claimant's complaints and diagnoses were related to her March 2011 work-related incident, which has already been adjudicated by Commissioner Beck. (See Defendants' APAs).
5. The Claimant submitted a medical questionnaire completed by Larry Dillard, a physician's assistant, and his supervising physician, Dr. Richard Chang; however, this questionnaire is substantially outweighed by the preponderance of the evidence in the record as a whole for this matter. Additionally, the opinions stated in the questionnaire are not stated to a reasonable degree of medical certainty.
6. The Claimant testified at the hearing for this matter. We find as a fact that her answers during cross-examination were non-responsive to the questions being asked.
7. The Defendants called the Claimant's co-worker, Luther Washington, to testify at the hearing. Mr. Washington testified that he didn't remember an incident involving a shaken chair. He testified that he has Parkinson's Disease that sometimes affects his memory. Mr. Washington was very pleasant and we find his testimony was truthful; however, we cannot rely on his testimony as to whether or not an incident occurred due to his medical condition, which he admitted sometimes affects his memory.
8. The Claimant has failed to prove an injury by accident arising out of and in the course of her employment on May 18, 2011, by a preponderance of the evidence. All claims for benefits are denied.
9. The Claimant compensation rate in this matter is \$537.25 based upon an average weekly wage of \$805.83.

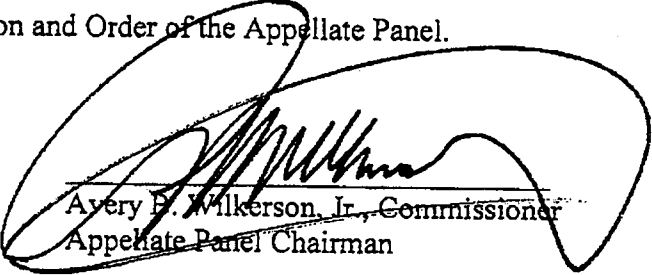
CONCLUSIONS OF LAW

1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.
2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did not sustain any injury on May 18, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act.

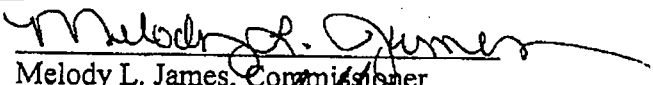
ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner filed in this matter on July 26, 2016 is hereby affirmed by a majority of the Appellate Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

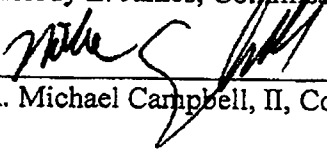
SO ORDERED.



Avery E. Wilkerson, Jr., Commissioner
Appellate Panel Chairman



Melody L. James, Commissioner



R. Michael Campbell, II, Commissioner

Dated: July 24, 2017
Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Valerie Deller on July 24, 2017



Claimant's Name: Sarah White SSN: 065-58-1338 Employer's Name: National Health Care Parklane
Address: 1340 Longcreek Drive, Apt. 1201 Address: 7601 Parklane Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29223
Home Phone: (803) 521-5074 Work Phone: () Insurance Carrier: Premier Group Ins. Co., Inc.
Preparer's Name: Vannie Williams, Jr., Esq. Law Firm: Vannie Williams, Jr., Esq. Preparer's Phone #: (803) 799-1703

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: May 18, 2011

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Back (Part(s) of Body Injured) on 5/18/11 (Month/Day/Year) in Richland county, state of South Carolina.
2. Body part(s) affected are: Back
Briefly describe how the accident occurred. Claimant injured during uninvited horseplay when co-worker violently shoot Claimant's chair without warning.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 5/18/11 (Month/Day/Year) in the following manner:
Claimant immediately informed her immediate supervisor of incident and sought medical attention, and filed notice of claim.
7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: back pain, with radiation into legs, limitation of motion, pain management.
☐ (b) additional medical examination and treatment for: _____
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
5/18/11 to date, during various periods, due to inability to sustain employment, as claimant has lost significant earning capacity.
9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☒ Partial ☒ (2) Specific Disability: ☐ Total ☒ Partial ☒ (3) Wage Loss
9a. ☐ A determination of permanent disability is premature at this time.
10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
Pain management device has been implanted into Claimant's back.
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$800.00, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
See attached exhibit.
11. Further grounds or unusual aspects of claim:
Aggravation of pre-existing condition; chronic debilitating pain; employers have granted Claimant workplace accommodations, medicals are astronomical.
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See attached exhibit.
- 11b. To the best of your knowledge, did you have any prior permanent disability? Yes, upon information and belief.
If yes, describe: Claimant had prior back injury while employed with employer.
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 1/2 day

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Charles W. McCants, III, Esquire

Address P.O. Box 2881, Aiken, S.C. 29802-2881 on the 15th day of May, 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney For Claimant: williams.vannie@att.net Friday, May 15, 2015
File: _____ Email: _____ Date: _____

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

#283762

6-14-15

50

Employee's Notice of Claim and/or
Request for Hearing

SCWCC
SPK
MAY 19 2015
JUDICIAL

**SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION**

SARAH E. WHITE,	)	WCC File No.: 1119634
	)	
Claimant,	)	Carrier File No.:
	)	Carrier Code No.:
Vs.	)	Employer FEIN:
	)	
NATIONAL HEALTHCARE	)	
PARKLANE,	)	
Employer,	)	ATTACHMENT TO FORM 50
	)	
And	)	
	)	
PREMIER GROUP INSURANCE	)	
COMPANY, INC.,	)	
	)	
Carrier,	)	
Defendants.	)	
	)	

That undersigned legal counsel for Claimant herein responds to questions 10b and 11a of the Claimant's Form 50:

10b. (Employers):

NHC Parklane
Palmetto Health Richland
Correct Care Solutions (Alvin S. Glenn Detention Center)
PSA Healthcare

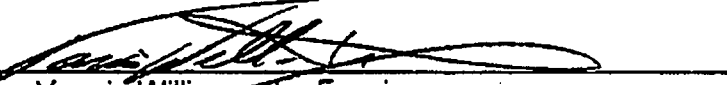
11a. (Medical Providers):

Palmetto Health Baptist
Palmetto Health Richland
Providence Hospital
Columbia Heart Center
SC Neurological Associates
Moncrief Army Hospital
University Specialty Clinics
University Primary Care
Palmetto Pain Management
SC Carolina Pain Center, Carolina Center For Advanced Pain Management
Medical University of South Carolina (Charleston)
Lexington Medical Center(Lexington)
SC Internal Medicine Practice
Palmetto Imaging
EMPI, Inc-TENS Unit provider.

Respectfully submitted,

THE LAW OFFICE OF VANNIE WILLIAMS, JR., ESQ., LLC

BY:



Vannie Williams, Jr., Esquire
712 Richland St., 2nd Floor, Ste. I
Post Office Box 2027
Columbia, SC 29202
Ofc (803) 799-1703 Fax (803) 799-1704

Friday, May 15, 2015
Columbia, SC



WCC File #: 1119634
Carrier File #: _____
Carrier Code #: 1100
Employer FEIN #: _____

Claimant's Name: Sarah E. White SSN: _____
Address: 1307 Old Manor Road
City: Columbia State: SC Zip: 29210
Home Phone: () - _____ Work Phone: () - _____
Date of Injury: Alleged 5/18/11

Employer's Name: NHC Parklane
Address: 7601 Parklane Road
City: Columbia State: SC Zip: 29203
Insurance Carrier: Premier Group Insurance Co.

Preparer's Name: Clarke W. McCants, III Law Firm: Nance, McCants & Massey Preparer's Phone #: 803-649-6900

Date of Injury or Illness: Alleged 5/18/11

Estimated time for hearing: 30 minutes

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Lack of sufficient information or knowledge at the present time.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See Paragraph 1 above.
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See Paragraph 1 above.
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See Paragraph 1 above.
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See Paragraph 1 above.
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See Paragraph 1 above.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
See Paragraph 1 above.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See Paragraph 1 above.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **By Form 20** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
None at the present time. Defendants serve the right to amend.

☐ **Mediation**

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

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

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

Clarke W. McCants, III
Preparer's Signature

Attorney for Defendants
Title

mccants3rd@aol.com
Email

6/12/15
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Claimant's Name: Sarah White Employer's Name: NHC Parklane
Address: 1300 Longcreek Drive, Apt. 612 Address: 7601 Parkland Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29223
Home Phone: (803) 238-1664 Work Phone: () Carrier: Premier Group Insurance Company
Preparer's Name: Vannie Williams, Jr., Esq Preparer's Phone #: (803) 799-1703

A claim for workers' compensation benefits is made based on the following grounds:
☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$537.25 2. AWW: \$805.83 Date of Injury: May 18, 2011
3. Type of Injury and body part(s): Syrinx with sprain to cervical spine, and herniation of disc in lower spine.
4. Facts in controversy: Whether Claimant sustained aggravation of pre-existing condition and/or injury in course and scope of employment.
5. Legal issues involved: Liability of Employer/Carrier for all benefits due secondary to injuries as claims have been denied.
6. Unusual aspects: EE has substantial medical bx hx, EE not at MMI, EE expected to have PPIs(no ratings assigned), EE has significant work hx since date of injury.
7. Witnesses (designate if expert):* See Notice of Submission; all physicians and physician assistants deemed experts.
8. Exhibits: Medical records.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Medical evidence submitted pursuant to 67-612.
10. Name, address, and specialty, if any, of the treating physician: See Notice of Submissions.
11. Impairment rating(s); body part(s); physician and date of opinion: None, as Employee-Claimant continuing under care.
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarke W. McCants, Esq. 218 Newberry St., SW, Aiken SC 29802 on the 21st day of January 2016, by:

☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

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

Signature: [Signature] Email: williams.vannie@att.net
Date of hearing: Thursday, February 4, 2016 Time needed for hearing: 1 Hour 15 Minutes

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



Claimant's Name Sarah White Employer's Name: NHC Parklane
Address: 1307 Old Manor Road Address: 7601 Parklane Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29223
Home Phone: () - Work Phone: () - Carrier: Premier Group Insurance Co.
Preparer's Name: Clarke W. McCants, III Preparer's Phone #: 803-649-8200

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

☐ Injury ☐ Illness ☒ Repetitive Trauma

1. Compensation Rate: \$ 537.25 2. AWW: \$ 805.83 Date of Injury: Alleged 5/18/11
3. Type of Injury and body part(s): Alleged low back
4. Facts in controversy: Whether or not Claimant sustained injuring arising out of and in the course of her employment.
5. Legal issues involved: Liability of Defendants for compensation and other benefits.
6. Unusual aspects: None
7. Witnesses (designate if expert):* See Notice of Submission of Evidence.
8. Exhibits: See Notice of Submission of Evidence.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
See Notice of Submission of Evidence.
10. Name, address, and specialty, if any, of the treating physician: See Notice of Submission of Evidence.
11. Impairment rating(s); body part(s); physician and date of opinion: None at this time.
12. I am amending my Form 50/51 in the following manner: _____

☐ Mediation

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

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

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

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

Signature: [Signature] Email: mccants3rd@aol.com
Date of hearing: 11/20/15 Time needed for hearing: 30 minutes

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

AUG 10 2016



AUG 2016

WCC File #: 1119634

Carrier File #:

Carrier Code #:

Employer FEIN #:

JUDICIAL

Claimant's Name: Sarah E. White SSN: 065-58-1334

Employer's Name: NHC of Parklane

Address: 1300 Longcreek Dr., Apt. 612, Columbia, SC 29210

Address: 7601 Parklane Rd.

City: Columbia State: SC Zip: 29210

City: Columbia State: SC Zip: 29223

Home Phone: (803) 497-8376 Work Phone: () -

Insurance Carrier: Premier Group Insurance Company

Preparer's Name: Christopher J. Archer

Law Firm: Goodwyn Law Firm, LLC

Preparer's Phone #: (803) 251-4517

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 05/18/2011

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

1. Did the Single Commissioner err in finding the Claimant relied on the differences between two MRI reports dated March 31, 2011 and August 12, 2011 to prove her claim?

2. Did the Single Commissioner err in finding that other than the two separate MRI reports completed by two different radiologist, there was no medical opinion stated to a reasonable degree of medical certainty that compared the two MRIs nor was there any medical opinion that established a causal connection between the different MRI reports and the Claimant's alleged work-related injury?

3. Did the Single Commissioner err in finding that there was medical evidence in the record that the Claimant was receiving substantial pain medication and medical treatment for her lower back leading up to the alleged May 18, 2011 incident.

4. Did the Single Commissioner err in finding that on May 26, 2011, Dr. Toussaint of University Specialty Clinics opined that the Claimant's complaints and diagnoses were related to her March 2011 work-related incident, which had already been adjudicated by Commissioner Beck?

5. Did the Single Commissioner err in finding the medical questionnaire completed by Larry Dillard, a physician's assistant, and his supervising physician, Dr. Richard Chang, was substantially outweighed by the preponderance of the evidence in the record as a whole for this matter?

6. Did the Single Commissioner err in finding Claimant's answers during cross-examination were non-responsive to the questions being asked?

7. Did the Single Commissioner err in finding Claimant failed to prove an injury by accident arising out of and in the course of her employment on May 18, 2011, by a preponderance of the evidence?

8. Did the Single Commissioner err in finding that pursuant to S.C. Code Ann. § 42-1-160 (1976, and other applicable law and regulation, the Claimant did not sustain any injury on May 18, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act?

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

9. Did the Single Commissioner err in ordering the matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant?

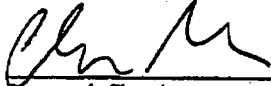
(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarke W. McCanta, III, Esquire address P.O. Box 2881, Aiken, SC 29801 on the 8th day of August 2016 by ☒ first class postage ☐ certified mail ☐ personal service.



Preparer's Signature

Attorney for Claimant
Title

CArcher@GoodwynLaw.com
Email

August 8, 2016
Date

Check this box if you are not represented by an attorney ☐

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1119634

Sarah E. White,)
)
Claimant,)
)
v.)
)
National Health Care Parklane,)
)
Employer,)
)
and)
)
Premier,)
)
Carrier/Defendants.)
-----)

COPY

FULL COMMISSION HEARING

Monday, December 12, 2016
3:51 p.m. - 4:13 p.m.

The Full Commission Hearing was heard before Commissioners Avery B. Wilkerson, Jr., Susan S. Barden and R. Michael Campbell, II, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 12th day of December, 2016, before Sonia D. Wallace-Sanders, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

Christopher J. Archer, Esquire
Goodwyn Law Firm, L.L.C.
2519 Devine Street, Suite A
Columbia, South Carolina 29205
Attorney for the Claimant

Clarke W. McCants, III, Esquire
Nance, McCants & Massey
218 Newberry Street, S.W.
Aiken, South Carolina 29801
Attorney for the Defendants

INDEX

<u>CALL TO ORDER:</u>	<u>PAGE</u>
COURT REPORTER	3
 <u>ARGUMENT BY:</u>	
MR. ARCHER	3
MR. MCCANTS	11
 <u>REPLY BY:</u>	
MR. ARCHER	19
Certificate	22

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 at the hearing, before the single Commissioner,
2 that she immediately felt severe pain in her
3 lower back. She immediately reported it to her
4 supervisor, which that's undisputed in the
5 record. And she went out and sought treatment
6 at Moncrief Army Hospital the same day. And
7 that's where she -- her primary physician was,
8 Dr. Richard Chang and Larry Dillard, who was
9 his physician's assistant, saw her then. Now,
10 there's a lot to do about some preexisting back
11 injuries that she had or preexisting back
12 conditions that she's had. And I'm sure Mr.
13 McCants will get into that further, but I don't
14 think there's any dispute and the claimant is
15 certainly not disputing that she had some
16 preexisting conditions that she suffered from.
17 And she had previously bought a compensation --
18 a workers' compensation claim before
19 Commissioner Beck, alleging that some of those
20 were related to her work. Commissioner Beck
21 denied that. But we're simply here alleging
22 that an injury occurred on May 18th. And if
23 not, then there was certainly an aggravation of
24 whatever preexisting conditions may have
25 existed. Now, as I mentioned before, the



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 claimant went to Moncrief on the day that she
2 alleged the injury occurred and she was
3 evaluated for new back pain, which is described
4 in the record. That physician ordered that she
5 get an MRI and a neurological consult. Why
6 that's important is because that -- because Ms.
7 White had previously sought benefits under the
8 Workers' Compensation Act for a previous
9 injury, she had an MRI from before May 18th.
10 So we've got an MRI from before the alleged
11 date of injury and we've got an MRI from after
12 the alleged date of injury. And, if you
13 compare the two MRIs, the first one states that
14 it revealed a central angular tear to her L3-L4
15 and a paracentral disc protrusion to the L4-L5.
16 The second MRI is consistent with those
17 findings, it finds the same thing, but it also
18 finds a new slight posterior deflexion of the
19 right L5 nerve root. So we've got objective
20 medical evidence, which suggest that she
21 suffered an injury from -- on May 18th. The
22 objective medical evidence that there was a new
23 injury from the time of the previous MRI. Now,
24 a medical questionnaire was submitted to Larry
25 Dillard and Dr. Richard Chang at Moncrief



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 Medical Hospital asking them to address
2 causation. And both of them opined that the
3 new finding of the posterior deflexion at the
4 L5 nerve root developed as a result of her
5 injury on the job on May 18th, 2011. And you
6 can find that questionnaire at Claimant's APA
7 18 from the previous hearing. In addition to
8 finding that this new injury was related to the
9 work injury, what she alleges occurred on May
10 18th, they also offer an opinion that the
11 preexisting conditions that existed, as
12 revealed in the first MRI finding, that those
13 were aggravate and, you know, as the Commission
14 is well aware, aggravations of preexisting
15 injuries are compensable, certainly new
16 injuries are compensable and the only opinions
17 as to causation in the record, both relate
18 those to her employment with NHC on May 18th of
19 2011. Again, we've got these two MRIs, which
20 are objective medical evidence. And we believe
21 that those in conjunction with her testimony
22 about how this injury occurred, when the pain
23 occurred, when she started the claim --
24 complaining of new symptoms. All of those
25 coalesce around the same day. And so this

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 objective evidence provided by her through her
2 testimony, the causation questionnaire provided
3 by her treating physicians, the people who are
4 very familiar with her medical condition, that
5 coupled with the objective medical evidence of
6 her MRI, all warrant a finding of
7 compensability as to a new injury and as to an
8 aggravation of preexisting injuries. You'll
9 find in the record on page 28 lines 11 through
10 13, where she testified about the immediate
11 experience of severe pain in her lower back
12 that she experienced on May 18th, as further,
13 it's undisputed in the record that she reported
14 this injury to her supervisor on May 18th, and
15 that she sought medical treatment on May 18th,
16 from Moncrief. Again, all the testimony that
17 she provided coupled with the MRI findings,
18 coupled with the questionnaire on causation,
19 all warrant a finding of compensability.

20 **COMMISSIONER WILKERSON:** Let me ask you a question
21 about the questionnaire for -- it was signed.
22 Was it stated to a reasonable degree of medical
23 certainty?

24 **MR. ARCHER:** No, Commissioner. And to address that,
25 certainly, in a case where it's a complex



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 medical case or a case where the claimant's
2 alleging an injury by repetitive trauma, the
3 legislature has placed this heightened burden
4 on them that any medical opinion be offered to
5 a reasonable degree of medical certainty. But
6 this is not a complex medial case, this is just
7 a girl saying that she got -- injured her back
8 on May 18th of 2011, there's nothing complex
9 about it.

10 COMMISSIONER WILKERSON: Okay. Wasn't there another
11 witness that said it didn't happen?

12 MR. ARCHER: There was another witness offered at
13 the hearing but I believe he's been diagnosed
14 with Parkinson's Disease. And the Commissioner
15 found that while he was pleasant that she could
16 not rely on his testimony for anything, one way
17 or the other. And I believe that was the only
18 other testimony that was offered. So it's our
19 position that there is not this heightened
20 burden, this heightened evidentiary burden
21 placed on the claimant in this case, to produce
22 an opinion that's stated to a reasonable degree
23 of medical certainty. Again, these are the
24 only two medical professionals which have
25 offered any opinion. And, certainly the only



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 two, you know, I believe Mr. McCants is going
2 to argue that Dr. Toussaint offered an opinion
3 that her injury was related to the prior date,
4 the March date. But, if you ---

5 COMMISSIONER WILKERSON: So help me understand a
6 little bit more. Of all these back issues that
7 your client has had up until the date of this
8 accident, even having medication before the
9 accident leading up to the accident, tell me
10 how this is not a medically complex issue?

11 MR. ARCHER: Well, because the previous claim has
12 already been adjudicated. So when that
13 previous claim was adjudicated, she was just
14 left with a woman who had uncompensable back
15 conditions, at which she alleges were
16 aggravated on May 18th. The previous medicals
17 and whether or not they were work related or
18 whether or not they're compensable, really have
19 no bearing on this. And that's why we don't
20 believe it's medically complex. This is just
21 any other case, where somebody claims to have
22 injured their back on a certain date at a
23 certain point in time. And so, again, I
24 believe Mr. McCants is going to argue that Dr.
25 Toussaint has offered an opinion that these



1 were related to a previous date and time, a
2 March injury. But, for two reasons -- well,
3 first, we don't believe Dr. Toussaint has
4 offered that opinion. If the Commission finds
5 that he has offered that opinion, we don't
6 believe it should be given much weight because
7 Dr. Toussaint had not reviewed all the relevant
8 medical evidence. This opinion from Dr.
9 Toussaint, if given any weight, was offered in
10 May, I believe a week after the alleged injury
11 date, well before the second MRI. The only
12 medical professionals, which have reviewed all
13 of the medical evidence, are Larry Dillard and
14 Dr. Richard Chang. And both of them found that
15 it was causally related to the May 18th, injury
16 date. And, so for those reasons, because the
17 objective medical evidence and the opinions and
18 the testimony ---

19 COMMISSIONER BARDEN: Did they attest to an
20 aggravation or just causally related?

21 MR. ARCHER: Both. They causally relate the new
22 injury, this L-5 nerve root problem, they
23 relate that to the May 18th. And then they say
24 that the preexisting ones, the medical
25 conditions that were noted in the prior MRI,



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 were aggravated on May 18th. Thank you.

2 COMMISSIONER WILKERSON: Thank you, Mr. Archer.

3 COMMISSIONER CAMPBELL: Thank you, sir. Mr.

4 McCants?

5 ARGUMENT BY MR. MCCANTS:

6 MR. MCCANTS: Thank you, Mr. Chairman. Again, good
7 afternoon. I hope my button holds. I'm trying
8 to make sure. I've -- my client respectfully
9 contend that Commissioner Taylor's decision in
10 this case be affirmed completely. As opposing
11 counsel has indicated, Ms. White presented a
12 claim for a prior work related injury to her
13 back, which arose out of an incident which
14 allegedly occurred in March of 2011, that's the
15 case that was heard by Commissioner Beck. He
16 denied that claim. He made a finding of fact
17 in that case. And I think we made that record
18 a part of this case, that she had significant
19 preexisting lower back problems. I'm going to
20 go through the medical a little bit. We
21 challenge the nature of the account, you made
22 reference to the witness, we don't believe it
23 happened the way Ms. White described it. But
24 the real issue in this case is the source of
25 margin of her lower back problems and that's



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 what makes this case complexed. Jump ahead, if
2 it's not complexed, why would Ms. White's
3 former counsel go to the expense and trouble of
4 getting the questionnaire, which I'll talk
5 about a little bit. I get the fact that not
6 every case is complex. But, you know, in June
7 2007 when we rewrote that statute, a bunch of
8 different little provisions talk about
9 complexity, what's needed. I read a case
10 recently and maybe I'd miss it, but, you know,
11 they've change 42-15-60 to put in there that
12 additional medical has to be expert medical
13 evidence. And I believe the statute, I've
14 tried to read it the other day, says to a
15 reasonable degree of medical certainty. And,
16 you know, I'd like to think the legislature
17 just doesn't throw words in to throw -- to take
18 up space. Gosh, the book is getting big enough
19 as it is. But those are important words and
20 they were not used in this case. And, I tell
21 you, this case has gone on for a long time
22 along with that other case and my client feels
23 real strongly about it. That's why we're here.
24 Let me go over a little bit with the medical
25 and I tried to outline it in my brief. I know



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 y'all will look at that, but she went -- Ms.
2 White went to Moncrief on March 21 of 2011.
3 Keeping in mind that first incident was March
4 14th of 2011, y'all bear with me, I'm going to
5 try to keep these dates straight. She went on
6 March 21st, March 24th, 2011, and then on March
7 30th, 2011, told that she had lower back pain.
8 No reference to any type of accident or
9 incident, that's why Commissioner Beck denied
10 that case in addition to some other things.
11 And he is -- Chris is correct, you had an MRI
12 done March 31, of 2011, but that MRI showed
13 some degree of disc protrusion and an annular
14 tear without disc protrusion. All right, this
15 is when it gets important, May 26th, 2011, Ms.
16 White -- and that's after the second date of
17 accident. Y'all are with me so far?

18 (No audible response is heard.)

19 MR. MCCANTS: She goes to see Dr. Toussaint, if I'm
20 pronouncing that correctly. He says there, Ms.
21 White is complaining of lower back and leg
22 problems, following a work related accident in
23 March of 2011, that's the first case. And he
24 further noted, quote, that she recently
25 developed a numbness in her right arm, which



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 she, quote, related to a more recent work
2 related accident. Okay, so that's his first
3 experience with Ms. White. He had nerve
4 conduction studies afterwards that were normal.
5 All right. In a memorandum by Larry Dillard,
6 he's at -- he's -- he was at Moncrief, a
7 physician's assistant. And this is where I'm
8 gonna start to argue that this really isn't
9 expert medical evidence to a reasonable degree
10 of certainty. If it ain't -- if this isn't
11 complex at this point with all these dates
12 jumping around, it's hard to envision someone
13 with Ms. White's condition where it is easy to
14 understand. But anyway, Physician's Assistant
15 Dillard, when he saw her on July 18, of 2011,
16 keeping in mind the date of the case we got
17 today is May of 2011, says that Ms. White
18 sustained an injury to her low back on March
19 14th, of 2011. No references made to the
20 incident we're talking about today in May of
21 2011. Another MRI was done on August 12, 2011.
22 It noted the disc protrusion and the tear that
23 was on that March 2011 MRI that was done. And
24 this is where the medical evidence, again, is
25 important. The radiologist said, no



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 significant deformity of the right L-5 nerve
2 root. Although, there is a slight posterior
3 position suggesting there may, may be chronic
4 posterior deflexion. I don't know exactly what
5 the deflexion is, but I know that the
6 radiologist was reading that MRI saying, could
7 be this, could be that, it's a may. This is
8 another interesting point, in October of 2011,
9 the hearing for Ms. White's first claim was
10 served before Commissioner Beck. No reference,
11 at that point, was made to the May of 2011
12 incident. And there was no request that the
13 two incidents be joined, keeping in mind, the
14 May of 2011 incident had already happened.

15 COMMISSIONER BARDEN: Like a Gethers type thing,
16 they didn't ---

17 MR. MCCANTS: Ma'am?

18 COMMISSIONER BARDEN: Like a Gethers type thing?

19 MR. MCCANTS: Sure. Just -- let's get it all on the
20 table.

21 COMMISSIONER BARDEN: So there's no ...

22 MR. MCCANTS: No request, no reference to the
23 incident in May 2011. And that's in the Fall
24 of 2011 that he heard and denied the March 2011
25 incident. She goes and sees Dr. Riber, who we



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 all know, in August of 2012. He says, Ms.
2 White reports that she has lower back pain that
3 started in March 2011. And she has pain in the
4 gluteal region, I think that's back here
5 (indicating), which began in May of 2011. And,
6 you know, he summed up this case perfectly,
7 when he said, this is a somewhat challenging
8 matter to sort out since she has two different
9 work related accidents. What, I mean, this
10 cries out for a physician to come in and sort
11 it out. So, here comes Mr. Dillard and Dr.
12 Chang. I'm sure y'all read my briefing and I
13 feel like I'm being sarcastic when I say this,
14 when you saw Dr. Chang's qualifications, he's
15 a weight loss specialist. Mr. Dillard now
16 works for him, he's retired from the Army
17 program at Moncrief and they've been working
18 together. And, there's no evidence what-so-
19 ever in this record that these two gentleman,
20 one is a doctor, one is a physician's
21 assistant, had the necessary qualifications or
22 background in order to read diagnostic reports,
23 to read MRI films, x-rays or anything. I
24 think, in some cases, you can bring in a
25 healthcare provider. It may not be a doctor



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 because the statute in some of these places
2 talks about the licensed healthcare providers.
3 But you've got to have a foundation for the
4 opinion and there is none in this case. I know
5 I'm telling y'all something you already know
6 but the 42-1-60 talks about licensed healthcare
7 providers, 42-1-172 repetitive trauma injury
8 talks about physicians, it has the word
9 physician in there. Then you ask the question,
10 Commissioner Barden, about an aggravation.
11 Under 42-9-35, you've got to have a li- -- I
12 think the quote is a licensed healthcare
13 provider. Finally, I'm getting there, I had to
14 keep all this straight, it's a lot of dates.
15 These opinions that Dr. Chang and Mr. Dillard
16 have offered, Commissioner Wilkerson, and I
17 think you asked the question, there's nothing
18 in there about to a reasonable degree of
19 medical certainty. And that's what the statute
20 says. And, I'll argue it again, that there is
21 -- that is a guess, a term of art under
22 workers' compensation and we deal with it in
23 Circuit Court also. Here's the reason we have
24 that term, if you look closely at Mr. Dillard
25 and Dr. Chang's joint opinions in this case,



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 they believe -- they say that the alleged May
2 2011 -- and I wrote this down, May 2011
3 incident, quote, developed Ms. White's
4 posterior deflexion of the right L-5 nerve
5 root. When the radiologist -- remember I said
6 he said may? There's no evidence Dillard and
7 Chang have looked at the films. No evidence
8 they've got the background to understand them.
9 Then Dr. Chang states the May 2011 incident
10 most certainly can aggravate her lower back
11 problems. I could go on and on, but the point
12 is when you get a case like this, you got two
13 separate incidents, one has already been
14 denied. Certainly, under these circumstances,
15 you've got to have a qualified medical provider
16 and hopefully a doctor, to come in and express
17 that opinion. And here's the kicker in this
18 case, you had Dr. Toussaint, Dr. Bethea all
19 doctor -- and Dr. Riber involved in this case.
20 Where are their opinions? That's the question
21 I've got. And whether or not they had offered
22 opinions, we hadn't seen or what would have
23 been the difficulty and the trouble of getting
24 those opinions to establish the necessary
25 burden that the claimant has in this case. Is



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 that it for me ---

2 COMMISSIONER CAMPBELL: Go ahead and finish your
3 thought.

4 MR. MCCANTS: --- Mr. Chairman? Is that it for me?

5 COMMISSIONER CAMPBELL: Yeah, but you can finish
6 your thought.

7 MR. MCCANTS: Please affirm Commissioner Taylor's
8 decision in this case. Thank you.

9 COMMISSIONER CAMPBELL: Okay, thank you. And you
10 have three minutes in reply.

11 REPLY BY MR. ARCHER:

12 MR. ARCHER: Just briefly in response. Again, we
13 don't believe this is a complex medical case.
14 We believe this is just a woman who had
15 preexisting back conditions, which were
16 aggravated, one on May 18th and two, she
17 suffered a new injury, which is reflected in
18 the MRIs. And you've heard Mr. McCants discuss
19 a letter from Dr. Toussaint, I think y'all
20 would agree that that is a far cry from the
21 medical opinion on causation. It basically
22 just says that Ms. White described that she
23 suffered a work injury in March. And describe
24 that she believed some new symptoms that she
25 had were related to the injury that she



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 suffered in May. To address the question as to
2 why Dr. Toussaint and Dr. Riber and the other
3 medical providers had not offered an opinion,
4 there's an easy answer to that and that's
5 because they have not reviewed all the medical
6 evidence in this claim. The only medical
7 professionals to review all of the medical
8 evidence are Dr. Toussaint and Larry Dillard.
9 And they've offered an opinion, which warrants
10 a finding of compensability. There's no
11 requirement that these doctors, be specialist
12 that they be orthopedist, that they be neuro
13 surgeons. South Carolina does not require a
14 medical expert to be a specialist in the field
15 of inquiry, that's set out in Randolph v. Fisk-
16 Carter Construction Company. So again, the MRI
17 before and the MRI after are objective medical
18 evidence. And that coupled with her testimony
19 and coupled with the medical questionnaire on
20 causation, all warrant a finding of
21 compensability in this case. Thank you.

22 **COMMISSIONER WILKERSON:** Thank you.

23 **COMMISSIONER CAMPBELL:** All right.

24 **COMMISSIONER BARDEN:** All right, y'all have a good
25 day.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 (There being nothing further, the hearing concluded
2 at 4:13 p.m.)
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1119634

EMPLOYEE/CLAIMANT: SARAH E. WHITE

EMPLOYER: NATIONAL HEALTH CARE PARKLANE

CARRIER: PREMIER GROUP INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 4TH DAY OF
FEBRUARY, 2016, COMMENCING AT THE HOUR OF 12:09 P.M., IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA TAYLOR,
ATTENDED BY COUNSEL AS FOLLOWS:



SHEILA SMALL
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
864-494-2705

APPEARANCES

VANNIE WILLIAMS, JR., ESQUIRE, OF THE FIRM
LAW OFFICE OF VANNIE WILLIAMS, L.L.C.
POST OFFICE BOX 2027
COLUMBIA, SOUTH CAROLINA 29202

ATTORNEY FOR THE CLAIMANT/EMPLOYEE,

CLARKE W. MCCANTS, III, ESQUIRE, OF THE FIRM
NANCE, MCCANTS & MASSEY
POST OFFICE BOX 2881
AIKEN, SOUTH CAROLINA 29802

ATTORNEY FOR THE EMPLOYER/CARRIER.

ALSO PRESENT: MELISSA ARGO

I N D E X

PAGE

SARAH E. WHITE:

DIRECT EXAMINATION BY MR. WILLIAMS.....	17
CROSS-EXAMINATION BY MR. MCCANTS.....	42

LUTHER WASHINGTON:

DIRECT EXAMINATION BY MR. WILLIAMS.....	74
CROSS-EXAMINATION BY MR. MCCANTS.....	81
CERTIFICATE OF NOTARY PUBLIC.....	84

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER TAYLOR:

7 TODAY IS THURSDAY, FEBRUARY 4TH, 2016. WE ARE
8 HERE IN WORKERS' COMP FILE NUMBER 1119634. THIS IS
9 THE CLAIM OF MS. SARAH WHITE WHO IS PRESENT HERE
10 TODAY AND REPRESENTED BY MR. VANNIE WILLIAMS, JR.
11 THE EMPLOYER IS NATIONAL HEALTH CARE PARKLANE, AND
12 THE CARRIER IS PREMIER GROUP INSURANCE COMPANY.
13 BOTH THE EMPLOYER AND CARRIER ARE REPRESENTED TODAY
14 BY MR. CLARKE MCCANTS, III. I HAVE AN ALLEGED DATE
15 OF ACCIDENT OF MAY 18TH, 2011. THE CLAIMANT HAS AN
16 AVERAGE WEEKLY WAGE OF \$805.83, WHICH YIELDS A
17 COMPENSATION RATE OF \$537.25. WE ARE HERE TODAY ON
18 THE CLAIMANT'S FORM 50 REQUEST FOR HEARING.

19 I WILL ALLOW THE PARTIES TO PUT DETAILED
20 POSITION STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO
21 DOING SO, ARE THERE ANY OBJECTIONS TO APAs,
22 JURISDICTION, VENUE, OR ANY OTHER ITEMS? MR.
23 WILLIAMS.

24 BY MR. WILLIAMS:

25 NONE, YOUR HONOR.

1 BY COMMISSIONER TAYLOR:

2 OKAY, THANK YOU. MR. MCCANTS.

3 BY MR. MCCANTS:

4 YOUR HONOR, I DO FROM THE STANDPOINT OF
5 ADMISSIBILITY, AND WE TALKED A LITTLE BIT ABOUT THIS
6 BEFORE WE WENT ON THE RECORD. MR. WILLIAMS -- LET
7 ME FIRST MAKE THIS MOTION. MR. WILLIAMS HAS
8 ATTACHED I THINK SOME STATEMENTS TO HIS APAS.

9 BY COMMISSIONER TAYLOR:

10 OKAY.

11 BY MR. MCCANTS:

12 WE HAVE DISCUSSED THESE, AND I DON'T HAVE AN
13 OBJECTION. THERE'S SOME TYPE OF STATEMENT FROM MS.
14 LOVEJOY, WHO I INDICATED TO YOU IS NOT AVAILABLE. I
15 DO HAVE AN OBJECTION TO A HANDWRITTEN STATEMENT OF
16 MR. WASHINGTON. HE INDICATES -- I MEAN, HE'S HERE
17 TO TESTIFY IF NECESSARY, AND I UNDERSTAND THAT MR.
18 WILLIAMS IS OKAY WITH NOT INCLUDING THAT STATEMENT
19 IF HE TESTIFIES.

20 BY COMMISSIONER TAYLOR:

21 OKAY. ALL RIGHT, WITH REGARD TO THE STATEMENT
22 FROM MS. LOVEJOY, IT'S MY UNDERSTANDING THAT SHE IS
23 NO LONGER AN EMPLOYEE OF THE DEFENDANT.

24 BY MR. MCCANTS:

25 THAT IS CORRECT.

1 BY COMMISSIONER TAYLOR:

2 AND SO, THEY HAVE BEEN UNABLE TO LOCATE HER FOR
3 PURPOSES OF TODAY'S HEARING. AS SUCH, I WILL ADMIT
4 HER STATEMENT INTO THE RECORD OVER ANY HEARSAY
5 OBJECTION. WITH REGARD TO MR. WASHINGTON, SINCE HE
6 IS PRESENT HERE TODAY, I WILL EXCLUDE THAT RECORD IN
7 LIEU OF HIS TESTIMONY HERE TODAY. OKAY, ANY OTHER
8 OBJECTIONS?

9 BY MR. MCCANTS:

10 YES, IF I COULD TALK ABOUT THE MEDICAL
11 STATEMENT ---

12 BY COMMISSIONER TAYLOR:

13 SURE.

14 BY MR. MCCANTS:

15 --- JUST FOR THE RECORD, COMMISSIONER, AND
16 AGAIN, WE TALKED ABOUT THIS A LITTLE BIT. WE OF
17 COURSE DENY THAT MS. WHITE SUSTAINED ANY INJURY ON
18 MAY 18TH OF 2011 ARISING OUT OF ANY COURSE OF HER
19 EMPLOYMENT WITH N.H.C. PARKLANE. THIS CASE BY ITS
20 VERY NATURE IS MEDICALLY COMPLEX, AND TO SUPPORT
21 THAT, MS. WHITE PRESENTED A CLAIM OF INJURY IN MARCH
22 OF 2011, WHICH WAS PREVIOUSLY HEARD BY COMMISSIONER
23 BECK, AND DENIED. AND I'VE INCLUDED THE ORDER FOR
24 THAT DECISION IN MY APA SUBMISSIONS, WHICH OF COURSE
25 SPEAKS FOR ITSELF AND DISCUSSES WHAT WE BELIEVE IS

1 THE VAST PRIOR HISTORY OF AT LEAST LOWER BACK
2 PROBLEMS THAT MS. WHITE HAS PRESENTED AND TO SOME
3 EXTENT SOME NECK ISSUES. PART OF MY ARGUMENT IN
4 THAT CASE WAS THAT IT WAS IN NEED OF A POSITION
5 STATEMENT TO SUPPORT CAUSATION. I DON'T THINK
6 COMMISSIONER BECK NECESSARILY RULED ON THAT BASIS,
7 BUT, AGAIN, THAT ORDER SPEAKS FOR ITSELF, AND WHICH
8 BRINGS US TO MAY 18 OF 2011. AND I WOULD SUGGEST
9 IT'S THE REQUIREMENT THAT THE CLAIMANT PRODUCE A
10 STATEMENT FROM A DULY-QUALIFIED EXPERT MEDICAL
11 WITNESS TO SUPPORT A CONNECTION BETWEEN THE ALLEGED
12 INCIDENT IN THIS CASE AND HER CLAIM FOR BENEFITS.
13 ALONG THOSE LINES, MR. WILLIAMS HAS NOW OFFERED A
14 DOCUMENT; IT'S A QUESTIONNAIRE. IT IS SIGNED BY
15 LARRY DILLARD WHO IS A PHYSICIAN'S ASSISTANT, AT
16 LEAST AS I UNDERSTAND IT. THERE IS A STAMPED NAME,
17 RICHARD CHENG, M.D., A MARK ABOVE THAT M.D., AND I'M
18 NOT CHALLENGING THAT A DR. CHENG WROTE ABOVE A
19 STAMPED SIGNATURE, BUT WHICH PURPORTS TO ANSWER
20 CERTAIN QUESTIONS PRESENTED IN REGARDING CAUSATION
21 IN THIS CASE. AS I'M SURE YOU ARE FAMILIAR, AT
22 LEAST 42-9-160, IF YOU'RE ATTEMPTING TO ESTABLISH AN
23 INJURY BY ACCIDENT IN A MEDICALLY COMPLEX CASE, THAT
24 MEDICAL EVIDENCE, ASSUMING THAT IT'S EXPERT COMING
25 FROM A QUALIFIED INDIVIDUAL, HAS TO REACH A

1 REASONABLE DEGREE OF MEDICAL CERTAINTY. THAT IS NOT
2 SET FORTH IN THE STATEMENT THAT YOU'VE GOT, AND
3 WHILE THE PROVIDERS HERE, AS I COMMENTED EARLIER,
4 APPEAR TO BE LICENSED IN THE STATE OF SOUTH
5 CAROLINA, THAT THERE IS NOTHING IN HERE TO OFFER ANY
6 BACKGROUND WITH REGARD TO WHETHER OR NOT THEY
7 POSSESS THE QUALIFICATIONS TO RENDER THE OPINIONS
8 THAT ARE SET FORTH ON THE STATEMENT BEING OFFERED.
9 I HAVE ADDED TO MY APAS INFORMATION I OBTAINED FROM
10 THEM, AND THAT WAS WITH REGARD TO DR. CHENG. HE
11 APPEARS TO BE AN INTERNIST. HE APPEARS TO
12 SPECIALIZE IN WEIGHT-LOSS TREATMENT. I WOULD TAKE
13 THE POSITION THAT THAT'S A FAR CRY FROM OFFERING AN
14 OPINION FROM AN ORTHOPAEDIC NEUROSURGICAL STANDPOINT
15 WITH REGARD TO SPINAL ISSUES.

16 THE OTHER THING I'LL POINT OUT ABOUT THIS
17 STATEMENT, AND I'LL TALK ABOUT THE AGGRAVATION IN A
18 SECOND, AND I'M SURE YOU'LL READ IT, WORDS LIKE
19 "CAN," "MAY" ARE INCLUDED IN HERE. THAT DOESN'T
20 MEET THE THRESHOLD. AS YOU KNOW, YOU'VE GOT TO
21 STATE SOMETHING "DID" OR "MOST PROBABLY DID" RESULT
22 AS A RESULT OF AN INCIDENT. SO I WOULD CERTAINLY
23 TAKE THE POSITION THAT THE STATEMENTS DO NOT MEET
24 THE THRESHOLD IN THAT REGARD. I'LL ADD TO THIS FROM
25 THE FACE OF THIS DOCUMENT, I CAN'T TELL IF DR. CHENG

1 HAS ACTUALLY EVER TREATED MS. WHITE FOR ANY OF THE
2 PROBLEMS SHE PRESENTS HERE TODAY, AND PERHAPS SHE
3 CAN OFFER SOME TESTIMONY IN THAT REGARD.

4 NOW, IF YOU'RE ATTEMPTING TO ESTABLISH AN
5 AGGRAVATION OF A PREEXISTING CONDITION ON
6 IMPAIRMENT, THE STANDARD IS KIND OF THE SAME, AND
7 AGAIN, I WOULD ARGUE THAT'S IN 42-9-35; THE
8 CLAIMANT'S GOT TO PRODUCE MEDICAL EVIDENCE, WHICH IS
9 QUALIFIED EXPERT EVIDENCE TO A REASONABLE DEGREE OF
10 MEDICAL CERTAINTY TO THE EFFECT THAT MY PROBLEM WAS
11 PREEXISTING, BUT IT WAS HEIGHTENED OR AGGRAVATED BY
12 A PARTICULAR EVENT. AGAIN, THE STATUTE TALKS ABOUT
13 A LICENSED HEALTHCARE PROVIDER. SO IT DOESN'T SAY
14 "A PHYSICIAN" OR "A DOCTOR." IT SAYS "LICENSED
15 HEALTH CARE PROVIDER," BUT I WOULD SUGGEST TO YOU,
16 OF COURSE, WHOEVER IT IS OFFERING THE OPINION HAS
17 GOT TO HAVE THE BACKGROUND, GOT TO HAVE THE
18 QUALIFICATIONS, THE EXPERTISE TO OFFER AN OPINION.
19 THAT'S LACKING IN THIS CASE. AGAIN, BOTH OF THE
20 GENTLEMEN THAT ARE OFFERING SOME TYPE OF OPINION IN
21 THIS CASE APPEAR TO BE MORE INVOLVED WITH WEIGHT
22 LOSS OR INTERNAL MEDICINE WITH REGARD TO MS. WHITE.
23 AND ALSO, I WOULD ADD WITH REGARD TO THE AGGRAVATION
24 OF A PREEXISTING CONDITION OF IMPAIRMENT UNDER 42-9-
25 35, THIS "CAN" AND "MAY" DOES NOT MEET THE

1 THRESHOLD. YOU'VE GOT TO HAVE "DID" OR "MOST
2 PROBABLY DID" TO SUPPORT.

3 THE OTHER THING I'M GOING TO ADD TO THIS
4 CONCEPT OF THE WEIGHT OF OPINIONS IS WE'VE GOT A LOT
5 OF OTHER DIFFERENT SPECIALISTS INVOLVED IN THIS
6 CASE. I'M SURE YOU'LL GO THROUGH THE RECORDS, BUT
7 FOR SURE THEY NEVER MAKE A CONNECTION, AND I WOULD
8 SUGGEST TO YOU, IF YOU'LL READ THEIR OPINIONS,
9 THEY'RE SAYING THEY CAN'T MAKE A CONNECTION BASED
10 UPON WHAT'S THERE.

11 AND FINALLY, THIS DOESN'T REALLY GO TO
12 OBJECTION TO DOCUMENTS SO MUCH AS IT IS TO THE
13 MERITS OF THE CASE. I INDIRECTLY CONFRONTED THE
14 ISSUE IN THIS MATTER, AND I THINK -- HAVE WE ALREADY
15 AGREED TO BIFURCATE?

16 **BY COMMISSIONER TAYLOR:**

17 NOT ON THE RECORD, BUT WE'LL NOTE IT FOR THE
18 RECORD.

19 **BY MR. MCCANTS:**

20 LET ME GO AHEAD AND JUST QUICKLY ADD THIS POINT
21 IF I CAN.

22 **BY COMMISSIONER TAYLOR:**

23 OKAY.

24 **BY MR. MCCANTS:**

25 YOU KNOW, ON A PREEXISTING INJURY OR

1 CONDITIONS, THE STATUTE SEEMS TO DISCUSS IF YOU CAN
2 ESTABLISH AN AGGRAVATION, THAT IT'S LIMITED TO
3 COMPENSATION BENEFITS AS OPPOSED TO THE MEDICAL TOO.
4 I HAVEN'T EXPLORED THAT FULLY, BUT I WAS JUST GOING
5 BACK THROUGH THAT. AND AGAIN, GOING BACK THROUGH
6 THAT, THE MEN AND THE LADIES DOWN THE STREET IN THE
7 LEGISLATURE CHOOSE THEIR WORDS CAREFULLY. THAT'S
8 OUR POSITION. THANK YOU.

9 **BY COMMISSIONER TAYLOR:**

10 THANK YOU. MR. WILLIAMS, DO YOU WANT TO
11 RESPOND TO THE OBJECTIONS? WELL, I THINK I DID
12 ADDRESS THE STATEMENTS BUT JUST TO THE MEDICAL
13 RECORD PLEASE.

14 **BY MR. WILLIAMS:**

15 THANK YOU. IF IT PLEASES THE COMMISSION. WE
16 TAKE THE POSITION THAT THIS IS NOT A MEDICALLY
17 COMPLEX CASE. ONE, THIS CASE WAS NEVER SUBMITTED TO
18 MEDIATION, AND I THINK IF IT WAS A MEDICALLY COMPLEX
19 CASE, THEN MEDIATION WOULD HAVE BEEN REQUIRED. SO
20 IN THE ABSENCE OF MEDICATION, I BELIEVE BY DEFAULT
21 THEY'RE SORT OF IN AGREEMENT THAT IT'S NOT MEDICALLY
22 COMPLEX. NOW, QUITE SIMPLY, OUR POSITION IS THIS IS
23 A SIMPLE CLAIM FOR ARISING OUT OF A SINGLE ACT, AND
24 SO, FOR THOSE REASONS, WE DO NOT THINK IT'S
25 MEDICALLY COMPLEX. DR. LARRY DILLARD WHO IS A P.A.

1 WE TAKE THE POSITION THAT CERTAINLY HE IS A LICENSED
2 PHYSICIAN IN THE STATE OF SOUTH CAROLINA. HE HAS
3 BEEN A TREATING PHYSICIAN FOR MS. WHITE FOR A NUMBER
4 OF YEARS. HE HAS TREATED HER FOR ORTHOPAEDIC ISSUES
5 AS WELL AS NEUROLOGICAL ISSUES. IT'S NOT UNCOMMON
6 EVEN FOR ORTHOPAEDISTS TO REFER A CLIENT TO ANOTHER
7 ORTHOPAEDIST. IT'S NOT UNCOMMON FOR A NEUROLOGIST
8 TO REFER A CLIENT TO ANOTHER NEUROLOGIST, AND VICE
9 VERSA, WHETHER THE TREATING PHYSICIAN IS AN
10 ORTHOPAEDIST AND THEY REFERRED SOMEONE TO A
11 NEUROLOGIST. SO THE FACT THAT DR. DILLARD REFERRED
12 MS. WHITE TO OTHER SPECIALISTS DOES NOT Demean HIS
13 ABILITIES OR HIS SKILLS AND EDUCATIONAL TRAINING.
14 WE CERTAINLY THINK THOUGH WE HAVE MET THE THRESHOLD
15 FOR DR. DILLARD'S MEDICAL REPORT TO STAY INTO THE
16 RECORD AND IT TO BE GIVEN THE WEIGHT THAT THE
17 COMMISSION FEELS THAT IT SHOULD BE ACCORDED. LET'S
18 SEE. AND THAT'S IT.

19 **BY COMMISSIONER TAYLOR:**

20 OKAY. AND THIS IS SPECIFICALLY WITH REGARD TO
21 THE OBJECTION OF THE DOCUMENT, AND I BELIEVE IT'S ON
22 -- IT BEGINS ON PAGE 18 OF CLAIMANT'S APA, AND IT IS
23 THE QUESTIONNAIRE FROM MR. WILLIAMS TO LARRY
24 DILLARD, P.A. WITH REGARD TO SUBMISSION INTO
25 EVIDENCE, I DO FIND THAT ALTHOUGH THERE MAY BE A

1 QUESTION WITH REGARD TO THE CREDENTIALS OF THE
2 PHYSICIAN'S ASSISTANT, IT DOES COMPLY WITH THE APA
3 ACT. SO IT WILL BE ADMITTED INTO EVIDENCE AS PART
4 OF THE APA SUBMISSIONS. OBVIOUSLY, THE DEFENDANTS'
5 OBJECTION AND THE BASIS WILL BE TAKEN INTO
6 CONSIDERATION AS I ASSIGN A CERTAIN WEIGHT TO GIVE
7 IT IN REGARDS TO THE EVIDENCE AS A WHOLE.

8 **BY MR. MCCANTS:**

9 THANK YOU, COMMISSIONER.

10 **BY COMMISSIONER TAYLOR:**

11 ALL RIGHT, THANK YOU. WITHOUT ANY FURTHER
12 OBJECTION, THE COMMISSION FILE BECOMES A PART OF THE
13 RECORD WITH THE EXCEPTION OF SELF-SERVING
14 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

15 MR. WILLIAMS, AND I KNOW WE BOTH KIND OF WENT
16 INTO MERITS ARGUMENTS WITH REGARD TO THE OBJECTION,
17 BUT YOU CAN GIVE A GENERAL POSITION STATEMENT AT
18 THIS TIME IF YOU CHOOSE TO DO SO.

19 **BY MR. WILLIAMS:**

20 THANK YOU, YOUR HONOR. IF IT PLEASES THE
21 COURT. I GUESS THE FIRST THING I WOULD LIKE TO NOTE
22 IS THAT OPPOSING COUNSEL AND I, WE HAVE STIPULATED
23 THAT WE'RE ASKING THE COMMISSION TO BIFURCATE THE
24 ISSUES OF COMPENSABILITY AND ANY BENEFITS MS. WHITE
25 MIGHT BE ENTITLED TO THAT HAVEN'T BEEN SAID. YOUR

1 HONOR, THIS CASE IS INTERESTING. I DON'T THINK IT'S
2 COMPLEX. I THINK IT'S INTERESTING THOUGH, AND WE
3 THINK THE MEDICAL RECORDS WILL ESTABLISH, AND WE
4 THINK THE TESTIMONY WILL ESTABLISH THAT MS. WHITE
5 SUSTAINED AN INJURY ON MAY 18, 2011. AND WE BELIEVE
6 THE MEDICAL RECORDS IN TERMS OF THE M.R.I. TO THE
7 CERVICAL SPINE DATED JUNE 13, '11, ESTABLISHES AN
8 INJURY IN THE FORM OF A SYRINX TO HER CERVICAL
9 SPINE. ADDITIONALLY, WE BELIEVE THE MEDICAL
10 EVIDENCE IS SPECIFICALLY OBJECTIVE FINDINGS. AN
11 M.R.I. DATED AUGUST 12, 2011, INDICATES A NERVE ROOT
12 DEFLECTION AT LEVEL L5. BOTH OF THESE M.R.I.s ARE
13 SIGNIFICANT BECAUSE THEY'RE PRIOR M.R.I.s, PRIOR TO
14 THE DATE OF ACCIDENT, THAT DOES NOT SHOW THESE
15 CONDITIONS. THESE CONDITIONS ONLY APPEAR AFTER MAY
16 18, 2011, AND MS. WHITE'S ENTIRE TREATMENT AND HER
17 COMPLAINTS ARE CONSISTENT WITH AN INCREASE IN
18 SYMPTOMS AND INCREASE IN LIMITATIONS FOLLOWING MAY
19 18, 2011. CERTAINLY, OUR ALTERNATIVE POSITION IS
20 THAT IF THE COMMISSION DOES NOT FIND A DIRECT INJURY
21 AS A RESULT OF THIS EVENT, WE CERTAINLY CONTEND THAT
22 THESE CONDITIONS, THESE UNDERLYING CONDITIONS, WERE
23 AGGRAVATED BY THIS EXPERIENCE SHE HAD ON THE JOB ON
24 MAY 18TH, 2011.

25 BY COMMISSIONER TAYLOR:

1 OKAY. ALL RIGHT, THANK YOU. MR. MCCANTS.

2 BY MR. MCCANTS:

3 THANK YOU, YOUR HONOR. AND I PREVIOUSLY
4 INDICATED TOO, WE DENY THAT MS. WHITE SUSTAINED ANY
5 INJURY BY ACCIDENT ARISING OUT OF EMPLOYMENT AS A
6 RESULT OF WHATEVER INCIDENT MAY OR MAY NOT OCCURRED
7 ON MAY 18 OF 2011. I WILL SUGGEST TO YOU, AND I
8 KIND OF TALKED ABOUT THESE STATEMENTS EARLIER BY MS.
9 LOVEJOY; I'M NOT GOING TO OBJECT TO THIS STATEMENT.
10 I THINK IT'S THE FIRST TIME I'VE SEEN THIS STATEMENT
11 OF MS. LOVEJOY.

12 BY COMMISSIONER TAYLOR:

13 OKAY.

14 BY MR. MCCANTS:

15 ALL RIGHT, AND I WILL ASK MS. WHITE ABOUT THESE
16 QUESTIONS. SO TO THE EXTENT MS. LOVEJOY MAY SUPPORT
17 THAT SOMETHING HAPPENED THAT DAY, WHETHER IT BE
18 HORSEPLAY OR OTHERWISE, AND YOU CAN READ THE
19 STATEMENT YOURSELF, THERE OBVIOUSLY REMAINS HUGE
20 QUESTIONS AS TO WHETHER OR NOT ANY INJURY OCCURRED
21 GIVEN THE VAST MEDICAL EVIDENCE BOTH BEFORE AND
22 AFTER THAT WE WILL DEAL WITH HERE, THE FACT THAT
23 THERE WAS A PRIOR HEARING ON THE SAME BODY PART, I
24 HAVE TO ADD TO MY COMMENTS TOO, AND I WAS LOOKING AT
25 MR. WILLIAMS' 50 THAT BROUGHT US HERE; HE'S GOT

1 "BACK" LISTED. TO THE EXTENT THAT HE WANTS TO BREAK
2 IT DOWN AND MAKE SURE WE GOT CERVICAL AND LOWER
3 BACK, I WILL AGREE TO ALLOW HIM TO AMEND THAT. I
4 JUST WANT THE RECORD CLEAR. DOES THAT MAKE SENSE?

5 BY COMMISSIONER TAYLOR:

6 IT DOES.

7 BY MR. MCCANTS:

8 IS THAT WHAT YOU'RE SAYING THERE, VANNIE;
9 YOU'VE GOT THE NECK AND THE LOWER BACK AND LEG?

10 BY MR. WILLIAMS:

11 IT IS. YES, COMMISSIONER.

12 BY COMMISSIONER TAYLOR:

13 OKAY. ALL RIGHT, THANK YOU.

14 BY MR. MCCANTS:

15 AND MY POSITION REMAINS THE SAME AS FAR AS THE
16 NECK OR THE LOWER BACK, COMMISSIONER. ALL RIGHT,
17 THANK YOU.

18 BY COMMISSIONER TAYLOR:

19 THANK YOU. ALL RIGHT, MR. WILLIAMS, YOU MAY
20 CALL YOUR FIRST WITNESS.

21 BY MR. WILLIAMS:

22 YES, MA'AM. IF IT PLEASES THE COMMISSION, I'LL
23 CALL MS. SARAH WHITE.

24 BY COMMISSIONER TAYLOR:

25 OKAY, MS. WHITE. AND YOU MAY HAVE A SEAT UP

1 HERE, MS. WHITE, AND JUST WATCH YOUR STEP AS YOU
2 WALK UP THAT RAMP PLEASE. PLEASE HAVE A SEAT.

3 OKAY, MA'AM COURT REPORTER, WILL PLEASE SWEAR
4 MS. WHITE.

5 BY THE COURT REPORTER:

6 DO YOU MIND RAISING YOUR RIGHT HAND FOR ME?

7 * * * * * * * * * * * * * * * *

8 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
9 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
10 MATTER HEREIN:

11 SARAH E. WHITE,

12 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

13 BY COMMISSIONER TAYLOR:

14 ALL RIGHT, MR. WILLIAMS.

15 BY MR. WILLIAMS:

16 THANK YOU, YOUR HONOR.

17 DIRECT EXAMINATION BY MR. WILLIAMS:

18 Q. MS. WHITE, LET'S START WITH YOUR DATE OF BIRTH; HOW
19 OLD ARE YOU?

20 A. 3/21/74, I'M 41 YEARS OF AGE.

21 Q. AND GIVE US YOUR EDUCATIONAL BACKGROUND.

22 A. EDUCATIONAL BACKGROUND, I'VE GOT ASSOCIATE DEGREE IN
23 ARTS IN 2002. I WENT BACK TO -- I WENT TO U.S.C.
24 FOR TWO YEARS. IT GOT EXPENSIVE, SO I GOT AN
25 ASSOCIATE FROM MIDLANDS TECH, AND I WENT BACK TO

1 MIDLANDS TECH, I GOT MY L.P.N. -- I GOT MY L.P.N.
2 LICENSE IN 2009, AND I GOT MY R.N. LICENSE IN 2010.

3 Q. OKAY. JUST SO THAT WE ARE CLEAR, I GOT A LITTLE
4 LOST ON HOW YOU DESCRIBED AFTER YOU WENT TO MIDLANDS
5 TECH 2002; WHERE DID YOU GO AFTER THAT?

6 A. BACK TO -- TO UNIVERSITY OF SOUTH CAROLINA, U.S.C.

7 Q. OKAY. WHAT DEGREE DID YOU LEAVE WITH AT U.S.C.?

8 A. I DIDN'T LEAVE WITH A DEGREE. I WAS IN THE NURSING
9 PROGRAM THERE, AND THEY WANTED ME TO TAKE LIKE 18,
10 20-SOMETHING CREDIT HOURS, BUT I WAS HAVING TO WORK
11 AND GO TO SCHOOL, SO I WENT BACK TO MIDLANDS TECH.

12 Q. AND SO, YOU WENT BACK TO MIDLANDS TECH?

13 A. AND I GRADUATED WITH MY L.P.N. IN 2009, AND I GOT MY
14 R.N. IN 2010.

15 Q. AND THE TRAINING THAT YOU RECEIVED TO BECOME AN
16 R.N., WAS ALL OF THAT TRAINING OBTAINED FROM
17 MIDLANDS TECH?

18 A. MY HANDS-ON TRAINING, MOST OF IT WAS THROUGH
19 MIDLANDS TECH, YES, SIR.

20 Q. OKAY. WHERE WAS THE OTHER PORTIONS OF YOUR TRAINING
21 SECURED AT?

22 A. THE UNIVERSITY OF SOUTH CAROLINA.

23 Q. HAS YOUR LICENSE REMAINED IN GOOD STANDING SINCE
24 2010?

25 A. THANK YOU -- THANK THE LORD, YES.

1 Q. DO YOU HAVE A CRIMINAL RECORD?

2 A. NO, SIR.

3 Q. MS. WHITE, PRIOR TO MARCH 14, 2011, HOW WOULD YOU
4 DESCRIBE YOUR HEALTH?

5 A. IT WAS WONDERFUL. THERE WAS NOT A PROBLEM. I MEAN,
6 I TOOK AN ACID REFLUX PILL EVERY ONCE IN A WHILE,
7 BUT I COULD DO ANYTHING I WANTED TO DO; I COULD GO
8 TO WORK. I COULD PARTY. I COULD WALK AROUND, GO TO
9 -- I COULD DO ANY ACTIVITY. I JUST MAY HAVE NEEDED
10 SOME SLEEP.

11 Q. OKAY. WE'RE GOING TO USE TWO DATES AS ANCHOR DATES
12 IN YOUR TESTIMONY, OKAY?

13 A. YES, SIR.

14 Q. ALL RIGHT. AND ONE DATE IS GOING TO BE MARCH 14,
15 2011, ---

16 A. YES, SIR.

17 Q. --- AND THE SECOND DATE IS GOING TO BE MAY 18, 2011.

18 A. YES, SIR.

19 Q. ALL RIGHT. NOW, TURN OUR ATTENTION BACK TO MARCH
20 14, 2011; DID YOU EXPERIENCE AN EVENT WITH YOUR
21 EMPLOYER ON THAT DATE?

22 A. YES, SIR.

23 Q. AND WHO WAS YOUR EMPLOYER ON THAT DATE?

24 A. NATIONAL HEALTH CARE ON PARKLANE.

25 Q. AND WHAT WAS THE EVENT YOU EXPERIENCED?

1 A. I -- I WAS IN THE -- AT THE NURSES' STATION, AND I
2 STARTED TO WALK DOWN THE HALL TO CHECK ON THE
3 PATIENTS. I WAS ON HALL 100, AND WE HAD A RESIDENT
4 WHO HAD HIS CALL LIGHT ON. IT WAS PROBABLY ABOUT, I
5 WANT TO SAY TWO-THIRTY 'CAUSE I HAD CAME IN FOR A
6 COWORKER SO SHE CAN GO TO A DOCTOR'S APPOINTMENT,
7 'CAUSE I NORMALLY DON'T WORK FIRST SHIFT, BUT I WAS
8 THERE WORKING FIRST SHIFT, AND HE HAD HIS CALL LIGHT
9 ON. I HADN'T GAVE HIM HIS MEDICINE 'CAUSE HE WAS IN
10 PHYSICAL THERAPY, AND WHEN I SAW THE CALL LIGHT,
11 NONE OF THE C.N.A.s WERE PRESENT. TINA LOVEJOY WAS
12 THE UNIT SECRETARY AT THAT TIME. I TOLD HER I WAS
13 GOING IN THE ROOM TO TAKE CARE OF MR. JOHNSON. HIS
14 NAME IS PATRICK JOHNSON. HE WAS A PATIENT. HE HAD
15 A BACK INJURY. HE WAS IN A WHEELCHAIR, AND HE
16 WANTED TO GET BACK IN THE BED. I HELPED -- MR.
17 JOHNSON GOT UP OUT OF THE WHEELCHAIR, AND SOMETHING
18 ABOUT HIM HAD CHANGED. IT'S LIKE HIS -- IT'S LIKE
19 HIS STATUS CHANGED. HE WOULD NORMALLY BE ABLE TO
20 TRANSFER ON HIS OWN FROM THE WHEELCHAIR TO THE BED,
21 BUT AT THIS TIME, HE COULDN'T, AND HE WAS A -- HE'S
22 A BIG MAN ABOUT CLARKE MCCANTS' SIZE (INDICATING).
23 HE'S NOT WITH US ANYMORE. HE'S DECEASED, BUT HE WAS
24 TRYING TO GET IN THE BED, AND HE HAD HIS BACK
25 RAISED, AND HE WAS FALLING DOWN FROM ---

1 Q. OKAY, LET ME ASK YOU THIS, AND THEN I'M GOING TO LET
2 YOU PICK BACK UP.

3 A. YES, SIR.

4 Q. WHEN YOU MADE REFERENCE TO ATTORNEY CLARKE MCCANTS,
5 ATTORNEY CLARKE MCCANTS APPEARS TO BE ABOUT SIX-FOOT
6 FOUR.

7 BY MR. MCCANTS:

8 I'LL STIPULATE TO HEIGHT AND NOT WEIGHT.

9 BY COMMISSIONER TAYLOR:

10 SO NOTED FOR THE RECORD.

11 BY THE WITNESS:

12 HE'S A BIG MAN LIKE YOU, SIR (INDICATING).

13 BY MR. MCCANTS:

14 I'M AT TWO TWENTY-FOUR RIGHT NOW; DOES THAT
15 SOUND RIGHT?

16 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

17 Q. SO, THIS GENTLEMAN WAS A REASONABLY LARGE
18 INDIVIDUAL, ABOUT SIX-FOUR, TWO HUNDRED-PLUS POUNDS?

19 A. YES, SIR.

20 Q. OKAY. HIS STATUS HAD CHANGED IN TERMS OF PREVIOUSLY
21 BEING ABLE TO REMOVE HIMSELF FROM HIS WHEELCHAIR AND
22 GET INTO THE BED, AND NOW, FOR SOME REASON, THAT
23 STATUS HAD CHANGED. IF YOU'LL RESUME.

24 A. YEAH, HE DIDN'T HAVE HIS MEDICINE 'CAUSE HE WAS IN
25 PHYSICAL THERAPY, AND I WAS TOO BUSY TAKING CARE OF

1 THE RESIDENTS, I -- I -- I FORGOT ABOUT HIM. SO HE
2 HAD HIS CALL LIGHT ON TO LET ME KNOW TO -- TO BRING
3 HIS MEDICINE. SO THAT'S PROBABLY WHY HE WASN'T --
4 HE WASN'T ABLE TO GET OVER THERE. 'CAUSE HE -- HE
5 WENT TO PHYSICAL THERAPY, HE MIGHT HAVE BEEN
6 HURTING. SO WHEN HE GOT UP, HE STARTED FALLING IN
7 BETWEEN THE CHAIR AND THE BED, AND I USUALLY TRY TO
8 GET THE WHEELCHAIR CLOSE TO THE BED SO IT'S JUST A
9 SMOOTH TRANSFER. WELL, I WAS -- HAD TO HOLD HIM UP.
10 HE WAS ON ME, AND I WAS HOLDING HIM, AND IT JUST
11 FELT LIKE SOMETHING GRIPPED, AND I STARTED -- I WAS
12 HURTING REAL BAD, AND I PULLED THE STRING ON THE
13 CALL LIGHT WHILE HE WAS STILL ON ME, AND TINA, THE
14 UNIT SECRETARY, CAME IN. I FORGOT THAT IT WAS HER
15 THAT CAME IN. AND I TOLD HER I NEEDED HELP GETTING
16 HIM IN THE BED, AND WE HELPED -- WE GOT HIM IN THE
17 BED, AND I TOLD HER I HURT MY BACK, AND I WAS GOING
18 TO FIND PATTI COATES TO LET HER KNOW I HURT MY BACK.

19 Q. OKAY. NOW, AS A RESULT OF THAT INCIDENT, DID YOU
20 SUBSEQUENTLY FILE A WORKERS' COMPENSATION CLAIM?

21 A. I WENT TO PATTI WHO IS THE -- MY IMMEDIATE
22 SUPERVISOR, AND I TOLD HER THAT I HURT MY BACK WITH
23 PATRICK JOHNSON, AND I TOLD HER TOO THAT I HAD SOME
24 -- SOME FEMALE PROBLEMS GOING ON. I HAD A CYST ON
25 MY OVARIES, AND I TOLD HER I WAS GOING TO THE

1 DOCTOR. SO I WENT TO THE DOCTOR MARCH THE 21ST
2 'CAUSE IT DIDN'T GET ANY BETTER. I WAS USING HEAT
3 AND TAKING MOTRIN AT HOME, AND IT WAS GETTING
4 PROGRESSIVELY WORSE. SO I KNEW THIS WASN'T LIKE
5 JUST HURT -- HURTING YOURSELF. THIS WAS SOMETHING
6 SERIOUS, AN INJURY.

7 Q. AND WHAT AREA OF YOUR BODY WAS HURTING?

8 A. MY LOWER BACK (INDICATING). I WAS HAVING SPASMS.
9 THE PAIN WOULD COME FROM NOWHERE, AND I'D JUST YELL
10 AND SAY "AW," AND I WASN'T SURE THAT IF IT WAS LIKE,
11 YOU KNOW, MY PELVIC AREA WITH MENSTRUATION. AND ONE
12 OF THE RESIDENTS CAME OUT ON MARCH THE -- THE 29TH
13 AND SAID, "WHEN IS YOU GOING TO GO TO THE DOCTOR
14 ABOUT YOUR BACK?"

15 BY MR. MCCANTS:

16 COMMISSIONER, I'M GOING TO OBJECT TO HEARSAY --

17 -

18 BY COMMISSIONER TAYLOR:

19 SUSTAINED.

20 BY MR. MCCANTS:

21 --- FROM THE RESIDENT.

22 BY COMMISSIONER TAYLOR:

23 SUSTAINED.

24 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

25 Q. IN YOUR RECITATION OF THE EVENTS, PLEASE DO YOUR

1 BEST NOT TO TESTIFY AS TO WHAT SOMEBODY ELSE SAID.

2 A. OKAY. ON MARCH THE 21ST, I HAD BEEN -- I HAD BEEN
3 WORKING -- WE WAS WORKING SHORT IN BETWEEN MARCH THE
4 14TH 'TIL MARCH THE 21ST WHEN I WENT TO THE DOCTOR.
5 I HAD TO WORK AS A C.N.A. BECAUSE WE DIDN'T HAVE ANY
6 C.N.A.s. AT THAT TIME, I WAS THE -- THE -- THE
7 SUPERVISOR FROM THREE TO ELEVEN. SO IT WAS MY JOB
8 TO MAKE SURE THAT THE SHIFT WAS GOING SMOOTH AND THE
9 PATIENTS AND THE STAFF AND EVERYBODY WAS TAKEN CARE
10 OF. SO I FILLED IN, AND PROGRESSIVELY I JUST
11 STARTED GETTING TERRIBLY WORSE. SO ON MARCH 29TH, I
12 TOLD THE LADIES THAT I WAS WORKING WITH ON HALL 200
13 THAT I WAS LEAVING AND GOING STRAIGHT TO THE DOCTOR,
14 BECAUSE EVERYTHING I DID TO TRY TO TAKE CARE OF MY
15 BACK, IT WASN'T GETTING NO BETTER.

16 Q. OKAY. NOW, I KNOW THERE'S BEEN A LOT THAT HAS GONE
17 ON. I KNOW THERE'S A LOT THAT YOU WANT TO SHARE
18 WITH THE COMMISSION, BUT WHAT WE'RE GOING TO DO, WE
19 HAVE TO ABBREVIATE THIS TO MOVE FORWARD. BECAUSE
20 YOU UNDERSTAND, WE'RE NOT RETRYING YOUR 3/14/11
21 ACCIDENT CASE; YOU UNDERSTAND THAT, RIGHT?

22 A. YES, SIR.

23 Q. OKAY. ALL RIGHT, BUT AS A RESULT OF THAT INCIDENT,
24 YOU SOUGHT MEDICAL CARE; IS THAT CORRECT?

25 A. SEVERAL TIMES, YES.

1 Q. AND TO YOUR KNOWLEDGE, WERE YOU DIAGNOSED WITH ANY
2 TYPE OF INJURY TO YOUR LOWER BACK?

3 A. YES, SIR.

4 Q. AND TO THE BEST OF YOUR KNOWLEDGE, WHAT INJURY DID
5 YOU HAVE IN YOUR LOWER BACK AFTER 3/14/2011, ---

6 A. WELL, THE DOCTOR ---

7 Q. --- BUT PRIOR TO MAY 18, 2011?

8 A. THE DOCTOR THAT WAS TREATING ME WAS LARRY DILLARD,
9 BECAUSE NATIONAL HEALTH CARE WOULDN'T SEND ME TO
10 THEIR MEDICAL PROVIDER OR WOULDN'T DO THE WORKERS'
11 COMP; THEY DENIED THAT IT HAPPENED. I HAD -- I
12 UTILIZED MY INSURANCE, WHICH I WENT TO MONCRIEF,
13 BECAUSE MY HUSBAND AT THE TIME WAS DEPLOYED. SO IF
14 YOU GO TO MONCRIEF ARMY HOSPITAL, YOU DON'T HAVE TO
15 PAY. SO I WAS GOING TO MONCRIEF ARMY HOSPITAL
16 BECAUSE IT WAS FREE ON FORT JACKSON TO SERVICE
17 MEMBER'S FAMILY WHEN THEY ARE DEPLOYED. SO THEY --
18 LARRY DILLARD SAID, "I KNOW WHAT'S WRONG WITH YOU.
19 YOUR M.R.I. SAID YOU HAVE AN ANNULAR TEAR AT L3."

20 **BY MR. MCCANTS:**

21 I WILL OBJECT TO HEARSAY.

22 **BY COMMISSIONER TAYLOR:**

23 SUSTAINED.

24 **BY THE WITNESS:**

25 WELL, I -- I -- LARRY DILLARD SHOWED ME THE

1 M.R.I. REPORT, AND IT PROVED THAT MY LOWER BACK WAS
2 DAMAGED.

3 BY MR. MCCANTS:

4 YOUR HONOR, OBJECT...

5 BY COMMISSIONER TAYLOR:

6 SUSTAINED.

7 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

8 Q. OKAY, LET ME ASK YOU A FEW QUESTIONS. AFTER THE
9 INCIDENT ON 3/14/11, YOU WENT TO THE DOCTOR?

10 A. YES, SIR.

11 Q. AND THE SYMPTOMS, AGAIN, THAT YOU REPORTED
12 SPECIFICALLY WERE IN YOUR LOWER BACK?

13 A. MY LOWER BACK AND MY RIGHT HIP.

14 Q. DID YOU HAVE TO HAVE ANY SURGERY FOLLOWING 3/14/11
15 FOR THAT INCIDENT?

16 A. NO, THEY JUST GAVE ME PILLS, PAIN MEDICINE, AND
17 TORADOL INJECTIONS. NO, I DIDN'T HAVE THE
18 INJECTIONS THEN I DON'T THINK. CAN WE USE THE
19 MEDICAL RECORDS?

20 Q. YES, MA'AM, THEY'RE IN EVIDENCE.

21 A. ALL RIGHT.

22 Q. OKAY. NOW, AFTER 3/14/2011, DID YOU CONTINUE TO
23 STAY EMPLOYED WITH NATIONAL HEALTH CARE AT PARKLANE?

24 A. YES, SIR.

25 Q. AND WERE YOU EMPLOYED WITH NATIONAL HEALTH CARE OF

1 PARKLANE ON MAY 18, 2011?

2 A. YES, SIR.

3 Q. DID YOU EXPERIENCE ANOTHER EVENT ON THAT DATE?

4 A. YES, SIR.

5 Q. WHAT WAS THAT EVENT YOU EXPERIENCED?

6 A. I HAD JUST GOT TO WORK, AND I WORKED THREE TO
7 ELEVEN, AND I REPORTED ON HALL 100 AT THE NURSES'
8 STATION. AND WHEN I GOT TO THE NURSES' STATION, IT
9 WAS ME, THE UNIT SECRETARY, TINA LOVEJOY, AND MOST
10 OF THE THREE-TO-ELEVEN STAFF THAT WAS WORKING ON
11 HALL 100 AT THAT TIME. LUTHER WAS PRESENT.

12 Q. AND LUTHER BEING LUTHER WHO?

13 A. LUTHER WASHINGTON.

14 Q. THANK YOU.

15 A. BUT I -- I TOOK THE LAST CHAIR 'CAUSE I GOT THERE
16 LAST, AND THAT'S THE ONE WE HAD OVER THERE THAT HAD
17 -- THE BACK OF IT WAS BROKE, AND NOBODY LIKED THAT
18 CHAIR, BUT THE LAST ONE ALWAYS HAD TO GET IT. SO I
19 SAT IN THAT CHAIR, AND I WAS SWAMPED WITH PHONE
20 CALLS. I HAD THE LAB PHARMACY ON ONE PHONE, TINA
21 SHAKING ME 'CAUSE THE PHARMACY'S ON ANOTHER PHONE,
22 AND I'M TRYING TO TALK TO A PATIENT, A FAMILY MEMBER
23 THAT'S IN FRONT OF ME. PUT THE PHARMACY ON HOLD ON
24 ONE PHONE, AND THEY'RE CALLING ME TO GET TO ANOTHER
25 CALL. IT WAS KIND OF HECTIC. SO WHILE I WAS

1 SITTING THERE IN THE CHAIR, TINA JUST STARTED
2 SHAKING MY CHAIR VIOLENTLY, AND WHEN SHE WAS SHAKING
3 MY CHAIR VIOLENTLY, I COULDN'T GET OUT OF THE CHAIR.
4 SHE HURT MY NECK. SHE HURT MY LOWER BACK. AND FOR
5 SOME -- I -- I DON'T KNOW WHY SHE WAS SHAKING MY
6 CHAIR VIOLENTLY. I -- I GOT AWAY FROM THE CHAIR,
7 GOT OUT OF THE CHAIR, AND I IMMEDIATELY CALLED
8 AROUND TO SEE WHERE MS. ARGO WAS AND PAM JACKSON AND
9 PATTI COATES, THE SUPERVISORS, TO LET THEM KNOW THAT
10 TINA JUST HURT ME.

11 Q. AND WHAT SYMPTOMS DID YOU EXPERIENCE IMMEDIATELY AS
12 A RESULT OF THAT INCIDENT?

13 A. PAIN, SEVERE PAIN. SEVERE PAIN IN MY BACK, MY NECK
14 -- MY NECK, MY BACK.

15 Q. HOW DID YOU REPORT THIS INCIDENT TO YOUR EMPLOYER?

16 A. PERSONALLY. I WENT RIGHT TO THEM, AND I TOLD 'EM
17 WHAT THAT -- THAT JUST HAPPENED; "TINA JUST JARRED
18 ME AROUND IN THE CHAIR, AND SHE HURT, AND I NEED
19 HELP."

20 Q. OKAY. NOW, WHEN YOU SAY "THEM," WHO ARE ---

21 A. IT WAS MELISSA ARGO, PAM JACKSON, AND PATTI COATES.
22 THEY WERE TOGETHER. AND I TOLD 'EM, "Y'ALL KNOW
23 WHAT I'VE BEEN GOING THROUGH WITH MY BACK, AND SHE
24 JUST -- SHE JUST HURT ME. I WAS TRYING TO DO
25 EVERYTHING THAT I COULD DO TO BE SAFE AND -- AND

1 WORK, AND SHE JUST STARTED SHAKING MY CHAIR
2 VIOLENTLY AND HURT ME."

3 Q. DID YOU AND MS. LOVEJOY HAVE ANY SORT OF PERSONALITY
4 DIFFERENCES?

5 A. NO, SIR.

6 Q. DID YOU ALL HAVE ANY PROBLEMS WITH ONE ANOTHER PRIOR
7 TO THAT?

8 A. NO, SIR.

9 Q. DID YOU ANTICIPATE AT ALL THAT SHE WAS GOING TO
10 SHAKE YOUR CHAIR?

11 A. NO, SIR, SHE DID IT FROM BEHIND ME. I NEVER SEEN IT
12 COMING. I DIDN'T KNOW IT WAS HER 'TIL I GOT OUT OF
13 THE CHAIR. I COULDN'T EVEN BRACE MYSELF.

14 Q. AND FOLLOWING THAT INCIDENT, DID YOU SEEK ANY
15 MEDICAL TREATMENT?

16 A. IMMEDIATELY.

17 Q. AND WHERE DID YOU GO?

18 A. I WENT TO MONCRIEF 'CAUSE I KNOW IT WAS GOING TO BE
19 FREE, AND I KNOW THAT THE DOCTOR ALREADY KNEW ABOUT
20 MY LOWER BACK CONDITION, AND I FELT LIKE I COULD GET
21 THE BEST TREATMENT THERE. AND THEY DIDN'T OFFER ME
22 ANY TREATMENT. THEY DIDN'T OFFER ME -- AND THEY
23 DIDN'T WANT TO REPORT THE -- THE ACCIDENT, AND THEY
24 TOLD ME "WE'LL TAKE CARE OF IT TOMORROW." AND I
25 TOLD 'EM THAT I WAS HURT, AND I HAD TO GO TO THE

1 DOCTOR; MY LEG WAS HURTING BAD, AND MY LOWER BACK
2 WAS HURTING, AND THEY LEFT ME WITH NO COMPASSION.
3 THEY EVEN SAID, "WE'RE GOING HOME. WE'LL TAKE --
4 TAKE CARE OF IT IN A -- IN -- TOMORROW." SO I WENT
5 TO MY CAR WHERE I HAVE MY NARCOTIC PAIN MEDICINE
6 FROM WHEN MY LOWER BACK WAS HURTING, AND I TOOK HALF
7 OF MY PAIN PILL, AND I SAT IN THE CAR, AND I DROVE
8 MYSELF TO MONCRIEF. AND BY THE TIME I GOT TO
9 MONCRIEF PARKING LOT, I JUST YELLED FOR THEM TO
10 BRING A WHEELCHAIR 'CAUSE I COULDN'T GO NO FURTHER.

11 Q. AND THIS IS THE SAME DAY OF INCIDENT?

12 A. THIS IS MARCH THE 18TH, THE SAME DAY OF THE
13 INCIDENT, 2011. WE COULD LOOK AT THE MEDICAL
14 RECORD.

15 Q. YOU MEAN MAY 18TH?

16 A. MAY 18TH, SORRY, 2011.

17 Q. NOW, I'M GOING TO SHIFT GEARS JUST A LITTLE BIT.
18 YOU HAD THE INCIDENT MARCH 14, 2011. YOU HAD A
19 SUBSEQUENT INCIDENT MAY 18, '11. AS OF MAY 18,
20 2011, WERE YOU STILL HAVING SOME DIFFICULTIES WITH
21 YOUR BACK FROM THE MARCH 14, 2011?

22 A. YES, SIR. I WAS STILL HAVING -- THAT'S WHY I HAD
23 THAT PAIN MEDICINE IN THE CAR. THAT HELPED ME.

24 Q. HOW DID YOUR CONDITION CHANGE AS IT RELATES TO YOUR
25 LOWER BACK AFTER MAY 18, 2011?

1 A. IT GOT TERRIBLE. I COULDN'T STAND TO LEAN FORWARD.
2 I COULDN'T BEND. I WAS DRAGGING MY LEG LIKE A
3 WOUNDED DOG, MY -- MY RIGHT LEG. I HAD THIS STRANGE
4 WIDE BASE GAIT, AND IT WAS TERRIBLE. I FELT -- I
5 HAD -- I HAD PAIN MY -- BACK OF MY HEAD, MY NECK,
6 THE MIDDLE OF MY BACK, MY LOWER BACK, MY LEG, MY
7 RIGHT BUTTOCKS (INDICATING). MY LEG, I WAS JUST --
8 I HAD AN ALTERED GAIT. I COULDN'T STAND UP FOR A
9 LONG TIME. I COULDN'T WALK FOR A LONG TIME. I
10 COULDN'T BEND, AND WHEN I SAY "A LONG TIME," AFTER
11 BEING ON MY FEET FOR ABOUT TWO HOURS, I FELT LIKE I
12 WANTED TO KILL MYSELF. I'D BE BETTER OFF DEAD.

13 Q. SINCE YOUR MAY 18, 2011, HAVE YOU BEEN ACTIVELY
14 UNDER THE CARE OF DIFFERENT PHYSICIANS?

15 A. ABSOLUTELY.

16 Q. NOW, I'M GOING TO REALLY FAST-FORWARD BECAUSE THIS
17 MAY BE AN ISSUE WE'LL ADDRESS AT A SEPARATE HEARING.
18 NOW, HAVE YOU HAD SURGERY TO YOUR BACK?

19 A. YES, SIR.

20 Q. WHAT TYPE OF SURGERY DID YOU HAVE?

21 A. THEY PUT -- THEY PUT -- SINCE WHAT THE -- AFTER THE
22 MAY 18TH INCIDENT, I STARTED HAVING -- THEY -- THE
23 M.R.I. SAID I HAD NERVE ROOT DAMAGE TO THE L4.

24 **BY MR. MCCANTS:**

25 YOUR HONOR, I'M GOING TO OBJECT TO THE

1 TESTIMONIES ON THE MEDICALS.

2 BY COMMISSIONER TAYLOR:

3 SUSTAINED.

4 BY THE WITNESS:

5 SORRY.

6 BY COMMISSIONER TAYLOR:

7 AND JUST FOR YOU, MS. WHITE, I DO HAVE ALL OF
8 THE MEDICAL RECORDS, SO THEY SPEAK FOR THEMSELVES.
9 SO JUST TALK ABOUT ---

10 BY THE WITNESS:

11 JUST TELL WHAT MY SYMPTOMS...?

12 BY COMMISSIONER TAYLOR:

13 YES, MA'AM.

14 BY THE WITNESS:

15 OKAY.

16 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

17 Q. OKAY. BUT SPECIFICALLY, MY QUESTION WAS, DID YOU
18 HAVE A SURGICAL PROCEDURE AFTER MAY 18, 2011?

19 A. YES. THEY -- THEY PLACED IN A SPINAL CORD
20 STIMULATOR.

21 Q. AND WHAT WAS ---

22 A. AND -- SORRY.

23 Q. AND WHY WAS THAT NEEDED?

24 A. FOR CHRONIC ---

25 BY MR. MCCANTS:

1 YOUR HONOR, THAT'S KIND OF ENTERING INTO AN
2 OPINION I THINK.

3 BY COMMISSIONER TAYLOR:

4 IT DOES CALL FOR A MEDICAL OPINION.

5 BY MR. WILLIAMS:

6 I THOUGHT SHE COULD TESTIFY TO HER OWN
7 CONDITION THOUGH. IT'S HER BODY.

8 BY COMMISSIONER TAYLOR:

9 BUT THE QUESTION CALLS FOR A DIAGNOSIS; "WHY
10 WAS THE SPINAL CORD STIMULATOR NEEDED?"

11 BY MR. WILLIAMS:

12 YES, MA'AM.

13 BY COMMISSIONER TAYLOR:

14 OKAY. SO, I'M GOING TO SUSTAIN THE OBJECTION
15 FOR THE RECORD.

16 BY MR. WILLIAMS:

17 YES, MA'AM.

18 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

19 Q. MS. WHITE, WHAT SYMPTOMS DID YOU REPORT TO THE
20 PHYSICIAN WHO RECOMMENDED THE SPINAL CORD
21 STIMULATOR?

22 A. I REPORTED TO HIM NECK PAIN. I REPORTED TO HIM
23 LOWER BACK PAIN, PAIN IN MY RIGHT BUTTOCKS, PAIN
24 THAT GOES DOWN MY RIGHT LEG. IT MAKES MY KNEE STIFF
25 WHERE I'M HAVING -- I WAS HAVING -- I HAVE -- I

1 STILL HAVE TROUBLE DRIVING. IT GOES DOWN TO MY
2 RIGHT TOE AND THE TOE -- TWO TOES NEXT TO IT, AND
3 THEN SOMETIME I HAVE THE PAIN IN MY LEFT LEG, AND MY
4 LEFT LEG IS NOT AS BAD AS MY RIGHT LEG. I WAS
5 HAVING TROUBLE STANDING. I WAS HAVING TROUBLE
6 BENDING. I WAS HAVING TROUBLE LEANING FORWARD, LIKE
7 WASHING THE DISHES. I WAS HAVING TROUBLE -- I WAS
8 HAVING TROUBLE -- I WAS HAVING TROUBLE -- I WAS
9 HAVING SO MUCH TROUBLE. I WAS HAVING TROUBLE
10 WALKING. THAT WAS ONE OF THE -- THE MAIN PROBLEMS,
11 AND I WAS HAVING TROUBLE STANDING.

12 Q. LET ME ASK YOU THIS. DO YOU RECEIVE ALIMONY?

13 A. NO, SIR.

14 Q. DO YOU RECEIVE SOCIAL SECURITY DISABILITY?

15 A. NO, SIR.

16 Q. DO YOU RECEIVE A V.A. PENSION?

17 A. NO, SIR.

18 Q. DO YOU RECEIVE ANY SOURCE OF INCOME FROM ANY OTHER
19 SOURCE WHATSOEVER?

20 A. I DO. I GET A SPOUSAL SUPPORT CHECK FOR \$250 FROM
21 MY -- FROM MY HUSBAND.

22 Q. AND YOUR HUSBAND WAS IN THE MILITARY; IS THAT
23 CORRECT?

24 A. YES, HE STILL IS. HE'S IN THE NAVY. THAT'S HOW I
25 GOT THE INSURANCE.

1 Q. HAVE YOU CONTINUED TO WORK?

2 A. OH, YES, I TRY. I TRY TO TAKE MY MEDICINE, AND
3 MAYBE IT'LL WORK FOR ME. I TRY TO -- THE MEDICINES,
4 IT DELAYS MY THINKING.

5 Q. LET ME ASK YOU, THE JOBS THAT YOU HAVE HELD SINCE
6 MAY 18, 2011, HAVE THEY ALL BEEN R.N. JOBS?

7 A. YES, SIR.

8 Q. NOW, I WANT TO WALK THROUGH THOSE VERY QUICKLY, AND
9 I'M GOING TO ASK YOU ABOUT WHETHER OR NOT YOUR
10 EMPLOYERS GAVE YOU ANY ACCOMMODATIONS AFTER WE KIND
11 OF WALK THROUGH THEM.

12 **BY MR. WILLIAMS:**

13 WITH THE COMMISSION'S PERMISSION, I WOULD LIKE
14 TO LEAD ON THESE QUESTIONS. I'M JUST GOING TO
15 SIMPLY CALL OUT THE EMPLOYER'S NAME, THE PERIOD OF
16 EMPLOYMENT AND JUST...

17 **BY COMMISSIONER TAYLOR:**

18 OKAY, ANY OBJECTION -- IS THIS WORK HISTORY?

19 **BY MR. MCCANTS:**

20 I THINK THAT'S FINE. I'D LIKE TO LISTEN TO THE
21 QUESTIONS INSTEAD OF A WHOLE SALE AGREEMENT.

22 **BY COMMISSIONER TAYLOR:**

23 SURE.

24 **BY MR. MCCANTS:**

25 I'LL LET YOU KNOW IF I GOT A PROBLEM FROM

1 THERE.

2 BY MR. WILLIAMS:

3 OKAY.

4 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

5 Q. YOU WERE EMPLOYED BY NATIONAL HEALTH CARE OF
6 PARKLANE IN SEPTEMBER 2009 THROUGH JULY 2011?

7 A. YES, SIR.

8 Q. YOU WERE EMPLOYED WITH PALMETTO HEALTH OF RICHLAND
9 AUGUST 2011 THROUGH NOVEMBER 2012?

10 A. YES, SIR.

11 Q. YOU WERE EMPLOYED WITH CORRECT CARE SOLUTIONS
12 OCTOBER 2012 THROUGH OCTOBER 2013?

13 A. YES, SIR.

14 Q. AND YOU WERE EMPLOYED WITH PEDIATRIC SERVICES OF
15 AMERICA IN JUNE 2014 THROUGH JUNE 2015?

16 A. YES, SIR.

17 Q. AND MOST RECENTLY, YOU'VE BEEN EMPLOYED WITH OPEN
18 DOOR PERSONNEL APRIL OF 2015 THROUGH TODAY?

19 A. YES, SIR.

20 Q. OF THOSE COMPANIES, WHICH ONES WERE TEMPORARY
21 AGENCIES, LIKE TEMPORARY ---

22 A. CORRECT CARE SOLUTIONS WAS TEMPORARY. PEDIATRIC
23 SERVICES OF AMERICA WAS TEMPORARY, AND OPEN DOOR
24 PERSONNEL IS TEMPORARY.

25 Q. AND WHEN YOU MADE APPLICATIONS FOR THESE VARIOUS

1 POSITIONS, DID YOU NOTIFY YOUR EMPLOYER OF YOUR
2 LIMITATIONS?

3 A. YES, SIR, SOME OF 'EM.

4 Q. OKAY. WHICH ONES DID YOU NOT NOTIFY OF YOUR
5 LIMITATIONS?

6 A. I -- I DON'T REMEMBER. I KNOW ALL 'EM KNOW ABOUT MY
7 LIMITATIONS, 'CAUSE MOSTLY ALL OF 'EM TOLD ME THAT
8 I'M TOO MUCH OF A LIABILITY, AND THEY AIN'T MAKING
9 NO ACCOMMODATIONS FOR ME.

10 BY MR. MCCANTS:

11 COMMISSIONER, OBJECTION.

12 BY COMMISSIONER TAYLOR:

13 SUSTAINED.

14 BY THE WITNESS:

15 YES, I TOLD 'EM. YEAH, I TOLD 'EM ALL.
16 EVERYBODY KNOW.

17 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

18 Q. ALL RIGHT. AND WERE THE EMPLOYERS THAT HIRED YOU,
19 DID THEY ALLOW YOU ACCOMMODATIONS IN YOUR
20 EMPLOYMENT?

21 A. NO.

22 Q. THEY WOULDN'T PROVIDE YOU WITH MAYBE AN EXTRA BREAK?

23 A. NO.

24 Q. THEY WOULDN'T PROVIDE YOU WITH A LIMITED-DUTY
25 SCHEDULE?

1 A. NO.

2 Q. LET'S TALK ABOUT THE WORK OF R.N. THAT YOU'VE
3 PERFORMED SINCE MAY 18, 2011. HAVE YOU ATTEMPTED TO
4 ACCOMMODATE YOUR OWN SITUATION?

5 A. OH, ABSOLUTELY. THAT'S THE ONLY WAY I CAN WORK,
6 HAVE TO. IT'S -- IT'S -- IT TAKES A LOT OF
7 DISCIPLINE. I HAVE TO TAKE A LOT OF MEDICATIONS. I
8 HAVE TO GO TO MY DOCTOR'S APPOINTMENTS.

9 Q. OKAY. NOW, I'M GOING TO GET BACK TO YOUR WORK
10 ENVIRONMENTS THOUGH. IN TERMS OF YOUR ACCOMMODATING
11 YOURSELF IN THESE EMPLOYMENT SITUATIONS, ---

12 A. YES.

13 Q. --- WOULD YOU ATTEMPT TO HELP LIFT THE PATIENTS?

14 A. NO.

15 Q. WOULD YOU SCHEDULE YOURSELF FOR A BREAK IF YOU
16 NEEDED IT?

17 A. I'D CALL OUT, YES.

18 Q. YOU'D CALL OUT IF NECESSARY?

19 A. YES, I DO.

20 Q. SO, ARE YOU SYMPTOM FREE NOW?

21 A. NO, NOT EVEN FOR -- NOT EVEN FOR A MINUTE OF THE
22 DAY, NOT UNLESS I'M SLEEPING.

23 Q. OKAY. NOW, LET'S BE BLUNT ABOUT SOMETHING.
24 ATTORNEY MCCANTS IS GOING TO ASK YOU "HOW IN THE
25 WORLD CAN YOU KEEP WORKING, AND HOW IN THE WORLD

1 HAVE HAD ALL THESE GOOD R.N. PAYING JOBS WITH THESE
2 CONDITIONS?" YOU NEED TO LET THIS COMMISSION KNOW
3 HOW YOU'VE ACCOMMODATED YOURSELF AND HOW YOU HAVE
4 BEEN ABLE TO STAY EMPLOYED.

5 A. I'VE BEEN STAYING EMPLOYED BECAUSE, LIKE IF I HAD TO
6 -- WHEN I FIRST -- AFTER I GOT HURT, I KNEW I HAD TO
7 DO SOMETHING DIFFERENT. I COULDN'T LIFT THEM OLD
8 PEOPLE AT THE NURSING HOME NO MORE, AND I COULDN'T
9 MOVE THOSE BIG OL' CHARTS AND DO ALL THE PROCEDURES
10 THAT THEY HAD ME DOING. AND I COULDN'T BE THERE
11 FIVE DAYS A WEEK, 'CAUSE THE MORE I'M ON MY FEET,
12 THE MORE PAIN I'M IN. SO I -- I GOT A JOB AT
13 PALMETTO RICHLAND. THEY -- THEY WAS UPSET. THEY
14 KNEW I HAD A BACK INJURY. THEY -- I TEST POSITIVE
15 FOR NARCOTICS DURING THE -- DURING THE -- THE
16 EMPLOYEE'S PHYSICAL. I BEGGED 'EM, I TOLD 'EM
17 WORKERS' COMP AIN'T DOING NOTHING FOR ME. I GOT TO
18 TAKE CARE OF MYSELF. I NEED A JOB. I -- I LEARNED
19 HOW TO GO IN THE BREAKROOM AND TAKE MY MEDICINE AND
20 TRY TO FOCUS. BUT IF IT WAS THINGS THAT HAD TO BE A
21 LOT OF PHYSICAL MOVING AND STUFF, I WOULDN'T DO
22 NOTHING THAT -- THAT EXACERBATED MY CONDITION. IF I
23 FOUND THAT I DIDN'T HAVE ENOUGH SLEEP, I'D CALL OUT,
24 OR I'D GET TO WORK LATE. I -- WHEN I GO HOME, I --
25 WHEN I GO HOME, I TAKE MY PAIN MEDICINE. I GO TO

1 SLEEP, AND I GET UP EARLY TO TRY TO GET MYSELF
2 DRESSED 'CAUSE IT TAKES ME A LONG TIME TO GET
3 DRESSED. IT TAKES ME A LONG TIME TO GET MOVING
4 'CAUSE I GOT TO LET -- MAKE SURE MY MEDICATION KICKS
5 IN BEFORE I CAN START MOVING.

6 Q. LET ME ASK YOU, MS. WHITE, HAVE YOU BEEN TREATED FOR
7 ANXIETY?

8 A. YES. YES, DEPRESSION.

9 Q. AND DEPRESSION. AND HOW LONG HAVE YOU BEEN TREATED
10 FOR THOSE CONDITIONS?

11 A. STILL. I HAD A PANIC ATTACK BEFORE I GOT HERE THIS
12 MORNING. I GOT HERE EARLY 'CAUSE I WAS PANICKING.
13 I WAS PANICKING ABOUT EVERYTHING.

14 Q. OKAY. SO, PANIC ATTACKS, DEPRESSION, ANXIETY, HOW
15 LONG HAVE YOU BEEN TREATED FOR THOSE CONDITIONS?

16 A. SINCE I GOT HURT, MAY THE 18TH, 2011. I DIDN'T KNOW
17 HOW I'M GOING TO GO MAKE IT. I THINK SOMEBODY'S
18 GOING TO FIND OUT THAT I -- MY INJURY -- I -- I'M
19 SLOW WALKING, OR WHEN THE PAIN HITS, YOU CAN NOTICE
20 MY GAIT, MY LIMP. SOMETIMES I GOT TO HOLD ONTO THE
21 WALL. SOMETIMES I GOT TO GO TO THE BATHROOM AND GET
22 MYSELF TOGETHER OR GO OUT TO THE CAR.

23 Q. IS WORKING AS AN R.N. STRESSFUL FOR YOU?

24 A. ABSOLUTELY.

25 Q. AND HOW ARE YOU ABLE TO ACCOMMODATE WORKING IN A

1 STRESSFUL OCCUPATION WITH THESE CONDITIONS?

2 A. I DON'T KNOW, I'VE BEEN FAILING, BUT I'VE BEEN
3 FAILING. NOBODY -- I'VE BEEN FAILING, I CAN'T -- I
4 -- I -- I CAN'T KEEP A JOB. I CAN'T GET A JOB. IF
5 I GET A JOB, IT'S GOING TO BE FOR A WHILE. I TRY TO
6 DO THE BEST I CAN DO, AND THEN, JUST TAKING THE
7 MEDICINE, AND -- AND THE POOR PERFORMANCE AND MOVING
8 SLOW, THEY NOTICE IT.

9 Q. YES, MA'AM. AS IT RELATES TO YOUR INTERACTIONS WITH
10 OTHER PEOPLE, ---

11 A. ABSOLUTELY.

12 Q. LET ME ASK NOW...

13 A. I BRING MY PAIN WITH ME EVERYWHERE I GO. I CAN'T
14 LEAVE IT AT HOME.

15 Q. OKAY. NOW, HERE'S A CRITICAL QUESTION I'VE GOT TO
16 ASK YOU BECAUSE I'M GETTING READY TO SIT DOWN, AND
17 ATTORNEY MCCANTS IS GETTING READY TO CROSS-EXAMINE
18 YOU; ---

19 A. YES, SIR.

20 Q. --- DO YOU UNDERSTAND THAT?

21 A. YES, SIR.

22 Q. YOU UNDERSTAND YOU HAVE TO HOLD UP UNDER HIS CROSS-
23 EXAMINATION?

24 A. YES, SIR.

25 Q. YOU UNDERSTAND YOU HAVE TO ANSWER EVERY QUESTION HE

1 ASKS YOU TRUTHFULLY?

2 A. YES, SIR.

3 Q. ARE YOU ANTICIPATING THAT YOU'RE GOING TO HAVE SOME
4 EMOTIONAL ISSUE WITH ATTORNEY MCCANTS CROSS-
5 EXAMINING YOU?

6 A. I'M GOING -- I'M GOING TO HOLD UP THE BEST WAY I
7 CAN.

8 BY MR. WILLIAMS:

9 YOUR HONOR, I HAVE NO FURTHER QUESTIONS.

10 BY COMMISSIONER TAYLOR:

11 OKAY. ALL RIGHT, THANK YOU. MR. MCCANTS.

12 BY MR. MCCANTS:

13 THANK YOU, COMMISSIONER.

14 CROSS-EXAMINATION BY MR. MCCANTS:

15 Q. MS. WHITE, I DO HAVE A FEW QUESTIONS OF YOU.

16 A. YES, SIR.

17 Q. YOU AND I HAVE TALKED BEFORE.

18 A. YES, SIR.

19 Q. I CERTAINLY WILL TELL YOU, I'M NOT HERE TO MAKE YOUR
20 LIFE ANYMORE STRESSFUL THAN YOU'RE ALREADY
21 EXPERIENCING.

22 A. YES, SIR.

23 Q. BUT I THINK YOU UNDERSTAND THAT MY CLIENT ---

24 A. YES, SIR.

25 Q. --- TAKES A LITTLE DIFFERENT POSITION AS TO YOURS.

1 A. YES, SIR.

2 Q. THIS IS THE PROCESS WE GO THROUGH TO TRY AND MAKE
3 SURE THE COMMISSIONER UNDERSTANDS ALL THE FACTS,
4 OKAY?

5 A. YES, SIR.

6 Q. AND I'M SURE IF YOU WERE TO ASK HER, SHE'D GIVE YOU
7 A BREAK BEFORE I START; DO YOU WANT TO DO THAT, ---

8 A. NO, SIR.

9 Q. --- OR DO YOU WANT TO MOVE FORWARD?

10 A. WE'LL MOVE FORWARD.

11 Q. ALL RIGHT. DO YOU NEED ANY WATER OR ANYTHING LIKE
12 THAT?

13 A. NO, SIR, THANKS.

14 Q. ALL RIGHT. AND I'VE BEEN POLITE TO YOU THROUGHOUT
15 THE YEARS, HAVEN'T I?

16 A. SOMEWHAT.

17 Q. ALL RIGHT. YOU AND I DON'T ALWAYS AGREE ON THINGS?

18 A. YES, SIR.

19 Q. I'VE TRIED TO BE POLITE, AT LEAST THAT'S WHAT MY
20 MOTHER AND MY GRANDMOTHER TAUGHT ME, OKAY; FAIR
21 ENOUGH?

22 A. FAIR ENOUGH.

23 Q. YOU TOLD COMMISSIONER TAYLOR THOUGH, THAT BEFORE
24 THIS INCIDENT IN MARCH OF 2011, YOU HAD A WONDERFUL
25 HEALTH HISTORY, RIGHT?

1 A. YES, SIR.

2 Q. ALL RIGHT. BUT YOU CAN'T DISAGREE THAT WE PUT IN
3 SOME RECORDS AT THAT FIRST HEARING BEFORE
4 COMMISSIONER BECK THAT SHOWED YOU DID HAVE SOME
5 PRIOR NECK PROBLEMS AND BACK PROBLEMS, RIGHT?

6 A. NO, SIR, IT SHOWED THAT I WENT TO THE DOCTOR. IT
7 WAS AUGUST OF 2000; CAN YOU LOOK AT THAT?

8 Q. I'M LOOKING AT IT.

9 A. YEAH.

10 Q. LISTEN, I'M NOT SUGGESTING ---

11 A. AND I HAD ---

12 Q. ALL RIGHT, LET ME ASK THE QUESTIONS, OKAY. THE
13 COMMISSIONER WILL CERTAINLY ALLOW YOU TO PROVIDE
14 WHATEVER INFORMATION YOU WANT TO. BUT, YOU KNOW,
15 YOU'RE RIGHT, SOME OF THESE RECORDS ARE BACK IN THE
16 SUMMER OF 2000.

17 A. OKAY.

18 Q. I'M NOT SUGGESTING THAT YOU WERE HAVING ONGOING
19 PROBLEMS UP UNTIL THE TIME YOU HAD THIS INCIDENT IN
20 MARCH OF 2011, BUT IT'S NOT TRUE THAT YOU DIDN'T
21 HAVE ANY PROBLEMS BEFORE THEN, IS IT?

22 A. MY -- I WASN'T TAKING ANY MEDICATIONS DAILY THAT --
23 FOR PAIN OR HIGH BLOOD PRESSURE OR -- I COULD DO
24 ANYTHING I WANTED TO DO. I HAD SOME ACID REFLUX.
25 THAT WAS A FIGHT, AND I WENT AND GOT MYSELF CHECKED

1 OUT.

2 Q. AND THEN WENT BACK TO WORK, DOING OKAY?

3 A. YOU -- YOU'RE TALKING ABOUT AUGUST OF 2000, 16 YEARS
4 AGO, RIGHT?

5 Q. WHENEVER IT WAS. AND YOU RECOVERED FROM ALL THAT
6 AND WENT ABOUT YOUR WAY, CORRECT?

7 A. IT WAS AN INCIDENT, AND I WENT AND GOT MYSELF
8 CHECKED OUT.

9 Q. ALL RIGHT. WHEN DID YOU FIRST START WORKING AT
10 N.H.C. PARKLANE, SARAH?

11 A. I FIRST STARTED WORKING AT N.H.C. PARKLANE IN 2006.
12 I BELIEVE IT WAS -- MIGHT HAVE BEEN AROUND JULY OR
13 JUNE.

14 Q. ALL RIGHT. NOW, WE'RE NOT GOING TO GO BACK OVER
15 THAT OTHER CASE WE HAD IN THIS VERY ROOM YEARS AGO,
16 BUT I DO WANT TO TALK TO YOU A LITTLE BIT ABOUT IT
17 BECAUSE YOU'VE RAISED SOME ISSUES WITH REGARD TO
18 YOUR PROBLEMS STEMMING FROM THE MARCH 2011 INCIDENT
19 VERSUS THE MAY 2011 INCIDENT, OKAY?

20 A. YES, SIR.

21 Q. AND YOU HAD ANOTHER ATTORNEY REPRESENT YOU FOR THAT
22 CASE, THE MARCH 2011 ACCIDENT; YOU REMEMBER THAT?

23 A. HE DROPPED ME OCTOBER 2013 AFTER MY -- WELL, OCTOBER
24 OF 2013. IT WAS OCTOBER THE 13TH, 2013. HE DROPPED
25 ME OVER EMAIL WHEN I ASKED HIM WHY DIDN'T HE TALK

1 ABOUT THE MAY 18TH, 2000, ACCIDENT IN THE TRIAL.

2 Q. ALL RIGHT. AND THAT WAS STEVE HAYMOND WHO
3 REPRESENTED YOU?

4 A. YES, SIR.

5 Q. AND HE CAME IN THIS VERY COURTROOM WITH COMMISSIONER
6 BECK, AND HE DID WHATEVER HE COULD FOR YOU, I
7 THOUGHT. MR. HAYMOND IS A PRETTY GOOD LAWYER.

8 A. HE DIDN'T BRING UP THE MAY 18TH, 2000, INCIDENT,
9 AND WHEN I ASKED HIM ABOUT IT, HE DROPPED ME BY
10 EMAIL.

11 Q. ALL RIGHT. BUT YOU REMEMBER COMMISSIONER BECK THAT
12 HEARD YOUR CASE, THE GENTLEMAN THAT SAT UP THERE AND
13 LISTENED TO IT?

14 A. HE HEARD HALF OF THE CASE. BECAUSE THE WAY THE CASE
15 WAS DESIGNED, IT WAS TO OMIT THE MAY 18TH, 2011,
16 INJURY THAT I HAD ON THE JOB. IT WAS NEVER
17 DISCUSSED.

18 Q. WELL, DID YOU CLAIM THAT YOU GOT HURT ON MARCH 14 OF
19 2011?

20 A. YES, SIR. AND I GOT REINJURED, AND I WIND UP BEING
21 WORSE OFF AFTER THE MAY 18TH, 2011, INCIDENT. I WAS
22 DRAGGING MY LEG AROUND, BEND OVER ---

23 Q. THAT'S WHAT I WANT TO GET TO. NOT TO INTERRUPT YOU,
24 THAT'S MY POINT, THAT'S WHERE I WANT TO GET TO. YOU
25 CAME IN HERE, YOU CLAIM THAT YOU HURT YOUR BACK ON

1 MARCH 14, 2011, AND WE HAD A TRIAL, CORRECT?

2 A. YES.

3 Q. AND YOU TOLD COMMISSIONER TAYLOR AGAIN TODAY, JUST
4 LIKE YOU TOLD COMMISSIONER BECK, "THAT INCIDENT ON
5 MARCH 14TH, 2011, WAS SO BAD, I FELT A RIP IN MY
6 LOWER BACK," RIGHT?

7 A. NO, I DID NOT SAY -- I DIDN'T EXAGGERATE. IT COULD
8 HAVE BEEN A RIP IN MY UNIFORM. I -- I WAS
9 HYPEREXTENDED HOLDING A BIG MAN UP LIKE YOU. I
10 NEVER TOLD NOBODY I FELT NO RIP IN MY BACK.

11 Q. SARAH, THAT'S WHAT YOU SAID.

12 A. I SAID, "I FELT A RIP." NO, YOU NEVER -- I NEVER
13 SAID, "A RIP IN MY BACK." CAN YOU BRING IN THE
14 RECORDS?

15 Q. I PUT IT IN THERE.

16 A. YOU -- JUST BECAUSE YOU PUT IT IN THERE, THAT DON'T
17 MEAN IT'S THE TRUTH. CAN WE LISTEN TO A RECORDING?
18 CAN YOU BRING IN THE RECORDING?

19 Q. I THINK THE COMMISSION FILE MAY BE A RECORD. I
20 DON'T KNOW, THAT'S ---

21 A. BECAUSE I NEVER EXAGGERATED AND SAID, "I FELT A RIP
22 IN MY BACK."

23 Q. WELL, LET'S DO IT THIS WAY. COMMISSIONER BECK
24 DECIDED YOU DIDN'T HURT YOUR BACK ON MARCH 14, 2000,
25 AT LEAST WORKING FOR US.

1 A. WITH THE EVIDENCE THAT HE HAD, BUT HE DIDN'T HAVE
2 ALL THE EVIDENCE.

3 Q. WELL, DID YOU AGREE WITH HIS DECISION?

4 A. NO.

5 Q. DID YOU APPEAL IT?

6 A. I COULDN'T FIND A LAWYER TO APPEAL IT.

7 Q. DO YOU AGREE WITH HIS ---

8 A. STEVE HAYMOND, WHEN HE DROPPED ME -- HE DROPPED ME,
9 AND EVERY LAWYER THAT I WENT TO, THEY TALKED TO HIM,
10 AND THEY WOULDN'T TAKE MY CASE.

11 Q. ALL RIGHT. DO YOU AT LEAST RESPECT THE
12 COMMISSIONER'S DECISION ON THAT FIRST CASE?

13 A. NO.

14 Q. YOU DO NOT RESPECT IT?

15 A. NO. YOU KNOW WHY? BECAUSE THIS INFORMATION, WHICH
16 REALLY, THE MAY 18, 2011, JUST LEFT ME MESSED UP. I
17 HAD TO GET SURGERY. I'M TAKING MEDICATION EVERY
18 DAY. I HURT ALL THE TIME, 24/7; MY NECK HURT. MY
19 BACK HURT. IT GOES DOWN IN MY BUTTOCKS. IT ACHES.
20 IT GOES DOWN ON MY LEG ALL THE WAY TO MY TOES. I --
21 I CAN'T HARDLY TAKE CARE OF MYSELF.

22 Q. ALL RIGHT. MY QUESTION IS SIMPLY -- BECAUSE I KNOW
23 HOW AN EMOTIONAL EXPERIENCE THIS HAS BEEN FOR YOU,
24 BUT WE ARE IN A COURT OF LAW. DO YOU RESPECT THE
25 COMMISSIONER'S DECISIONS IN THESE CASES?

1 A. I DIDN'T BECAUSE HE DIDN'T HAVE ALL THE EVIDENCE.

2 Q. ALL RIGHT.

3 A. IT WAS OMITTED, MY MAY 18, 2011, INJURY.

4 Q. NOW, LET'S HOP UP THEN TO MAY 18, OKAY?

5 A. YES, SIR.

6 Q. 2011, THAT'S WHEN YOU INDICATE TINA SHOOK THE CHAIR
7 AS YOU'VE DESCRIBED IT, AND I'M GOING TO BE HONEST
8 WITH YOU, I HADN'T SEEN THIS STATEMENT FROM TINA
9 PREVIOUSLY, OKAY?

10 A. WELL, TINA WENT -- WHEN I -- TINA -- WHEN I WENT TO
11 ARGO -- AND MELISSA ARGO, PAM JACKSON -- MELISSA
12 ARGO, THE HEAD ADMINISTRATOR OF THE NURSING HOME,
13 THEY WAS ALL TOGETHER. PAM JACKSON, THE DIRECTOR OF
14 NURSING, PATTI COATES, WHO WAS THE ASSISTANT
15 DIRECTOR OF NURSING, THEY WAS ALL TOGETHER. I TOLD
16 'EM, "TINA JARRED ME AROUND IN THE CHAIR. SHE HURT
17 MY BACK. I NEED TO GO TO THE DOCTOR. I NEED SOME
18 HELP." SHE -- SO THEY SAID -- THEY TOLD ME THAT
19 THEY WASN'T GOING TO HELP ME.

20 **BY MR. MCCANTS:**

21 ALL RIGHT. I'M GOING TO OBJECT. THIS IS NON-
22 RESPONSIVE.

23 **BY THE WITNESS:**

24 SORRY. I COULDN'T GET NO HELP.

25 **BY COMMISSIONER TAYLOR:**

1 MS. WHITE, I KNOW -- AND I KNOW YOU HAVE A LOT
2 TO SAY, AND I PROMISE WE CAN STAY HERE ALL
3 AFTERNOON, BUT DURING THIS PORTION OF THE HEARING,
4 I'M GOING TO ASK THAT YOU JUST LIMIT YOUR ANSWER TO
5 THE QUESTION HE ASKS, OKAY?

6 **BY THE WITNESS:**

7 YES, MA'AM.

8 **CROSS-EXAMINATION RESUMED BY MR. MCCANTS:**

9 Q. ALL RIGHT. WHAT I'M TRYING TO ---

10 A. CAN YOU ASK ME THAT QUESTION ONE MORE TIME PLEASE?

11 Q. I'M GOING TO TRY. THIS IS WHERE I'M HEADING WITH
12 THIS, IS THAT I HADN'T SEEN TINA'S STATEMENT. OKAY,
13 LET'S ---

14 A. TINA GAVE IT TO PAM JACKSON.

15 Q. OKAY. HOLD ON ONE SECOND. NO, SHE DIDN'T, BECAUSE
16 THAT'S LONG AFTER YOU LEFT. YOU GOT THAT STATEMENT
17 FROM HER, OKAY?

18 A. WE GOT THAT STATEMENT NOTARIZED THAT DAY.

19 Q. THAT'S FINE. THAT STATEMENT IS DATED WHATEVER IT
20 IS.

21 A. TINA TOLD ME -- I CAN'T SAY THAT. WHAT CAN I SAY?

22 Q. WELL, HOLD ON, I'LL HELP YOU WITH IT. LET ME HELP
23 YOU A SECOND. THE STATEMENT IS DATED OCTOBER 25 OF
24 2011.

25 A. NO, READ THE TOP OF THE STATEMENT. IT'S DATED MAY

1 18, 2011. PAM JACKSON, THE D.O.N., TOLD TINA TO
2 WRITE THAT UP -- WRITE UP THE INCIDENT AND WHAT
3 HAPPENED.

4 Q. LOOK AT IT, SARAH.

5 A. THIS IS NOT IT. THIS IS BLANK. THIS IS NOT IT.
6 CAN I GET -- GET MY LAWYER'S COPY? THIS IS NOT IT.
7 IT'S LONGER THAN THIS. THIS IS NOT THE STATEMENT.
8 I NEED MY LAWYER'S COPY. THIS IS...

9 BY MR. MCCANTS:

10 YOU GOT ANOTHER STATEMENT?

11 BY THE WITNESS:

12 THIS IS JUST A LITTLE PARAGRAPH.

13 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

14 Q. I AGREE WITH YOU. IT LOOKS LIKE -- EXCUSE ME. IT
15 LOOKS LIKE THE SECOND PAGE OF THE DOCUMENT.

16 BY THE WITNESS:

17 VANNIE WILLIAMS, CAN I GET YOUR COPY?

18 BY MR. WILLIAMS:

19 THAT'S THE ONLY ONE I HAVE.

20 BY THE WITNESS:

21 CAN YOU LOOK IN THE BOX? UH-UH, THE
22 COMMISSIONER GOT A COPY. I BROUGHT IT UP HERE TO
23 TRY TO GET MY CASE REOPENED. THEY GOT A COPY.

24 BY MR. MCCANTS:

25 FOR THE RECORD, I SEE WHERE IT'S STAMPED. I

1 SEE "W.C.C." ON HERE (INDICATING). YOU GOT THIS IN
2 THE RECORD.

3 BY THE WITNESS:

4 YEAH, BUT WE GOT TO GET THE WHOLE STATEMENT.
5 IT'S MORE THAN ONE PAGE.

6 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

7 Q. I'D LIKE TO SEE THE STATEMENT, BECAUSE I -

8 BY MR. MCCANTS:

9 ARE YOU LOOKING?

10 CROSS EXAMINATION RESUMED BY MR. MCCANTS:

11 Q. HE'S LOOKING. IF TINA SAYS THAT SOMETHING HAPPENED,
12 WE'LL LOOK AT THAT, OKAY, BUT LET'S JUST TALK ABOUT
13 THAT A LITTLE BIT IN TERMS OF HOW IT RELATES TO
14 WHETHER OR NOT IT CAUSED YOU AN INJURY. FOR THE
15 SAKE OF OUR CONVERSATION, LET'S ASSUME THAT TINA,
16 WHILE A LOT WAS GOING ON AT THE NURSES' STATION,
17 GRABBED YOUR CHAIR AND SHOOK IT; OKAY, ARE YOU WITH
18 ME, ALL RIGHT? YOU AND I CAN DISAGREE ON HOW
19 VIOLENT IT WAS, BUT FOR THE SAKE OF OUR
20 CONVERSATION, LET'S JUST ASSUME THAT TINA DID GRAB
21 AND MOVE THE CHAIR, ALL RIGHT; ARE YOU WITH ME?

22 A. YES, SIR.

23 Q. ALL RIGHT. LET'S STOP RIGHT THERE A SECOND, AND LET
24 ME ASK YOU THESE QUESTIONS NOW. BECAUSE YOU VERY
25 KINDLY CAME OVER TO MY OFFICE AFTER THE FIRST CASE,

1 AND WE SAT DOWN AND WE TALKED ABOUT THIS CASE.

2 A. I CAME TO YOUR OFFICE THE SECOND CASE. THE FIRST
3 CASE, WE MET AT STEVE HAYMOND'S OFFICE.

4 Q. THAT'S CORRECT, YOU'RE RIGHT. YOU GOT A GOOD MEMORY
5 THERE. BUT, YOU KNOW, I HAD ASKED YOU, I SAID, "ALL
6 RIGHT, YOU HAD THIS INCIDENT IN MARCH OF 2011, MS.
7 WHITE, AND YOU GOT AN INCIDENT ON MARCH 18, 2011."
8 AND IF I CAN, CAN I JUST READ TO YOU WHAT YOU TOLD
9 ME AT YOUR DEPOSITION; ARE YOU OKAY WITH THAT?

10 A. NO, I'D RATHER LISTEN TO IT.

11 Q. ALL RIGHT. WELL, I'LL READ IT, ---

12 BY MR. MCCANTS:

13 --- IF THAT'S ALL RIGHT?

14 BY COMMISSIONER TAYLOR:

15 SURE.

16 BY MR. MCCANTS:

17 VANNIE, ARE YOU ALL RIGHT WITH THAT?

18 BY MR. WILLIAMS:

19 YES.

20 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

21 Q. ALL RIGHT. WHEN WE WERE TALKING ABOUT THIS INCIDENT
22 ON MAY 18, 2011, I HAD ASKED YOU ABOUT WHEN YOUR
23 PROBLEMS STARTED. AND I'M GOING TO LET YOU HAVE
24 THIS IF YOU WANT TO READ THIS, BUT THIS IS WHAT YOU
25 TOLD ME. THE QUESTION FROM ME WAS; "AND THE

1 ACCURATE HISTORY WOULD BE THAT YOUR PROBLEMS BEGAN
2 ON MAY 18 OF 2011; IS THAT CORRECT?"

3 BY MR. WILLIAMS:

4 YOUR HONOR, IF IT PLEASE THE COMMISSION, MAY I
5 APPROACH THE WITNESS AND GIVE HER A COPY?

6 BY MR. MCCANTS:

7 YES, THAT'S FINE.

8 BY COMMISSIONER TAYLOR:

9 SURE, OKAY.

10 BY MR. MCCANTS:

11 THAT'S A GOOD IDEA, LET HER READ ALONG WITH ME
12 TO MAKE SURE.

13 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

14 Q. PAGE 48, MS. WHITE, ARE YOU WITH ME? ALL RIGHT, I'M
15 AT LINE 11. LET ME KNOW IF YOU'RE WITH ME. LINE 11
16 I ASKED THE QUESTION; "AND THE ACCURATE HISTORY
17 WOULD BE THAT YOUR PROBLEMS BEGAN ON MAY 18 OF 2011;
18 IS THAT CORRECT?" YOUR ANSWER WAS "NO."

19 A. NO, WE GOT TO GO BACK TO PAGE 47.

20 BY COMMISSIONER TAYLOR:

21 MS. WHITE, YOU GOT TO FOLLOW ALONG WITH THE
22 QUESTIONS HE'S ASKING YOU, OKAY?

23 BY THE WITNESS:

24 WHICH -- WHICH ONE YOU TOLD ME TO GO TO ON 48?

25 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

1 Q. LET'S DO THIS. DO YOU WANT ME TO GO ON 47, GO BACK
2 A LITTLE BIT FURTHER; WHERE DO YOU WANT ME TO START
3 ON 47 THAT YOU WERE LOOKING AT, WHAT LINE?

4 A. WE START AT, IT SAYS "YES."

5 Q. LINE EIGHT, RIGHT?

6 A. "WERE YOU HAVING BACK LOWER PAINS ON MAY 18 JUST
7 BEFORE TINA SHOOK THE CHAIR? SO YOU WERE FREE OF
8 PAIN IN YOUR BACK BEFORE SHE SHOOK THE CHAIR; IS
9 THAT RIGHT?" I SAID, "IT WAS CONTROLLED WITH
10 MEDICINE."

11 Q. OKAY. I'M GOING TO READ ALL THIS. YOU JUST LET ME
12 KNOW IF I'M NOT READING ACCURATELY, OKAY; ARE YOU
13 WITH ME? I'M GOING TO START ON PAGE FORTY-SEVEN,
14 LINE EIGHT. QUESTION: "SO THE TRUTH WOULD BE THAT
15 YOUR PROBLEMS STARTED MAY 18 OF 2011; IS THAT
16 CORRECT?" ANSWER: "YES." QUESTION: "ALL RIGHT.
17 AND THAT'S WHAT YOU TOLD THE DOCTORS; IS THAT
18 CORRECT?" ANSWER: "I HAD LOW BACK PAIN IN MARCH
19 WHEN I HURT MYSELF." QUESTION: "YES, MA'AM."
20 ANSWER: "AND I HAD LOW BACK PAIN AGAIN WHEN THE
21 SECRETARY JARRED ME AROUND IN THE CHAIR." QUESTION:
22 "YES, MA'AM. WERE YOU HAVING BACK PAIN, LOWER BACK
23 PAIN ON MAY 18 OF 2011 JUST BEFORE MS. LOVEJOY SHOOK
24 THAT CHAIR?" YOUR ANSWER WAS "NO." OKAY, ARE YOU
25 WITH ME?

1 A. YES.

2 Q. QUESTION: "SO, YOU WERE PAIN FREE IN YOUR LOWER BACK
3 BEFORE SHE SHOOK THE CHAIR; IS THAT RIGHT?" YOUR
4 ANSWER: "IT WAS CONTROLLED WITH MEDICATIONS."

5 QUESTION: "BUT OBVIOUSLY, WHATEVER SHE DID CAUSED
6 YOU TO HAVE PAIN THAT COULD NOT BE CONTROLLED BY
7 MEDICATION; IS THAT FAIR?" ANSWER: "YES."

8 QUESTION: "AND MY QUESTION TO YOU IS, HAVE YOU TOLD
9 THESE DOCTORS THAT'S WHAT HAPPENED?" ANSWER: "IF
10 THEY ASKED ME, I DID." QUESTION: "WELL, YOU KNOW

11 THEY ASKED YOU. YOU'VE BEEN IN THE HEALTHCARE
12 FIELD. THE DOCTOR HAS TO GET A HISTORY FROM YOU,
13 RIGHT?" ANSWER: "WELL, I GAVE THEM MY HISTORY."

14 QUESTION: "AND THE ACCURATE HISTORY WOULD BE THAT
15 YOUR PROBLEMS BEGAN ON MAY 18 OF 2011; IS THAT
16 CORRECT?" YOUR ANSWER: "NO." "THAT'S NOT AN

17 ACCURATE HISTORY?" ANSWER: "NO." "WHEN DID YOUR
18 PROBLEMS START?" "WITH MY BACK?" I SAID, "YES,
19 MA'AM." YOU SAID, "IN MARCH. MY LOWER BACK IN

20 MARCH." AND I SAID, "ALL RIGHT." ANSWER: "SO CAN
21 YOU BE SPECIFIC WHEN YOU SAY 'PROBLEMS'?" AND I

22 SAID, "ALL RIGHT." YOU SAID, "CAN YOU BE SPECIFIC
23 ABOUT THE PROBLEM?" AND I SAID, QUESTION: "THAT'S
24 FAIR ENOUGH. DID YOUR LOWER BACK PROBLEMS START ON

25 MAY 18 OF 2011, OR DID THEY START IN MARCH OF 2011?"

1 YOUR ANSWER, WE'RE GOING TO PAGE 49, "WELL, I HAD
2 BACK PAIN, AND IT STARTED LOWER BACK IN MARCH OF
3 2011." QUESTION: "THAT'S A PROBLEM, LOWER BACK
4 PAIN. DID THAT PROBLEM START IN MARCH OF 2011?"
5 ANSWER: "YES." QUESTION: "ALL RIGHT. WERE YOU
6 HAVING LOWER BACK PROBLEMS ON MAY 18 OF 2011, AND
7 BEFORE MS. LOVEJOY SHOOK THAT CHAIR?" HERE'S WHAT
8 YOUR ANSWER WAS; "I HAD PROBLEMS IN THE PAST, BUT AT
9 THAT POINT IN TIME THAT DAY, I WAS NOT HAVING ANY
10 PAIN WITH MY LOWER BACK THAT DAY UNTIL SHE STARTED
11 SHAKING THE CHAIR." OKAY, THAT'S WHAT I WANTED TO
12 READ TO YOU. NOW, ---

13 A. YES.

14 Q. --- HERE'S WHY I WANTED TO READ THAT TO YOU. I
15 LEARNED TODAY THAT AS A RESULT OF TINA MOVING THE
16 CHAIR, SHAKING THE CHAIR, JARRING THE CHAIR,
17 WHATEVER HAPPENED, MS. WHITE, YOU WENT OUT IN YOUR
18 CAR, AND YOU GOT SOME NARCOTIC PAIN MEDICATION,
19 DIDN'T YOU?

20 A. ABOUT AN HOUR LATER, YES, SIR.

21 Q. HOUR, TWO HOURS, WHATEVER, YOU WENT OUT TO YOUR CAR
22 AND GOT SOME OF YOUR PRESCRIPTION NARCOTIC
23 MEDICATION, CORRECT?

24 A. YES.

25 Q. AND WHILE YOU WERE TELLING ME THAT, I SAID, "I'M

1 GOING TO GO BACK THROUGH YOUR RECORDS AT MONCRIEF,"
2 AND I'M HAPPY TO SHOW THESE TO YOU IF YOU WANT ME
3 TO. I'M GOING TO GIVE YOU A LITTLE HISTORY, OKAY.
4 ON THE 15TH OF APRIL, 2011, ABOUT A MONTH BEFORE
5 TINA MOVED OR SHOOK THE CHAIR, YOU WERE OVER AT
6 MONCRIEF COMPLAINING OF LOW BACK PAIN WITH A BULGING
7 DISC, AND YOU HAVE AN APPOINTMENT WITH A PAIN CLINIC
8 ON APRIL 18TH OF 2011. THAT'S WHAT THE RECORD SAYS.
9 MY QUESTION IS, ---

10 A. AN ANNULAR TEAR.

11 Q. --- IS THAT TRUE?

12 A. YES.

13 Q. THAT'S A MONTH BEFORE THE INCIDENT WITH THE CHAIR;
14 ARE YOU WITH ME?

15 A. YES.

16 Q. YOU HAD AN APPOINTMENT WITH A PAIN CLINIC SCHEDULED.

17 A. A MONTH AFTER MARCH WHEN I INITIALLY...

18 Q. WELL, I'M KIND OF PAST THE MARCH INCIDENT, ---

19 A. THE NEXT MONTH, APRIL.

20 Q. --- AND I UNDERSTAND HOW YOU FEEL ABOUT THE
21 COMMISSIONER'S DECISION, BUT I'M PAST THE MARCH
22 INCIDENT, AND I'M FOCUSING ON MAY; ARE YOU WITH ME?

23 A. OH, YOU SAID, "APRIL" JUST NOW.

24 Q. I DID. THAT'S IN BETWEEN MARCH AND MAY.

25 A. YES, SIR.

1 Q. ALL RIGHT?

2 A. YES.

3 Q. NOW, LET ME CONTINUE, BECAUSE I SEE ON MAY THE 2ND
4 OF 2011, ---

5 A. AN EPIDURAL AND STEROID INJECTION.

6 Q. THAT'S RIGHT, AND THIS IS LIKE WITHIN TWO WEEKS OF
7 THE CHAIR INCIDENT. I'M GOING TO CONTINUE.

8 A. BEFORE THE CHAIR.

9 Q. BEFORE THE CHAIR INCIDENT.

10 A. I WAS DOING EVERYTHING THAT I COULD DO TO TAKE CARE
11 OF MY BACK AND -- AND WORK.

12 Q. A WEEK BEFORE THE INCIDENT WITH THE CHAIR, YOU WENT
13 TO MONCRIEF TO FOLLOW UP ON SEVERE BACK PAIN; ARE
14 YOU WITH ME?

15 A. UH-HUH (WITNESS NODS HEAD UP AND DOWN).

16 Q. THAT'S TRUE, ISN'T IT?

17 A. YES, SIR.

18 Q. FINALLY, 13 MAY, 2011, THIS IS FIVE DAYS BEFORE THE
19 CHAIR INCIDENT, SARAH; ARE YOU WITH ME?

20 A. A -- AN EPIDURAL INJECTION.

21 Q. YOU'RE BACK OVER THERE GETTING CARE FOR YOUR BACK.
22 WHAT I'M ASKING IS WHETHER OR NOT AS A RESULT OF
23 THIS INCIDENT IN MARCH, YOU REALLY ARE JUST HAVING
24 ONGOING BAD BACK PROBLEMS?

25 A. NO, MY -- MY SPINE WAS ALREADY UNSTABLE, AND SHE

1 CAME ON AN UNSTABLE SPINE, SHAKING THE CHAIR, AND
2 SHE CAUSED FURTHER DAMAGE.

3 Q. ALL RIGHT.

4 A. DAMAGE IN MY NECK, DAMAGE IN MY LOWER BACK, DAMAGE
5 IN MY LEGS.

6 Q. WELL, IN THESE SITUATIONS -- YOU'VE BEEN IN
7 HEALTHCARE BEFORE, AND I'M TRYING TO RESPECT YOUR
8 PROFESSION. YOU KNOW, SOMETIMES WE GOT TO GO TO THE
9 DOCTORS TO SORT ALL THIS OUT, RIGHT; DON'T YOU
10 AGREE?

11 A. SHE EXACERBATED MY CONDITION.

12 Q. AND YOU LIKE LARRY DILLARD, DON'T YOU; IS HE A
13 PRETTY GOOD PHYSICIAN'S ASSISTANT?

14 A. I -- I HAVE TO DO WHAT I -- I DIDN'T HAVE A CHOICE.

15 BY MR. MCCANTS:

16 MAY I APPROACH?

17 BY COMMISSIONER TAYLOR:

18 YES.

19 BY THE WITNESS:

20 I DIDN'T HAVE A CHOICE.

21 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

22 Q. I'M GOING TO GIVE YOU THAT, THAT'S PAGE 21 OUT OF
23 YOUR MEDICAL RECORDS (INDICATING).

24 A. I DIDN'T HAVE A CHOICE THAT -- NOBODY WAS GIVING ME
25 HEALTHCARE. I HAD INSURANCE. I HAD TO GO TO

1 MONCRIEF COMMUNITY HOSPITAL TO GET HELP. I DIDN'T -

2 --

3 Q. I'M GOING TO ASK YOU THAT IN A SECOND. WOULD YOU
4 LOOK AT THIS DOCUMENT WITH ME, AND VANNIE'S GOT IT,
5 OKAY. IT'S PAGE 21 OUT OF YOUR MEDICAL RECORDS.

6 A. IT WAS COST EFFICIENT.

7 Q. MA'AM?

8 A. IT WAS COST EFFICIENT. THAT'S WITH MY INSURANCE,
9 WITH THE TRICARE MILITARY INSURANCE. IF YOUR SPOUSE
10 IS DEPLOYED OVERSEAS, YOU CAN GO TO FORT JACKSON AND
11 GET HELP FOR FREE.

12 Q. ALL RIGHT.

13 A. YOUR MEDICINES, YOUR VISITS, EVERYTHING. WHO
14 WOULDN'T UTILIZE THAT?

15 Q. I'M GOING TO ASK YOU THAT IN A SECOND. CAN WE STAY
16 FOCUSED FOR A SECOND. I'M GOING TO GIVE YOU THAT
17 CHANCE TO TALK ABOUT MONCRIEF, OKAY, BUT I WANT TO
18 FOCUS ON THE RELATIONSHIP BETWEEN THE MARCH 2011
19 INCIDENT AND THE MAY 2011 INCIDENT AND YOUR
20 RELATIONSHIP WITH MONCRIEF AND PHYSICIAN'S ASSISTANT
21 DILLARD. AND I'VE GIVEN YOU PAGE 21 OUT OF THE
22 CLAIMANT'S APAs, ---

23 BY MR. MCCANTS:

24 --- FOR YOUR RECORD, COMMISSIONER.

25 BY COMMISSIONER TAYLOR:

1 THANK YOU.

2 **CROSS-EXAMINATION RESUMED BY MR. MCCANTS:**

3 Q. WHEN YOU FINISH READING THAT, LET ME KNOW, MS.
4 WHITE.

5 A. I'VE READ IT A THOUSAND TIMES.

6 Q. ALL RIGHT. I'M GOING TO READ IT REAL QUICK. I'M
7 NOT GOING TO READ THE WHOLE THING.

8 **BY MR. MCCANTS:**

9 I'M SORRY, COMMISSIONER, I'M NOT TRYING TO MAKE
10 LIGHT.

11 **BY COMMISSIONER TAYLOR:**

12 THAT'S OKAY.

13 **CROSS-EXAMINATION RESUMED BY MR. MCCANTS:**

14 Q. SARAH, DO YOU SEE IN HERE WHERE MR. DILLARD TALKS
15 ABOUT AN INCIDENT ON MARCH 14TH OF 2011, SEE THAT?

16 A. (WITNESS VIEWS DOCUMENT). YES.

17 Q. SECOND PARAGRAPH. WHAT'S THE DATE AT THE TOP OF
18 THIS DOCUMENT?

19 A. JULY.

20 Q. IT'S "JULY 18, 2011," CORRECT?

21 A. YES.

22 Q. THAT'S TWO MONTHS AFTER THE INCIDENT IN MAY,
23 CORRECT?

24 A. YES.

25 Q. AND MR. DILLARD -- DR. DILLARD IS SENDING OUT A

1 MEMORANDUM TO EVERYBODY SAYING HE THINKS YOU OUGHT
2 TO QUIT WORKING AT N.H.C. PARKLANE, BUT HE'S SAYING
3 THAT BECAUSE OF THE INCIDENT THAT HAPPENED ON MARCH
4 14 OF 2011.

5 A. WAIT. (AS READ) "AS A PRIMARY-CARE PROVIDER SINCE
6 MARCH 21ST, 2011, I'VE BEEN TREATING HER FOR BACK
7 INJURY THAT SHE SUSTAINED WHILE LIFTING A PATIENT AT
8 WORK ON 3/14/11."

9 **BY COMMISSIONER TAYLOR:**

10 MS. WHITE, I'M GOING TO STOP YOU RIGHT THERE,
11 BECAUSE IF YOU READ IT OUT LOUD, THEN THE COURT
12 REPORTER HAS TO TAKE IT DOWN. SO JUST READ IT TO
13 YOURSELF, IN YOUR MIND, IF YOU WOULDN'T MIND.

14 **BY THE WITNESS:**

15 (WITNESS COMPLIES).

16 **CROSS-EXAMINATION RESUMED BY MR. MCCANTS:**

17 Q. HERE'S MY QUESTION, MS. WHITE. DO YOU SEE ANYTHING
18 IN THAT DOCUMENT, PAGE 21 OF THE MEDICAL RECORDS, IN
19 THE MEMORANDUM FROM DR. DILLARD, THAT MAKES
20 REFERENCE TO ANY INCIDENT WHICH HAPPENED ON MAY 18
21 OF 2011? THAT'S A PRETTY SIMPLE QUESTION.

22 A. NO, SIR.

23 Q. ALL RIGHT. YOU WOULD AGREE WITH ME THAT DR. DILLARD
24 PREPARING THAT SAYING THAT YOU SHOULD LEAVE YOUR
25 WORK AT N.H.C. PARKLANE, BUT IT'S BECAUSE OF THE

1 MARCH 14, 2011, INCIDENT?

2 A. HE DIDN'T ---

3 Q. YOU MAY DISAGREE WITH THAT, BUT MY QUESTION IS, IS
4 THAT WHAT THAT DOCUMENT SIGNED BY HIM SAYS; DO YOU
5 AGREE?

6 A. HE SAID HE'S BEEN TREATING ME SINCE I SUSTAINED THAT
7 INJURY WHILE LIFTING THE PATIENT.

8 Q. BUT HE ALSO RECOMMENDS THAT YOU RESIGN FROM YOUR
9 JOB, CORRECT?

10 A. YES, SIR. BUT HE DIDN'T PUT -- LIST EVERYTHING HE
11 WAS TREATING ME FOR. YOU COULD LOOK AT THE MEDICAL
12 RECORDS FOR THAT.

13 Q. AND I'M SURE COMMISSIONER TAYLOR WILL.

14 BY COMMISSIONER TAYLOR:

15 AND FOR THE RECORD, THAT'S LISTED AS PAGE 21,
16 BUT IS IT IN CLAIMANT'S APAs PAGE 21?

17 BY MR. MCCANTS:

18 CLAIMANT'S APAs, IT SHOULD BE. IF IT'S NOT IN
19 THE CURRENT BATCH, IT'S IN SOME OF THE ONES THAT'S
20 BEEN SUBMITTED. BECAUSE I KNOW THAT 21 IS NOT MY
21 HANDWRITING.

22 BY COMMISSIONER TAYLOR:

23 RIGHT.

24 BY MR. MCCANTS:

25 CAN WE JUST ATTACH THAT AS AN EXHIBIT?

1 BY COMMISSIONER TAYLOR:

2 SURE, LET'S DO THAT.

3 BY MR. MCCANTS:

4 AND THAT'S A CLEAN COPY.

5 BY COMMISSIONER TAYLOR:

6 OKAY. ALL RIGHT.

7 BY MR. MCCANTS:

8 WOULD YOU GIVE THAT TO HER.

9 BY THE WITNESS:

10 YES, SIR.

11 BY COMMISSIONER TAYLOR:

12 TO THE COURT REPORTER IS FINE, AND WE'LL JUST
13 MARK IT AS DEFENDANTS' EXHIBIT "A" FOR PURPOSES OF
14 TODAY'S HEARING.

15 (COURT REPORTER MARKS MEDICAL RECORDS DEFENDANT'S EXHIBIT
16 "A," RETAINED IN COMMISSION FILE)

17 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

18 Q. ALL RIGHT, THAT'S IN THE RECORD. ACCORDING TO WHAT
19 I'VE GOT, YOU LAST WORKED AT PARKLANE IN JULY OF
20 2011, OKAY; ---

21 A. YES, SIR.

22 Q. --- ARE YOU WITH ME?

23 A. YES, SIR.

24 Q. AND AS YOU'VE TESTIFIED, YOU CONTINUED TO WORK
25 DURING THAT PERIOD OF TIME?

1 A. YES, SIR.

2 Q. NOW, THIS IS THE PART YOU PROBABLY JUST WON'T LIKE
3 ANYMORE THAN ANYTHING ELSE, BUT I KNOW YOU SAID THIS
4 HAS CAUSED YOU UNDUE STRESS. I KNOW IT'S AN
5 EMOTIONAL PART.

6 BY MR. MCCANTS:

7 AND FOR THE RECORD, COMMISSIONER, THAT'S NOT
8 PART OF THE 50, BUT I'M GOING TO GO INTO THAT JUST A
9 LITTLE BIT IF I CAN.

10 BY COMMISSIONER TAYLOR:

11 OKAY.

12 CROSS-EXAMINATION RESUMED BY MR. MCCANTS:

13 Q. MS. WHITE, LOOK AT ME A SECOND IF YOU WOULD. THE
14 FACT IS, YOU HAVE RECEIVED MEDICAL CARE FOLLOWING
15 THESE INCIDENTS THAT YOU'VE DESCRIBED TO
16 COMMISSIONER TAYLOR; THAT'S TRUE, ISN'T IT?

17 A. ABSOLUTELY, FROM MY HUSBAND'S INSURANCE, HIS
18 TRICARE.

19 Q. ALL RIGHT. AND I'M FAMILIAR WITH MONCRIEF. YOU
20 KNOW I'VE GOT SOME MILITARY BACKGROUND. MONCRIEF IS
21 A PRETTY GOOD FACILITY; DO YOU AGREE?

22 A. THAT WAS MY OPTION.

23 Q. DR. DILLARD ALSO APPEARS TO ME HE'S DONE WHAT HE CAN
24 TO DO TO HELP YOU.

25 A. EVERYBODY'S BEEN TRYING TO HELP ME, BUT THE MORE

1 THEY TRY AND PRACTICE, THEY GET A LITTLE BETTER.
2 WHEN I WAS WORKING THOSE JOBS, THEY -- AT THE
3 BEGINNING WHEN I WAS AT RICHLAND, THEY HAD ME ON
4 EIGHT-HOUR MEDICATION, BUT IT WASN'T WORKING. SO
5 RECENTLY THEY STARTED PUTTING ME ON 12-HOUR
6 MEDICATION. SO I WAS WORKING A LITTLE BIT MORE.
7 ONCE I HAD THE -- THE STIMULATOR, I COULD STAND AND
8 WALK AND DO A LITTLE BIT MORE. BUT WITHOUT --
9 WITHOUT MEDICATION AND WITHOUT THE STIMULATOR
10 WORKING, I CAN'T -- I CAN'T HARDLY GET OUT OF THE
11 BED.

12 Q. THAT'S FAIR. BUT MY POINT I'M TRYING TO GET YOU TO
13 EXPLAIN TO COMMISSIONER TAYLOR, YOU HAVE RECEIVED
14 MEDICAL CARE, YOU'RE CONTINUING TO RECEIVE MEDICAL
15 CARE THROUGH THE ARMY; IS THAT TRUE?

16 A. IT'S MEDICAL CARE. IT AIN'T THE BEST MEDICAL CARE.

17 Q. ALL RIGHT.

18 A. IT AIN'T -- IT'S -- IT'S WHAT I GOT TO DO UNDER MY
19 CIRCUMSTANCES.

20 Q. AND UNDER YOUR CIRCUMSTANCES, AND I HATE TO BRING
21 THIS UP, BUT YOU HAVE HAD SOME MARITAL PROBLEMS TOO,
22 CORRECT?

23 A. MARITAL PROBLEMS?

24 Q. MARITAL PROBLEMS. YOU AND YOUR HUSBAND ARE NOW
25 DIVORCED?

1 A. NO, WE NOT DIVORCED.

2 Q. ARE Y'ALL STILL SEPARATED?

3 A. WE STILL SEPARATED. WE'VE HAD MARITAL PROBLEMS
4 SINCE -- FROM THE DAY ONE.

5 Q. THAT'S PROBABLY A GOOD WAY OF LOOKING AT MARRIAGE
6 SOMETIMES. THE OTHER THING I'M GOING TO BRING UP,
7 YOU TALK ABOUT STRESS, YOU TALK ABOUT PROBLEMS.
8 SARAH, LOOK AT ME. YOU AND I HAVE BEEN WORKING
9 TOGETHER A LONG TIME. NOT ONLY HAVE WE BEEN BEFORE
10 THE COMMISSION, WE WENT THROUGH THE MAGISTRATES
11 COURT TOGETHER. YOU BROUGHT A LAWSUIT AGAINST MS.
12 ARGO.

13 A. WHEN YOU -- WHEN YOU WENT TO THE OLD APARTMENT AND
14 TALKED TO MY BEST FRIEND AND SHE TOLD YOU HER
15 HUSBAND LEFT HER, THAT WAS IN -- THAT WAS IN MAY.

16 Q. I DIDN'T DO THAT.

17 A. YES, YOU DID, AND YOU GO THE PAPERWORK SENT TO THE
18 OLD APARTMENT THAT YOU KNEW I WASN'T LIVING 'CAUSE I
19 GOT KICKED OUT 'CAUSE WASN'T NOBODY HELPING ME, AND
20 I COULDN'T PAY MY BILLS. AND WHEN WE WENT IN FRONT
21 OF THE JUDGE, HE WOULDN'T REOPEN MY CASE.

22 Q. BECAUSE YOU FILED AGAINST THEM.

23 A. THE MEDIATOR TOLD YOU YOU WAS SUPPOSED TO PAY ME,
24 BUT THEY BLOCKED MY INSURANCE. IF THEY WOULDN'T
25 HAVE BLOCKED MY SHORT-TERM DISABILITY, AND THEY

1 WOULDN'T HAVE CHANGED MY STATUS, THE P.R.N., AS
2 NEEDED, WHEN I WAS ACTUALLY A FULL-TIME WORKER, WE
3 WOULDN'T EVEN BE IN HERE. 'CAUSE WITH MY SALARY, I
4 SHOULD HAVE BEEN ABLE TO PAY SHORT-TERM DISABILITY
5 TO COVER 60 PERCENT OF MY CHECK, BUT THEY DENIED MY
6 BENEFITS. MS. ARGO, THE HEAD ADMINISTRATOR, BLOCKED
7 ME, I WOULDN'T NEED HELP.

8 Q. BUT YOU BROUGHT A LAWSUIT?

9 A. ABSOLUTELY. AND -- AND THE MEDIATOR TOLD YOU THAT
10 YOU OWE ME SOMETHING FOR DENYING MY BENEFITS FOR
11 HAVING ME WORKING AS AN AS-NEEDED WORKER, FOR NOT
12 LETTING ME CONTINUE ON -- ON COBRA INSURANCE FOR TO
13 COVER SHORT-TERM, LONG-TERM DISABILITY. YEAH.

14 Q. ALL RIGHT. BUT WE HAD TO GO TO COURT, AND WE DIDN'T
15 PAY BECAUSE WE DISPUTED IT, RIGHT?

16 A. NO, YOU DIDN'T PAY BECAUSE YOU -- YOU CHEATED ME.
17 YOU SENT IT TO THE OLD ADDRESS WHEN YOU KNEW I GOT
18 KICKED OUT OF MY APARTMENT, WAS LIVING WITH MY MAMA.
19 YOU SENT ME A WHOLE BOOK OF STUFF ABOUT THE POLICY
20 ABOUT N.H.C. TO MY MAMA'S HOUSE, BUT YOU SENT THE
21 COURT CASE OVER TO THE OLD APARTMENT THAT I GOT
22 EVICTED FROM 'CAUSE I COULDN'T WORK.

23 Q. MY ONLY QUESTION IS THIS. DON'T YOU THINK YOU'RE
24 CONTRIBUTING TO YOUR STRESS BY BRINGING LAWSUITS
25 AGAINST MS. ARGO AND EVERYTHING?

1 A. I'M JUST -- I JUST WANT JUSTICE. I JUST WANT WHAT'S
2 FAIR.

3 Q. ALL RIGHT. AND I KNOW THE COMMISSIONER IS HERE TO
4 DO THIS.

5 A. MY RIGHTS, WHAT I'M ENTITLED TO. I'M NOT BRINGING
6 NO FRIVOLOUS LAWSUITS. I ASKED FOR THE MONEY THAT
7 THEY OWE ME. THEY DENIED -- THEY WOULDN'T PAY ME MY
8 SICK TIME. THEY WOULDN'T PAY -- THEY -- I HAD TO
9 BRING A LAWSUIT TO GET -- TO USE MY -- TO USE MY
10 SICK DAYS. WHEN -- EVERY TIME THEY SAY "YOU GOT A
11 WORKERS' COMP CASE, WE NOT LETTING YOU USE NO SICK
12 DAYS. IF YOU DON'T WORK, YOU DON'T GET PAID." I
13 HAD TO -- I HAD TO GIVE CONSENT TO RIGHT TO CURE FOR
14 HER TO PAY ME MY MONEY. WE GOT THE CANCELED CHECK,
15 VANNIE WILLIAMS, SO I COULD GET MY PERFECT
16 ATTENDANCE. THAT IS MY SICK TIME DAYS. YOU'RE
17 SUPPOSED TO USE ALL OF THOSE IF YOU'VE BEEN THERE A
18 YEAR, AND YOU'RE SUPPOSED TO BE ENTITLED TO F.M.L.A.
19 THEY WOULDN'T EVEN -- ACCORDING TO THE HANDBOOK,
20 THEY DID EVERYTHING DIRTY. THEY WOULD NOT LET ME
21 USE MY SICK DAYS. THEY WOULDN'T GIVE ME ONE DIME,
22 NO BENEFITS.

23 Q. OKAY. I APPRECIATE YOU ANSWERING MY QUESTIONS,
24 OKAY. AND I HOPE WE CAN RESOLVE WHATEVER
25 DIFFERENCES WE'VE GOT AT SOME POINT, OKAY. AND I

1 APPRECIATE YOU ANSWERING THEM.

2 BY MR. MCCANTS:

3 THAT'S ALL I GOT, COMMISSIONER.

4 BY COMMISSIONER TAYLOR:

5 OKAY. ALL RIGHT, THANK YOU. MR. WILLIAMS, ANY
6 RE-DIRECT?

7 BY MR. WILLIAMS:

8 YOUR HONOR, I HAVE NOTHING ON DIRECT.

9 BY COMMISSIONER TAYLOR:

10 ON RE-DIRECT, OKAY. ALL RIGHT.

11 BY MR. WILLIAMS:

12 HE WAS PRETTY THOROUGH.

13 BY MR. MCCANTS:

14 I DON'T THINK I'M GOING TO CALL ANY WITNESSES,
15 COMMISSIONER BECAUSE, YOU KNOW, WE GOT THE
16 STATEMENT. I THINK WE PROBABLY GOT AN AGREEMENT
17 BASED ON TINA'S THAT THERE WAS SOME MOVEMENT OF THE
18 CHAIR. I THINK YOU'D APPRECIATE WE JUST DISAGREE TO
19 THE EXTENT.

20 BY COMMISSIONER TAYLOR:

21 THE EXTENT, OKAY.

22 BY MR. MCCANTS:

23 AND HER TESTIMONY IS IN THERE IF THAT'S ALL
24 RIGHT. SO THAT'S OUR CASE.

25 BY MR. WILLIAMS:

1 WAIT, WAIT, WAIT. I WAS UNDER THE IMPRESSION
2 IT WAS STILL MY CASE RIGHT NOW.

3 BY MR. MCCANTS:

4 OH, I'M SORRY. I THOUGHT YOU SAID YOU DIDN'T
5 HAVE ANY ---

6 BY COMMISSIONER TAYLOR:

7 WELL, YOU DIDN'T HAVE ANY QUESTIONS.

8 BY MR. WILLIAMS:

9 I DIDN'T HAVE ANY MORE QUESTIONS FOR HER.

10 BY COMMISSIONER TAYLOR:

11 OH, THAT'S RIGHT, I'M SORRY. BECAUSE YOU WERE
12 GOING TO CALL MR. WASHINGTON; IS THAT CORRECT?

13 BY MR. WILLIAMS:

14 I THINK WE'RE GOING TO CALL HIM.

15 BY COMMISSIONER TAYLOR:

16 OKAY. ALL RIGHT, MA'AM, YOU'RE EXCUSED AS A
17 WITNESS. YOU MAY HAVE A SEAT DOWN NEXT TO YOUR
18 ATTORNEY.

19 BY MR. MCCANTS:

20 COMMISSIONER TAYLOR, THIS IS LUTHER WASHINGTON.

21 BY COMMISSIONER TAYLOR:

22 MR. WASHINGTON. ALL RIGHT.

23 BY MR. MCCANTS:

24 AS WE MENTIONED, HE'S GOT PARKINSON'S DISEASE,
25 AND HE WANTED ME TO SHARE THAT WITH YOU.

1 BY COMMISSIONER TAYLOR:

2 ALL RIGHT. THANK YOU, SIR, FOR BEING HERE. I
3 APPRECIATE IT. IF YOU WILL PLEASE JUST HAVE A SEAT
4 RIGHT HERE. AND IT'S JUST NOTED FOR THE RECORD THAT
5 THIS IS STILL THE CLAIMANT'S CASE, AND THE CLAIMANT
6 IS CALLING MR. WASHINGTON. OKAY, IF YOU'LL PLEASE
7 HAVE A SEAT, SIR.

8 BY MR. WASHINGTON:

9 HOW ARE YOU DOING?

10 BY COMMISSIONER TAYLOR:

11 DOING GREAT. THANK YOU.

12 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MR.
13 WASHINGTON.

14 BY THE COURT REPORTER:

15 DO YOU MIND RAISING YOUR RIGHT HAND FOR ME?

16 * * * * * * * * * * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 LUTHER WASHINGTON,

21 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

22 BY COMMISSIONER TAYLOR:

23 ALL RIGHT, MR. WILLIAMS.

24 BY MR. WILLIAMS:

25 THANK YOU, YOUR HONOR.

DIRECT EXAMINATION BY MR. WILLIAMS:

Q. MR. WASHINGTON, I UNDERSTAND THAT YOU HAVE
PARKINSON'S DISEASE?

A. YES, SIR.

Q. DOES THAT DISEASE IMPAIR YOUR ABILITY TO UNDERSTAND
THE NATURE OF THESE PROCEEDINGS?

A. NO, SIR, I DON'T THINK SO.

Q. DO YOU UNDERSTAND WHY YOU ARE HERE?

A. YES, SIR.

Q. DO YOU UNDERSTAND YOU ARE HERE TO GIVE TESTIMONY IN
A WORKERS' COMPENSATION CLAIM?

A. YES, SIR.

Q. DOES THAT DISEASE AFFECT YOUR ABILITY TO TELL THE
TRUTH?

A. NO, SIR.

Q. MR. WASHINGTON, ARE YOU EMPLOYED NOW?

A. YES, SIR, I AM.

Q. ARE YOU EMPLOYED WITH NATIONAL HEALTH CARE AT
PARKLANE?

A. YES, SIR.

Q. NO, SIR?

A. YES, SIR.

BY MR. MCCANTS:

HE'S SAYING "YES."

DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

1 Q. DID YOU SAY "YES, SIR"?

2 A. YES, SIR.

3 Q. OKAY. AND HOW LONG HAVE YOU BEEN EMPLOYED WITH
4 NATIONAL PARKLANE HEALTH CARE?

5 A. IT'LL BE FIVE YEARS ON MARCH THE 7TH.

6 Q. AND WHAT IS YOUR POSITION WITH THEM?

7 A. I'M A LICENSED PRACTICAL NURSE.

8 Q. DO YOU ENJOY THAT JOB?

9 A. YES, SIR.

10 Q. DO YOU ENJOY WORKING WITH THE PEOPLE THERE?

11 A. YES, SIR.

12 Q. DO YOU WANT TO CONTINUE WORKING THERE?

13 A. YES, SIR.

14 Q. AND DO YOU KNOW THE YOUNG LADY SITTING AT THE TABLE
15 WITH ATTORNEY CLARKE MCCANTS?

16 A. YES, SIR, THAT'S MY BOSS, MS. ARGO.

17 Q. OKAY. AND THE FACT THAT YOU'RE GETTING READY TO
18 TESTIFY ABOUT A MATTER INVOLVING NATIONAL HEALTH
19 CARE IN FRONT OF HER, DOES THAT MAKE YOU NERVOUS?

20 A. NO, SIR.

21 Q. NOT AT ALL?

22 A. NO, SIR.

23 Q. DO YOU KNOW THE YOUNG LADY SEATED AT THE TABLE WITH
24 ME RIGHT HERE (INDICATING)?

25 A. YES, SIR, MS. SARAH.

1 Q. DID YOU AND MS. SARAH WHITE EVER WORK TOGETHER?

2 A. YES, SIR, WE DID AT ONE -- ONE TIME.

3 BY MS. WHITE:

4 I TRIED TO ---

5 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

6 Q. OKAY. SO, I'M SURE OF WHAT YOUR ANSWER IS. YOU AND
7 MS. SARAH WHITE WORKED TOGETHER AT NATIONAL PARKLANE
8 HEALTH CARE?

9 A. YES, SIR.

10 Q. AND WHAT WAS MS. WHITE'S ROLE TO YOU?

11 A. SHE WAS JUST A COWORKER.

12 Q. A COWORKER. DID SHE EVER ASSIST YOU IN PERFORMING
13 YOUR DUTIES?

14 A. SHE WAS -- I WAS GOING THROUGH ORIENTATION ON
15 DEMENTIA WITH HER, A UNIT CALLED DEMENTIA.

16 Q. OKAY. HOW LONG HAVE YOU HAD PARKINSON'S DISEASE?

17 A. IT'S BEEN -- I WAS DIAGNOSED LAST YEAR.

18 Q. AND THAT WOULD BE IN 2015?

19 A. YES, SIR.

20 Q. HAVE YOUR SYMPTOMS GOTTEN PROGRESSIVELY WORSE?

21 A. YES, SIR, IT'S BEEN AFFECTING ME IN A LOT OF THINGS.

22 Q. WHAT ABOUT YOUR VISION; ARE YOU ABLE TO SEE OKAY?

23 A. SOMETIMES I GET REAL BLURRED VISION, OTHER TIMES I'M
24 OKAY.

25 Q. BUT YOU DON'T WEAR GLASSES?

1 A. I GOT SOME GLASSES AT HOME THAT I STARTED WEARING
2 LAST YEAR.

3 Q. WHAT ABOUT YOUR MEMORY, HAS YOUR MEMORY BEEN
4 IMPACTED?

5 A. YES, SIR.

6 Q. ARE YOU ABLE TO RECALL MAY 18, 2011; CAN YOU
7 REMEMBER BACK TO THAT DATE?

8 A. I DON'T KNOW IF I CAN OR NOT.

9 BY MR. MCCANTS:

10 CAN I ASK HIM IF HE NEEDS ANY WATER OR
11 ANYTHING?

12 BY COMMISSIONER TAYLOR:

13 SURE.

14 BY MR. MCCANTS:

15 DO YOU WANT ANY WATER, LUTHER?

16 BY THE WITNESS:

17 YES, SIR, I WOULD LIKE A LITTLE BIT OF WATER.

18 BY MR. MCCANTS:

19 HOW DO I GET THAT?

20 BY COMMISSIONER TAYLOR:

21 I HAVE IT. LET'S GO OFF THE RECORD FOR A
22 SECOND.

23 OFF THE RECORD

24 BY COMMISSIONER TAYLOR:

25 ALL RIGHT, WE'RE BACK ON THE RECORD.

1 BY MR. WILLIAMS:

2 THANK YOU. IF IT WILL PLEASE THE COMMISSION.

3 BY COMMISSIONER TAYLOR:

4 SURE.

5 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

6 Q. MR. WASHINGTON, THE QUESTION THAT I WAS JUST ASKING
7 YOU, ARE YOU ABLE TO REMEMBER BACK TO MAY 18, 2011,
8 IN THAT TIME FRAME?

9 A. I REMEMBER SOME THINGS.

10 Q. OKAY. I'M GOING TO BE A LITTLE BIT MORE SPECIFIC
11 WITH YOU. DID YOU WORK WITH A YOUNG LADY BY THE
12 NAME OF TINA LOVEJOY AT ONE POINT?

13 A. I DON'T REMEMBER.

14 Q. YOU DON'T REMEMBER MS. TINA LOVEJOY?

15 A. NO, SIR.

16 Q. DO YOU RECALL MS. SARAH WHITE HAVING AN INCIDENT AT
17 WORK WHERE HER CHAIR WAS SHAKEN BY AN EMPLOYEE?

18 A. NO, SIR, I DON'T REMEMBER ANYTHING. I DON'T -- I
19 DON'T RECALL ANYTHING.

20 Q. I'M GOING TO GIVE YOU THIS PAD AND A PEN. ARE YOU
21 ABLE TO WRITE YOUR NAME DOWN?

22 A. YES, SIR.

23 Q. OKAY. I'M GOING TO GIVE YOU SOME THINGS I WANT YOU
24 TO WRITE. I WANT YOU TO WRITE "TO WHOM IT MAY
25 CONCERN" -- "TO WHOM THIS MAY CONCERN."

1 A. (WITNESS COMPLIES).

2 Q. OKAY. THANK YOU, SIR. HAVE YOU NOTICED A
3 DIFFERENCE IN YOUR HANDWRITING SINCE YOU'VE BEEN
4 DIAGNOSED WITH PARKINSON'S DISEASE?

5 A. YES, SIR.

6 Q. IF I SHOW YOU A STATEMENT, DO YOU THINK YOU WOULD BE
7 ABLE TO IDENTIFY YOUR OWN HANDWRITING?

8 A. YES, SIR, I CAN.

9 BY MR. WILLIAMS:

10 I'M GOING TO LABEL THIS.

11 BY COMMISSIONER TAYLOR:

12 I HAVE ONE HERE. YOU DON'T NEED YOUR -- I'LL
13 GO AHEAD AND MARK IT AS CLAIMANT'S EXHIBIT.

14 BY THE COURT REPORTER:

15 DO YOU WANT THIS MARKED (INDICATING)?

16 BY COMMISSIONER TAYLOR:

17 PLEASE.

18 BY MR. MCCANTS:

19 WELL, IF IT'S GOING TO BE MARKED, ---

20 BY COMMISSIONER TAYLOR:

21 WE'RE JUST MARKING IT FOR IDENTIFICATION RIGHT
22 NOW, AND THEN ---

23 BY MR. MCCANTS:

24 --- BECAUSE HE'S HERE, HE'S TESTIFYING -- IF HE
25 WANTS TO TRY AND IMPEACH HIM WITH SOMETHING, THEN I

1 THINK WE ---

2 BY COMMISSIONER TAYLOR:

3 OR REFRESH HIS RECOLLECTION.

4 BY MR. MCCANTS:

5 OR REFRESH.

6 BY COMMISSIONER TAYLOR:

7 SO WE'RE JUST MARKING IT FOR IDENTIFICATION.

8 CLAIMANT'S EXHIBIT "A."

9 (COURT REPORTER MARKS DOCUMENT CLAIMANT'S EXHIBIT "A,"
10 RETAINED IN COMMISSION FILE)

11 DIRECT EXAMINATION RESUMED BY MR. WILLIAMS:

12 Q. MR. WASHINGTON, I'M PASSING YOU WHAT'S BEEN LABELED
13 AS CLAIMANT'S EXHIBIT "A"; ARE YOU ABLE TO RECOGNIZE
14 THE HANDWRITING ON THAT PIECE OF PAPER?

15 A. (WITNESS VIEWS DOCUMENT). SIR -- NO, SIR.

16 Q. YOU DO NOT RECOGNIZE THAT AS BEING YOUR HANDWRITING
17 ON THAT PIECE OF PAPER?

18 A. NO, SIR.

19 Q. DURING YOUR EMPLOYMENT WITH NATIONAL PARKLANE HEALTH
20 CARE, DO YOU RECALL AN INSTANCE WHEN AN EMPLOYEE HAD
21 A BACK INJURY BECAUSE SOMEONE SHOOK A CHAIR?

22 A. NO, SIR.

23 Q. WHY WERE YOU ASKED TO COME HERE TODAY THEN?

24 A. I WAS TOLD SARAH HAD A COMPLAINT, AND I WAS INVOLVED
25 IN IT, AND I DIDN'T WITNESS ANYTHING. I -- I DON'T

1 REMEMBER SEEING ANYTHING LIKE THAT. I'M REALLY
2 CONFUSED WHY I'M HERE.

3 BY MR. WILLIAMS:

4 NO FURTHER QUESTIONS, YOUR HONOR.

5 BY COMMISSIONER TAYLOR:

6 OKAY. ALL RIGHT, THANK YOU.

7 BY MR. MCCANTS:

8 I'LL TRY TO EXPLAIN WHY.

9 BY COMMISSIONER TAYLOR:

10 OKAY.

11 CROSS-EXAMINATION BY MR. MCCANTS:

12 Q. ALL RIGHT, LUTHER, TAKE YOUR TIME, WE'RE ALMOST
13 DONE, OKAY?

14 A. YES, SIR.

15 Q. AND I'M SORRY TO PUT YOU THROUGH THIS. AS YOU JUST
16 TESTIFIED, YOU'RE A LICENSED PRACTICAL NURSE,
17 CORRECT?

18 A. YES, SIR.

19 Q. YOU DON'T DISPUTE THAT YOU WORKED WITH SARAH WHITE
20 AT N.H.C. PARKLANE FOR A PERIOD OF TIME, CORRECT?

21 A. I'M TRYING TO THINK, IT WAS ONE DAY.

22 Q. I MEAN, THAT'S TRUE?

23 A. YES, SIR.

24 Q. AND SHE IN FACT TRAINED YOU, DIDN'T SHE, DURING THAT
25 DAY?

1 A. SHE WAS SHOWING ME...

2 Q. SHOWING YOU THE ROPES FOR WHAT UNIT?

3 A. DEMENTIA.

4 Q. TAKE A DEEP BREATH, YOU'RE ALMOST DONE.

5 A. IT'S FOR DEMENTIA.

6 Q. THE DEMENTIA UNIT?

7 A. YES, SIR.

8 Q. LUTHER, AS A NURSE, IF SOMEONE HAD TOLD YOU THEY
9 WERE HURT OR NEEDED HELP, TELL COMMISSIONER TAYLOR
10 WHAT YOU WOULD HAVE DONE?

11 A. I'D CALL 9-1-1, AND THEN I WOULD HAVE TOLD MS. ARGO
12 ABOUT IT 'CAUSE SHE'S MY BOSS. SHE NEEDS TO KNOW
13 ALL -- EVERYTHING THAT GOES ON IN THE BUILDING.

14 Q. YOU EVER CALLED 9-1-1 INVOLVING SARAH?

15 A. NO, SIR.

16 **BY MR. MCCANTS:**

17 ALL RIGHT. I APPRECIATE YOU COMING. I'M SORRY
18 YOU HAD TO GO THROUGH THIS. THAT'S ALL I GOT.

19 **BY COMMISSIONER TAYLOR:**

20 OKAY. ALL RIGHT, MR. WILLIAMS, ANY RE-DIRECT
21 FROM MR. WASHINGTON?

22 **BY MR. WILLIAMS:**

23 NO, MA'AM.

24 **BY COMMISSIONER TAYLOR:**

25 OKAY. ALL RIGHT, THANK YOU, SIR. THANK YOU

1 FOR BEING HERE TODAY. YOU ARE EXCUSED, SO YOU ARE
2 FREE TO LEAVE IF YOU WANT TO, OKAY. BUT YOU CAN
3 FEEL FREE TO STAY IF YOU WANT TO AS WELL. ALL
4 RIGHT, ANY OTHER WITNESSES ON BEHALF OF THE
5 CLAIMANT?

6 **BY MR. WILLIAMS:**

7 YOUR HONOR, THE CLAIMANT RESTS.

8 **BY COMMISSIONER TAYLOR:**

9 OKAY. ALL RIGHT, THANK YOU. MR. MCCANTS, YOU
10 MAY CALL YOUR FIRST WITNESS IF ANY.

11 **BY MR. MCCANTS:**

12 WE'RE NOT GOING TO CALL ANY WITNESSES. WE'RE
13 DONE.

14 **BY COMMISSIONER TAYLOR:**

15 ALL RIGHT. WELL, THAT CONCLUDES THIS MATTER.
16 FOR PURPOSES OF THE RECORD, I DID MARK CLAIMANT'S
17 EXHIBIT "A" FOR IDENTIFICATION PURPOSES; HOWEVER, IT
18 WAS NOT ADMITTED INTO EVIDENCE. SO I'M GOING TO
19 RETURN IT TO THE CLAIMANT'S ATTORNEY SINCE IT COULD
20 NOT BE AUTHENTICATED TODAY. I WILL RETURN THE APA
21 SUBMISSIONS TO THE PARTIES TO BE UPLOADED, AND I
22 WILL EMAIL THE ATTORNEYS WITH THE DECISION.

23 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
24 CONCLUDED AT THE HOUR OF 1:46 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1119634

EMPLOYEE/CLAIMANT: SARAH E. WHITE

EMPLOYER: NATIONAL HEALTH CARE PARKLANE

CARRIER: PREMIER GROUP INSURANCE COMPANY

I, SHEILA SMALL, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 83 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **SARAH E. WHITE** TAKEN ON THE 4TH DAY OF FEBRUARY, 2016.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 27TH DAY OF AUGUST, 2016.

SHEILA SMALL
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3-20-2019

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

Palmetto Pain Management, LLC

Pain Management & Spinal Diagnostics

Ezra B. Riber, M.D.

1655 Bernardin Ave • Ste 240 • Columbia, SC 29204

Office 779-3263 • Fax 779-3207

DATE: Friday, August 17, 2012

PATIENT: Sarah E. White

CHIEF COMPLAINT: Low back and right gluteal pain

HISTORY AND PHYSICAL

HISTORY: This right-handed, 38-year-old African-American female is kindly referred for consultation and evaluation with the above complaints. Ms. White complains of pain that began in the low back on March 14, 2011, following a patient transfer from bed to wheelchair, and in the gluteal region on May 18, 2011, following being jarred in a chair that was turned suddenly. Work up includes MRI of the brain, which was negative. She had an MRI of the lumbar spine with changes that are consistent with right nerve root irritation. There is also a small disc bulge at L4-5.

PAST MEDICAL HISTORY:

ALLERGIES: Shellfish causes swelling, Augmentin causes GI distress and weakness, Septra causes swelling and CT scan dye causes swelling.

CURRENT MEDICATIONS: Flexeril 10mg tid, Lortab 7.5mg q4-6h prn, Xanax 0.5-1mg prn, Lidoderm patches, Neurontin 300-600mg qhs, Effexor 150mg qd and Nexium 40mg qd.

ILLNESSES: Hypertension and acid reflux. Denies seizures, stroke, asthma, myocardial infarction, and diabetes.

SURGICAL HISTORY: Left breast cyst removal (1991) and ectopic pregnancy (1994).

SOCIAL HISTORY: Reports tobacco use of 1-4 cigars x3 years and occasional ethanol use. She is employed at Palmetto Health Richland as an RN.

FAMILY HISTORY: Notable for stroke, hypertension, thyroid problems, diabetes mellitus, and hepatitis disease.

REVIEW OF SYSTEMS: Sheet is on the chart, reviewed, signed, and considered a part of today's note.

PHYSICAL EXAMINATION:

Height: 5' 5". **Weight:** 161 lbs. (+10 lbs. in the last 30 days.)

BP: 129/89. **Pulse:** 98. **SaO2:** 100%. **Respirations:** 12. **Temperature:** 98.3. Pleasant woman in no acute distress.

HEENT: Alert and oriented. Good historian. She is anxious and upset about her ongoing, seemingly untreatable pain. **Lungs:** Clear. She has mild increased back pain with Valsalva. **Heart:** Regular rate and rhythm. **Lumbar Spine:** Forward flexion produces some back discomfort at greater than 30 degrees. Return to the upright position and extension more closely reproduces her back discomfort. I cannot reproduce her pain with palpation in the sacral sulci, PSIS, or SI areas. Mild trochanteric tenderness on the right. Straight leg raise produces back, gluteal and hamstring discomfort on the right at 30 degrees. Negative on the left. **Lower Extremities:** There is perhaps a trace of EHL weakness on the right as compared with the left. **Gait:** Slightly favors the right lower extremity. **Integumentary:** Skin warm and dry throughout.

IMPRESSION:

DATE: Friday, August 17, 2012

PATIENT: Sarah E. White

CHIEF COMPLAINT: Low back and right gluteal pain

1. Right lumbar radicular syndrome.
2. Lumbar facet syndrome, right worse than left.
3. Chronic low back pain.
4. Chronic lower extremity pain/paresthesias, right worse than left.

PLAN:

1. This is somewhat challenging to sort out since she has had two different work-related injuries.
2. I am going to review the records and get back with her.
3. She would like to return to work as soon as possible and before treatment is even considered.
4. I have written her a note that she can return to work as of today.
5. Electrodiagnostic testing may be helpful if not already completed.

Ezra B. Riber, MD

cc: Dr. Larry Dillard
C. P. Toussaint, MD

419-3764
434-8326

DICTATED BUT NOT READ

Palmetto Pain Management

1655 Bernardin Avenue Suite 240

Columbia SC 292042039

Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:

Supervising: Ezra B Riber, MD

Performing: Mike Robichaud, P.A.

Encounter Date: Nov 12, 2013

Patient: White, Sarah E (PT00000070)

Gender: Female DOB: Mar 21, 1974 Age: 39 year

Race: Black/African American

Address: 5525 N Main St. , Columbia SC 29203

Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White is a 39-year-old female seen in our office since August 2012 for low back and right side gluteal pain. Her low back pain began on 3/14/11 following a patient transfer from bed to wheelchair and in the gluteal region on 5/18/11 after being jarred in a chair that was turned suddenly. MRI of the lumbar spine shows changes consistent with nerve root irritation and small disc bulge at L4-5. We continue to see her for medical management. She is scheduled to see MUSC for placement of a SCS.

Patient is back today for routine follow up and medication evaluation. Being followed here for neck and low back pain with radicular symptoms. Doing well with current medications. Takes Norco on as needed basis. Has been out of medication for one week but was last given medication on 9/12/13. Currently waiting to undergo preop clearance and psychiatric evaluation for SCS trial with Dr. Highsmith in Charleston on 11/18/13. Believes SCS trial will be scheduled for 12/26/13. Side effects include Pain is a 8 on the 0 - 10 scale. Her pain is overall unchanged from previous. She denies changes in location or characteristics of pain, no new injuries. Does report continuous stomach issues for which she was diagnosed with Gastritis by PCP. Cannot go without anti-inflammatory medications but denies blood in stool, weakness or fatigue.

Vital Signs:

Weight: 157 lbs
Height: 5' 5"
BMI: 26.12
BSA: 1.81
Temperature: 97.8 F (Tympanic)
BP: 144/81(Right Arm)(Sitting)
Pulse: 108(Right brachial)(Sitting)(Regular)
Respiration: 16
Oxygen: 99(Room air)

Allergy:

augmentin, contrast dye, septr, shellfish derived

ROS:

Constitutional: Negative except as documented in history of present illness.

Eye: Negative except as documented in history of present illness.

Ear/Nose/Mouth/Throat: Negative except as documented in history of present illness.

Respiratory: Negative except as documented in history of present illness.

Cardiovascular: Negative except as documented in history of present illness.

Gastrointestinal: Negative except as documented in history of present illness.

Genitourinary: Negative except as documented in history of present illness.

Hematology/Lymphatics: Negative except as documented in history of present illness.

Endocrine: Negative except as documented in history of present illness.

Immunologic: Negative except as documented in history of present illness.

Musculoskeletal: Negative except as documented in history of present illness.

Integumentary: Negative except as documented in history of present illness.

Neurologic: Negative except as documented in history of present illness.

Psychiatric: Negative except as documented in history of present illness.

Current Medication:

1 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as needed

2 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily as needed for muscle spasms

3 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain

4 Cymbalta 60 Mg Capsule SIG: take one by mouth at bed time

5 Lidoderm 5% Patch (700 Mg/patch) SIG: use as directed

6 Duexis 800-26.6 Mg Tablet SIG: Take 1 by mouth three times daily
7 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours
8 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
9 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

Left breast cyst removal (1991)
Ectopic pregnancy (1994).

Hypertension
GERD
Depression

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Married. She denies smoking cigarettes or use of any tobacco products.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes.

Family History:

Stroke
Hypertension
Thyroid problems
Diabetes mellitus
Hepatitis disease.

Examination:

Other: 5/5 strength and symmetrical bilaterally in UE and LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear to auscultation bilaterally, no wheezes,rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: The patient has a gait that favors the right lower extremity.

General Appearance: The patient is a healthy, well appearing female, in no apperant distress.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Integumentary: Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2
Lumbago 338.4 Chronic Pain Syndrome 724.8 Other Back Symptoms
v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Continue with current medications, refilled today.

Follow-up with this office in 8 weeks(s) or sooner, if needed. .

MEDICATIONS:

Change Zofran to 4mg sublingual strips 1 under tongue until dissolved every 6-8 hrs as needed for nausea #30

Continue with Norco 10/325mg 1/2-1 tab po BID PRN Pain #90 (2 month supply). Patient notified that she will need to return to clinic in 8 weeks in order to refill RX and will need to be seen every month afterward if medication still needed.

Continue with other medications with 1 refill.

Continue with SCS trial as directed by Dr. Highsmith.

Patient was res instructed on dosing and side effects.
Patient is to call the office with any questions or concerns.

Keep appointment with MUSC on 9/25/13 for SCS trial.
No medication changes until her SCS trial/implant is complete.

Prescription:

1 Cymbalta 60 Mg Capsule SIG: Take 1 by mouth at bedtime QTY: 30.00
REF: 1

2 Flexeril 10 Mg SIG: Take 1 by mouth three times daily as needed for muscle spasm QTY: 90.00 REF: 1

3 Lidoderm 5% Patch (700 Mg/patch) SIG: Use as directed QTY: 30.00 REF: 1

4 Neurontin 600 Mg Tablet SIG: Take 1 by mouth three times daily QTY: 90.00 REF: 1

Patient: White, Sarah E DOB: 03/21/1974 Visit: 11/12/2013 Page: 4

6

5 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain QTY: 90.00

6 Duexis 800-26.6 Mg Tablet SIG: Take 1 by mouth three times daily QTY: 90.00 REF: 1

7 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours QTY: 30.00 REF: 1

Changed/Discontinued Medication(s):

Discontinued: CYMBALTA 60 MG CAPSULE - refill change

Discontinued: FLEXERIL 10 MG TABLET - refill change

Discontinued: LIDODERM 5% PATCH %(700 MG/PATCH) - refill change

Discontinued: NEURONTIN 300 MG CAPSULE - MG and Sig change

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

(1) 4 Week(s)

or sooner if needed

(2)

SPG block via SphenoCath

ARMETTO BAPTIST
MEDICAL CENTER

SPECIAL PROCEDURES
COMPUTED TOMOGRAPHY
NUCLEAR MEDICINE
MRI

LABORATORY
CLINICAL RADIOLOGY
CYTOLOGY
OBSTETRIC GYN
PEDIATRIC LAB

PATIENT NAME MITCHELL		MEDICAL RECORD NO. 0000173967	
DATE/TIME 08/24/00 0243	DOB 03/21/55	REF NO. / SOURCE DEF - E/R	ORDER NO. 0001
TESTS TO BE DONE 08/24/00 0242	CHECKED BY 158234	PHYSICIAN STAFF, PHYSICIAN	ACCOUNT NO. 88023700010
DATE/TIME 08/24/00 0249	PHYSICIAN PHONE		PHYSICIAN RELEASED 08/24/00 1153
PHYSICIAN STAFF, PHYSICIAN			
PHYSICIAN ADDRESS 1034 1/2 PRICE AVE COLUMBIA SC 29210		SSN : 065-58-1334 (803)256-4825	

Chk-in Date Exam
08/24/00 2250

**OF CERVICAL SPINE
C7-T1 - CERVICALGIA**

There is some degenerative narrowing of the C7-T1 disc space. The intervertebral foramen appear patent. No cervical rib fracture or spondylolisthesis.

IMPRESSION: There is some degenerative changes C7-T1 as stated with disc space narrowing.

Report printed to the Radiology Dept. 08/24/00 at 8:22 a.m.

Reviewed by/ **Lawrence R Lough-MD**

Reviewed by/ **DOUGLAS M BULL-MD**

UPD

RADIOLOGY

8



1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 6/13/2011
PATIENT PH#: 803-633-0863

EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Radiculitis.

TECHNIQUE: The following sequences were performed on a 1.5 Tesla GE Echospeed magnet: Sagittal T1, sagittal T2, axial gradient and T2.

FINDINGS: The vertebral bodies are of normal height. The marrow signal in the visualized vertebral bodies appears normal. There is a small syrinx of the cord measuring approximately 1mm seen at level C5. Given the small size, this is likely developmental and of no clinical significance. Since the patient states an allergy to contrast, this cannot be evaluated with contrast and therefore, I would recommend this be followed. The cervical discs are well maintained. There is no disc bulge or herniation. There is no sagittal canal or neural foraminal stenosis.

There is nodular T2 hyperintense signal in the trachea, likely mucous.

IMPRESSION: Small cord syrinx.

Robin Daum-Kowalski, MD
RD / bl

DD: 6/13/2011
DT: 6/14/2011
Job: 12965311

This document has been electronically reviewed and signed.





PALMETTO IMAGING
DOWNTOWN • IRMO • W. COLUMBIA

1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 3/31/2011
PATIENT PH#: 803-633-0863

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back pain, right flank pain and right pelvic pain.

TECHNIQUE: The following sequences were obtained on a Siemens 0.2 Tesla magnet: Sagittal T1 and T2, axial T1 and T2.

FINDINGS: The conus is seen at L1 and appears normal. The marrow of the visualized bones appears normal. No soft tissue paraspinal masses are seen. The T12-L1, L1-2 and L2-3 discs are well maintained.

At L3-4, there is a central annular tear without disc protrusion.

At L4-5, there is a 2 mm central and right paracentral disc protrusion with mild right lateral recess stenosis.

At L5-S1, the disc and facet joints are well maintained.

IMPRESSION:

1. Central annular tear, L3-4.
2. Central to right paracentral disc protrusion, L4-5.

Robin Daum-Kowalski, MD
RD / fl

DD: 3/31/2011
DT: 3/31/2011
Job: 12555840

This document has been electronically reviewed and signed.





PALMETTO IMAGING
DOWNTOWN • IRMO • W. COLUMBIA

2997 Sunset Boulevard
West Columbia, South Carolina 29169
(803) 936-0223 p
(803) 936-0229 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 8/12/2011
PATIENT PH#: 803-633-0863

EXAM: MRI LUMBAR SPINE

HISTORY: Herniated disc.

COMPARISON: 3/31/2011.

TECHNIQUE: The following sequences were performed on a GE Signa HD EXCITE 1.5 Tesla magnet: Sagittal T1 and T2-weighted fast spin echo through the lumbar spine with axial BLOCK T2-weighted fast spin echo and angled T1-weighted fast spin echo through the lower lumbar intervertebral discs.

FINDINGS: Vertebral body heights, alignment, and marrow signal remain normal. The L1-L2 and L2-L3 discs remain intact and no stenosis.

At L3-L4 preserved disc height and contour with minimal annular tear posteriorly in the midline again demonstrated without focal disc material displacement. Mild facet arthropathy. No stenosis.

At L4-L5 very mild loss of disc height with mild disc desiccation and minimal disc bulge again demonstrated. There is a minimal right subarticular disc protrusion with minimal right foraminal disc osteophyte complex. No significant deformity of the right L5 nerve root although there is a slight posterior position suggesting there may be chronic posterior deflection. No significant central canal or neural foraminal stenosis.

At L5-S1 the disc is intact. No stenosis. Mild facet arthropathy.

IMPRESSION:

1. Minimal annular tear posteriorly at L3-L4 without disc protrusion.
2. Minimal right subarticular disc protrusion at L4-L5. Slight posterior deflection of the right L5 nerve root.
3. No interval change.

James A. Thesing, D.O.
JT / SL

DD: 8/12/2011
DT: 8/12/2011
Job: 13366900

This document has been electronically reviewed and signed.



Patient: White, Sarah
MRN: 690501
Exam: MRI LUMBAR SPINE

Meisinger



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

May 26, 2011

Larry Dillard, M.D.
Moncrief Family Health Center
4500 Stuart Street
Fort Jackson, South Carolina 29207-5720

Re: Sarah White 30/150-47-3645

Dear Dr. Dillard:

I had the pleasure of seeing your patient, Sarah White, as a new patient consultation in Neurosurgery Clinic today. As you may recall, she is a 37-year-old female with a reported work related injury in March 2011 with progressive back and lower extremity complaints. She has persistent low back pain. She also has pain that goes down the bilateral lower extremities involving the entire right lower extremity and portions of the left lower extremity. She has also associated numbness in the bilateral lower extremities. She has recently developed numbness in the right upper extremity which she relates to a more recent work related incident. She has not undergone physical therapy. She has undergone injections x3 which have not helped. She is on Percocet for pain, as well as Neurontin.

Her medical history she denies.

Surgical history includes an ectopic pregnancy.

Her medications include Neurontin, Percocet, indomethacin, prednisone, and Flexeril.

Allergies include IV CONTRAST, SEPTRA, KEFLEX, and a SHELLFISH allergy.

She is married and works as an RN for National Healthcare. She has missed work related to this condition. She currently admits to cigar use. She denies any alcohol or illegal drugs.

Family history includes diabetes, heart disease, and thyroid disease.

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

13

Letter to Larry Dillard, M.D.

Re: May 26, 2011

Sarah White

Page Two

A complete review of systems was performed and can be found in the chart. It is significant for fatigue, sweats, sleep loss, weight gain, tremors, nervousness, multiple sinus complaints, blurred vision, rapid heart rate, high blood pressure, multiple pain complaints, weakness, memory problems, balance difficulties, headaches, dizziness, difficulty with urination and bowel function, stomach distention, and excessive hunger.

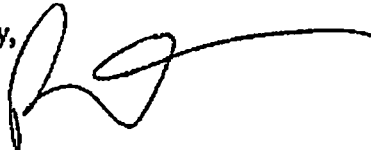
Her blood pressure is 138/88. Pulse 110. Respiratory rate 18. She is 5 feet 6 inches and 140 pounds. On examination, she is awake, alert, and interactive. She has a significantly antalgic gait that is wide based. On motor exam, she has diminished effort in the right upper extremity, but deltoid approximately 4/5 with normal tone. She has regular effort and regular function in the left upper extremity. Right lower extremity she has diminished effort throughout. There is no clear motor deficit though. She has normal tone in this extremity. In her left lower extremity she has diminished effort as well but no clear motor dysfunction. She has normal tone in this extremity. She has diminished sensation scattered throughout her right upper and right lower extremity. She has also some scattered sensory deficits with no clear dermatomal distribution in the left lower extremity as well. Her deep tendon reflexes are overall unremarkable. She has no pathological reflexes. She does have a sway on Romberg. She has paraspinal spasm but little tenderness to palpation of the lumbar spine.

I reviewed an MRI of the lumbar spine which demonstrates mild lumbar spondylosis with L4-5 disc protrusion and some increased T2 signal in the facets at L4-5. She has no significant neural compression though.

Ms. White has mild lumbar spondylosis with a wide range of complaints involving the upper and lower extremities. She complains of abnormal gait as well. I am going to send her for an MRI of the brain and cervical spine. I am also going to order an EMG of her bilateral lower extremities. She can follow up with me upon completion of these studies.

Thank you for allowing me to take care of your patient, feel free to contact me with any questions.

Sincerely,



C. Philip Toussaint, M.D.

CPT:TrUSA0366-322289

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

14

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 18 Jul 2011 0738 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 18 Jul 2011 0738 EDT

Problems

- Chronic:**
- Depression
 - Cyst on the right ovary
 - Sinus tachycardia
 - Tachycardia
 - Palpitations
 - Radiculopathy
 - Ataxia
 - Sciatica
 - Insomnia
 - Anxiety
 - Rapid breathing
 - Herniated lumbar disc
 - Lumbar discitis
 - Herniated disc (L4 - L5)
 - Hip joint pain
 - Lower back pain
 - Abdominal pain
 - Female pelvic pain

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMITRIPTYLINE HCL, 50 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH NR EVERY NIGHT		07 Jul 2011
FLUCONAZOLE, 150 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH AS DIRECTED	NR	13 Jun 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMF 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by OWENS, DERRICK M @ 18 Jul 2011 1118 EDT

Allergen information verified by OWENS, DERRICK M @ 18 Jul 2011 1118 EDT

LMP: 16 Oct 2010. Date Basis: unknown.

Vitals

Vitals Written by OWENS, DERRICK M @ 18 Jul 2011 1118 EDT

BP: 111/70, HR: 118, RR: 18, T: 98.8 °F, HT: 65 in, WT: 142 lbs, SpO₂: 100%, BMI: 23.63,
BSA: 1.71 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 5/10 Moderate, Pain Scale Comments: back
Comments: 803-633-0863, Pt being seen for back pain

SO Note Written by DILLARD, LARRY @ 18 Jul 2011 1901 EDT

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

18 Jul 2011 0737

Facility: 20th Medical Group Clinic: MACH Family Health Center

Provider: DILLARD, LARRY

Chief complaint

The Chief Complaint is: SHE IS HERE AGAIN FOR CONTINUED LOW BACK PAIN THAT INITIALLY STARTED WHEN SHE INJURED HERSELF LIFTING A PATIENT AT WORK ON 3/14/11 AND I HAVE BEEN TREATING HER FOR THIS INJURY SINCE 3/21/11. HER MRI FROM 3/31/11 SHOW DISC BULG AT L4-5 AND ANNULAR TEAR AT L3-4—SHE HAS MADE MINIMAL PROGRESS ON MEDS, GOING TO PT CLINIC AND TO PAIN CLINIC FOR INJECTIONS, HAVING BED REST AND WORKING LIGHT DUTY AT WORK HAS NOT FACILITATED HEALING OF HER MEDICAL CONDITION AT ALL. I WILL HAVE HER RESIGN FROM HER JOB FOR MEDICAL REASONS EFFECTIVE 7/18/11. I WILL HAVE HER CONTINUE ALL MEDS AND TREATMENT AND SEE BACK EVERY 1-2 WEEKS. SINCE HER INJURY SHE HAS DEVELOPED SOME MANAGABLE ANXIETY AND DEPRESSION THAT I WILL CONTINUE TO TREAT ALSO. I WILL FAX A COPY OF MY MEMORANDUM TO HER JOB TELLING HER TO MEDICALLY RESIGN AND A COPY OF A WORK EXCUSE AS WELL. SHE IS ALSO HAVE SCIATICA FROM TIME TO TIME.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain radiating to the legs and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * Normal. * No external auditory canal ceruminous discharge.

Tympanic Membrane: * Not erythematous. * Not opacified.

Middle Ear: * No middle ear fluid.

Nose:

General/bilateral:

Nasal Discharge: * No nasal discharge seen.

Cavity: * Nasal mucosa not pale, swollen, and edematous.

Sinus Tenderness: * No tenderness of maxillary sinus.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Musculoskeletal system:

Leg (Below Knee):

General/bilateral: * No localized swelling of the leg.

Psychiatric Exam:

* Psychiatric Exam: * Family behavior not abnormal. * No multiple distinct and complex personalities were observed.

Demonstrated Behavior: * Behavior demonstrated no abnormalities.

Characteristics Of Cry: * Cry had no abnormal characteristics.

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD,LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

18 Jul 2011 0737

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Attitude: * Not abnormal.

Mood: * Dyathymic. * Frustrated. * Depressed. * One of pain. * Fearful. * Anxious. * Concerned. * Irritable. * Awed. * Not happy. * Calm. * Not labile.

Affect: * Normal.

Thought Processes: * Not impaired.

Thought Content: * Revealed no impairment.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Written by DILLARD, LARRY @ 18 Jul 2011 0759 EDT

1. Sciatica

2. Herniated lumbar disc

3. Anxiety

4. Depression

Disposition Written by DILLARD, LARRY @ 18 Jul 2011 1911 EDT

Released w/ Work/Duty Limitations

Follow up: as needed in 1 to 2 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments: NO WORK OF ANY KIND X 4 WK AND PLEASE RESIGN FROM YOUR JOB.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 18 Jul 2011 1912

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Outpt Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and 1CMR
FIRMR (41 CFR) 201-45.505

Page 3 of 3

THE LAW OFFICE OF VANNIE WILLIAMS, JR., ESQ., L.L.C.

712 Richland Street, 2nd Floor, Suite I
Columbia, South Carolina

Thursday, December 03, 2015

Mailing:
Post Office Box 2027
Columbia, South Carolina 29202

Larry Dillard, PA-C
MACH Family Health Center
Moncrief Army Community Hospital
20th Medical Group
4500 Stuart Street
Fort Jackson, S.C. 29207-5700

Telephone:
(803) 799-1703
Facsimile:
(803) 799-1704
E-mail:
williams.vannie@att.net

Re: Sarah E. White Pat.ID 065581334

Ms. Sarah White and I very much need your help. How you may help us? Simply by providing a very brief response to the inquiries below. A HIPPA form is enclosed authorizing the release of your responses.

Timetable:

3/31/11 MRI revealed central annular tear L3-4 and paracentral disc protrusion L4-5;
5/18/11 Ms. White sustained a "whiplash" and lower back injury on her job, when a co-worker, without warning to Ms. White, came up from behind and violently shook the chair, in which Ms. White was sitting, back and forth, at which point Ms. White began experiencing worsened symptoms of lower back pain;
5/18/11 Ms. White was seen by you, as her primary treating physician, for evaluation;
5/18/11 Based upon findings and symptoms, you ordered and MRI and neurological consult;
8/12/11 MRI revealed central annular tear L3-4 and paracentral disc protrusion L4-5 AND slight posterior deflection of the right L-5 nerve root.
Ms. White continued to experience back pain, and has had insertion of a spinal cord stimulator.

Questions:

Q.1. Can a posterior deflection of the right L-5 nerve root be caused by trauma?

Response: YES; the most certainly can

Q.2. Can a posterior deflection of the right L-5 nerve root worsen with time?

Response: YES; they do.

Q.3. What symptoms can result from a posterior deflection of the right L-5 nerve root?

Response: Chronic PAIN coming from lower back down right of hip, legs to feet/toes
@ chronic foot drop.

Q.4. Based upon Ms. White's history, evaluations and symptoms, do you believe her posterior deflection of the right L-5 nerve root developed as a result of her injury on the job on 5/18/11?

Response: YES

Q.5. More generally, based upon Ms. White's history, evaluations and symptoms, do you believe her pre-existing annular tear L3-4 and paracentral disc protrusion L4-5 was aggravated by her injury on the job on 5/18/11?

Response: YES. It most certainly can.

Signed: Larry Dillard Dated: 11/18/16 SC LIC# A 456
Larry Dillard, PA-C

Signed: Richard Clay, M.D., P.A. Dated: 11/18/16 SC LIC# MD 77790
Supervising Physician, LLC
Columbia, SC 29212

A copy of this letter, and a self-addressed, stamped envelope is enclosed for your convenience in returning this statement.

Sincerely,

Vannie Williams, Jr.
Vannie Williams, Jr.

Enc.(s): As noted.

18



DOCTOR'S WEIGHT LOSS CENTER, LLC

6149 St. Andrews Road Ste. C Columbia SC 29212

Tel. 803-233-3420 Email: Info@drwlc.com

Patient Name Sarah White

DOB 3/31/74

Date: 01-16-2016

Weight: 169

Temp. 98.7

BP. 90/50 pulse 84

Page 1 of 2

S-41yo FEMALE, Ms. SARAH WHITE, a REGISTERED, who is here in my clinic today with DEPRESSION SECONDARY TO HER JOB RELATED BACK RELATED INJURY FROM 5/18/11, AND A SEVERE Lumbar Condition with Medical Records and documented X-rays and MRIs consisting of the following: 1. 3/31/11 MRI revealing a Central Annular Tear at L3-4 and a Paracentral Disc Protrusion at L4-5. 2. 5/18/11 Medical Records show that Ms. White sustained a Whip Lash and a Lower Back Injury on her job, when a co-worker, without warning, came up from behind her, and violently shook the chair that she was sitting in, both in a backwards and forward manner, at which point Ms. White Neck and Lower Back condition worsened. 3. 5/18/11 I clearly recall treating Ms. White, while I was serving as her Primary Health Care Provider at Moncrief Army Hospital, Fort Jackson, SC. 4. 5/18/11 Due to the Severity of her signs and symptoms, I ordered a MRI and a Neurology Consult. 5. 8/12/11 MRI revealed a Central Annular Tear at L3-4 and a Paracentral Disc Protrusion at L4-5 and a Slight Posterior Deflection of the Right L4-5 Nerve Root; these changes were noted after the 5/18/11 whip Lash Injury from the job related injury in the chair. I clearly recall treating her multiple times with multiple medications that included NSAIDS, NARCOTIS, ANTIDEPRESSANTS, INJECTIONS, STEROID, MULTIPLE DIAGNOSTIC STUDIES, and Consults to Physical Therapy, Neurologists and to Pain Clinics that she is continuing with today. Ms. White Chronic pain has progressed to the point, that she now has a Spinal Cord Stimulator inserted, to assist with relieving her Chronic Pain. Ms. White have to continue getting regular injections in her Back to assist with relieving her Chronic Pain as well. I have agreed to serve as one of Ms. Whites PCP whenever she needs me. O-My clinical exam today. I see a 41yo female Registered Nurse, walking humped over with an unsteady antalgic gait.

She is crying with a grimacing look on her face and she states that her pain is 10/10. HEENT IS CLEAR, HEART IS TACCHY W/O MURMURS, NECK IS TENDER TO PALPATION WITH LROM/PROM, THE BACK IS TENDER TO PALPATION WITH LROM/PROM/SPASMS AND A SPINAL CORD STIMULATOR INSERTED TO ASSIST WITH HER CHRONIC PAIN. THE MUSCLE STRENGTH TO THE UPPER EXTREMITIES IS 2/5 AND 1/5 IN THE LOWER EXTREMITIES. MY EXAM CLEARLY SHOWS THAT HER SYMPTOMS/PAIN - COMING FROM THE LUMBAR GOING DOWN THE BUTTOX-DOWN THIGHS-DOWN LEGS TO THE TOES IS CONSISTENT WITH THE FINDING OF THE POSTERIOR DEFLECTION OF THE RIGHT L-5 NERVE ROOT NOTED ON 8/12/11 MRI.


LARRY DILLARD, PA-C
FAMILY MEDICINE
SC LIC #A456

6149 St. Andrews Road Ste. C Columbia SC 29212
Tel: (803) 233-3420 Fax: (888) 688-1934
Email: DrCheng@DrWLC.com; http://www.DrWLC.com
Copyright © 2008 DrWLC, LLC. All rights reserved.

DOCTOR'S WEIGHT LOSS CENTER, LLC

6149 St. Andrews Road Ste. C Columbia SC 29212

Tel. 803-233-3420 Email: Info@drwlc.com

Page 2 of 2

A- 1. Depression Secondary to Her Job Related Back Injury From 5/18/11 2. Central Annular Tear at L3-4 and a Paracentral Disc Protrusion at L4-5. 3. Whip Lash. 4. Central Annular Tear at L3-4 and a Paracentral Disc Protrusion at L4-5 and a Slight Posterior Deflection of the Right L4-5 Nerve Root. 5. Chronic Neck Pain/Whip Lash/DJD with Bilateral Upper Extremity Radiculopathy. 6. Chronic Low Back Pain with DJD/Bilateral Lower Extremity Radiculopathy.

P-1. Continue follow-up for Regular Spinal Stimulator Lifetime Adjustments at Medical University of South Carolina in Charleston, SC. 2. Continue all medications for Depression/Chronic Pain and follow-up with pain clinic for steroid injections. 3. Toradol 60mg injection to anterior thigh 60mg x 3 to take me for PRN Chronic Pain Self Injections. 4. Completed other forms. 5. Follow-up with us 3-6 months or as needed. Toradol 15mg take 1 tab po tid #30 x 1RF TO ASSIST WITH BREAK THROUGH PAIN AND NOT TO BE TAKEN WITH OTHER NSAIDS, called in to CVS ST ANDREWS/BROAD RIVER RD. 803-612-2841.


LARRY DILLARD, PA-C
FAMILY MEDICINE
SC LIC #A456

Physician's Signature: _____

Today's Total Due: 170.00 Paid by: Cash _____ Check CC

Patient's or Authorized Person's Signature: Laura White Date: 1/16/16

**Progress Notes**

Sarah E White (MR# 001928317)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Jermale Antoine Sam, MD	Signed	Arthur R Smith, MD	9/25/2013 4:02 PM

Progress Notes**Chief Complaint:****Chief Complaint**

Patient presents with:

- Lumbar Back Pain

History of Present Illness:

Sarah White is a 39 y.o. year old female patient with the chief complaint(s) of Lumbar Back Pain

Context: States shes had history of injury to back in relation to two events in 2011. Transporting a patient being one of those events and the other was "being jarred around in a chair."

Onset of pain: March 2011

Duration: 2+ years

Description of Pain: sharp

Frequency: constant but varies in intensity

Radiation: to right posterior leg down to toes

Alleviating Factors: medication

Aggravating Factors: walking, sitting, flexion of back, and general activity

Associated Symptoms: chest pain???

Medications Tried: norco, gabapentin with some relief

Worst Pain Score: 9/10

Best Pain Score: 5/10

Current Pain Score: 5/10

Previous Imaging Studies: MRI lumbar and cervical

Prior Interventions/Evaluations: previous Steroid injections x12 along with physical therapy

Anticoagulation Medications: none

Past Medical History:

has a past medical history of Hypertension.

Past Surgical History:

has past surgical history that includes Ovarian cyst removal and Breast lumpectomy.

Family History:

family history includes Goiter in her mother.

Social History:

reports that she has been smoking Cigarettes. She has a 1 pack-year smoking history. She does not have any smokeless tobacco history on file.

Medications:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill

21

White, Sarah E (001928317) DOB: 03/21/1974 Printed by Mandy Tisda... Encounter Date: 09/25/2013

MUSC3 OF 2

- cyclobenzaprine (FLEXERIL) 10 MG tablet Take 10 mg by mouth 3 times daily as needed.
- duloxetine (CYMBALTA) 60 MG delayed release capsule Take 60 mg by mouth daily.
- gabapentin (NEURONTIN) 300 MG capsule Take 300 mg by mouth bedtime. TAKES 300MG-600MG
- HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet Take 1 tablet by mouth every 6 hours as needed.
- hydroxyzine (VISTARIL) 25 MG capsule Take 25 mg by mouth 3 times daily as needed.
- lidocaine (LIDODERM) 5 % (700 mg/patch) Place 1 patch onto the skin daily. Apply once for up to 12 hrs in a 24 hr period.
- metoprolol (LOPRESSOR) 50 MG tablet Take 50 mg by mouth daily.
- ondansetron (ZOFTRAN) 4 mg tablet Take 4 mg by mouth every 8 hours as needed.

No current facility-administered medications on file prior to visit.

Allergies:

Allergies as of 09/25/2013 - Review Complete 07/31/2013

Allergen	Reaction	Noted
• Augmentin (amoxicillin-pot clavulanate)	Anaphylaxis	07/31/2013
• Contrast (iodinated contrast media - iv dye)	Anaphylaxis	07/31/2013
• Keflex (cephalexin)	Anaphylaxis	07/31/2013
• Shellfish containing products	Anaphylaxis	07/31/2013

Review of Systems: positives as in the HPI. Denies SOB, chest pain, abdominal pain, nausea, vomiting, fever, chills.

Physical Exam:

Vitals: There were no vitals taken for this visit.

Physical Exam

Constitutional: She is oriented to person, place, and time and well-developed, well-nourished, and in no distress.

HENT:

Head: Normocephalic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion.

Cardiovascular: Intact distal pulses.

Pulmonary/Chest: Effort normal.

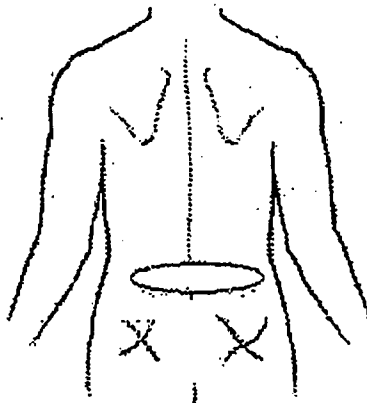
Abdominal: Soft.

Musculoskeletal:

Lumbar back: She exhibits decreased range of motion, tenderness, pain and spasm.



Back:



Neurological: She is alert and oriented to person, place, and time. She displays normal reflexes. No cranial nerve deficit.

Assessment:

39 year old female presents with 1+ years of lower back pain s/p physical therapy and epidural steroid injections without improvement.

Plan:

1. Continue current pain regimen
2. Will schedule pain for nerve stimulator at first available OR date.

I have seen, examined and discussed Ms. White, seen here for her scheduled visit. I have reviewed Dr. Sam's note and I agree with his assessment and plan of care.

Assessment:

1. Chronic pain syndrome
2. Right S1 lumbar radiculopathy/radiculitis. Ms. White has tried and failed multiple medication options including nonsteroidal medications. She has undergone physical therapy without relief of her pain. She has been deemed not to be a surgical candidate by 2 separate referral surgeons. Her radicular signs and symptoms make her an excellent candidate for a trial of spinal cord stimulation.

Plan:

1. Percutaneous spinal cord stimulation trial as well as permanent implantation of percutaneous spinal cord stimulation leads and IPG were explained in detail to the patient. Potential risks and complications were discussed in detail and all the patient's questions were answered. She understands and wishes to proceed with a trial. She will be set up appointments with behavioral medicine, anesthesia preop and then OR date.

Arthur R. Smith, MD

Links

[Previous Version](#)

Chart Cosign

23



**Progress Notes**

Sarah E White (MR# 001928317)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Arthur R Smith, MD	Signed	Arthur R Smith, MD	12/26/2013 12:40 PM

Progress Notes**Operative Note**

Preop diagnosis: Chronic pain syndrome, lumbar radiculitis

Post op diagnosis: same

Procedure: Percutaneous spinal cord stimulator trial. One lead

Surgeon: Arthur R. Smith, MD

Procedure: The patient was admitted to the outpatient OR of Rutledge Tower and informed consent was obtained. The patient was seen and evaluated by the Anesthesia Department, and a peripheral IV was started. IV antibiotics: 600 mg Clindamycin, was administered preop. The patient was taken to the OR and placed in the prone position. Monitored anesthesia with IV sedation was administered. The thoracolumbar area was prepped with chlorhexadine. Sterile drapes were applied. Under fluoroscopy, the T12-L1 interspace was identified and the tissues adjacent to this were anesthetized with 1% lidocaine. A 14 g SCS introducer needle was passed to the epidural space under fluoroscopic guidance using loss of resistance to normal saline technique. Aspirations were negative for blood and CSF. No paresthesias were elicited. An eight electrode Medtronic spinal cord stimulator lead was advanced in the epidural space to the level of T7-8 interspace. The position of the lead was to the right of midline and in the midline. Sensory testing was performed and good paresthesia coverage of the patient's pain was obtained. The needle was withdrawn and the lead was secured with 2-0 silk suture. A sterile dressing was applied. The patient was taken to the Recovery Room in stable condition. The manufacturer's representative programmed the stimulator. The patient was given prescriptions for antibiotics and pain medication as well as post procedural instructions and an appointment to return to the Pain Clinic for evaluation of the trial and removal of leads in one week. The Pain Clinic staff and the manufacturer's representative will call to check on the patient. The patient was discharged in stable and has telephone numbers to call us if there are any questions or problems.

Chart Cosign

24



White, Sarah E (001928317) DOB: 03/21/1974 Printed by Mandy Tisda... Encounter Date: 12/26/2013

XR LUMBAR SPINE AP AND LATERAL

Status: Final result

Assessment/Recommendation

Study Result

EXAMINATION: ARCHIVED FLUORO IMAGE NO INTERPRETATION, NO
PROFESSIONAL FEE 12/26/13 10:30:00

ACCESSION NUMBER: 7325334

INDICATION: CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL
IMPLANT, CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANT
CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANT

FINDINGS/IMPRESSION: Images acquired during fluoroscopy for
archiving purposes. No interpretation, no professional fee.

VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.

Imaging

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/2013 - Imaging Information

Result History

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/27/13 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	12/27/2013 10:05	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PHD	12/27/2013	843-792-2123	
Robert Hedrick Hazelrigg, MD	12/27/2013		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	12/26/2013 09:40	

External Result Report

Encounter

[External Result Report](#)

[View Encounter](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT
REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/13

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
12/26/2013 9:40 AM	12/26/2013 9:40 AM	12/26/2013 8:40 AM	12/26/2013 9:40 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
12/26/2013	10:30 AM	GE IMAGECAST RIS

Order Provider Info

Office

25

White, Sarah E (MR # 001928317)

		phone	Pager/keeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Arthur R Smith, MD	843-876-	--	--
		0585		
Billing Provider	William F Conway, MD	843-792-	--	--
	PHD	2123		



White, Sarah E (MR # 001928317) Printed by Mandy Tisdale [MAT68] at 1/2/14 2:25 PM Page 2 of 2

MUSC8 OF

26

XR LUMBAR SPINE AP AND LATERAL

Status: Final result

Assessment/Recommendation**Study Result**EXAMINATION: ARCHIVE: FLUORO IMAGE NO INTERPRETATION, NO
PROFESSIONAL FEE 12/26/13 10:30:00

ACCESSION NUMBER: 735 5334

INDICATION: CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL
IMPLANT, CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANT
CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANTFINDINGS/IMPRESSION: Images acquired during fluoroscopy for
archiving purposes. No interpretation, no professional fee.VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.**Imaging**XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/2013 - Imaging Information**Result History**XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/27/13 - Order Result History Report.**Signed by**

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	12/27/2013 10:05	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PhD	12/27/2013	843-792-2123	
Robert Hedrick Hazelrigg, MD	12/27/2013		

Exam Information

Status	Exam Begun	Exam Ended
Final [89]	12/26/2013 09:40	

PACS ImagesShow Images for XR LUMBAR SPINE AP AND LATERAL**External Result Report****Encounter**External Result ReportView Encounter**PACS Images**Show Images for XR LUMBAR SPINE AP AND LATERALThis is not a valid order requisition. Please click hyperlink below the MUSC REPRINT
REQUISITION label for official order requisition.**MUSC REPRINT REQUISITION**XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/13**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
12/26/2013 9:40 AM	12/26/2013 9:40 AM	12/26/2013 9:40 AM	12/26/2013 9:40 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date
12/28/2013

Collection Time
10:30 AM

Resulting Agency
GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Arthur R Smith, MD	843-876-0585	-	-
Billing Provider	William F Conway, MD PHD	843-782-2123	-	-

**Progress Notes**

Sarah E White (MR# 001928317)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Arthur R Smith, MD	Signed	Arthur R Smith, MD	12/26/2013 12:40 PM

Progress Notes**Operative Note**

Preop diagnosis: Chronic pain syndrome, lumbar radiculitis

Post op diagnosis: same

Procedure: Percutaneous: spinal cord stimulator trial. One lead

Surgeon: Arthur R. Smith MD

Procedure: The patient was admitted to the outpatient OR of Rutledge Tower and informed consent was obtained. The patient was seen and evaluated by the Anesthesia Department, and a peripheral IV was started. IV antibiotics: 600 mg Ceftriaxone, was administered preop. The patient was taken to the OR and placed in the prone position. Monitored anesthesia with IV sedation was administered. The thoracolumbar area was prepped with chlorhexidine. Sterile drapes were applied. Under fluoroscopy, the T12-L1 interspace was identified and the tissues adjacent to this were anesthetized with 1% lidocaine. A 14 g SCS introducer needle was passed to the epidural space under fluoroscopic guidance using loss of resistance to normal saline technique. Aspirations were negative for blood and CSF. No paresthesias were elicited. An eight electrode Medtronic spinal cord stimulator lead was advanced in the epidural space to the level of T7-8 interspace. The position of the lead was to the right of midline and in the midline. Sensory testing was performed and good paresthesia coverage of the patient's pain was obtained. The needle was withdrawn and the lead was secured with 2-0 silk suture. A sterile dressing was applied. The patient was taken to the Recovery Room in stable condition. The manufacturer's representative programmed the stimulator. The patient was given prescriptions for antibiotics and pain medication as well as post procedural instructions and an appointment to return to the Pain Clinic for evaluation of the trial and removal of leads in one week. The Pain Clinic staff and the manufacturer's representative will call to check on the patient. The patient was discharged in stable and has telephone numbers to call us if there are any questions or problems.

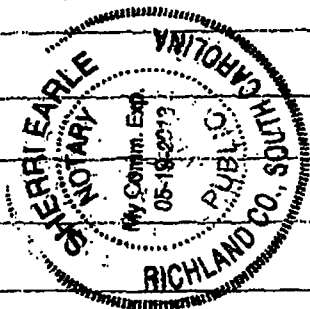
Chart Cosign

5-18-11

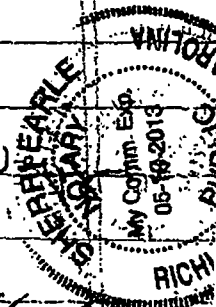
I Tina Lawrence and Sarah White was sitting at the Nurses Station on Hall 100. I was on the phone making transportation arrangements for Susie Lawson. I was sitting next to Sarah I was on hold & talking to Sarah she was sitting on the edge of the chair her back was not touching the chair. I barely shook the back of her chair side to side only the back moved the bottom of the chair didn't move. Sarah stated you hurt my back I just got my back straight you hurt my back. I touched her shoulder and said oh I'm sorry I forgot you had hurt your back. I'm sorry I didn't mean no harm Sarah said yeah I didn't mean to hurt my back either. I again said I was sorry. She just kept saying yeah I didn't mean to hurt my back either. She got to find Patti I've got to report this. She was looking for Patti. She kept on about my hurting her back. I stated I hope I don't get fired over this. Sarah said no too bad. I don't know what they'll do. I was upset b/c she had made such a fuss it was nothing her back didn't appear to be bothering her. I don't see how

~~It was~~ affected - I then seen her down the
 hall 100 talking to Patti & Mrs. Jackson
 I later seen her on Hall 200 telling staff
 Tim hurt my back cause Volmer was also
 there & David who hurt your back & spoke
 up & said & I did & touched her chair
 I was upset it seemed like I had
 purposely hurt her. I walked off b/c
 I was upset it was a accident
 I'd never do anything to hurt anyone

Tim Leezy
 Tim M. Colman Law
 Dash E. White RN



City / County of Richland
 Commonwealth/State of SC
 The foregoing instrument was acknowledged
 before me this 25th day of Oct
 2011, by
Tina Colman Leezy
(name of person seeking acknowledgment)
 Notary Public
 My commission expires: May 19, 2013



City / County of Richland
 Commonwealth/State of SC
 The foregoing instrument was acknowledged
 before me this 25th day of Oct
 2011, by
Dash E. White
(name of person seeking acknowledgment)
 Notary Public
 My commission expires: May 19, 2013

5/26/12

To Whom This May Concern

My name is Luther Washington and I am an CP. I witnessed Tina Lovejoy Unit Secretary, grabbed Mrs. Sara White's chair and shake the chair very hard with both her hands. Sara was in a lot of pain after this was done by Mrs. Lovejoy. Sara was having a lot of back spasms also. Will you please call me if you have any question this happened on May 12, 2011

Sincerely,

Luther Washington CP

Cell 803-530-4811

CLAIMANT'S
EXHIBIT

B. S. White

2476 A

165

CONSENT FOR EXAMINATIONS, TREATMENTS, AND OPERATIONS

8/23/00
Sarah Mitchell
Keller

00017396/
 MITCHELL SARAH E
 STAFF, PHYSICIAN 26Y F
 0023700010 E/R
 1034 1/2 PRICE AVE
 COLUMBIA SC 29210

HOSPITAL RELEASE

To whom it may concern

I the undersigned a patient under treatment in Palmetto Baptist Medical Center at Columbia, Columbia SC, am leaving the hospital against the advice of attending physicians and do hereby release the hospital and attending physicians of all responsibility.

Witness 1

Signed

2

Address

ADVANCE DIRECTIVES

1a. Do you have any Advance Directives (Living Will or Healthcare Power of Attorney)? Yes ☐ No ☒
 1b. If you have any Advance Directives, please attach a copy of the document to this form. You ☐ No ☒

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize and assign payment to Palmetto Baptist Medical Center at Columbia and Physicians (radiologists, anesthesiologists, pathologists, and consulting physicians) all Insurance Benefits and proceeds of any claims which I may have against an, third party or self resulting in my need for outpatient services. I understand Palmetto Baptist Medical Center at Columbia and Physicians (radiologists, anesthesiologists, pathologists, and consulting physicians) will not retain any amount in excess of the payment due for services rendered.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Palmetto Baptist Medical Center at Columbia and Physicians (radiologists, anesthesiologists, pathologists, and consulting physicians) to release information requested on insurance forms and disclose medical record information in connection with my care.

ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I hereby accept full financial responsibility for charges and for services not covered by insurance or for which payment is required.

In the event that monies paid exceed the actual amount for services rendered, I hereby authorize and direct the hospital to refund the overpayment that I may otherwise be entitled to to any account that may exist at the hospital for myself, my spouse, or my dependent.

RELEASE OF LIABILITY FOR VALUABLES

I have been requested to check my valuables with the hospital, and hereby release the Palmetto Baptist Medical Center of any liability for loss or damage to my valuables.

Date

Signature of Patient

Witnessed by

Witness of

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS, AND PATIENT.

The following certification applies to outpatient services.

From

To

Patient's Certification, Authorization to Release Information, and Payment Request. I certify that the information given by me at applying for Medicare is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or carriers any information needed for this or related Medicare claims. I request that payment of authorized benefits be made to the provider.

Date

Signature (Patient or Authorized Representative)
 (Signature must be witnessed)

.167

PALMETTO BAPTIST MEDICAL CENTER EMERGENCY DEPARTMENT ASSESSMENT SHEET

Patient Name Mitchell, Sarah Age 26 Date 8/24/00 Shift Nights
 PMH: HTN CAD MI IDDM NIDDM CVA CA SZ HIV NONE OTHER STD?

Respiratory	Circulatory	Abdomen ☐ n/a	Skin ☐ n/a
☒ Normal effort ☐ Mildly labored ☐ Mod/severely labored ☐ Nasal flaring/retractions ☐ Rapid ☐ Shallow BREATH SOUNDS ☒ Clear ☐ Rales ☐ Rhonchi ☐ Wheezing ☐ Diminished	☒ Color ☐ MM pink ☐ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☐ Capillary Refill ☐ Normal ☐ Delayed seconds ☒ Pulse radial brachial pedal femoral ☒ Heart ☒ Reg ☐ Irreg ☐ Murmur ☐ Gallup	☒ Appearance ☐ Flat ☐ Rounded ☐ Distended ☒ Soft ☐ Other ☒ Bowel Sounds ☒ Present ☐ Absent ☐ Palpation ☐ Mass ☐ Tender ☐ Guarding ☐ Nontender ☐ Genitourinary ☐ n/a ☐ Flank pain ☐ L ☐ R ☐ Dysuria ☐ Hematuria ☒ Frequency <u>Denies</u> GYN ☐ n/a LMP <u>NOA</u> ☐ Preg. <u>NOA</u> wks ☐ G <u>NOA</u> P <u>NOA</u> ☐ FHT ☐ Vag. bleed <u>NOA</u> pads ☐ Vag d/c <u>NOA</u> color Vision <u>NOA</u> Visual Acuity OS 20/ <u>NOA</u> OD 20/ <u>NOA</u> OU 20/ <u>NOA</u> ☐ Corrected ☐ Blurred ☐ Blind <u>NOA</u> ☐ Drainage	☒ Tumor ☐ Normal ☐ Decreased ☒ Edema ☐ Present ☐ Absent ☐ Mucous Membranes ☐ Moist ☐ Sticky ☐ Dry ☐ Lesions ☐ Present ☐ Psychosocial ☐ n/a ☒ Eye contact ☐ Yes ☐ No ☒ Alert ☐ Normal ☐ Flat ☒ Motor behavior ☐ Cooperative ☐ Restless ☐ Agitated ☒ Speech ☐ Normal ☐ Abnormal SUPPORT SYSTEMS ☐ Lives alone ☐ Family/S.O. ☐ Homeless ☐ Language Barrier IDEATIONS ☐ N/A ☐ None ☐ Harm to self ☐ Harm to others ABUSES ☐ N/A ☐ Alcohol ☐ Drug ☐ Tobacco <u>NOA</u> /day

GLASGOW COMA SCALE

INFANT	Eye Opening	CHILD	ADULT
4 Spontaneously 3 To speech 2 To pain 1 No response	Spontaneously To command To pain No response	5 Oriented 4 Confused 3 Inappropriate words 2 Incomprehensible 1 No response	6 Obeys commands 5 Localizes pain 4 Withdraws from pain 3 Flexion 2 Extension 1 No response
Best Verbal Response 5 Coos, babbles 4 Intelligible cries 3 Cries to pain 2 Moans, grunts 1 No response		Best Motor Response 6 Spontaneous movement 5 Withdraws to touch 4 Withdraws to pain 3 Abnormal flexion 2 Abnormal extension 1 None	
TOTAL		TOTAL	

GLASGOW COMA SCORE	SYSTOLIC BP	RESPIRATORY RATE	TEMP
13-15	90-120	10-20	36-38
9-12	70-90	6-10	34-36
4-8	40-70	1-6	32-34
3	0	0	0

RTS Total:

TIME	EO	MR	VERB	MUCH

Systems Assessment by Suzanne Baird, RN Time 11:00

If > 3, full protocol must be implemented

INTERVENTIONS ☐ n/a EXPLAINED TO PATIENT / S.O. and completed Time and Initials

Side Rails Up ☒ 2
 #02022
☐ Cardiac Monitor ☐ Initial Rhythm
☐ FSP ☐ OA ☐ C-collar ☐ Backboard
☐ Cleared by NOA D/C by NOA
☒ Pulse Oximeter ☐ Spot check NOA
☐ NG OG
 See Restraint FlowSheet
☐ Sutures
☐ Cast Splint applied
☐ Procedures
☐ Consents
 Social Work Ref
 PET Ref
 MVA

LABS Time Drawn:
☐ CBC ☐ W/diff ☐ MI Injury
☐ BMP ☐ CMP ☐ Amylase
☐ PT/PTT ☐ Level
☐ Liver Function ☐ Blood C&S 1 2
☐ ETOH ☐ T x C Units
☐ Hold tubes ☐ Other
☐ Gold ☐ Red Clot Act
☐ Blue ☐ Lavender
☐ Plain Red for Type & Rh
☐ Redraw
☐ ABG
☐ UA via ☐ CC ☐ I&O ☐ Foley ☐ Bag
☐ Urine Pregnancy
☐ Gen Probs
☐ Wet Prep

☐ EKG 12 Lead
X-RAY
☒ C-Spine ☐ CT scan
☐ port ☐ Head
☐ comp ☐ Chest
☐ CXR ☐ Abdomen
☐ port ☐ Other
☐ PA & Lat
☐ Abdomen
☐ Upper Ext.
☐ Lower Ext.
☐ U/S
☐ Special Procedures



Mechanism of Injury

☐ Auto
☐ Motorcycle
☐ Bicycle
☐ Pedestrian
☐ Blunt Assault
☐ Fall Ft
☐ GSW
☐ Stabbing
☐ Crush
☐ Amputation
☐ Other
☐ Est. Speed
☐ Driver
☐ Passenger

Restraints

☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No

In Place on Arrival

☐ Cervical Collar
☐ Immobilize Head
☐ Backboard
☐ Mast ☐ Airway
☐ Splint ☐ 02
☐ IV (L)
☐ IV (R)

(SB) Suzanne Baird, RN
 Primary Nurse

ORM 806



[illegible][illegible]

PROGRESS NOTES 2004A Pt. per triage). Assessment on reverse. Waiting on PR MD to see. SB-300/A Pt. already had X-ray. NAD (w/ his 4 yrs. SB-445/A Pt. medicated per above. NAD. SB-607/A DIC instructions received. Spoke to Pt. w/ friend. Pt. to go to friend's house. Call called. Pt. clerks reaction to above inj. DIC instructions given. Pt. verbalized understanding. Pti DIC'd out, amb to diatribe on complaint. 2 staff to go to friend's home. Address given to Call. EMTs. Pt. placed in Call by staff. NAD. EMTs, RAs ~~Siteword~~ offered. V-7 defused.

☒ Home ☐ Other Friends Accompanied with ☒ Self ☐ Family ☐ EMS
☒ W/C ☐ Ambulatory ☐ Stretcher ☐ Gurney Ex given
 Assessment of DC ☒ Improved ☐ N/C ☐ Other Ex given
 PVS0 verbalized understanding of DC instructions Via 61

Time Report Called _____ Transport with _____
 Room # ☐ 1st floor ☐ 2nd
 Report to _____ ☐ Pulse Ox ☐ J2N
 _____ ☐ Time to floor

PERSONAL			
☐ wallet	☐ clothing	☐ jewelry	☐ no
☐ purse	☐ eul	☐ rings	☐ watch
☐ keys	☐ bagged	☐ necklace	☐ earrings
☐ home goods	☐ shoes		
	☐ dentures		

Patient Name:

MR#:

6

345942

DHEC PATIENT CARE FORM

PATIENT IDENTIFICATION (Please Print)			POSITION (101-102)		TYPE OF INCIDENT		PATIENT STATUS		
LAST NAME (110-121)	FIRST NAME (122-131)	MI (146)	01 ☐ TREATMENT TRANS.	TRAUMA (103)	MEDICAL (104)	TO SCENE (105)	ON SCENE (106)	FROM SCENE (107)	
STREET (127-131)	APT. #		02 ☐ DOA AT SCENE	1 ☐ MVA	1 ☐ ENVIRON	1 ☒ EMERGENCY	1 ☐ EMERGENCY	1 ☐ EMERGENCY	
CITY (132-141)	STATE (142-143)	ZIP CODE (144-145)	03 ☐ HOSPITAL ER	2 ☐ IAC	2 ☐ BEHAV	2 ☐ NONEMERGENCY	2 ☐ NONEMERGENCY	2 ☐ NONEMERGENCY	
SEX (95)	RACE (96)	AGE (97-100)	04 ☐ HOSP DIR. ADMIT.	3 ☐ BIKES	3 ☐ OB/GYN	INCIDENT LOCATION			
1 ☐ Male	1 ☐ White	1 ☐ YRS.	05 ☐ PATIENT'S HOME	4 ☐ PED	4 ☐ RESP	ST OR HWY NAME OR NO.			
2 ☐ Female	2 ☐ Black	2 ☐ MOS.	06 ☐ NURSING HOME	5 ☒ ASSAULT	5 ☐ CARDIAC	CITY			
3 ☐ Unknown	3 ☐ Am Indian	3 ☐ DAYS	07 ☐ CR.'S OFFICE	6 ☐ FALL	6 ☐ INTERFAC	COUNTY			
	4 ☐ Hispanic		08 ☐ OUTPATIENT	7 ☐ FIRE	7 ☐ OTHER	808-1001			
	5 ☐ Asian		09 ☐ PT. REFUSED TREAT.	8 ☐ INTERFAC		SAFETY EQP. (110)			
	6 ☐ Other		10 ☐ EMSTRANSFER	9 ☐ OTHER		SITE OF INCIDENT (111)			
PRELIMINARY IMPRESSIONS (MARK NO. MORE THAN 4) (112-119)			PRIMARY IMPRESSION (120-121)		TREATMENT PROCEDURES (122-155)				
01 ☐ Seizure			01 ☐ Dressing Applied		07 ☐ Oxygen Given				
02 ☐ Fracture			02 ☐ Limb Splinted		08 ☐ Suction Used				
03 ☐ Laceration			03 ☒ Spine Immobilized		09 ☐ Antishock Trousers				
04 ☐ Burns			04 ☒ Neck Immobilized		10 ☐ Airway Maintained				
05 ☐ Head Injury			05 ☐ CB Assistance		11 ☐ Antishock Treatment				
06 ☐ Chest Injury			06 ☐ Oral Airway Used		12 ☐ Artificial Resp				
07 ☐ Abdominal Injury					13 ☐ Cardiac Massage				
08 ☐ Pelvic Injury					14 ☐ Bleeding Control				
09 ☐ Extremity Injury					15 ☐ Compartment Syndrome				
10 ☐ Other					16 ☐ Patient Immobilized				
11 ☐ Other					17 ☐ Other				
12 ☐ Other					18 ☐ Other				
13 ☐ Other					19 ☐ Other				
14 ☐ Other					20 ☐ Other				
15 ☐ Other					21 ☐ Other				
16 ☐ Other					22 ☐ Other				
17 ☐ Other					23 ☐ Other				
18 ☐ Other					24 ☐ Other				
19 ☐ Other					25 ☐ Other				
20 ☐ Other					26 ☐ Other				
21 ☐ Other					27 ☐ Other				
22 ☐ Other					28 ☐ Other				
23 ☐ Other					29 ☐ Other				
24 ☐ Other					30 ☐ Other				
25 ☐ Other					31 ☐ Other				
26 ☐ Other					32 ☐ Other				
27 ☐ Other					33 ☐ Other				
28 ☐ Other					34 ☐ Other				
29 ☐ Other					35 ☐ Other				
30 ☐ Other					36 ☐ Other				
31 ☐ Other					37 ☐ Other				
32 ☐ Other					38 ☐ Other				
33 ☐ Other					39 ☐ Other				
34 ☐ Other					40 ☐ Other				
35 ☐ Other					41 ☐ Other				
36 ☐ Other					42 ☐ Other				
37 ☐ Other					43 ☐ Other				
38 ☐ Other					44 ☐ Other				
39 ☐ Other					45 ☐ Other				
40 ☐ Other					46 ☐ Other				
41 ☐ Other					47 ☐ Other				
42 ☐ Other					48 ☐ Other				
43 ☐ Other					49 ☐ Other				
44 ☐ Other					50 ☐ Other				
45 ☐ Other					51 ☐ Other				
46 ☐ Other					52 ☐ Other				
47 ☐ Other					53 ☐ Other				
48 ☐ Other					54 ☐ Other				
49 ☐ Other					55 ☐ Other				
50 ☐ Other					56 ☐ Other				
51 ☐ Other					57 ☐ Other				
52 ☐ Other					58 ☐ Other				
53 ☐ Other					59 ☐ Other				
54 ☐ Other					60 ☐ Other				
55 ☐ Other					61 ☐ Other				
56 ☐ Other					62 ☐ Other				
57 ☐ Other					63 ☐ Other				
58 ☐ Other					64 ☐ Other				
59 ☐ Other					65 ☐ Other				
60 ☐ Other					66 ☐ Other				
61 ☐ Other					67 ☐ Other				
62 ☐ Other					68 ☐ Other				
63 ☐ Other					69 ☐ Other				
64 ☐ Other					70 ☐ Other				
65 ☐ Other					71 ☐ Other				
66 ☐ Other					72 ☐ Other				
67 ☐ Other					73 ☐ Other				
68 ☐ Other					74 ☐ Other				
69 ☐ Other					75 ☐ Other				
70 ☐ Other					76 ☐ Other				
71 ☐ Other					77 ☐ Other				
72 ☐ Other					78 ☐ Other				
73 ☐ Other					79 ☐ Other				
74 ☐ Other					80 ☐ Other				
75 ☐ Other					81 ☐ Other				
76 ☐ Other					82 ☐ Other				
77 ☐ Other					83 ☐ Other				
78 ☐ Other					84 ☐ Other				
79 ☐ Other					85 ☐ Other				
80 ☐ Other					86 ☐ Other				
81 ☐ Other					87 ☐ Other				
82 ☐ Other					88 ☐ Other				
83 ☐ Other					89 ☐ Other				
84 ☐ Other					90 ☐ Other				
85 ☐ Other					91 ☐ Other				
86 ☐ Other					92 ☐ Other				
87 ☐ Other					93 ☐ Other				
88 ☐ Other					94 ☐ Other				
89 ☐ Other					95 ☐ Other				
90 ☐ Other					96 ☐ Other				
91 ☐ Other					97 ☐ Other				
92 ☐ Other					98 ☐ Other				
93 ☐ Other					99 ☐ Other				
94 ☐ Other					100 ☐ Other				
95 ☐ Other					101 ☐ Other				
96 ☐ Other					102 ☐ Other				
97 ☐ Other					103 ☐ Other				
98 ☐ Other					104 ☐ Other				
99 ☐ Other					105 ☐ Other				
100 ☐ Other					106 ☐ Other				
101 ☐ Other					107 ☐ Other				
102 ☐ Other					108 ☐ Other				
103 ☐ Other					109 ☐ Other				
104 ☐ Other					110 ☐ Other				
105 ☐ Other					111 ☐ Other				
106 ☐ Other					112 ☐ Other				
107 ☐ Other					113 ☐ Other				
108 ☐ Other					114 ☐ Other				
109 ☐ Other					115 ☐ Other				
110 ☐ Other					116 ☐ Other				
111 ☐ Other					117 ☐ Other				
112 ☐ Other					118 ☐ Other				
113 ☐ Other					119 ☐ Other				
114 ☐ Other					120 ☐ Other				
115 ☐ Other					121 ☐ Other				
116 ☐ Other					122 ☐ Other				
117 ☐ Other					123 ☐ Other				
118 ☐ Other					124 ☐ Other				
119 ☐ Other					125 ☐ Other				
120 ☐ Other					126 ☐ Other				
121 ☐ Other					127 ☐ Other				
122 ☐ Other					128 ☐ Other				
123 ☐ Other					129 ☐ Other				
124 ☐ Other					130 ☐ Other				
125 ☐ Other					131 ☐ Other				
126 ☐ Other					132 ☐ Other				
127 ☐ Other					133 ☐ Other				
128 ☐ Other					134 ☐ Other				
129 ☐ Other					135 ☐ Other				
130 ☐ Other					136 ☐ Other				
131 ☐ Other					137 ☐ Other				
132 ☐ Other					138 ☐ Other				
133 ☐ Other					139 ☐ Other				
134 ☐ Other					140 ☐ Other				
135 ☐ Other					141 ☐ Other				
136 ☐ Other					142 ☐ Other				
137 ☐ Other					143 ☐ Other				
138 ☐ Other					144 ☐ Other				
139 ☐ Other					145 ☐ Other				
140 ☐ Other					146 ☐ Other				
141 ☐ Other					147 ☐ Other				
142 ☐ Other					148 ☐ Other				
143 ☐ Other					149 ☐ Other				
144 ☐ Other					150 ☐ Other				
145 ☐ Other					151 ☐ Other				
146 ☐ Other					152 ☐ Other				
147 ☐ Other					153 ☐ Other				
148 ☐ Other					154 ☐ Other				
149 ☐ Other					155 ☐ Other				
150 ☐ Other					156 ☐ Other				
151 ☐ Other					157 ☐ Other				
152 ☐ Other					158 ☐ Other				
153 ☐ Other					159 ☐ Other				
154 ☐ Other					160 ☐ Other				
155 ☐ Other					161 ☐ Other				
156 ☐ Other					162 ☐ Other				
157 ☐ Other					163 ☐ Other				
158 ☐ Other					164 ☐ Other				
159 ☐ Other					165 ☐ Other				
160 ☐ Other					166 ☐ Other				
161 ☐ Other					167 ☐ Other				
162 ☐ Other					168 ☐ Other				
163 ☐ Other					169 ☐ Other				
164 ☐ Other					170 ☐ Other				
165 ☐ Other					171 ☐ Other				
166 ☐ Other					172 ☐ Other				
167 ☐ Other					173 ☐ Other				
168 ☐ Other					174 ☐ Other				
169 ☐ Other					175 ☐ Other				
170 ☐ Other					176 ☐ Other				
171 ☐ Other					177 ☐ Other				
172 ☐ Other					178 ☐ Other				
173 ☐ Other					179 ☐ Other				
174 ☐ Other					180 ☐ Other				
175 ☐ Other					181 ☐ Other				
176 ☐ Other					182 ☐ Other				
177 ☐ Other					183 ☐ Other				
178 ☐ Other					184 ☐ Other				
179 ☐ Other					185 ☐ Other				
180 ☐ Other					186 ☐ Other				
181 ☐ Other					187 ☐ Other				
182 ☐ Other					188 ☐ Other				
183 ☐ Other					189 ☐ Other				
184 ☐ Other					190 ☐ Other				
185 ☐ Other					191 ☐ Other				
186 ☐ Other					192 ☐ Other				
187 ☐ Other					193 ☐ Other				
188 ☐ Other					194 ☐ Other				
189 ☐ Other					195 ☐ Other				
190 ☐ Other					196 ☐ Other				
191 ☐ Other					197 ☐ Other				
192 ☐ Other					198 ☐ Other				
193 ☐ Other					199 ☐ Other				
194 ☐ Other					200 ☐ Other				
195 ☐ Other					201 ☐ Other				
196 ☐ Other					202 ☐ Other				
197 ☐ Other					203 ☐ Other				
198 ☐ Other					204 ☐ Other				
199 ☐ Other					205 ☐ Other				
200 ☐ Other					206 ☐ Other				
201 ☐ Other					207 ☐ Other				
202 ☐ Other					208 ☐ Other				
203 ☐ Other					209 ☐ Other				
204 ☐ Other					210 ☐ Other				
205 ☐ Other					211 ☐ Other				
206 ☐ Other					212 ☐ Other				
207 ☐ Other					213 ☐ Other				
208 ☐ Other					214 ☐ Other				
209 ☐ Other					215 ☐ Other				
210 ☐ Other					216 ☐ Other				
211 ☐ Other					217 ☐ Other				
212 ☐ Other					218 ☐ Other				
213 ☐ Other					219 ☐ Other				
214 ☐ Other					220 ☐ Other				
215 ☐ Other					221 ☐ Other				
216 ☐ Other					222 ☐ Other				
217 ☐ Other					223 ☐ Other				
218 ☐ Other					224 ☐ Other				
219 ☐ Other					225 ☐ Other				
220 ☐ Other					226 ☐ Other				
221 ☐ Other					227 ☐ Other				
222 ☐ Other					228 ☐ Other				
223 ☐ Other					229 ☐ Other				
224 ☐ Other					230 ☐ Other				
225 ☐ Other					231 ☐ Other				
226 ☐ Other					232 ☐ Other				
227 ☐ Other					233 ☐ Other				
228 ☐ Other					234 ☐ Other				
229 ☐ Other					235 ☐ Other				
230 ☐ Other					236 ☐ Other				
231 ☐ Other					237 ☐ Other				
232 ☐ Other					238 ☐ Other				
233 ☐ Other					239 ☐ Other				
234 ☐ Other					240 ☐ Other				
235 ☐ Other					241 ☐ Other				
236 ☐ Other									

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 21 Mar 2011 0900 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: NO MENSTRUAL CYCLE X 4-5 MONTHS. AFTER DEPO SHOT
Appointment Comments:
IHP

AutoCites Refreshed by DILLARD, LARRY @ 21 Mar 2011 1004 EDT

Problems

No Problems Found.

Family History

No Family History Found.

Allergies

No Allergies Found.

Active Medications

Active Medications

ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA,
30 ea. BOTTLE

Status

Active

Sig

Refills Left

3 of 5

Last Filled

14 Mar

2011

Screening Written by OWENS, DERRICK M @ 21 Mar 2011 0945 EDT

Reason For Appointment: NO MENSTRUAL CYCLE X 4-5 MONTHS. AFTER DEPO SHOT

Allergen information verified by OWENS, DERRICK M @ 21 Mar 2011 0945 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 21 Mar 2011 0945 EDT

BP: 117/84, HR: 64, RR: 18, T: 98.8 °F, HT: 64 in, WT: 132 lbs, BMI: 22.66, BSA: 1.639 square meters, Tobacco Use: Yes,
Alcohol Use: Yes,
Pain Scale: 5/10 Moderate, Pain Scale Comments: right side
Comments: 803-633-0863

SO Note Written by DILLARD, LARRY @ 21 Mar 2011 1007 EDT

Reason for Visit

Reason for Visit is Not Deployment-related.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Age at menarche was 16 years old and date of last menstruation Oct 16, 2010. No hypomenorrhea and no menorrhagia. No dysmenorrhea and no bleeding between periods. No vaginal discharge.

Past medical/surgical history

Reported History:

Not at risk for cardiac disorders.

Surgical / procedural: Surgical / procedural history 1995 NOT SURE ON OVARIES—FALLOPIAN TUBE REMOVED

Reported medications: Medication history.

Reported prior tests: Prior tests were performed.

Exposure: No exposure and no exposure to venereal disease.

Physical trauma: No physical trauma.

Pregnancy history: Pregnancy history G2P0 A2.

Prenatal history: No DES taken during pregnancy

Diagnosis History:

No hypertension

No thromboembolic disease.

No gallbladder and biliary tree disorders

No hepatic disorder.

No pelvic inflammatory disease.

Vaginitis.

No diabetes mellitus.

No migraine headache

No myalgia and myositis.

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

21 Mar 2011 0848

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

No depression.

No cancer

Therapeutic History:

Breast surgery FIBROID REMOVED 1989;

Gynecologic surgery 1994 ASSISTED GYN ABORTN OF 2 PREGNACIES;

No hysterectomy;

No tubal ligation;

Obstetrical surgery SEE ANOVE

Previous therapy

History of herbal medicines

Personal history

Behavioral history: Caffeine use and tobacco use.

Alcohol: Alcohol use.

Habits: Exercising regularly.

Sexual: Birth control method not specified.

Family history

No malignant carcinoma of the breast

No malignant neoplasm of the ovary

No malignant neoplasm of the uterus.

Review of systems

Genitourinary symptoms: No dysuria and no pain during intercourse.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* Alert. * Well developed. * Well nourished. * In no acute distress.

Neck:

Thyroid: * Not diffusely enlarged.

Lymph Nodes:

* Cervical lymph nodes were not enlarged. * Consistency was normal.

Breasts:

General/bilateral:

* No breast mass was found.

Abdomen:

Visual Inspection: * Abdomen was normal on visual inspection.

Auscultation: * Bowel sounds were normal.

Palpation: * Abdomen was soft. * Abdominal muscle guarding was not demonstrated. * Abdominal muscle rigidity was not demonstrated. * No direct tenderness in the abdomen. * No rebound tenderness in the abdomen. * No mass was palpated in the abdomen.

Hepatic Findings: * Liver was normal to palpation.

Splenic Findings: * Spleen was normal to palpation.

Genitalia:

External: * Genitalia showed no abnormalities.

Vagina: * Mucosa was normal. * No vaginal discharge was observed. * No vaginal vesicle was observed. * Not tender. * No cystocele was observed. * No rectocele was observed.

Pelvic exam:

Cervix: * Pap smear sample taken. * No cervical discharge. * Showed no lesion * Did not demonstrate pain elicited by motion.

Uterus: * Position was normal. * Not enlarged. * Not absent. * Not tender.

Uterine Adnexae: * Uterine adnexa was not tender. * Uterine adnexa was not absent. * No ovarian mass.

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1223 EDT

Chem 12	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Potassium	PLASMA	4.5	mmol/L	(3.2-4.7)
Alkaline Phosphatase	PLASMA	49.0	U/L	(32-120)
Aspartate Aminotransferase	PLASMA	19	U/L	(10-30)
Alanine Aminotransferase	PLASMA	15.0	U/L	(2-38)
Glucose	PLASMA	91 <1>	mg/dL	(70-110)
Urea Nitrogen	PLASMA	8.0 <1>	mg/mL	(7-22)
Sodium	PLASMA	140	mmol/L	(135-145)
Chloride	PLASMA	107.0	mmol/L	(99-111)
Creatinine	PLASMA	0.68	mg/dL	(0.6-1.2)

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624,1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

21 Mar 2011 0848

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Protein	PLASMA	7.2	g/dL	(6.4-8.5)
Carbon Dioxide	PLASMA	24.0	mmol/L	(20-30)
Calcium	PLASMA	9.5 <i>	mg/L	(8.5-10.4)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1223 EDT

Lipid Panel	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Cholesterol	PLASMA	180 <i>	mg/dL	(200)
Triglyceride	PLASMA	49.0	mg/dL	(0.0-150)
HDL Cholesterol	PLASMA	62.0	mg/dL	(30-85)
LDL Cholesterol Direct	PLASMA	110.0 (H) <i>	mg/dL	(0.0-100.0)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

Liver Panel	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Alkaline Phosphatase	PLASMA	49.0	U/L	(32-120)
Aspartate Aminotransferase	PLASMA	19	U/L	(10-30)
Lactate Dehydrogenase	PLASMA	168	U/L	(125-286)
Bilirubin	PLASMA	0.4	mg/dL	(0.1-1.1)
Gamma-Glutamyl Transferase	PLASMA	30.0	U/L	(8-37)
Alanine Aminotransferase	PLASMA	15.0	U/L	(2-38)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

Thyroid Stimulating Hormone Sensitive	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Thyrotropin Sensitive	PLASMA	2 93	mIU/mL	(0.2-3.3)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

hCG Quant	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
hCG	PLASMA	< 1.20 <i>	mIU/mL	(0.0-5.0)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

Iron Panel	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Iron	PLASMA	108 0	mcg/dL	(24-159)
Ferritin	PLASMA	40.0	ng/mL	(10-120)
Iron Binding Capacity Unsaturated	PLASMA	237	mcg/dL	(170-426)
Iron Binding Capacity Total	PLASMA	345	mcg/dL	(250-470)
Iron Saturation	PLASMA	31.3	%	(15-50)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

CBC	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
WBC	BLOOD	5.96	x10(3)/mcl	(4.5-11.5)
RBC	BLOOD	4.2	x10(6)/mcl	(4.0-5.4)
Hemoglobin	BLOOD	13.0	g/dL	(12-15)
Hematocrit	BLOOD	38.3	%	(35-49)
MCV	BLOOD	91.2	fL	(80-100)
MCH	BLOOD	31.0	pg	(27-34)
MCHC	BLOOD	33.9	g/dL	(31.5-36.0)
Platelets	BLOOD	195.0	x10(3)/mcl	(150-450)
Lymphocytes	BLOOD	38.1	%	(20-50)
Monocytes	BLOOD	6.4	%	(0-11)
Eosinophils	BLOOD	2.5	%	(0-3)
MPV	BLOOD	10.4	fL	(9.0-13.0)
Neutrophils	BLOOD	52.7	%	(50-80)
Basophils	BLOOD	0.3	%	(0-2)
RDW SD	BLOOD	45.2	fL	(37-55)

Lab Result Cited by DILLARD, LARRY @ 21 Mar 2011 1222 EDT

Urinalysis Panel	Site/Specimen	21 Mar 2011 1140	Units	Ref Rng
Color	URINE	Yellow		(ANY YEL-COLOR)

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
 DOB: 21 Mar 1974
 PCat: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Sex: F
 Tel H: 803-633-0863
 Tel W:
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD, LARRY
 Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 3 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

21 Mar 2011 0848

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Clarity	URINE	CLEAR		(CLEAR)
pH	URINE	7.0		(5.0-8.5)
Glucose	URINE	NEG	mg/dL	(NEGATIVE)
Ketones	URINE	NEG	mg/dL	(NEGATIVE)
Bilirubin	URINE	NEG	mg/dL	(NEGATIVE)
Hemoglobin	URINE	NEG	mg/dL	(NEGATIVE)
Protein	URINE	NEG	mg/dL	(NEGATIVE)
Leukocyte Esterase	URINE	NEG	WBC/mcL	(NEGATIVE)
Nitrite	URINE	NEG		(NEGATIVE)
Urobilinogen	URINE	<2.0	mg/dL	(<2.0)
Mucus	URINE	TRACE	/HPF	(NONE-2+)
RBC	URINE	1	/HPF	(0-2)
Epithelial Cells Squamous	URINE	3	/HPF	(0-4)
Specific Gravity	URINE	1.010		(1.005-1.030)

A/P Last updated by DILLARD, LARRY @ 21 Mar 2011 1657 EDT

1. ROUTINE PELVIC EXAM

Medication(s): -HYDROCODONE/APAP(VICODIN)-PO 5MG/500MG - TT WITH TORADOL #15 RF0 Qt: 15 Rf: 0
 -KETOROLAC (TORADOL EQ)-PO 10MG TAB - T1 TAB TID WITH VICODIN AND FOOD #15 RF0
 Qt: 15 Rf: 0
 -METRONIDAZOLE-PO 500MG TAB - T 4 TAB PO AS 1 SINGLE DOSE WF TAT #4 RF0 Qt: 4 Rf: 0
 -FLUCONAZOLE (DIFLUCAN)-PO 150MG TAB - T1 TAB PO AS DIRECTED #3 RF0 Qt: 3 Rf: 0

2. Cervical Pap Smear

3. visit for: screening exam for malignant neoplasm cervix

4. FEMALE PELVIC PAIN

Laboratory(ies): -BV/VAGINITIS PANEL - DNA PROBE (Routine); GC PROBE/CHLAMYDIA PROBE PANEL (Routine);
 CYTOLOGIC GYN (Routine); URINALYSIS PANEL MACH (Routine); CHEM12 PANEL (Routine); TSH,
 SENSITIVE (Routine); HCG QN (Routine); LIPID PANEL AMA (MACH ONLY) (Routine); LIVER
 PANEL MACH (Routine); CBC MACH(SHAW NOT ALLOWED) (Routine); IRON PANEL (Routine);
 HIV-1/0/2 (Routine); RAPID PLASMA REAGIN (Routine); AMYLASE (Routine); LIPASE (Routine)
 Radiology(ies): -MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL (ASAP) Impression: RIGHT SIDE
 PELVIC PAIN X 1 MO

Disposition Last updated by DILLARD, LARRY @ 21 Mar 2011 1658 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: HEDIS-PAP DONE TODAY---MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 21 Mar 2011 1659

CHANGE HISTORY

The following Disposition Note Was Overwritten by DILLARD, LARRY @ 21 Mar 2011 1658 EDT:

Disposition section was last updated by DILLARD, LARRY @ 21 Mar 2011 1658 EDT - see above. Previous Version of Disposition section was entered/updated by DILLARD, LARRY @ 21 Mar 2011 1426 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: HEDIS-PAP DONE TODAY---MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

The following A/P Note Was Overwritten by DILLARD, LARRY @ 21 Mar 2011 1657 EDT:

A/P section was last updated by DILLARD, LARRY @ 21 Mar 2011 1657 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD, LARRY @ 21 Mar 2011 1116 EDT

1. ROUTINE PELVIC EXAM

Medication(s): -HYDROCODONE/APAP(VICODIN)-PO 5MG/500MG - TT WITH TORADOL #15 RF0 Qt: 15 Rf: 0
 -KETOROLAC (TORADOL EQ)-PO 10MG TAB - T1 TAB TID WITH VICODIN AND FOOD #15 RF0 Qt: 15 Rf: 0

2. Cervical Pap Smear

3. visit for: screening exam for malignant neoplasm cervix

4. FEMALE PELVIC PAIN

Laboratory(ies): -BV/VAGINITIS PANEL - DNA PROBE (Routine); GC PROBE/CHLAMYDIA PROBE PANEL (Routine); CYTOLOGIC GYN (Routine);
 URINALYSIS PANEL MACH (Routine); CHEM12 PANEL (Routine); TSH, SENSITIVE (Routine); HCG QN (Routine); LIPID PANEL AMA
 (MACH ONLY) (Routine); LIVER PANEL MACH (Routine); CBC MACH(SHAW NOT ALLOWED) (Routine); IRON PANEL (Routine);
 HIV-1/0/2 (Routine); RAPID PLASMA REAGIN (Routine); AMYLASE (Routine); LIPASE (Routine)
 Radiology(ies): -MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL (ASAP) Impression: RIGHT SIDE PELVIC PAIN X 1 MO

The following Signature(s) No Longer Applies because this Encounter Was Opened for Amendment by DILLARD, LARRY @ 21 Mar 2011 1649 EDT:

Signed DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 21 Mar 2011 1426

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FTRMR (41 CFR) 201-45.505

Page 4 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

21 Mar 2011 0848

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F
DOB: 21 Mar 1974	Tel H: 803-633-0863
PCat: N41 USN FAM MBR AD	Tel W:
MC Status:	CS.
Insurance: No	Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

12

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMA
FIRM (41 CFR) 201-45.505

Page 5 of 5

MEDICATION PROFILE

***** WHITE, SARAH E *****

FMP/SSN: 30/250473642 Age: 37y Sex: FEMALE Rank:
 Allergies: PENICILLINS, IODINE (INCLUDES RADIOPAQUE AGENTS W/IODINE), AUGMENTIN
 RA (SULFAMETHOXAZOLE/TRIMETHOPRIM)
 Last Admission Diagnosis:

RX #	DRUG	STATUS	QTY	FILL DATE	REF LEFT
D3111712	HYDROCODONE/APAP (VICODIN) --PO	A	60	13 Jun 2011	NR
D8187904	KETOROLAC (TORADOL EQ) --PO 10M	A	15	13 Jun 2011	NR
D8187906	FLUCONAZOLE (DIFLUCAN) --PO 150	A	3	13 Jun 2011	NR
D8181294	KETOROLAC (TORADOL EQ) --PO 10M	E	15	03 Jun 2011	NR
D8178928	NYSTATIN --PO 100,000 UNITS/ML S	E	220	31 May 2011	NR
D8177025	HYDROXYZINE PAMOATE 50MG CAPS	A	60	26 May 2011	NR
D3111158	LORAZEPAM (ATIVAN) --PO 1MG TAB	E	30	26 May 2011	NR
D2083919	OXYCODONE (PERCOCET EQ) --PO 5M	E	40	26 May 2011	NR
D8177611	METHOCARBAMOL (ROBAXIN EQ) --PO	A	90	26 May 2011	NR
D8177612	INDOMETHACIN (INDOCIN EQ) --PO	A	90	26 May 2011	NR
D8172792	PREDNISONE DS 10MG 12-DAY*DOSE	E	1	19 May 2011	NR
UC6249557	UCC KETOROLAC (TORADOL EQ) --PO	E	15	18 May 2011	NR
UC6249560	UCC METHOCARBAMOL (ROBAXIN EQ)	A	20	18 May 2011	NR
UC6249563	UCC KETOROLAC (TORADOL EQ) --PO	E	15	18 May 2011	NR
D8166780	MAGNESIUM CITRATE (CITROMA) --P	E	300	11 May 2011	NR
D8166790	LACTULOSE (CEPHULAC) --PO 10GM/	A	800	11 May 2011	1 of 1
D3110585	HYDROCODONE/APAP (VICODIN) --PO	E	30	11 May 2011	NR
D8166819	INDOMETHACIN (INDOCIN EQ) --PO	E	90	11 May 2011	NR
D8148498	AZITHROMYCIN (Z-PAK EQ) --PO 25	E	1	15 Apr 2011	NR
D8144142	GABAPENTIN (NEURONTIN) --PO 300	A	90	11 Apr 2011	1 of 1
D8144143	CYCLOBENZAPRINE (FLEXERIL) --PO	A	90	11 Apr 2011	1 of 1
D2082521	OXYCODONE (PERCOCET EQ) --PO 5M	E	40	04 Apr 2011	NR
D8139086	INDOMETHACIN (INDOCIN EQ) --PO	E	60	01 Apr 2011	NR
D8129289	METRONIDAZOLE --PO 500MG TAB TA	E	4	30 Mar 2011	NR
D2082419	OXYCODONE (PERCOCET EQ) --PO 5M	E	30	30 Mar 2011	NR
D3108630	HYDROCODONE/APAP (VICODIN) --PO	E	15	21 Mar 2011	NR
D8128714	KETOROLAC (TORADOL EQ) --PO 10M	E	15	21 Mar 2011	NR
D8129290	FLUCONAZOLE (DIFLUCAN) --PO 150	E	3	Suspense	NR

Personal Data - Privacy Act of 1974 (P

*** END OF REPORT ***

Transparent print on
4w

Personal Data - Privacy Act 1974 (PL 93-579)

Printed date: 16 Jun 2011@1300
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

MONCRIEF ARMY COMMUNITY HOSP

Procedure: MACH US, PELVIC, TRANSVAGINAL & TRANSABD

Requested by: DILLARD, LARRY

Ward/Clinic: MACH FAMILY HEALTH CENTER

MACH ULTRASOUND

Exam Date: 24 Mar 2011@1253

Status: COMPLETE

Exam #: 11014095

Pregnant: n

Reason for Order:

RIGHT SIDE PELVIC PAIN X 1 MO

Order Comment:

Result Code: SEE REPORT

Report:

CHCS 11014095

NON OB PELVIC ULTRASOUND

COMPARISON: None

PROCEDURE: The multiple sonographic images of the pelvis were obtained with transabdominal and endovaginal ultrasound using 2D (gray-scale), and color Doppler techniques.

FINDINGS: The cervix is unremarkable. The uterus is normal in echotexture and measures 6.5 x 3.2 x 3.1 cm and the endometrial stripe measures 0.4 cm. The right ovary measures 3.0 x 2.8 x 2.1 cm and treat a hypoechoic relatively thin-walled cyst with probable mild internal complexity measuring 1.6 x 2.1 x 1.2 cm. The left ovary measures 3.1 x 2.4 x 1.7 cm and is normal in echotexture, and physiologic in appearance. There is mild free fluid within the pelvis.

IMPRESSION:

1. Right ovarian cyst measuring 2.1 cm in largest dimension, recommend repeat ultrasound in 4 to 6 weeks to document resolution.

30/250-47-3642

WHITE, SARAH E
21 Mar 1974 / FEMALE

USN FAM MBR AD
H:8036330863

W:

14

Loc:

Spon: WHITE, TERRELL ANTOINE

Rank: PETTY OFF D:8037519251

Unit: NOSC COLUMBIA SC

RR: MACH OUTPT REC RM

SF519-B

O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

15

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

Transcription Date/Time: 24 Mar 2011@1511

Interpreted by: MAJ Eugene W. Wilson, ARMY

Approved by: MAJ Eugene W. Wilson, ARMY 24 Mar 2011@1513

30/250-47-3642

WHITE, SARAH E

21 Mar 1974 / FEMALE

Loc:

Spon: WHITE, TERRELL ANTOINE

USN FAM MBR AD

H:8036330863 W:

Rank: PETTY OFF D:8037519251

16

SF519-B

Unit: NOSC COLUMBIA SC

RR: MACH OUTPT REC RM

O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH
Patient Status: Outpatient

Date: 30 Mar 2011 0103 EDT
Clinic: MACH IMMEDIATE CARE CLINIC
Appt Type: ACUT
Provider: HAMRICK, CHRISTINE D

Reason for Appointment: 37y F c/o R Flank pain x2 days

AutoCites Refreshed by HAMRICK(FM), CHRISTINE D @ 30 Mar 2011 0142 EDT

Problems

Chronic:

• Female pelvic pain

Acute:

- Visit for: screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE

Status

Active

Sig

Refills Left

3 of 5

Last Filled

14 Mar 2011

Screening Written by DORTON, MICHAEL L @ 30 Mar 2011 0109 EDT

Reason For Appointment: 37y F c/o R Flank pain x2 days

Allergen information verified by DORTON, MICHAEL L @ 30 Mar 2011 0109 EDT

Vitals

Vitals Written by WILLIAMS, DONNA D @ 30 Mar 2011 0514 EDT

BP: 120/78, HR: 86, RR: 16, T: 99.4 °F, SpO₂: 98%, Pain Scale: 8/10 Severe, Pain Scale Comments: R flank

Vitals Written by HAMRICK, CHRISTINE D @ 30 Mar 2011 0142 EDT

Comments: REVIEWED

Vitals Written by DORTON, MICHAEL L @ 30 Mar 2011 0105 EDT

BP: 125/78, HR: 83, RR: 16, T: 98.2 °F, HT: 64 in, WT: 132 lbs, SpO₂: 100%, BMI: 22.66,

BSA: 1.639 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 8/10 Severe, Pain Scale Comments: R Flank

Comments: PT states she took Vicodin 5mg/ Tylenol 1000mg / Tordol 10mg 2100

SO Note Written by WALLIS, LINDA M @ 30 Mar 2011 0126 EDT

History of present illness

The Patient is a 37 year old female.

Pt c/o rtq & right flank pain x 2 months. Seen on 21st & had US on 25th. States taking vicodin, tylenol & toradol without relief. Had full labs done at same time. Pt states she thinks she had a kidney stone but denies any PMHX r/t kidney stones. Review of Radiology results shows patient has ovarian cyst. Pt to room 11 for eval & tx - urine sample obtained.

Triage Category

Time: 0120

By: Imw

___ I Emergent

___ II Urgent

X III Non-Urgent

___ IV Routine.

Therapy

- Transportation to an urgent care center Ambulatory on Arrival to Emergency Department.

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

SO Note Written by HAMRICK,CHRISTINE D @ 30 Mar 2011 0251 EDT

Chief complaint

The Chief Complaint is: ABD/FLANK PAIN.

History of present illness

The Patient is a 37 year old female.

37 Y/O F DEP SPOUSE - HAS HAD COLICKY RIGHT PELVIC/FLANK PAIN INTERMITTENTLY FOR TWO MONTHS - HAS BEEN EVALUATED BY PCP IN THE LAST WEEK - LABS - UNREMARKABLE, PELVIC U/S RIGHT OVARIAN CYST - PATIENT ON VICODIN AND TORADOL = HAS APPOINTMENT WITH PCP TOMORROW, PRESENTS TONIGHT WITH PERSISTENT SYMPTOMS = DIFFICULTY WITH WORK - NO FEVER, NO NAUSEA, NO VOMITING, NO DIARRHEA - INTERMITTENT SHARP RIGHT LOWER ABD/RIGHT FLANK PAIN -

Gastrointestinal symptoms.

Allergies

Allergy information in Autocite area was reviewed and verified with patient.

Current medication

Current medications reviewed and reconciled.

Past medical/surgical historyReported History:

Medical: Reported medical history: Reviewed

Surgical / procedural: Surgical / procedural history: Reviewed
ECTOPIC PREG - REMOTE.

Personal history

Social history: Reviewed

Behavioral history: No tobacco use.

Alcohol: Not using alcohol.

Family history

Family medical history: Reviewed

Review of systems

Systemic symptoms: No systemic symptoms.

Otolaryngeal symptoms: No otolaryngeal symptoms.

Cardiovascular symptoms: No cardiovascular symptoms.

Pulmonary symptoms: No pulmonary symptoms.

Physical findingsVital signs:

• Temperature: Reviewed. • RR: Reviewed. • PR: Reviewed. • SBP: Reviewed.

General appearance:

• Oriented to time, place, and person. • Well developed. • Well nourished. • In no acute distress.

Neck:

Palpation: • No tenderness of the neck.

Eyes:

General/bilateral.

Pupils: • PERRL

External Eye: • Conjunctiva exhibited no abnormalities.

Sclera: • Normal.

Ears:

General/bilateral:

Tympanic Membrane: • Normal.

Nose:

General/bilateral:

Nasal Discharge: • No nasal discharge seen.

Pharynx:

Oropharynx: • Posterior pharyngeal wall was normal.

Lungs:

• Clear to auscultation. • No wheezing was heard. • No rhonchi were heard. • No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: • Normal.

Heart Sounds: • S1 normal. • S2 normal. • No S3 heard. • No S4 heard. • No gallop was heard. • No pericardial friction rub heard.

Murmurs: • No murmurs were heard.

Edema: • Not present.

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD,LARRY
Tel. PCM: 751-1624,1111

19

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

Abdomen:

Visual Inspection: * Abdomen was not distended.

Palpation: * No abdominal tenderness.

Neurological:

Balance: * Normal.

Gait And Stance: * Normal.

Psychiatric Exam:

Mood: * Euthymic.

Affect: * Normal.

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0306 EDT

Lipase	Site/Specimen	30 Mar 2011 0310
Lipase	PLASMA	24.0

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0306 EDT

Liver Panel	Site/Specimen	30 Mar 2011 0310
Alkaline Phosphatase	PLASMA	47.0
Aspartate Aminotransferase	PLASMA	20
Lactate Dehydrogenase	PLASMA	162
Bilirubin	PLASMA	0.2
Gamma-Glutamyl Transferase	PLASMA	33.0
Alanine Aminotransferase	PLASMA	18.0

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0306 EDT

Amylase	Site/Specimen	30 Mar 2011 0310
Amylase	PLASMA	54

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0306 EDT

Chem 7	Site/Specimen	30 Mar 2011 0310
Glucose	PLASMA	70 <=>
Urea Nitrogen	PLASMA	10.0 <=>
Sodium	PLASMA	138
Potassium	PLASMA	3.9
Chloride	PLASMA	104.0
Carbon Dioxide	PLASMA	25.0
Creatinine	PLASMA	0.60

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0306 EDT

hCG Quant	Site/Specimen	30 Mar 2011 0310
hCG	PLASMA	< 1.20 <=>

Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0250 EDT

Urinalysis Panel	Site/Specimen	30 Mar 2011 0310
Color	URINE	Yellow
Clarity	URINE	CLEAR
pH	URINE	6.0
Glucose	URINE	NEG
Ketones	URINE	NEG
Bilirubin	URINE	NEG
Hemoglobin	URINE	NEG
Protein	URINE	NEG
Leukocyte Esterase	URINE	NEG
Nitrite	URINE	NEG
Urobilinogen	URINE	<2.0
Mucus	URINE	TRACE
RBC	URINE	1
WBC	URINE	<1

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F	Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
DOB: 21 Mar 1974	Tel H: 803-633-0863	Rank: PETTY OFFICER SECOND CLASS
PCat: N41 USN FAM MBR AD	Tel W:	Unit: N61912 (NOSC COLUMBIA SC)
MC Status:	CS:	Outpt Rec. Rm: MACH OUTPT REC RM
Insurance: No	Status:	PCM: DILLARD,LARRY
		Tel PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.503

Page 3 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

Epithelial Cells Squamous
Specific GravityURINE
URINE<1
1.018Lab Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0250 EDT

	Site/Specimen	30 Mar 2011 0310
CBC	BLOOD	5.52
WBC	BLOOD	3.9 (L)
RBC	BLOOD	12.1
Hemoglobin	BLOOD	34.6 (L)
Hematocrit	BLOOD	88.5
MCV	BLOOD	30.9
MCH	BLOOD	35.0
MCHC	BLOOD	229.0
Platelets	BLOOD	48.6
Lymphocytes	BLOOD	7.1
Monocytes	BLOOD	2.2
Eosinophils	BLOOD	10.3
MPV	BLOOD	41.6 (L)
Neutrophils	BLOOD	0.5
Basophils	BLOOD	43.4
RDW SD	BLOOD	

Rad Result Cited by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0452 EDT

WHITE, SARAH E 30/250-47-3642 37yo 21 Mar 1974 F
 ***** MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL *****
 POC Enc: #E1256577 POC Fac: 20th Medical Group
 Status: Complete

Procedure:

MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL
 Event Date: 21-Mar-2011 10:29:00
 Order Comment: NO BRIEF COMMENT
 Reason for Order: RIGHT SIDE PELVIC PAIN X 1 MO
 Exam #: 11014095
 Exam Date/Time: 24-Mar-2011 12:53:00
 Transcription Date/Time: 24-Mar-2011 15:16:00
 Provider: DILLARD, LARRY
 Requesting Location: MACH FAMILY HEALTH CENTER MONCRIEF ARMY COMMUNITY HOSP
 Status: COMPLETE
 Result Code: SEE REPORT
 Interpreted By: WILSON, EUGENE WILEY
 Approved By: WILSON, EUGENE WILEY
 Approved Date: 24-Mar-2011 15:13:00
 Report Text:
 CHCS 11014095

- NON OB PELVIC ULTRASOUND

COMPARISON: None

PROCEDURE: The multiple sonographic images of the pelvis were obtained
 with
 transabdominal and endovaginal ultrasound using 2D (gray-scale), and color

Name/SSN: WHITE, SARAH E/065581334

Sex: F
 FMP/SSN: 30/250473642
 DOB: 21 Mar 1974
 PCat: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Tel H: 803-633-0863
 Tel W:
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD, LARRY
 Tel. PCM: 751-1624;1111

21

CHRONOLOGICAL RECORD OF MEDICAL CARE
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 4 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

Doppler techniques.

FINDINGS: The cervix is unremarkable. The uterus is normal in echotexture and measures 6.5 x 3.2 x 3.1 cm and the endometrial stripe measures 0.4 cm. The right ovary measures 3.0 x 2.8 x 2.1 cm and treat a hypoechoic relatively thin-walled cyst with probable mild internal complexity measuring 1.6 x 2.1 x 1.2 cm. The left ovary measures 3.1 x 2.4 x 1.7 cm and is normal in echotexture, and physiologic in appearance. There is mild free fluid within the pelvis.

IMPRESSION: 1. Right ovarian cyst measuring 2.1 cm in largest dimension, recommend repeat ultrasound in 4 to 6 weeks to document resolution.

A/P Last updated by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0504 EDT

1. abdominal pain: PATIENT WITH 2 MONTH HISTORY OF INTERMITTENT, SEEMINGLY RANDOM SHARP COLICKY TYPE RIGHT LOWER ABD/RIGHT FLANK PAIN - NO CHANGE WITH MEDS TO DATE - CAUSING DIFFICULTY WITH WORK - NOT CLINICALLY CONSISTENT WITH RADICULAR PAIN, NO CHANGE WITH BENDING LIFTING, NO CHANGE WITH EATING - UNCLEAR ETIOLOGY - HAS LEFT OVARIAN CYST - RECENTL U/S DID NOT COMMENT ON BLOOD FLOW - POSSIBLE INTERMITTENT TORSION MAY NEED GYN EVALUATION - ALSO CT TODAY - NO STONE - HOWEVER NOTED STRANDING CELIAC/SMA - POSSIBLE ARTERITIS, HOWEVER, PAIN IS SPECIFICALLY RIGHT LOWER ABD/RIGHT FLANK = NO BOWEL/BLADDER CHANGES - WILL NEED FURTHER EVALUTAION FOR THIS - PATIENT HAS APPOINTMENT WITH PRIMARY CARE TODAY - WILL HAVE HER FOLLOW UP WITH THEM FOR FURTHER EVALUATION AS INDICATED -

- I WILL ADD ESR TO LABS - PATIENT WILL FOLLOW THIS UP TODAY WITH PCP
- WORK NOTE UNTIL 4 APR
- FOLLOW UP WITH PCP TODAY FOR FURTHER EVATLUATION AND TREATMENT AS INDICATED
- RETURN TO UCC ANY FURTHER CONCERNS AS DISCUSSED

Procedure(s): -Urine HCG, Pregnancy Test x 1
 Laboratory(ies): -URINALYSIS PANEL MACH (Routine) Start Date: 03/29/2011 Ordered By: WALLIS,LINDA M
 Ordering Provider: PETERSON, JAMES L; ESR (Routine) Ordered By: WALLIS,LINDA M Ordering
 Provider: HAMRICK, CHRISTINE D

2. Administrative Evaluation Services:

PHYSICIAN ORDERS

- IVF NS 125 CC/HR
- CBC/CHEM7/LFT/AMY/LIP/UA/HCG
- CT ABD/PELVIS - STONE PROTOCOL

Laboratory(ies): -CBC MACH(SHAW NOT ALLOWED) (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering
 Provider: HAMRICK, CHRISTINE D; CHEM 7 MONCRIEF (Routine) Ordered By:
 HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; LIVER PANEL MACH
 (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D;
 AMYLASE (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK,

Name/SSN: WHITE, SARAH E/065581334

Sex: F
 FMP/SSN. 30/250473642
 DOB: 21 Mar 1974
 PCar: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Tel H. 803-633-0863
 Tel W.
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD,LARRY
 Tel. PCM: 751-1624:1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 5 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

Radiology(ies):

CHRISTINE D; LIPASE (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; URINALYSIS PANEL MACH (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; HCG QN (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D -MACH CT,ABD,STONE PROTOCOL PG (STAT) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D Impression: RIGHT FLANK/ABD COLICKY PAIN FOR TWO MONTHS - THANKS

Disposition Written by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0528 EDT

Sick at Home / Quarters - for

Follow up: with PCM. - Comments: PCP TODAY

MEDICATION RECOGNITION/NO NEW MEDS

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by WILLIAMS, DONNA D @ 30 Mar 2011 0227 EDT

nsg

0227 Pt. was identified and allergies verified @ 0200 22g iv placed R ac, pt tolerated insertion; cbc, chem7, lipase, lft, ua, qn hcg obtained and sent to the lab 1 L ns started after blood work obtained, infusing w/o difficulty. Ct scan abd/pelvis stone protocol pending, XR tech. notified; will call when ready for pt. Pt. resting in rm. 11. Will monitor.

0320 Pt. to ct scan via w/c accompanied by myself.; iv disconnected.

0400 Pt. returned from ct scan, 1 L ns re-started, infusing in 22g iv to r ac w/o difficulty. will cont. to monitor.

0445 1L ns done, 20 g iv flushed w/o difficulty, Provider made aware.

0511 20 g iv d/c'd from R ac, cath intact. Complete set of v/s done prior to d/c home, see Vitals for results. Pt. c/o 8/10 R flank pain upon d/c from UCC. Pt. amb from UCC w/ all personal belongings in stable condition; no meds given.

Note Written by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0446 EDT

CT

"The subspecialty teleradiology service"

TEL: 310-473-1605 (866-448-7762) FAX: 310-473-1615 (866-428-7762)

MONCRIEF ARMY COMM HOSP [SC]

Exam Date: 2011/03/30 03:46

Patient Name: WHITE SARAH E [30/250-47-3642] [DOB: 3/21/1974]
[ACC:0105-11015872]

Study: CT ABDOMEN, CT PELVIS [185 images]

Indication: RIGHT FLANK/ABD COLICKY PAIN FOR TWO MONTHS

Referred By: HAMRICK CHRISTINE D

FINAL REPORT

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

23

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 6 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

STUDY: CT ABDOMEN AND PELVIS WITHOUT CONTRAST

COMPARISON:

None.

TECHNIQUE: Axial images were obtained through the abdomen and pelvis without contrast.

FINDINGS:

LUNG

BASES: No infiltrate.

No pulmonary nodules.

LIVER: Normal. No

masses.

GALLBLADDER/ BILE DUCTS: Normal. No gallstones.

No biliary dilatation.

SPLEEN: Normal

PANCREAS: Normal

GI: Within

normal limits.

No bowel obstruction.

No bowel wall thickening.

GU:

Normal kidneys. Normal ureters.

Normal urinary bladder.

No

urinary stones or obstructive uropathy.

ADRENAL GLANDS: Normal

GYNE:

There is a 2.3 cm cyst on the right ovary.

VESSELS: No

aneurysm. Questionable inflammatory stranding between the pancreas and the aorta, surrounding the SMA and celiac axis, suggesting possible arteritis.

OTHERS: No free fluid is noted.

The mesentery is within normal limits.

No hiatal hernia. No inguinal hernia.

BONES

AND SOFT TISSUES: The bony structures show no significant acute findings.

No focal bony mass lesions noted.

The subcutaneous soft tissues are grossly unremarkable.

IMPRESSION:

There is a

2.3 cm cyst on the right ovary.

No urinary stones or obstructive uropathy.

Questionable inflammatory stranding between the pancreas and

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN. 30/250473642	Sex: F	Sponsor/SSN. WHITE, TERRELL ANTOINE/250473642
DOB. 21 Mar 1974	Tel H: 803-633-0863	Rank: PETTY OFFICER SECOND CLASS
PCat: N41 USN FAM MBR AD	Tel W:	Unit: N61912 (NOSC COLUMBIA SC)
MC Status:	CS:	Outpt Rec. Rm: MACH OUTPT REC RM
Insurance: No	Status:	PCM: DILLARD, LARRY
		Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 7 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 0105

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HAMRICK(FM), CHRISTINE D

the aorta, surrounding the SMA and celiac axis, suggesting possible arteritis.

No other acute abnormalities.

RADIOLOGIST: Michael Bloss, M.D.

Electronically signed: 2011/03/30 04:32:59[Local time] 2011-03-30 01:32:59.0[Arizona time]

Note Written by WALLIS,LINDA M @ 30 Mar 2011 0459 EDT

Nursing

04.49 Called lab & added ESR - he will run same frm blood on hand.

Signed By HAMRICK(FM), CHRISTINE D (Physician/Workstation) @ 30 Mar 2011 0528

CHANGE HISTORY

The following A/P Note Was Overwritten by WALLIS,LINDA M @ 30 Mar 2011 0459 EDT:

A/P section was last updated by WALLIS,LINDA M @ 30 Mar 2011 0459 EDT - see above.Previous Version of A/P section was entered/updated by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0457 EDT.

1. abdominal pain: PATIENT WITH 2 MONTH HISTORY OF INTERMITTENT, SEEMINGLY RANDOM SHARP COLICKY TYPE RIGHT LOWER ABD/RIGHT FLANK PAIN - NO CHANGE WITH MEDS TO DATE - CAUSING DIFFICULTY WITH WORK - NOT CLINICALLY CONSISTENT WITH RADICULAR PAIN, NO CHANGE WITH BENDING LIFTING, NO CHANGE WITH EATING - UNCLEAR ETIOLOGY - HAS LEFT OVARIAN CYST - RECENTL U/S DID NOT COMMENT ON BLOOD FLOW - POSSIBLE INTERMITTENT TORSION MAY NEED GYN EVALUATION - ALSO CT TODAY - NO STONE - HOWEVER NOTED STRANDING CELIAC/SMA - POSSIBLE ARTERITIS, HOWEVER, PAIN IS SPECIFICALLY RIGHT LOWER ABD/RIGHT FLANK - NO BOWEL/BLADDER CHANGES - WILL NEED FURTHER EVALUTAION FOR THIS - PATIENT HAS APPOINTMENT WITH PRIMARY CARE TODAY - WILL HAVE HER FOLLOW UP WITH THEM FOR FURTHER EVALUATION AS INDICATED -

Procedure(s): -Urine HCG, Pregnancy Test x 1

Laboratory(ies):

-URINALYSIS PANEL MACH (Routine) Start Date: 03/29/2011 Ordered By: WALLIS,LINDA M Ordering Provider: PETERSON, JAMES L

2. Administrative Evaluation Services

PHYSICIAN ORDERS

- IVF NS 125 CC/HR

- CBC/CHEM7/LFT/AMYL/LIP/UA/HCG

- CT ABD/PELVIS - STONE PROTOCOL

Laboratory(ies):

-CBC MACH(SHAW NOT ALLOWED) (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D;
CHEM 7 MONCRIEF (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; LIVER PANEL
MACH (Routine) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; AMYLASE (Routine) Ordered
By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; LIPASE (Routine) Ordered By:
HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; URINALYSIS PANEL MACH (Routine) Ordered By:
HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE D; HCG QN (Routine) Ordered By: HAMRICK(FM),CHRISTINE
D Ordering Provider: HAMRICK, CHRISTINE D

Radiology(ies):

-MACH CT ABD, STONE PROTOCOL PG (STAT) Ordered By: HAMRICK(FM),CHRISTINE D Ordering Provider: HAMRICK, CHRISTINE
D Impression: RIGHT FLANK/ABD COLICKY PAIN FOR TWO MONTHS - THANKS

The following A/P Note Was Overwritten by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0147 EDT:

A/P section was last updated by HAMRICK(FM),CHRISTINE D @ 30 Mar 2011 0147 EDT - see above.Previous Version of A/P section was entered/updated by WALLIS,LINDA M @ 30 Mar 2011 0120 EDT

--> Unassociated orders and procedures <--

URINALYSIS PANEL MACH (Routine) Start Date: 03/29/2011 Ordered By: WALLIS,LINDA M Ordering Provider: PETERSON, JAMES L

Urine HCG, Pregnancy Test x 1

The following Allergy was Added: <CHCS IEMDESC>:13962008 AUGMENTIN (AMOX TRIPOTASSIUM CLAVULA) by DORTON,MICHAEL L @ 30 Mar 2011 0109 EDT:

The following Allergy was Added: <CHCS IEMDESC>:28000Iodine Containing Agents by DORTON,MICHAEL L @ 30 Mar 2011 0108 EDT:

The following Allergy was Added: <CHCS IEMDESC>:10003Penicillins by DORTON,MICHAEL L @ 30 Mar 2011 0108 EDT:

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD,LARRY

Insurance: No

Tel. PCM: 751-1624;1111

25

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 8 of 8

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 30 Mar 2011 1340 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: concerns about kidneys, fu from labs
Appointment Comments:
ghw

AutoCites Refreshed by DILLARD, LARRY @ 30 Mar 2011 1411 EDT

Problems

Chronic:

- Abdominal pain
- Female pelvic pain

Acute:

- Administrative evaluation services
- Visit for screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPM 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE

Status Sig

Active

Refills Left
3 of 5

Last Filled
14 Mar
2011

Screening Written by OWENS, DERRICK M @ 30 Mar 2011 1403 EDT

Reason For Appointment: concerns about kidneys, fu from labs

Allergen information verified by OWENS, DERRICK M @ 30 Mar 2011 1403 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 30 Mar 2011 1403 EDT

BP: 119/79, HR: 92, RR 18, T: 99.0 °F, HT: 64 in, WT: 132 lbs, BMI: 22.66, BSA: 1.639 square meters, Tobacco Use Yes, Alcohol Use: Yes, Pain Scale: 7/10 Severe, Pain Scale Comments: back, sides
Comments: 803-633-0863, Pt being seen for follow up

SO Note Written by STAHNKE, JACQUELINE @ 30 Mar 2011 1539 EDT

History of present illness

The Patient is a 37 year old female.

She reported: Encounter Background Information; Patient identified by name and date of birth, Patient rate pain 10/10, administered 60 mg IM toradol in right gluteal, patient tolerate well, instructed patient to remain in area for 20 minutes for monitoring, patient verbalized understanding, lot #93-208-dk, exp date 1 Sep 2012, patient rate pain 2 or 3/10, patient released to provider.

SO Note Written by DILLARD, LARRY @ 30 Mar 2011 1648 EDT

Chief complaint

The Chief Complaint is: LOW BACK PAIN WITH PAIN RADIATING TO LEFT BUTTOX--I AM ORDERING A MRI OF THE LUMBAR AND BILATERAL HIPS --SHE RECENTLY HAS A NEGATIVE WORKUP FOR KIDNES STONES INT THE UCC LAST NIGHT --SHE DENIE ANY SIGNS OR URI SYMPHTOMS.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain on the right, radiating to the buttocks, started gradually, is intermittent, resembling a shocklike sensation, with muscle spasm, and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

26

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 1356

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.
Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findings

Vital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * No external auditory canal ceruminous discharge.

Tympanic Membrane: * Not erythematous. * Not opacified.

Middle Ear: * No middle ear fluid.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen. * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * Muscle spasm. * No swelling. * No induration. * No erythema. * No warmth. * No costovertebral angle tenderness. * No mass on the back.

Abdomen:

Palpation: * No abdominal tenderness.

Hepatic Findings: * Liver was not enlarged.

Spleenic Findings: * Spleen was not enlarged.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1653 EDT

	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
CBC	BLOOD	5.52	x10(3)/mcl	(4.5-11.5)
WBC	BLOOD	3.9 (L)	x10(6)/mcl	(4.0-5.4)
RBC	BLOOD	12.1	g/dL	(12-15)
Hemoglobin	BLOOD	34.8 (L)	%	(35-49)
Hematocrit	BLOOD	88.5	fL	(80-100)
MCV	BLOOD	30.9	pg	(27-34)
MCH	BLOOD	35.0	g/dL	(31.5-36.0)
MCHC	BLOOD	229.0	x10(3)/mcl	(150-450)
Platelets	BLOOD	48.6	%	(20-50)
Lymphocytes	BLOOD	7.1	%	(0-11)
Monocytes	BLOOD	2.2	%	(0-3)
Eosinophils	BLOOD	10.3	fL	(9.0-13.0)
MPV	BLOOD	41.6 (L)	%	(50-80)
Neutrophils	BLOOD	0.5	%	(0-2)
Basophils	BLOOD			

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 2 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 1356

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

RDW SD BLOOD 43.4 fL (37-55)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

Urinalysis Panel	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
Color	URINE	Yellow		(ANY YEL-COLOR)
Clarity	URINE	CLEAR		(CLEAR)
pH	URINE	6.0		(5.0-8.5)
Glucose	URINE	NEG	mg/dL	(NEGATIVE)
Ketones	URINE	NEG	mg/dL	(NEGATIVE)
Bilirubin	URINE	NEG	mg/dL	(NEGATIVE)
Hemoglobin	URINE	NEG	mg/dL	(NEGATIVE)
Protein	URINE	NEG	mg/dL	(NEGATIVE)
Leukocyte Esterase	URINE	NEG	WBC/mcL	(NEGATIVE)
Nitrite	URINE	NEG		(NEGATIVE)
Urobilinogen	URINE	<2.0	mg/dL	(<2.0)
Mucus	URINE	TRACE	/HPF	(NONE-2+)
RBC	URINE	1	/HPF	(0-2)
WBC	URINE	<1	/HPF	(0-4)
Epithelial Cells Squamous	URINE	<1	/HPF	(0-4)
Specific Gravity	URINE	1.018		(1.005-1.030)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

Liver Panel	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
Alkaline Phosphatase	PLASMA	47.0	U/L	(32-120)
Aspartate Aminotransferase	PLASMA	20	U/L	(10-30)
Lactate Dehydrogenase	PLASMA	162	U/L	(125-286)
Bilirubin	PLASMA	0.2	mg/dL	(0.1-1.1)
Gamma-Glutamyl Transferase	PLASMA	33.0	U/L	(8-37)
Alanine Aminotransferase	PLASMA	18.0	U/L	(2-38)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

Lipase	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
Lipase	PLASMA	24.0	U/L	(1-65)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

Chem 7	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
Glucose	PLASMA	70 <I>	mg/dL	(70-110)
Urea Nitrogen	PLASMA	10.0 <I>	mg/mL	(7-22)
Sodium	PLASMA	136	mmol/L	(135-145)
Potassium	PLASMA	3.9	mmol/L	(3.2-4.7)
Chloride	PLASMA	104.0	mmol/L	(99-111)
Carbon Dioxide	PLASMA	25.0	mmol/L	(20-30)
Creatinine	PLASMA	0.60	mg/dL	(0.6-1.2)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

Amylase	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
Amylase	PLASMA	54	U/L	(19-103)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

hCG Quant	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
hCG	PLASMA	< 1.20 <I>	mIU/mL	(0.0-5.0)

Lab Result Cited by DILLARD, LARRY @ 30 Mar 2011 1652 EDT

ESR	Site/Specimen	30 Mar 2011 0310	Units	Ref Rng
ESR	BLOOD	16	mm/hr	(0-20)

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
 DOB: 21 Mar 1974
 PCat: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Sex: F
 Tel H: 803-633-0863
 Tel W:
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD, LARRY
 Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 3 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

30 Mar 2011 1356

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

A/P Last updated by STAHNKE, JACQUELINE @ 30 Mar 2011 1543 EDT

1. lower back pain
 Procedure(s): -INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 1
2. joint pain, localized in the hip
 Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD
 Medication(s): -OXYCODONE (PERCOCET EQ)-PO 5MG/325MG TA - T1 TAB PO Q4-6H PRN FP #30 RFO Qt 30 Rf: 0
 Radiology(ies): -MACH L-SPINE SERIES, AP/LAT/L5-S1 SPOT (Routine) Impression: R/O BULGING DISC AND DJD
 -MACH HIP, RT (ASAP) Impression: R/O DJD
 Consult(s): -Referred To: MACH MRI (Routine) Specialty: RADIOLOGY Clinic: Primary Diagnosis: joint pain, localized in the hip

Disposition Last updated by DILLARD, LARRY @ 30 Mar 2011 1656 EDT

Released w/o Limitations

Follow up: as needed in 2 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 30 Mar 2011 1657

CHANGE HISTORY

The following Disposition Note Was Overwritten by DILLARD, LARRY @ 30 Mar 2011 1656 EDT:

Disposition section was last updated by DILLARD, LARRY @ 30 Mar 2011 1656 EDT - see above. Previous Version of Disposition section was entered/updated by STAHNKE, JACQUELINE @ 30 Mar 2011 1544 EDT.

Released w/o Limitations

Follow up: as needed

Administrative Options: Consultation requested

The following A/P Note Was Overwritten by STAHNKE, JACQUELINE @ 30 Mar 2011 1543 EDT:

A/P section was last updated by STAHNKE, JACQUELINE @ 30 Mar 2011 1543 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD, LARRY @ 30 Mar 2011 1448 EDT

1. lower back pain
 2. joint pain, localized in the hip
 Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD
 Medication(s): -OXYCODONE (PERCOCET EQ)-PO 5MG/325MG TA - T1 TAB PO Q4-6H PRN FP #30 RFO Qt 30 Rf: 0
 Radiology(ies): -MACH L-SPINE SERIES, AP/LAT/L5-S1 SPOT (Routine) Impression: R/O BULGING DISC AND DJD
 -MACH HIP, RT (ASAP) Impression: R/O DJD
 Consult(s): -Referred To: MACH MRI (Routine) Specialty: RADIOLOGY Clinic: Primary Diagnosis: joint pain, localized in the hip

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Output Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 4 of 4

Transparent print on
4w

Personal Data - Privacy Act 1974 (PL 93-579) Printed date: 16 Jun 2011@1300
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

MONCRIEF ARMY COMMUNITY HOSP

Procedure: MACH CT, ABD, STONE PROTOCOL PG

Requested by: HAMRICK, CHRISTINE D

Ward/Clinic: MACH IMMEDIATE CARE CLINIC

MACH COMP TOM

Exam Date: 30 Mar 2011@0153

Status: COMPLETE

Exam #: 11015872

Pregnant: n

Reason for Order:

RIGHT FLANK/ABD COLICKY PAIN FOR TWO MONTHS - THANKS

Order Comment:

Result Code: MINOR ABNORMALITY

Report:

STUDY: CT ABDOMEN AND PELVIS WITHOUT CONTRAST

COMPARISON:

None.

TECHNIQUE: Axial images were obtained through
the abdomen and pelvis without contrast.

FINDINGS:

LUNG

BASES: No infiltrate.

No pulmonary nodules.

LIVER: Normal. No
masses.

GALLBLADDER/ BILE DUCTS: Normal. No gallstones.

No biliary
dilatation.

SPLEEN: Normal

PANCREAS: Normal

GI: Within

normal limits.

No bowel obstruction.

No bowel wall thickening.

GU:

Normal kidneys. Normal ureters.

Normal urinary bladder.

30/250-47-3642

WHITE, SARAH E

21 Mar 1974 / FEMALE

USN FAM MBR AD

H:8036330863

W:

Loc:

Spon: WHITE, TERRELL ANTOINE

Rank: PETTY OFF D:8037519251

Unit: NOSC COLUMBIA SC

RR: MACH OUTPT REC RM

SF519-B

O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

No
urinary stones or obstructive uropathy.
ADRENAL GLANDS: Normal
GYNE:
There is a 2.3 cm cyst on the right ovary.
VESSELS: No
aneurysm. Questionable inflammatory stranding between the pancreas and
the aorta, surrounding the SMA and celiac axis, suggesting possible
arteritis.
OTHERS: No free fluid is noted.
The mesentery is
within normal limits.
No hiatal hernia. No inguinal hernia.
BONES
AND SOFT TISSUES: The bony structures show no significant acute
findings.
No focal bony mass lesions noted.
The subcutaneous soft
tissues are grossly unremarkable.

IMPRESSION:
There is a
2.3 cm cyst on the right ovary.
No urinary stones or obstructive
uropathy.
Questionable inflammatory stranding between the pancreas and
the aorta, surrounding the SMA and celiac axis, suggesting possible
arteritis.
No other acute abnormalities.

RADIOLOGIST: Michael Bloss, M.D.
Electronically signed: 2011/03/30 04:32:59 [Local time] 2011-03-30
01:32:59.0 [Arizona time]

Transcription Date/Time: 30 Mar 2011@0438

Interpreted by: MICHAEL BLOSS, M.D., CIVILIAN RADIOLOGIST

Approved by: MICHAEL BLOSS, M.D., CIVILIAN RADIOLOGIST 30 Mar 2011@0438

30/250-47-3642 WHITE, SARAH E USN FAM MBR AD
21 Mar 1974 / FEMALE H:8036330863 W:
Loc:
Spon: WHITE, TERRELL ANTOINE Rank: PETTY OFF D:8037519251

SF519-B

Unit: NOSC COLUMBIA SC

RR: MACH OUTPT REC RM

O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 01 Apr 2011 1540 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: fu from mri
Appointment Comments:
ghw

AutoCites Refreshed by DILLARD, LARRY @ 01 Apr 2011 1611 EDT

Problems

Chronic:

- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Administrative evaluation services
- Visit for screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

OXYCODONE HCL/ACETAMINOPHEN,
5MG-325MG, TABLET, ORAL
ORACEA (DOXYCYCLINE MONOHYDRATE), 40
MG, CPMP 24HR, ORAL, GALDERMA LABORA,
30 ea. BOTTLE

Status

Active

Sig

TT46 PFP

Refills Left

NR

3 of 5

Last Filled

30 Mar

2011

14 Mar

2011

Screening Written by OWENS, DERRICK M @ 01 Apr 2011 1554 EDT

Reason For Appointment: fu from mri

Allergen information verified by OWENS, DERRICK M @ 01 Apr 2011 1554 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 01 Apr 2011 1554 EDT

BP: 119/72, HR: 86, RR: 18, T: 98.7 °F, HT: 65.5 in, WT: 132 lbs, BMI: 21.63, BSA: 1.667 square meters, Tobacco Use: Yes,

Alcohol Use: Yes,

Pain Scale: 2/10 Mild, Pain Scale Comments: lower right side

Comments: 803-633-0863, Pt being seen for follow up

SO Note Written by WALKER, INEZ A @ 01 Apr 2011 1645 EDT

History of present illness

The Patient is a 37 year old female.

She reported: Encounter Background Information: Patient identified by name and date of birth. Patient in treatment room for Toradol 60mg injection. Pre-injection pain 2/10. Toradol 60 mg injection administered IM LUOQ buttocks. Lot number 93-208-DK expiration 1SEP2012. Patient tolerated injection well without signs or symptoms of adverse reaction. Patient observed in clinic for 20 minutes. Patient released without restriction. Post-injection pain level 0/10.

SO Note Written by DILLARD, LARRY @ 01 Apr 2011 1859 EDT

Chief complaint

The Chief Complaint is: LOW BACK PAIN WITH HERNIATED DISC ON 4/1 11 MRI AT L4-5. THIS IS CAUSING CONSIDERABLE PAIN.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

01 Apr 2011 1528

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Lower back pain radiating to the buttocks, relieved by medication, resembling a shocklike sensation, and with muscle spasm. No pain in the tailbone. No back stiffness, no clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Neck symptoms: No neck pain.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

Tympanic Membrane: * Not erythematous.

Oral cavity:

Lips: * Moist.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Last Updated by DILLARD, LARRY @ 01 Apr 2011 1659 EDT

1. Lower back pain

2. HERNIATED DISC (L4 - L5)

Procedure(s):

Medication(s):

Consult(s):

-Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD

-INDOMETHACIN (INDOCIN EQ)-PO 50MG CAP - TT #60 Rf: 0

-Referred To: MACH PAIN CLINIC (Routine) Specialty: ANESTHESIOLOGY Clinic: Primary Diagnosis. HERNIATED DISC (L4 - L5)

Disposition Written by DILLARD, LARRY @ 01 Apr 2011 1703 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 01 Apr 2011 1704

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Outpt Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 2

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 04 Apr 2011 1025 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: f/u

AutoCites Refreshed by DILLARD, LARRY @ 04 Apr 2011 1052 EDT

Problems

Chronic:

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Administrative evaluation services
- Visit for: screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

INDOMETHACIN, 50 MG, CAPSULE, ORAL

Status
Active

Sig

T1 CAP TID

Refills Left

NR

Last Filled

01 Apr

OXYCODONE HCL/ACETAMINOPHEN,
5MG-325MG, TABLET, ORAL

Status
Active

TT46 PFF

NR

30 Mar

ORACEA (DOXYCYCLINE MONOHYDRATE), 40
MG, CPMP 24HR, ORAL, GALDERMA LABORA,
30 ea. BOTTLE

Status
Active

3 of 5

14 Mar

2011

Screening Written by OWENS, DERRICK M @ 04 Apr 2011 1028 EDT

Reason For Appointment: f/u

Allergen information verified by OWENS, DERRICK M @ 04 Apr 2011 1028 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 04 Apr 2011 1028 EDT

BP: 118/86, HR: 102, RR: 18, T: 99.3 °F, HT: 65.5 in, WT: 132 lbs, BMI: 21.63, BSA: 1.667 square meters, Tobacco Use: Yes,

Alcohol Use: Yes,

Pain Scale: 3/10 Mild, Pain Scale Comments: back

Comments: 803-633-0863, pt bieng seen for follow up

SO Note Written by DILLARD, LARRY @ 04 Apr 2011 1054 EDT

Chief complaint

The Chief Complaint is: LOW BACK PAIN WITH HERNIATED DISC AFTER SHE INJURED HER SELF LIFTING A PATIENT AT WORK ON 3/14/11 SHE TRIED SELF CARE USINS HER NURING KNOWLEDGE BUT PAIN CONTINUED. RECENT MRI ON 3/31/11 SHOW BULGING DISC AND ANULAR TEAR. SHE IS AWATING AN APT WITH THE PAIN CLINIC FOR STEROID INJECTRIONS. SHE IS IN PAIN TODAY. SHE IS TAKING FLEXERIL/INDOCIN AND PERCOCET. I WILL GIVE HER A TORADOL INJECTION AND PERCOCET UNTIL SHE IS ABLE TO GET INTO THE PAIN CLINIC.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain is intermittent and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Output Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

36

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 9)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

04 Apr 2011 1025

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

SO Note Written by WALKER,INEZ A @ 04 Apr 2011 1132 EDTHistory of present illness

The Patient is a 37 year old female.

She reported. Encounter Background Information. Patient Identified by name and date of birth. Patient in treatment room for Toradol 60mg injection. Toradol 60 mg injection administered IM RUOQ buttocks. Pre-injection pain score 3/10. Lot number 93-208-DK expiration 1 SEP 2012. Patient tolerated injection well without signs or symptoms of adverse reaction. Patient will remain in treatment room for 20 minute observation period Post injection pain score 1/10. Patient released in stable condition to return to Provider exam room.

A/P Last updated by WALKER,INEZ A @ 04 Apr 2011 1126 EDT1. HERNIATED DISC (L4 - L5)

Procedure(s):

-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4

Medication(s):

-OXYCODONE (PERCOCET EQ)--PO 5MG/325MG TA - T1 TAB PO Q4-6H PRN FP #40 RFO Qt: 40
Rf: 02. lower back pain

Procedure(s):

-Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS, PA-C DILLARD

Disposition Written by DILLARD,LARRY @ 04 Apr 2011 1256 EDTReleased w/ Work/Duty Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments:

1. NO LIFTING OVER 20 LBS 2. NO LIFTING PATIENTS ALONE. SHE MUST HAVE THE ASSISTANCE OF AT LEAST 1 PERSON TO HELP HER LIFT A PATIENT FOR 2 WKS.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 04 Apr 2011 1257

CHANGE HISTORYThe following A/P Note Was Overwritten by WALKER,INEZ A @ 04 Apr 2011 1126 EDT:

A/P section was last updated by WALKER,INEZ A @ 04 Apr 2011 1126 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD,LARRY @ 04 Apr 2011 1117 EDT.

1. HERNIATED DISC (L4 - L5)

Medication(s):

-OXYCODONE (PERCOCET EQ)--PO 5MG/325MG TA - T1 TAB PO Q4-6H PRN FP #40 RFO Qt: 40 Rf: 0

2. lower back pain

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD,LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

04 Apr 2011 1025

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Procedura(s):

-Dr Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN. 30/250473642	Sex: F
DOB: 21 Mar 1974	Tel H. 803-633-0863
PCat: N41 USN FAM MBR AD	Tel W:
MC Status:	CS.
Insurance: No	Status:

Sponsor/SSN:	WHITE, TERRELL ANTOINE/250473642
Rank:	PETTY OFFICER SECOND CLASS
Unit:	N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm:	MACH OUTPT REC RM
PCM	DILLARD, LARRY
Tel. PCM:	751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by CSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 3 of 3

Transparent print on
4w

Personal Data - Privacy Act 1974 (PL 93-579) Printed date: 16 Jun 2011@1300
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

MONCRIEF ARMY COMMUNITY HOSP
Procedure: MACH HIP, RT
Requested by: DILLARD, LARRY
Ward/Clinic: MACH FAMILY HEALTH CENTER

MACH MAIN RADIOLOGY
Exam Date: 04 Apr 2011@1224
Status: COMPLETE
Exam #: 11016046
Pregnant: NO

Reason for Order:
R/O DJD

Order Comment:

Result Code: SEE REPORT

Report:

CHCS 11016046

Clinical History: Evaluate for degenerative changes.

FINDINGS: AP view of the pelvis with hips internally rotated and a focused lateral view of the right hip demonstrate femoral heads which are normally located and smooth in contour. No abnormal areas of lucency or sclerosis. The pubic symphysis and pubic rami are intact. The sacroiliac joints are symmetric in appearance.

IMPRESSION:

1. Negative screening evaluation of the pelvis and right hip.

If symptoms persist, recommend nuclear medicine bone scan.

Transcription Date/Time: 04 Apr 2011@1403

Interpreted by: MAJ BRENDAN T. DOHERTY, ARMY

Approved by: MAJ BRENDAN T. DOHERTY, ARMY 04 Apr 2011@1404

30/250-47-3642 WHITE, SARAH E
21 Mar 1974 / FEMALE

USN FAM MBR AD
H:8036330863 W:

39

Loc:
Spon: WHITE, TERRELL ANTOINE Rank: PETTY OFF D:8037519251
Unit: NOSC COLUMBIA SC RR: MACH OUTPT REC RM
SF519-B
O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

Transparent print on
4w

Personal Data - Privacy Act 1974 (PL 93-579)

Printed date: 16 Jun 2011@1300
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: WHITE, SARAH E

FMP/SSN: 30/250-47-3642

MONCRIEF ARMY COMMUNITY HOSP

MACH MAIN RADIOLOGY

Procedure: MACH L-SPINE SERIES, AP/LAT/L5-S1 SPOT

Exam Date: 04 Apr 2011@1224

Requested by: DILLARD, LARRY

Status: COMPLETE

Ward/Clinic: MACH FAMILY HEALTH CENTER

Exam #: 11016044

Pregnant: NO

Reason for Order:

R/O BULGING DISC AND DJD

Order Comment:

Result Code: SEE REPORT

Report:

CHCS 11016044

Clinical History: Evaluate for bulging disc

FINDINGS: 3 views of the lumbar spine demonstrate 5 nonrib-bearing lumbar vertebra. Vertebral body height, mineralization, and alignment are normal. Intervertebral disc height maintained. No evidence for spondylolysis. The sacroiliac joints are symmetric in appearance.

IMPRESSION:

1. Normal plain film evaluation of the lumbar spine.

Transcription Date/Time: 04 Apr 2011@1405

Interpreted by: MAJ BRENDAN T. DOHERTY, ARMY

Approved by: MAJ BRENDAN T. DOHERTY, ARMY 04 Apr 2011@1406

30/250-47-3642

WHITE, SARAH E
21 Mar 1974 / FEMALE

USN FAM MBR AD
H:8036330863

W:

41

Loc:
Spon: WHITE, TERRELL ANTOINE Rank: PETTY OFF D:8037519251
Unit: NOSC COLUMBIA SC RR: MACH OUTPT REC RM
SF519-B
O/Site Rec Loc: SIGNED NEW DD2569 24MAR11, CARD GIVEN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 11 Apr 2011 0747 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: T-CON*
Provider: DILLARD, LARRY

Patient Status: Outpatient

Call Back Phone: (803)-833-0863

Reason for Telephone Consult: NEED MED REFIL

AutoCites Refreshed by DILLARD, LARRY @ 11 Apr 2011 0749 EDT

Problems**Chronic:**

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Administrative evaluation services
- Visit for: screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications**Active Medications**

INDOMETHACIN, 50 MG, CAPSULE, ORAL

Status
Active

Sig
T1 CAP TID

Refills Left
NR

Last Filled
01 Apr
2011

ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE

Status
Active

3 of 5

14 Mar
2011

A/P Written by DILLARD, LARRY @ 11 Apr 2011 0752 EDT

1. Lower back pain

Medication(s):

-GABAPENTIN (NEURONTIN)-PO 300MG CAP - T 1 TAB PO QHS #90 RF1 Qt: 90 Rf: 1
-CYCLOBENZAPRINE (FLEXERIL)-PO 10MG TAB - T1 TAB PO TID #90 RF1 Qt: 90 Rf: 1

Disposition Written by DILLARD, LARRY @ 11 Apr 2011 0752 EDT

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REFILLED AND PT CALLED

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 11 Apr 2011 0754

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 15 Apr 2011 1100 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: coughing and back
Appointment Comments:
sdd

AutoCites Refreshed by DILLARD, LARRY @ 15 Apr 2011 1117 EDT

Problems

Chronic:

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Administrative evaluation services
- Visit for: screening for malignant cervical neoplasm
- Cervical Pap smear
- Routine pelvic exam

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	T1 CAP TID	NR	01 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by OWENS, DERRICK M @ 15 Apr 2011 1044 EDT

Reason For Appointment: coughing and back

Allergen information verified by OWENS, DERRICK M @ 15 Apr 2011 1044 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 15 Apr 2011 1044 EDT

BP: 124/83, HR: 102, RR: 18, T: 98.5 °F, HT: 65.5 in, WT: 132.7 lbs, BMI: 21.75, BSA: 1.671 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 5/10 Moderate, Pain Scale Comments: lower back
Comments: 803-633-0863, pt wants to discuss restrictions, and pain management

SO Note Written by DILLARD, LARRY @ 15 Apr 2011 1200 EDT

Chief complaint

The Chief Complaint is: COUGHING UP THICK GREEN MUCUS WITH FEVER X 3 DAYS —ALSO F/U LOW BACK PAIN WITH BULGING DISC AND SHE HAS AN APT WITH PAIN CLINIC ON 4/18/11.

History of present illness

The Patient is a 37 year old female
She reported: Past medical history reviewed and medication list reviewed with patient.
Fever. No chills.
Feeling congested in the chest. No dyspnea, no paroxysmal nocturnal dyspnea, no unusually slow breathing rate, no rapid breathing, and no breathing sounds. Cough dry and coughing up sputum. Not coughing up milk, no hemoptysis, able to cough, and able to expectorate

Name/SSN: WHITE, SARAH E/065581334

Sex: F
Tel H: 803-633-0863
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

15 Apr 2011 1035

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Visit is not deployment-related. No headache and no sinus pain. No swollen glands in the neck. No earache, no watery nasal discharge, not purulent, no postnasal drip, and no sore throat. No myalgias.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Neck symptoms: No neck pain.

Eye symptoms: No red eyes.

Otolaryngeal symptoms: No hearing loss.

Pulmonary symptoms: Not sleeping upright or with extra pillows and no wheezing.

Musculoskeletal symptoms: No arthralgias.

Skin symptoms: No rash.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * No external auditory canal ceruminous discharge.

Tympanic Membrane: * Not erythematous. * Not opacified.

Middle Ear: * No middle ear fluid.

Nose:

General/bilateral:

Nasal Discharge: * No nasal discharge seen.

Cavity: * Nasal mucosa not pale, swollen, and edematous.

Sinus Tenderness: * No tenderness of maxillary sinus.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Last Updated by DILLARD, LARRY @ 15 Apr 2011 1123 EDT1. ACUTE BRONCHITIS2. Herniated disc (L4 - L5)

Medication(s):

-AZITHROMYCIN (Z-PAK EQ)-PO 250MG TAB - TAKE 2 TABS NOW THEN 1 TAB QD FOR 4 DAYS
#1 RF0 Qt: 1 Rf: 0

Disposition Written by DILLARD, LARRY @ 15 Apr 2011 1204 EDT

Released w/o Limitations

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Output Rec. Rm. MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624, 1111

45

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

15 Apr 2011 1035

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 15 Apr 2011 1204

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642 Sex: F
DOB: 21 Mar 1974 Tel H: 803-633-0863
PCat: N41 USN FAM MBR AD Tel W:
MC Status: CS.
Insurance: No Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 3 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 02 May 2011 1300 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: f/u back injury
Appointment Comments:
vdr

AutoCites Refreshed by DILLARD, LARRY @ 02 May 2011 1329 EDT

Problems**Chronic:**

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Acute bronchitis

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications**Active Medications**

Active Medications	Status	Sig	Refills Left	Last Filled
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by GREENE, DENESE M @ 02 May 2011 1259 EDT

Reason For Appointment: f/u back injury

Allergen information verified by GREENE, DENESE M @ 02 May 2011 1259 EDT

Vitals

Vitals Written by GREENE, DENESE M @ 02 May 2011 1317 EDT

BP: 112/71, HR: 104, RR: 15, T: 99.0 °F, HT: 65 in, WT: 138 lbs, SpO₂: 98%, BMI: 22.97.

BSA: 1.69 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 7/10 Severe, Pain Scale Comments: both legs

Comments:

back pain is a level five.

contact # 803-0863

SO Note Written by DILLARD, LARRY @ 02 May 2011 1807 EDT

Chief complaint

The Chief Complaint is: HENIATED LUMBAR DISC WITH PAIN TODAY -SHE IS CURRENTLY SEEING THE PAIN CLINIC WITH SOME IMPROVEMENT AFTER 2 INJECTIONS.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, and no myalgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Output Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

47

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 2

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

02 May 2011 1254

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Systemic symptoms: No recent weight loss.

Pulmonary symptoms: Not sleeping upright or with extra pillows.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased * Color and pigmentation were normal.

A/P Last Updated by DILLARD, LARRY @ 02 May 2011 1349 EDT

1. Herniated disc (L4 - L5)

2. Lower back pain

Consult(s):

-Referred To: MACH NEUROSURGERY (Routine) Specialty: SURGERY Clinic: Primary Diagnosis:
Herniated disc (L4 - L5)Disposition Written by DILLARD, LARRY @ 02 May 2011 1810 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 02 May 2011 1811

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS.

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Outpt Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARETHIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTEDSTANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 2 of 2

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 11 May 2011 1300 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: EST
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: follow up on severe back pain

Appointment Comments:
aki

AutoCites Refreshed by DILLARD, LARRY @ 11 May 2011 1326 EDT

Problems

Chronic:

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Acute bronchitis

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by OWENS, DERRICK M @ 11 May 2011 1307 EDT

Reason For Appointment: follow up on severe back pain

Allergen information verified by OWENS, DERRICK M @ 11 May 2011 1307 EDT

Vitals

Vitals Written by OWENS, DERRICK M @ 11 May 2011 1307 EDT

BP: 132/85, HR: 106, RR: 18, T: 99.1 °F, HT: 65.5 in, WT: 140 lbs, BMI: 22.94, BSA: 1.709 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 5/10 Moderate, Pain Scale Comments: back
Comments: 803-663-0863, Pt being seen for follow up

SO Note Written by REEVES, ALMA @ 11 May 2011 1450 EDT

History of present illness

The Patient is a 37 year old female.

She reported: Encounter Background Information: VISIT FOR : MEDICATION INJECTION. PT IDENTIFIED BY NAME & DOB. PT REPORTS PAIN 5/10. ADMINISTERED TORADOL 60 MG DEEP IM INJECTION VIA RIGHT GLUTEAL at 1415. PT TOLERATED WELL, NO COMPLAINTS. LOT # 98-375-DK. EXP. 1 DEC 2012. EXPLAINED SIDE EFFECTS AND INSTRUCTED PATIENT TO RETURN IF ADVERSE SIGNS OR SYMPTOMS OCCUR. PATIENT ADVISED TO REMAIN IN CLINIC FOR 20 MINUTES FOLLOWING INJECTION. PATIENT VERBALIZED UNDERSTANDING.

SO Note Written by DILLARD, LARRY @ 11 May 2011 1830 EDT

Chief complaint

The Chief Complaint is: LOW BACK PAIN CONTINUES AFTER BEING HURT ON HER JOB—SHE TELLS ME THAT SHE HAS SOME IMPROVEMENT AND SHE IS HAVING SOME CONSTIPATION SECONDARY TO THE PERCOCET. SHE IS HAVING

Name/SSN: WHITE, SARAH E/065581334

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm. MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-599) UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

11 May 2011 1303

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

DIFFICULTIES GETTING INTO HER PAIN CLINIC AND GETTING HER PHONE CALLS RETURNED. I AM SENDING HER TO A NEW PAIN CLINIC TODAY.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Neck symptoms: No neck pain.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed * Chest was normal to percussion * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Musculoskeletal system:

Leg (Below Knee):

General/bilateral: * No localized swelling of the leg.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Last updated by REEVES, ALMA @ 11 May 2011 1454 EDT

1. HERNIATED DISC (L4 - L5)Procedure(s):Medication(s):

-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4

-MAGNESIUM CITRATE (CITROMA)-PO SOLN - DRINK ENTIRE BOTTLE AT ONE SITTING #300

RF0 Qt: 300 Rf: 0

-LACTULOSE (CEPHULAC)-PO 10GM/15ML SYRP - T 1 TO 3 TABLESPOONS FULL IN 1/2 CUP OF LIQUID DAILY #800 RF1 Qt: 800 Rf: 1

-Referred To: MACH PAIN CLINIC (Routine) Specialty: ANESTHESIOLOGY Clinic: Primary Diagnosis. Herniated disc (L4 - L5)

Consult(s):2. CONSTIPATIONProcedure(s):Medication(s):

-Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS PA-C DILLARD

-LACTULOSE (CEPHULAC)-PO 10GM/15ML SYRP - T 1 TO 3 TABLESPOONS FULL IN 1/2 CUP OF LIQUID DAILY #800 RF1 Qt: 800 Rf: 1

-MAGNESIUM CITRATE (CITROMA)-PO SOLN - DRINK ENTIRE BOTTLE AT ONE SITTING #300

RF0 Qt: 300 Rf: 0

-HYDROCODONE/APAP(VICODIN)-PO 5MG/500MG - T 1 TAB PO THREE TO FOUR TIMES PER DAY #30 RF0 Qt: 30 Rf: 0

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

50

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

11 May 2011 1303

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

-INDOMETHACIN (INDOCIN EQ)-PO 50MG CAP - T 1 PO TID #90 RFO Qt: 90 Rf: 0

Disposition Written by DILLARD, LARRY @ 11 May 2011 1835 EDT

Immediate Referral - Referred to: MACH PAIN CLINIC

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED RED LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 11 May 2011 1912

CHANGE HISTORY

The following A/P Note Was Overwritten by REEVES, ALMA @ 11 May 2011 1454 EDT:

A/P section was last updated by REEVES, ALMA @ 11 May 2011 1454 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD, LARRY @ 11 May 2011 1404 EDT.

1. Herniated disc (L4 - L5)

Medication(s):

-MAGNESIUM CITRATE (CITROMA)-PO SOLN - DRINK ENTIRE BOTTLE AT ONE SITTING #300 RFO Qt: 300 Rf: 0

-LACTULOSE (CEPHULAC)-PO 10GM/15ML SYRP - T 1 TO 3 TABLESPOONS FULL IN 1/2 CUP OF LIQUID DAILY #800 RF1 Qt: 800 Rf: 1

-Referred To: MACH PAIN CLINIC (Routine) Specialty: ANESTHESIOLOGY Clinic: Primary Diagnosis: Herniated disc (L4 - L5)

Consult(s):

2. CONSTIPATION

Procedure(s):

-Dr Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS PA-C DILLARD

-LACTULOSE (CEPHULAC)-PO 10GM/15ML SYRP - T 1 TO 3 TABLESPOONS FULL IN 1/2 CUP OF LIQUID DAILY #800 RF1 Qt: 800 Rf: 1

Medication(s):

-MAGNESIUM CITRATE (CITROMA)-PO SOLN - DRINK ENTIRE BOTTLE AT ONE SITTING #300 RFO Qt: 300 Rf: 0

-HYDROCODONE/APAP(VICODIN)-PO 5MG/500MG - T 1 TAB PO THREE TO FOUR TIMES PER DAY #30 RFO Qt: 30 Rf: 0

-INDOMETHACIN (INDOCIN EQ)-PO 50MG CAP - T 1 PO TID #90 RFO Qt: 90 Rf: 0

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN 30/250473642

Tel H 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 3 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 13 May 2011 0708 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: T-CON*
Provider: DILLARD, LARRY

Patient Status: Outpatient

Call Back Phone: (803)-633-0863

Reason for Telephone Consult: need pain clinic referral

AutoCites Refreshed by DILLARD, LARRY @ 13 May 2011 0709 EDT

Problems

Chronic:

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Constipation
- Acute bronchitis

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
HYDROCODONE BIT/ACETAMINOPHEN, 5 MG-500MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH 3 TO 4 TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

A/P Written by DILLARD, LARRY @ 13 May 2011 0714 EDT

I. Herniated disc (L4 - L5)

Consult(s):

-Referred To: MACH PAIN CLINIC (Routine) Specialty: ANESTHESIOLOGY Clinic: Primary Diagnosis: Herniated disc (L4 - L5)

Disposition Written by DILLARD, LARRY @ 13 May 2011 0716 EDT

Follow up: as needed with PCM. - Comments: MED REC LIST TO PT

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 13 May 2011 0717

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCar: N4J USN FAM MBR AD
MC Status: No
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH
Patient Status: Outpatient

Date: 18 May 2011 1547 EDT
Clinic: MACH ORTHOPEDIC CLINIC

Appt Type: EST
Provider: SNELL, JAMES G

Reason for Appointment: back brace

A/P Last Updated by SNELL, JAMES G @ 18 May 2011 1607 EDT

1. Brace: assisted patient with proper fitting and wear and instructed patient on care and maintenance of the orthopedic apparatus.
Procedure(s): -LO, FLX, LUMBR SUPP, PST XTENDS, L-1 L-5 VERTEBRA, PREFAB, FIT&ADJ x 1

Disposition Last Updated by SNELL, JAMES G @ 18 May 2011 1607 EDT

Released w/o Limitations

Follow up: as needed with PCM.

Signed By SNELL, JAMES G (Physician/Workstation) @ 18 May 2011 1610

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 1

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH
Patient Status: Outpatient

Date: 18 May 2011 1822 EDT
Clinic: MACH IMMEDIATE CARE CLINIC
Appt Type: ACUT
Provider: HOLT, BRADLEY K

Reason for Appointment: 37yo F c/o Upper and lower back pain x 2 hrs

AutoCites Refreshed by FULKMAN, MATTHEW @ 18 May 2011 1824 EDT

Problems

Chronic:

- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
HYDROCODONE BIT/ACETAMINOPHEN, 5 MG-500MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH 3 TO 4 TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by FULKMAN, MATTHEW @ 18 May 2011 1825 EDT

Reason For Appointment: 37yo F c/o Upper and lower back pain x 2 hrs

Allergen information verified by FULKMAN, MATTHEW @ 18 May 2011 1825 EDT

LMP: 16 Oct 2010. Date Basis: unknown.

Vitals

Vitals Written by LOBBAN, LEEROY S @ 18 May 2011 2026 EDT

BP: 125/81, HR: 118, RR: 18, T: 100.7 °F Oral, SpO₂ 98%, Pain Scale: 8/10 Severe, Pain Scale Comments: back

Vitals Written by ANDERSON, RICHARDSON, JESSICA S @ 18 May 2011 1923 EDT

BP: 138/88, HR: 132, RR: 18, SpO₂ 98%, Pain Scale: 10/10 Totally Disabling.

Pain Scale Comments: BACK PAIN

Vitals Written by FULKMAN, MATTHEW @ 18 May 2011 1825 EDT

BP: 138/81, HR: 137, RR: 18, T: 98.7 °F, HT: 65 in, WT: 140 lbs, SpO₂ 100%, BMI: 23.3,

BSA: 1.7 square meters, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 10/10 Totally Disabling. Pain Scale Comments: back pain

SO Note Written by WOLFORD, WESLEY F @ 18 May 2011 1844 EDT

History of present illness.

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624; 1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

18 May 2011 1824

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HOLT, BRADLEY K

The Patient is a 37 year old female. Source of patient information was patient.
CO CHRONIC LWR BACK PAIN , AGGRIVATED EARLY TODAY.

Triage Category

Time: 1800

By: WW

☐ I Emergent☐ II Urgent☒ III Non-Urgent☐ IV Routine.Therapy

- Transportation to a hospital Arrived In Wheelchair at Emergency Department and in a private vehicle.

SO Note Written by HOLT, BRADLEY K @ 18 May 2011 1851 EDTHistory of present illness

The Patient is a 37 year old female.
37-year-old female with past medical history significant for lumbar disc disease and herniated disc. The patient reports that she was in her usual health and while at work a fellow work mate shook the back of her chair causing her to experience significant lumbar spasms and upper thoracic discomfort. She has been seeing in the past and treated with Toradol with good results.

Back pain with muscle spasms Back pain.

Gait abnormality.

Current medication

Current medications reviewed and reconciled.

Past medical/surgical historyReported History:

Medical: Reported medical history: Reviewed

Surgical / procedural: Surgical / procedural history: Reviewed

Personal history

Social history: Reviewed

Behavioral history: No tobacco use.

Alcohol: Not using alcohol.

Review of systems

Musculoskeletal symptoms: No lower back pain radiating.

Neurological symptoms: No numbness of the legs.

Physical findingsVital signs:

• Temperature: Reviewed. • RR: Reviewed. • PR: Reviewed. • SBP: Reviewed.

General appearance:

• Oriented to time, place, and person. • Well developed. • Well nourished. • In no acute distress.

Lungs:

• Clear to auscultation. • No wheezing was heard. • No rhonchi were heard. • No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: • Normal.

Heart Sounds: • S1 normal. • S2 normal. • No S3 heard. • No S4 heard. • No gallop was heard. • No pericardial friction rub heard.

Murmurs: • No murmurs were heard.

Edema: • Not present.

Back:

• Muscle spasm.

Musculoskeletal system:Thoracolumbar Spine:

General/bilateral • Thoracolumbar spine demonstrated tenderness on palpation. • Thoracolumbar spine pain was elicited by motion

Lumbar / Lumbosacral Spine:

General/bilateral: • Lumbosacral spine exhibited muscle spasms.

Neurological:

Gait And Stance: • Abnormal Altered gait secondary to lower and thoracic back pain.

Psychiatric Exam:

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm. MACH OUTPT REC RM -

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 2 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

18 May 2011 1824

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HOLT, BRADLEY K

Mood: * Euthymic.

Affect: * Normal.

A/P Last updated by HOLT, BRADLEY K @ 18 May 2011 2042 EDT

1. DISCITIS LUMBAR: The patient reports that her symptoms have improved with Toradol and Robaxin. I will discharge with Toradol and Robaxin. The patient has Lorfab at home. She is followed by Carolina pain management I will defer long-term management to them

The patient refuses p.o. Toradol and Flexeril as she has medications at home. I will have her return to see her primary care physician tomorrow for radiology impression, PT consult if needed versus neurology consult. I gave her 2-3 days off from work. A MRI may be indicated. However, I would have the patient seen at Carolina pain Center if an appointment can be made.

The patient was capable of ambulating out of the clinic and reported that her symptoms had improved but was extremely upset about the event at work that caused her pain.

The patient was instructed that she was not allowed to drive home. She stated that she would arrange a ride.

Radiology(ies): -MACH T-SPINE, AP/LAT (ASAP) Ordered By: LOBBAN, LEEROY S Ordering Provider: PETERSON, JAMES L Impression: 37 y/o female with upper and lower back pain/

2. midback pain: 9The patient is reporting new thoracic back pain. I will check a T-spine and have her followup with primary care physician tomorrow for radiology impression.

3. HERNIATED INTERVERTEBRAL DISC LUMBAR

Radiology(ies): -MACH T-SPINE, AP/LAT (ASAP) Ordered By: LOBBAN, LEEROY S Ordering Provider: PETERSON, JAMES L Impression: 37 y/o female with upper and lower back pain/

Disposition Written by HOLT, BRADLEY K @ 18 May 2011 2043 EDT

Sick at Home / Quarters - for 72 Hours

Follow up: with PCM. - Comments: Followup with primary care physician. Patient placed on callback list.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by ANDERSON, RICHARDSON, JESSICA S @ 18 May 2011 1920 EDT

NURSING

MED ADMIN

1907: NAME, DOB AND ALLERGIES VERIFIED. STATES ALLERGIES TO SEPTRA AND KEFLEX STATES HAS ANAPHYLAXIS REACTION. GIVEN TORODAL 60MG AND ROBAXIN 500MG IM IN LEFT GULTEAL. WELL TOLERATED

Note Written by LOBBAN, LEEROY S @ 18 May 2011 1954 EDT

Nursing

rad

1948 Pt to xray via w/c.

Note Written by LOBBAN, LEEROY S @ 18 May 2011 2024 EDT

Nursing

rad

2023 Pt returned from xray via w/c. VS 125/81, 118, 18, 100.7 SaO2 98%. Pain 8/10.

Note Written by LOBBAN, LEEROY S @ 18 May 2011 2038 EDT

Nursing

d/c

2038 Pt discharged by provider to f/u with PCM in am for rad impression and re-evaluate back pain. Pt refused toradol, but has Rx from elsewhere. Pt verbalized understanding of d/c instructions. pain 8/10 Pt ambulated from clinic slowly and guardedly, but without difficulty.

Signed By HOLT, BRADLEY K (Physician/Workstation) @ 18 May 2011 2043

CHANGE HISTORY

The following A/P Note Was Overwritten by HOLT, BRADLEY K @ 18 May 2011 2042 EDT.

A/P section was last updated by HOLT, BRADLEY K @ 18 May 2011 2042 EDT - see above. Previous Version of A/P section was entered/updated by LOBBAN, LEEROY S @ 18 May 2011 1943 EDT.

1. DISCITIS LUMBAR: The patient reports that her symptoms have improved with Toradol and Robaxin. I will discharge with Toradol and Robaxin. The patient has Lorfab at

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F	Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
DOB: 21 Mar 1974	Tel H: 803-633-0863	Rank: PETTY OFFICER SECOND CLASS
PCat: N41 USN FAM MBR AD	Tel W:	Unit: N61912 (NOSC COLUMBIA SC)
MC Status:	CS:	Outpt Rec. Rm: MACH OUTPT REC RM
Insurance: No	Status:	PCM: DILLARD, LARRY
		Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 3 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

18 May 2011 1824

Facility: 20th Medical Group Clinic: MACH Immediate Care Clinic Provider: HOLT, BRADLEY K

home She is followed by Carolina pain management I will defer long-term management to them

Radiology(ies):

-MACH T-SPINE, AP/LAT (ASAP) Ordered By LOBBAN, LEEROY S Ordering Provider: PETERSON, JAMES L Impression: 37 y/o female with upper and lower back pain/

2. midback pain: The patient is reporting new thoracic back pain. I will check a T-spine and have her followup with primary care physician tomorrow for radiology impression. The following A/P Note Was Overwritten by LOBBAN, LEEROY S @ 18 May 2011 1943 EDT:

A/P section was last updated by LOBBAN, LEEROY S @ 18 May 2011 1943 EDT - see above. Previous Version of A/P section was entered/updated by HOLT, BRADLEY K @ 18 May 2011 1940 EDT

1. DISCITIS LUMBAR: The patient reports that her symptoms have improved with Toradol and Robaxin. I will discharge with Toradol and Robaxin. The patient has Lortab at home. She is followed by Carolina pain management I will defer long-term management to them

2. midback pain: The patient is reporting new thoracic back pain. I will check a T-spine and have her followup with primary care physician tomorrow for radiology impression.

The following Allergy was Added: <CHCS IEMDESC>:14071006SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRI) by FULKMAN, MATTHEW @ 18 May 2011 1824 EDT

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 4 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 19 May 2011 1600 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 19 May 2011 1301 EDT

Problems

Chronic:

- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
KETOROLAC TROMETHAMINE, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN	NR	18 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
KETOROLAC TROMETHAMINE, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
HYDROCODONE BIT/ACETAMINOPHEN, 5 MG-500MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH 3 TO 4 TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by PARKERSTEWART, ERICA @ 19 May 2011 1254 EDT

Allergen information verified by PARKERSTEWART, ERICA @ 19 May 2011 1253 EDT

LMP: 16 Oct 2010. Date Basls: unknown.

Vitals

Vitals Written by REEVES, ALMA @ 19 May 2011 1538 EDT

BP: 124/79, HR: 100

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Tel H: 803-633-0863
Tel W
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel PCM: 751-1624:1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

19 May 2011 1247

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Vitals Written by PARKERSTEWART, ERICA @ 19 May 2011 1254 EDT

BP: 142/80, HR: 129, RR: 18, T: 98.8 °F, HT: 65.5 in, WT: 132 lbs, BMI: 21.63, BSA: 1.667 square meters, Tobacco Use: No, Alcohol Use: No,

Pain Scale: 8/10 Severe, Pain Scale Comments: back neck

Comments: 803-633-0863

SO Note Written by DILLARD, LARRY @ 19 May 2011 1301 EDTChief complaint

The Chief Complaint is: AGGRAVATED LOW BACK PAIN THAT OCCURED WHEN THE UNIT SECRETARY STARTED SHAKING AND MOVING HER AROUND WHILE SHE WAS SITTING IN A CHAIR ON 5/18/11. SHE WAS TREATED IN THE FT JACKSON URGENT CARE CENTER AND SHE WAS TOLD TO F/U WITH ME TODAY. SHE IS HERE IN PAIN--SHE INITIALLY INJURED HER BACK LIFTING A PATIENT AT WORK ON 3/14/11. SHE HAS AND SHE IS CURRENTLY ON MEDICATION AND ALTERED OR LIGHT DUTY WORK WITH A COPY OF HE LIMITATIONS LIST ON THE FORM THAT SHE TURNED IN TO HER EMPLOYER.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Shoulder symptoms lower back pain which is excruciating, radiating, is chronic, and is intermittent. No back stiffness, no clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

SO Note Written by REEVES, ALMA @ 19 May 2011 1537 EDTHistory of present illness

The Patient is a 37 year old female.

She reported: Encounter Background Information: PROCEDURE-IV FLUIDS.

Patient identified by name and DOB. Verbal consent obtained. Procedure was explained to patient and patient verbalized understanding. 2ND LITER OF L/R HUNG @ 1530 Site is patent and plowing. No erythema or s/s of infiltration at IV site noted

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM, DILLARD, LARRY

Insurance: No

Tel. PCM. 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 2 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

19 May 2011 1247

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

A/P Last updated by DILLARD, LARRY @ 19 May 2011 1655 EDT1. HERNIATED INTERVERTEBRAL DISC LUMBAR

Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM AND ROBAXAN 1000 MG IM-THANKS, PA-C DILLARD
 -INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4
 -INJECTION, METHOCARBAMOL, UP TO 10 ML x 1
 -IV Infusion For Hydration Each Additional Hour x 1 - 1L LR IV-THANKS, PA-C DILLARD
 -IV Infusion For Hydration 31 Minutes To 1 Hour x 1 - 1 L BOLUS OF LR IV-THANKS PA-C DILLARD
 Medication(s): -PREDNISONE DS 10MG 12-DAY*DOSEPACK*-PO 1 - TAKE AS DIRECTED IN PACKAGE #1 Rf0
 Qt: 1 Rf: 0

2. lower back pain

3. rapid breathing

Procedure(s): -IV Infusion For Hydration 31 Minutes To 1 Hour x 1 - 1 L BOLUS OF LR IV-THANKS PA-C DILLARD
 -IV Infusion For Hydration Each Additional Hour x 1 - 1L LR IV-THANKS, PA-C DILLARD

Disposition Written by DILLARD, LARRY @ 19 May 2011 1655 EDT

Sick at Home / Quarters - for 72 Hours

Follow up: as needed in 3 day(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by SMITH, NATASHA M @ 19 May 2011 1408 EDT

Patient identified by name and date of birth. Verified allergies- not allergic to Robaxin or Ketorolac. Patient rate 8 on pain scale of 0 - 10. Administered Ketorolac 60 mg / Robaxin 5 ml given IM to left buttock. Robaxin 5 ml given IM to right buttock by Alma Reeves LPN. Pressure dressing applied to both sites. Tolerated well.

ketorolac - lot 96-375-DK / 1 Dec 2012

robaxin - 100317 / 10/2012

Note Written by SMITH, CAROL A @ 19 May 2011 1536 EDT

Nursing

Pt verbalizing correct verification prior to #20g needle insertion into lt wrist without incidence x1 successful attempt. 1 liter LR connected for bolus at 1430.

Note Written by REEVES, ALMA @ 19 May 2011 1634 EDT

nursing

lv infused and 22 gauge cath removed after infusion completed. Tolerated well.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 19 May 2011 1655

CHANGE HISTORYThe following A/P Note Was Overwritten by DILLARD, LARRY @ 19 May 2011 1655 EDT.

A/P section was last updated by DILLARD, LARRY @ 19 May 2011 1655 EDT - see above. Previous Version of A/P section was entered/updated by REEVES, ALMA @ 19 May 2011 1536 EDT.

1. HERNIATED INTERVERTEBRAL DISC LUMBAR

Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM AND ROBAXAN 1000 MG IM-THANKS, PA-C DILLARD
 -INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4
 -INJECTION, METHOCARBAMOL, UP TO 10 ML x 1
 Medication(s): -PREDNISONE DS 10MG 12-DAY*DOSEPACK*-PO 1 - TAKE AS DIRECTED IN PACKAGE #1 Rf0 Qt: 1 Rf: 0

2. lower back pain

3. rapid breathing

Procedure(s): -IV Infusion For Hydration 31 Minutes To 1 Hour x 1 - 1 L BOLUS OF LR IV-THANKS PA-C DILLARD
 -IV Infusion For Hydration Each Additional Hour x 1

The following A/P Note Was Overwritten by REEVES, ALMA @ 19 May 2011 1619 EDT.

A/P section was last updated by REEVES, ALMA @ 19 May 2011 1619 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD, LARRY @ 19 May 2011 1333 EDT

1. HERNIATED INTERVERTEBRAL DISC LUMBAR

Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM AND ROBAXAN 1000 MG IM-THANKS, PA-C DILLARD
 Medication(s): -PREDNISONE DS 10MG 12-DAY*DOSEPACK*-PO 1 - TAKE AS DIRECTED IN PACKAGE #1 Rf0 Qt: 1 Rf: 0

2. lower back pain

3. rapid breathing

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Outpt Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 3 of 4

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

19 May 2011 1247

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Procedure(s): -IV Infusion For Hydration 31 Minutes To 1 Hour x 1 - 1 L BOLUS OF LR IV-THANKS PA-C DILLARD

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status
Insurance: No

Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624,1111

61

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 4 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH
Patient Status: Outpatient

Date: 20 May 2011 1501 EDT
Clinic: MACH ORTHOPEDIC CLINIC

Appt Type: EST
Provider: SNELL, JAMES G

Reason for Appointment: back brace

LMP: 18 Oct 2010. Date Basis: unknown.

A/P Last Updated by SNELL, JAMES G @ 20 May 2011 1513 EDT

1. Brace: assisted patient with proper fitting and wear and instructed patient on care and maintenance of the orthopedic apparatus.
Procedure(s): -LO, FLX, LUMBR SUPP, PST XTENDS, L-1 L-5 VERTEBRA, PREFAB, FIT&ADJ x 1

Disposition Last Updated by SNELL, JAMES G @ 20 May 2011 1514 EDT

Released w/o Limitations

Follow up: as needed with PCM.

Signed By SNELL, JAMES G (Physician/Workstation) @ 20 May 2011 1519

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624, 1111

62

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 25 May 2011 1717 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 25 May 2011 1719 EDT

Problems

Chronic:

- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Prednisone 10mg, (Sterapred 12-Day Unipak), Tablet, Oral	Active	TAKE AS DIRECTED IN PACKAGE	NR	19 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

LMP: 16 Oct 2010. Date Basis: unknown.

Vitals

Vitals Written by DILLARD, LARRY @ 25 May 2011 1719 EDT

BP: 136/84, HR: 100, RR: 20, T: 98.4 °F, HT: 65.5 in, WT: 132 lbs, BMI: 21.63, BSA: 1.667 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 7/10 Severe

SO Note Written by DILLARD, LARRY @ 25 May 2011 1722 EDT

Chief complaint

The Chief Complaint is. HAVING SOME INSOMNIA AND ANXIETY SECONDARY TO FRUSTRATION LOW BACK PAIN THAT IS HEELING VERY SLOWLY.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Anxiety. No hostility, no emotional lability, and no depression. Insomnia. Normal enjoyment of activities, no energy, no dangerous thoughts reported, no abnormal thoughts reported, no change in thought patterns, no personality-related complaints, no

Name/SSN: WHITE, SARAH E/065581334

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Output Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624.1111

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579) UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 2

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

25 May 2011 1719

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

behavioral complaints, and not being in too much discomfort to answer questions.

Visit is not deployment-related. No fever and no chills. No headache. No myalgias.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Pulmonary symptoms: Not sleeping upright or with extra pillows.

Physical findings

Vital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged

Lungs:

* No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Abdomen:

Palpation: * No abdominal tenderness.

Psychiatric Exam:

* Psychiatric Exam:

Mood: * Dysthymic. * Anxious. * Not happy. * Not empty. * Not frustrated. * Not depressed. * Not fearful. * Not irritable.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Written by DILLARD, LARRY @ 25 May 2011 1729 EDT

1. anxiety

2. insomnia

Medication(s):

-HYDROXYZINE PAMOATE 50MG CAPS (VISTARIL) - T 1 TI 2 TAB PO QHS FOR SLEEP #60 RF0
Qt: 60 Rf: 0

-LORAZEPAM (ATIVAN)-PO 1MG TAB - T 1/2 TO 1 TAB PO BID #30 RF0 Qt: 30 Rf: 0

Disposition Written by DILLARD, LARRY @ 25 May 2011 1850 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIS TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 25 May 2011 1850

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642

DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD

MC Status:

Insurance: No

Sex: F

Tel H: 803-633-0863

Tel W:

CS:

Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

Rank: PETTY OFFICER SECOND CLASS

Unit: N61912 (NOSC COLUMBIA SC)

Outpt Rec. Rm: MACH OUTPT REC RM

PCM: DILLARD, LARRY

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 2 of 2

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 26 May 2011 1239 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 26 May 2011 1240 EDT

Problems

Chronic:

- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Prednisone 10mg, (Sterapred 12-Day Unipak), Tablet, Oral	Active	TAKE AS DIRECTED IN PACKAGE	NR	19 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

LMP: 16 Oct 2010. Date Basis: unknown.

Vitals

Vitals Written by DILLARD, LARRY @ 26 May 2011 1240 EDT

BP: 134/84, HR: 98, RR: 18, T: 98.6 °F, HT: 65 in, WT: 132 lbs, BMI: 21.96, BSA: 1.658 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 7/10 Severe

SO Note Written by DILLARD, LARRY @ 26 May 2011 1241 EDT

Chief complaint

The Chief Complaint is: SHE IS HERE TODAY TO F/U WITH LOW BACK PAIN THAT HAS GOTTEN WORSE -TODAY SHE HAS AN ABNORMAL GAIT WITH MORE PAIN THAN USUAL-SHE ALSO HAS TINGLING GOING RIGHT ARM-SHE JUST FINISHED A VISIT WITH HER NEUROSURGEON TODAY.

History of present illness

The Patient is a 37 year old female.

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status
Insurance: No

Tel H: 803-633-0863
Tel W
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Output Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

65

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

26 May 2011 1239

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

She reported: Past medical history reviewed and medication list reviewed with patient.
 Lower back pain radiating to the legs and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No earache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findings

Vital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

* Neck:

Appearance: * Of the neck was normal.

Palpation: * Of the neck revealed no abnormalities.

Suppleness: * Neck demonstrated no decrease in suppleness.

Maneuvers: * Neck maneuvers elicited no abnormal responses.

Weakness: * No neck weakness was seen.

Hyoid Bone: * Showed no abnormalities.

Thyroid Cartilage: * Showed no abnormalities.

Cricoid Cartilage: * Showed no abnormalities.

Trachea: * Showed no abnormalities.

Thyroid: * Showed no abnormalities.

Cervical Mass (___cm): * No cervical mass was seen.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen. * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

* Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed * No rhonchi were heard * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal

A/P Written by DILLARD, LARRY @ 27 May 2011 1032 EDT

1. HERNIATED INTERVERTEBRAL DISC LUMBAR

Consult(s):

-Referred To: MACH PHYSICAL THERAPY (Routine) Specialty: THERAPY, PHYSICAL Clinic: MACH PHYSICAL THERAPY Primary Diagnosis: HERNIATED INTERVERTEBRAL DISC LUMBAR Order Date: 05/27/2011 09:47

-Referred To: MACH NEUROLOGY (Routine) Specialty: NEUROLOGY Clinic: Primary Diagnosis: HERNIATED INTERVERTEBRAL DISC LUMBAR Order Date: 05/27/2011 10:25

2. SCIATICA

3. walk is wobbly or unsteady (ataxia) [Sx]

Medication(s):

-OXYCODONE (PERCOCET EQ)-PO 5MG/325MG TA - T1 TAB PO Q4-6H PRN FP #40 RFO QT: 40 Rf: Q

-METHOCARBAMOL (ROBAXIN EQ)-PO 500MG TAB - T 1 TAB PO QID #90 RFO QT: 90 Rf: 0

-INDOMETHACIN (INDOCIN EQ)-PO 50MG CAP - TT FOR BACK #90 RFO QT: 90 Rf: 0

Disposition Written by DILLARD, LARRY @ 27 May 2011 1033 EDT

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
 DOB: 21 Mar 1974
 PCAL: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Sex: F
 Tel H: 803-633-0863
 Tel W:
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD, LARRY
 Tel. PCM: 751-1624;1111

66

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579) UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

26 May 2011 1239

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Immediate Referral - Referred to: MACH PT CLINIC AND NEUROLOGY

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments:

NO WORK UNTIL 6/13/11

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 27 May 2011 1034

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F
DOB: 21 Mar 1974	Tel H: 803-633-0863
PCat: N41 USN FAM MBR AD	Tel W:
MC Status:	CS:
Insurance: No	Status:

Sponsor/SSN:	WHITE, TERRELL ANTOINE/250473642
Rank:	PETTY OFFICER SECOND CLASS
Unit:	N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm:	MACH OUTPT REC RM
PCM:	DILLARD, LARRY
Tel. PCM:	751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARETHIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579) UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW, VIOLATORS WILL BE PROSECUTEDSTANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 3 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 31 May 2011 0905 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 31 May 2011 0906 EDT

Problems

Chronic:

- Ataxia
- Sciatica
- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE TIMES DAILY FOR BACK PAIN	NR	26 May 2011
OXYCODONE HCL/ACETAMINOPHEN, 5MG-325MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY	NR	26 May 2011
LORAZEPAM, 1 MG, TABLET, ORAL	Active	TAKE ONE-HALF TO 1 TABLET BY MOUTH TWICE A DAY	NR	26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS BY MOUTH EVERY NIGHT FOR SLEEP	NR	26 May 2011
Prednisone 10mg, (Sterapred 12-Day Unipak), Tablet, Oral	Active	TAKE AS DIRECTED IN PACKAGE	NR	19 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

LMP: 16 Oct 2010. Date Basis: unknown.

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

31 May 2011 0905

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

VitalsVitals Written by DILLARD, LARRY @ 31 May 2011 1155 EDT

BP: 123/79, HR: 80, RR: 18, T: 99.2 °F, HT: 65.5 in, WT: 140 lbs, BMI: 22.94, BSA: 1.709 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 6/10 Moderate

SO Note Written by DILLARD, LARRY @ 31 May 2011 1116 EDTChief complaint

The Chief Complaint is: CONTINUED LOW BACK PAIN SINCE SHE WAS INJURED LIFTING A PATIENT ON HER JOB ON 3/14/11. SHE IS CURRENTLY ON BED REST AND SHE IS UNABLE TO WORK AT THIS TIME. SHE CONTINUES TO HAVE SCIATICA TYPE SYMPTOMS WITH AN ANTALGIC GAIT. THE LONGEVITY OF HER PAIN AND THE RE-INJURY THAT WAS CAUSE BY THE UNIT SECRETARY PULLING HER AROUND IN A CHAIR AT WORK CAUSED THE PAIN TO INTENSIFY AND IT HAS CAUSED HER TO DEVELOP ANXIETY WITH MUSCLE WEAKNESS, JOINT PAIN, GENERALIZED EDEMA, WEIGHT GAIN, FRUSTRATION, ANGER AND HEART PALPATATIONS AS WELL. SHE ALSO HAS WHITE MATTER ON HER TONGUE FOR SEVERAL DAYS THAT SEEM TO BE C/W THE APPEARANCE OF ORAL THRUSH. IT IS MY MEDICAL OPINION THAT THIS WAS PERSPIRATED BY THE USE OF PREDNISONE THAT SHE HAD TO TAKE. HER MEDICATIONS AT THIS TIME ARE PERCOCET, ROBAXAN, ATAVAN, INDOCIN AND NEURONTIN.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain radiating to the legs, is intermittent, and unchanged. No back stiffness, no clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Rash:

Visit is not deployment-related. No fever and no chills. No headache. No earache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findings

Vital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * No external auditory canal ceruminous discharge

Tympanic Membrane: * Not erythematous. * Not opacified.

Middle Ear: * No middle ear fluid.

Nose:

General/bilateral:

Nasal Discharge: * No nasal discharge seen.

Cavity: * Nasal mucosa not pale, swollen, and edematous.

Sinus Tenderness: * No tenderness of maxillary sinus.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen. * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

31 May 2011 0905

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Psychiatric Exam:

* Psychiatric Exam: * No multiple distinct and complex personalities were observed.

Appearance: * Normal.

Characteristics Of Cry: * Cry had no abnormal characteristics.

Attitude: * Not abnormal.

Mood: * Dysthymic. * Pleasant. * Frustrated. * One of pain. * Fearful. * Anxious. * Concerned. * Irritable. * Not joyous. * Not happy. * Calm. * Not labile. * Not futile. * Not depressed. * Not angry.

Affect: * Normal.

Thought Processes: * Not impaired.

Thought Content: * Revealed no impairment.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Last Updated by DILLARD, LARRY @ 31 May 2011 1142 EDT

1. HERNIATED INTERVERTEBRAL DISC LUMBAR

Medication(s):

-NYSTATIN-PO 100,000UNITS/ML SUSP - T 1 TSP IN MOUTH Q 6 HR SWISH AND SWALLOW
FO 10 DAYS #220 RFO QT: 220 RF: 0

2. anxiety

3. diffuse joint pains (arthralgias)

Laboratory(ies):

-HERPES 1&2 AB TYPING PANEL (Routine); CBC MACH(SHAW NOT ALLOWED) (Routine);
RHEUMATOID FACTOR (Routine); ESR (Routine); ANTINUCLEAR ANTIBODY SCREEN (Routine);
COMPLEMENT BATTERY (C3 & C4) (Routine); HCG QN (Routine); URINALYSIS PANEL MACH
(Routine); B12/FOLATE PANEL (Routine); CHEMISTRY 3 (CA/MG/P) MACH (Routine); CHEM 7
MONCRIEF (Routine); CK-MB (Routine); CREATINE KINASE (Routine)

4. CANDIDIASIS ORAL THRUSH

Disposition Written by DILLARD, LARRY @ 31 May 2011 1158 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT —CONTINUE BED REST
AND MEDS X 1 WK

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 31 May
2011 1721

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974

PCat: N41 USN FAM MBR AD
MC Status:

Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 3 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 31 May 2011 1054 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: f/u

AutoCites Refreshed by DILLARD, LARRY @ 31 May 2011 1114 EDT

Problems

Chronic:

- Ataxia
- Sciatica
- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE TIMES DAILY FOR BACK	NR	26 May 2011
OXYCODONE HCL/ACETAMINOPHEN, 5MG-325MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY	NR	26 May 2011
LORAZEPAM, 1 MG, TABLET, ORAL	Active	TAKE ONE-HALF TO 1 TABLET BY MOUTH TWICE A DAY	NR	26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS BY MOUTH EVERY NIGHT FOR SLEEP	NR	26 May 2011
Prednisone 10mg, (Sterapred 12-Day Unipak), Tablet, Oral	Active	TAKE AS DIRECTED IN PACKAGE	NR	19 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by OWENS, DERRICK M @ 31 May 2011 1100 EDT

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

71

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 2

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

31 May 2011 1054

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Reason For Appointment: f/u

Allergen information verified by OWENS, DERRICK M @ 31 May 2011 1100 EDT

LMP: 16 Oct 2010. Date Basis: unknown.

VitalsVitals Written by OWENS, DERRICK M @ 31 May 2011 1100 EDTBP: 123/79, HR: 108, RR: 18, T: 99.2 °F, HT: 65.5 in, WT: 140 lbs, SpO₂: 98%, BMI: 22.94, BSA: 1.709 square meters, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 6/10 Moderate, Pain Scale Comments: back Comments: 803-633-0863, Pt being seen for follow upSO Note Written by DILLARD, LARRY @ 31 May 2011 1158 EDTChief complaint

The Chief Complaint is: PT SIGNDE IN X 2 BY ERROR

A/P Written by DILLARD, LARRY @ 31 May 2011 1200 EDT

1. visit for: administrative purpose

Disposition Written by DILLARD, LARRY @ 31 May 2011 1205 EDT

Released w/o Limitations

Follow up: as needed with PCM. - Comments: THIS PATIENT ENCOUNTER WAS CLOSED DUE TO THE PATIENT BEING SIGNED IN X 2 BY AN ADMINISTRATIVE ERROR-I DID NOT SEE THIS PATIENT ON THIS ENCOUNTER TODAY BUT I TREATED HER ON AN EARLIER ENCOUNTER TODAY

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 31 May 2011 1205

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F
DOB: 21 Mar 1974	Tel H: 803-633-0863
PCat: N41 USN FAM MBR AD	Tel W:
MC Status:	CS:
Insurance: No	Status:

Sponsor/SSN:	WHITE, TERRELL ANTOINE/250473642
Rank:	PETTY OFFICER SECOND CLASS
Unit:	N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm:	MACH OUTPT REC RM
PCM:	DILLARD, LARRY
Tel. PCM:	751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 2

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 02 Jun 2011 1750 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 02 Jun 2011 1752 EDT

Problems

Chronic:

- Ataxia
- Sciatica
- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Visit for: administrative purposes
- Oral thrush
- Arthralgias
- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Nystatin 100KU/mL, Suspension, Oral	Active	SWISH AND SWALLOW WITH NR 1 TEASPOONFUL IN MOUTH EVERY SIX HOURS		31 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE NR TIMES DAILY FOR BACK		26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH NR FOUR TIMES A DAY		26 May 2011
LORAZEPAM, 1 MG, TABLET, ORAL	Active	TAKE ONE-HALF TO 1 NR TABLET BY MOUTH TWICE A DAY		26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS NR BY MOUTH EVERY NIGHT FOR SLEEP		26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY NR SIX HOURS FOR MUSCLE SPASM		18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY NR MOUTH THREE TIMES A DAY		11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624,1111

73

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

02 Jun 2011 1750

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

LMP: 16 Oct 2010. Date Basis: unknown.

Vitals

Vitals Written by DILLARD, LARRY @ 02 Jun 2011 1926 EDT

BP: 128/80, HR: 86, RR: 20, T: 98.8 °F, HT: 65.5 in, WT: 140 lbs, BMI: 22.94, BSA: 1.709 square meters, Tobacco Use: Yes,
 Alcohol Use: Yes,
 Pain Scale: 5/10 Moderate

SO Note Written by DILLARD, LARRY @ 02 Jun 2011 1928 EDT

Chief complaint

The Chief Complaint is: CONTINUED LOW BACK PAIN WITH ANTALGIC GAIT AND CERVICAL RADICULOPATHY—INITIALLY INJURED LIFTING A PATIENT AT WORK ON 3/14/11. SHE WAS RE-INJURED BY THE UNIT SECRETARY SLINGING HER AROUND IN A CHAIR ON 5/18/11. SHE SEEM TO GET WORSE. SHE IS HOME WITH MEDS AND SHE WILL START PT CLING TOMORROW.

History of present illness

The Patient is a 37 year old female.
 She reported: Past medical history reviewed and medication list reviewed with patient.
 Lower back pain and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.
 Visit is not deployment-related. No fever and no chills. No headache. No earache.

Personal history

Social history reviewed.
 Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * No external auditory canal ceruminous discharge.

Tympanic Membrane: * Not erythematous. * Not opacified.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness * No mass on the back.

Abdomen:

Palpation: * No abdominal tenderness.

Splenic Findings: * Spleen was not enlarged.

Neurological:

* System:

Speech: * Normal.

Cranial Nerves: * Normal.

Balance: * Normal.

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

02 Jun 2011 1750

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Gait And Stance: * Normal.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Last Updated by DILLARD, LARRY @ 02 Jun 2011 1838 EDT

1. Lower back pain

2. Ataxia

Consult(s): -Referred To: MACH MRI (Routine) Specialty: RADIOLOGY Clinic: Primary Diagnosis: Ataxia

3. RADICULOPATHY

Medication(s): -KETOROLAC (TORADOL EQ)-PO 10MG TAB [PENDING PDTS] - T1 TAB TID WITH FOOD #15
RFO Qt 15 Rf: 0Consult(s): -Referred To: MACH MRI (Routine) Specialty: RADIOLOGY Clinic: Primary Diagnosis:
RADICULOPATHYDisposition Written by DILLARD, LARRY @ 02 Jun 2011 1942 EDT

Immediate Referral - Referred to: MACH MRI

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 03 Jun 2011 1200

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN. 30/250473642
DOB: 21 Mar 1974
PCar: N41 USN FAM MBR AD
MC Status:
Insurance: NoSex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 3 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH
Patient Status: Outpatient

Date: 06 Jun 2011 1348 EDT
Clinic: EKG

Appt Type: PROC
Provider: ROBINSON, DONNA B

Reason for Appointment: FHC

LMP: 16 Oct 2010. Date Basis: unknown.

SO Note Written by ROBINSON, DONNA B @ 06 Jun 2011 1407 EDT

Reason for Visit

Visit for: Diagnostic Testing: EKG.

A/P Written by ROBINSON, DONNA B @ 06 Jun 2011 1408 EDT

I. SINUS TACHYCARDIA

Procedure(s): -ECG 12-Lead With Interpretation And Report x 1

Disposition Written by ROBINSON, DONNA B @ 06 Jun 2011 1408 EDT

Released w/o Limitations

Signed By ROBINSON, DONNA B (Technician, 20th Medical Group) @ 06 Jun 2011 1408

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status: No
Insurance: No

Sex: F
Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

76

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 06 Jun 2011 0712 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment:

AutoCites Refreshed by DILLARD, LARRY @ 06 Jun 2011 0713 EDT

Problems Chronic: • Radiculopathy • Ataxia • Sciatica • Insomnia • Anxiety • Rapid breathing • Herniated lumbar disc • Lumbar discitis • Herniated disc (L4 - L5) • Hip joint pain • Lower back pain • Abdominal pain • Female pelvic pain Acute: • Visit for: administrative purposes • Oral thrush • Arthralgias • Midback pain • Brace • Constipation	Family History • Family medical history (General FHx) • No Family History of malignant neoplasm of the ovary (General FHx) • No Family History of malignant neoplasm of the uterus (General FHx) • No Family History of malignant carcinoma of the breast (General FHx)	Allergies • SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis • AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis • Iodine Containing Agents: Anaphylaxis • Penicillins: Anaphylaxis

Active Medications	Status	Sig	Refills Left	Last Filled
KETOROLAC TROMETHAMINE, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET THREE TIMES A DAY WITH FOOD	NR	03 Jun 2011
Nystatin 100KU/mL, Suspension, Oral	Active	SWISH AND SWALLOW WITH NR 1 TEASPOONFUL IN MOUTH EVERY SIX HOURS		31 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE TIMES DAILY FOR BACK	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH NR FOUR TIMES A DAY		26 May 2011
LORAZEPAM, 1 MG, TABLET, ORAL	Active	TAKE ONE-HALF TO 1 TABLET BY MOUTH TWICE A DAY	NR	26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS BY MOUTH EVERY NIGHT FOR SLEEP	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY	NR	11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABOR, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Name/SSN: WHITE, SARAH E/065581334

Sex: F
Tel H: 803-633-0863
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

77

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

06 Jun 2011 0713

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

LMP: 16 Oct 2010. Date Basis: unknown.

VitalsVitals Written by DILLARD, LARRY @ 06 Jun 2011 1310 EDT

BP: 113/74, HR: 117, RR: 20, T: 98.6 °F, HT: 65.5 in, WT: 140 lbs, BMI: 22.94, BSA: 1.709 square meters, Tobacco Use: Yes, Alcohol Use: Yes, Pain Scale: 5/10 Moderate

SO Note Written by REEVES, ALMA @ 06 Jun 2011 1353 EDTHistory of present illness

The Patient is a 37 year old female.

She reported: Encounter Background Information: VISIT FOR : MEDICATION INJECTION. PT IDENTIFIED BY NAME & DOB. PT REPORTS PAIN 7/10. ADMINISTERED TORADOL 60 MG DEEP IM INJECTION VIA LEFT GLUTEAL at 1340. PT TOLERATED WELL. NO COMPLAINTS. LOT # 02-106-DK. EXP. 1 FEB 2013. EXPLAINED SIDE EFFECTS AND INSTRUCTED PATIENT TO RETURN IF ADVERSE SIGNS OR SYMPTOMS OCCUR. PATIENT ADVISED TO REMAIN IN CLINIC FOR 20 MINUTES FOLLOWING INJECTION. PATIENT VERBALIZED UNDERSTANDING.

SO Note Written by DILLARD, LARRY @ 06 Jun 2011 1758 EDTChief complaint

The Chief Complaint is: CONTINUED LOW BACK PAIN FROM LIFTING A PT ON HER JOG 3/14/11 THAT HAS STARTED TO ENHANCE ANXIETY AND HEART PALPITATIONS -SHE WAS INITIALLY INJURED ON HER JOB AND SHE ALSO HAD A SECOND INJURY ON HER JOB WHEN THE UNIT SECRETARY STARTED PULLING HER ARPOUNF IN A CHAIR ON 5/15/18.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Ears:

General/bilateral:

External Auditory Canal: * No external auditory canal ceruminous discharge.

Tympanic Membrane: * Not erythematous. * Not opacified.

Nose:

General/bilateral:

Nasal Discharge: * No nasal discharge seen.

Cavity: * Nasal mucosa not pale, swollen, and edematous.

Sinus Tenderness: * No tenderness of maxillary sinus

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Pharynx:

Oropharynx: * Tonsils were not swollen. * Tonsils showed no exudate. * Posterior pharyngeal wall was not erythematous.

Lymph Nodes:

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F	Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
DOB: 21 Mar 1974	Tel H: 803-633-0863	Rank: PETTY OFFICER SECOND CLASS
PCat: N41 USN FAM MBR AD	Tel W:	Unit: N61912 (NOSC COLUMBIA SC)
MC Status:	CS:	Outpt Rec. Rm: MACH OUTPT REC RM
Insurance: No	Status	PCM: DILLARD, LARRY
		Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579) UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

06 Jun 2011 0713

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.
Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No mass on the back.

Abdomen:

Palpation: * No abdominal tenderness.
Hepatic Findings: * Liver was not enlarged.
Splenic Findings: * Spleen was not enlarged.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

Rad Result Cited by DILLARD,LARRY @ 06 Jun 2011 0714 EDT

WHITE, SARAH E 30/250-47-3642 37yo 21 Mar 1974 F
 ***** MACH L-SPINE SERIES, AP/LAT/L5-S1 SPOT *****
 POC Enc: #E12S6577 POC Fac: 20th Medical Group
 Status: Complete

Procedure: MACH L-SPINE SERIES, AP/LAT/L5-S1 SPOT
 Event Date: 30-Mar-2011 14:29:00
 Order Comment: NO BRIEF COMMENT
 Reason for Order: R/O BULGING DISC AND DJD
 Exam #: 11016044
 Exam Date/Time: 04-Apr-2011 12:24:00
 Transcription Date/Time: 04-Apr-2011 14:12:00
 Provider: DILLARD, LARRY
 Requesting Location: MACH FAMILY HEALTH CENTER MONCRIEF ARMY COMMUNITY HOSP
 Status: COMPLETE
 Result Code: SEE REPORT
 Interpreted By: DOHERTY, BRENDAN T
 Approved By: DOHERTY, BRENDAN T
 Approved Date: 04-Apr-2011 14:06:00
 Report Text:
 CHCS 11016044

Clinical History: Evaluate for bulging disc

FINDINGS: 3 views of the lumbar spine demonstrate 5 nonrib-bearing lumbar vertebra. Vertebral body height, mineralization, and alignment are normal. Intervertebral disc height maintained. No evidence for spondylolysis. The sacroiliac joints are symmetric in appearance.

IMPRESSION:

1. Normal plain film evaluation of the lumbar spine.

Name/SSN: WHITE, SARAH E/065581334

Sex: F
 FMP/SSN 30/250473642
 DOB: 21 Mar 1974
 PCat: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Tel H: 803-633-0863
 Tel W
 CS:
 Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD,LARRY
 Tel. PCM: 751-1624;1111

79

CHRONOLOGICAL RECORD OF MEDICAL CARE
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 3 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

06 Jun 2011 0713

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Rad Result Cited by DILLARD, LARRY @ 06 Jun 2011 0714 EDT

WHITE, SARAH E 30/250-47-3642 37yo 21 Mar 1974 F
 ***** MACH HIP, RT *****
 POC Enc: #E1256577 POC Fac: 20th Medical Group
 Status: Complete

Procedure: MACH HIP, RT
 Event Date: 30-Mar-2011 14:30:00
 Order Comment: NO BRIEF COMMENT
 Reason for Order: R/O DJD
 Exam #: 11016046
 Exam Date/Time: 04-Apr-2011 12:24:00
 Transcription Date/Time: 04-Apr-2011 14:07:00
 Provider: DILLARD, LARRY
 Requesting Location: MACH FAMILY HEALTH CENTER MONCRIEF ARMY COMMUNITY HOSP
 Status: COMPLETE
 Result Code: SEE REPORT
 Interpreted By: DOHERTY, BRENDAN T
 Approved By: DOHERTY, BRENDAN T
 Approved Date: 04-Apr-2011 14:04:00
 Report Text:
 CHCS 11016046

Clinical History: Evaluate for degenerative changes.

FINDINGS: AP view of the pelvis with hips internally rotated and a focused lateral view of the right hip demonstrate femoral heads which are normally located and smooth in contour. No abnormal areas of lucency or sclerosis. The pubic symphysis and pubic rami are intact. The sacroiliac joints are symmetric in appearance.

IMPRESSION:

1. Negative screening evaluation of the pelvis and right hip.
- If symptoms persist, recommend nuclear medicine bone scan.

Rad Result Cited by DILLARD, LARRY @ 06 Jun 2011 0714 EDT

WHITE, SARAH E 30/250-47-3642 37yo 21 Mar 1974 F
 ***** MACH T-SPINE, AP/LAT *****
 POC Enc: #E1256577 POC Fac: 20th Medical Group
 Status: Complete

Procedure: MACH T-SPINE, AP/LAT
 Event Date: 18-May-2011 19:44:00
 Order Comment: NO BRIEF COMMENT
 Reason for Order: y/o female with upper and lower back pain/

Name/SSN: WHITE, SARAH E/065581334

FMP/SSN: 30/250473642	Sex: F	Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
DOB: 21 Mar 1974	Tel H: 803-633-0863	Rank: PETTY OFFICER SECOND CLASS
PCat: N41 USN FAM MBR AD	Tel W:	Unit: N61912 (NOSC COLUMBIA SC)
MC Status:	CS:	Output Rec. Rm. MACH OUTPT REC RM
Insurance: No	Status:	PCM: DILLARD, LARRY
		Tel PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 4 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

06 Jun 2011 0713

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Exam #: 11025179
Exam Date/Time: 18-May-2011 19:48:00
Transcription Date/Time: 19-May-2011 07:12:00
Provider: PETERSON, JAMES L
Requesting Location:
MACH IMMEDIATE CARE CLINIC MONCRIEF ARMY COMMUNITY HOSP
Status: COMPLETE
Result Code: SEE REPORT
Interpreted By: HARSHANY, MARK LAWRENCE
Approved By: HARSHANY, MARK LAWRENCE
Approved Date: 19-May-2011 07:09:00
Report Text:
CHCS 11025179

No significant radiographic osseous, articular or soft tissue abnormality
is
seen.

IMPRESSION: Negative study

A/P Last updated by REEVES,ALMA @ 06 Jun 2011 1356 EDT

1. lower back pain
Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD
-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4
2. palpitations
3. TACHYCARDIA
Consult(s): -Referred To: MACH EKG AND EEG (Routine) Specialty Clinic: EKG Primary Diagnosis:
TACHYCARDIA

Disposition Written by DILLARD,LARRY @ 06 Jun 2011 1811 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments:
RETURN TO WORK WITH LIMITED DUTY FOR EXPLAINING ALL DETAILS

Administrative Options: Consultation requested

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 06 Jun
2011 1812

CHANGE HISTORY

The following A/P Note Was Overwritten by REEVES,ALMA @ 06 Jun 2011 1356 EDT:A/P section was last updated by REEVES,ALMA @ 06 Jun 2011 1356 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD,LARRY @ 06 Jun
2011 1330 EDT

1. lower back pain
Procedure(s): -Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM-THANKS, PA-C DILLARD
2. palpitations
3. TACHYCARDIA
Consult(s): -Referred To: MACH EKG AND EEG (Routine) Specialty Clinic: EKG Primary Diagnosis: TACHYCARDIA

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642 Tel H: 803-633-0863
DOB: 21 Mar 1974 Tel W:
PCat: N41 USN FAM MBR AD CS:
MC Status: Status:
Insurance: No

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD,LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 5 of 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 08 Jun 2011 0851 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: walk-in for back pain, per Mr. Dillard

AutoCites Refreshed by DILLARD, LARRY @ 08 Jun 2011 0857 EDT

Problems

Chronic:

- Sinus tachycardia
- Radiculopathy
- Ataxia
- Sciatica
- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Visit for: administrative purposes
- Oral thrush
- Arthralgias
- Midback pain
- Brace
- Constipation

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Nystatin 100KU/mL, Suspension, Oral	Active	SWISH AND SWALLOW WITH NR 1 TEASPOONFUL IN MOUTH EVERY SIX HOURS		31 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE NR TIMES DAILY FOR BACK		26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH NR FOUR TIMES A DAY		26 May 2011
LORAZEPAM, 1 MG, TABLET, ORAL	Active	TAKE ONE-HALF TO 1 NR TABLET BY MOUTH TWICE A DAY		26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS NR BY MOUTH EVERY NIGHT FOR SLEEP		26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY NR SIX HOURS FOR MUSCLE SPASM		18 May 2011
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE CAPSULE BY NR MOUTH THREE TIMES A DAY		11 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 NR TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY NR MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH NR EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status
Insurance: No

Tel H 803-633-0863
Tel W
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

82

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 1 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

08 Jun 2011 0853

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Screening Written by OWENS, DERRICK M @ 08 Jun 2011 0857 EDT

Reason For Appointment: walk-in for back pain, per Mr. Dillard

Allergen information verified by OWENS, DERRICK M @ 08 Jun 2011 0857 EDT

LMP: 18 Oct 2010. Date Basis: unknown.

VitalsVitals Written by OWENS, DERRICK M @ 08 Jun 2011 0857 EDTBP: 130/80, HR: 104, RR: 20, T: 99.0 °F, HT: 65 5 in, WT: 140.0 lbs, SpO₂: 99%, BMI: 22.94.

BSA: 1.709 square meters, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 7/10 Severe, Pain Scale Comments: back

Comments: 803-633-0863 Pt being seen for back pain

SO Note Written by DILLARD, LARRY @ 08 Jun 2011 1824 EDTChief complaint

The Chief Complaint is: CONTINUED LOW BACK PAIN AFTER BEIN INJURED ON HER JOB BY LIFTING A PATIENT ON 3/11 AND REINJURED IT AGAIN WHEN THE UNIT SECRETATRY STARTED PULLING HER AROUND IN A CHAIR DURING HORSE PLAY. SHE IS ALSO HERE TODAY TO F/U FOR A REPEAT PELVIC US THAT WILL COMPARE A RIGHT OVARIAN CYST FROM 3/11 TO THE ON TAT SHE IS SCHEDULED FO R ON 6/12/11. NO PELVIC EXAM IS NEEDED OR PERFORMED TODAY. SHE ALSO DENIE HAVING ANY PELVIC PAIN TODAY.

History of present illness

The Patient is a 37 year old female.

She reported Past medical history reviewed and medication list reviewed with patient.

Lower back pain radiating to the legs and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral.

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged * Postauricular lymph nodes were not enlarged.

Lungs:

* Exaggerated use of accessory muscles for inspiration was not observed. * No rhonchi were heard. * No rales/crackles were heard.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCal: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

08 Jun 2011 0853

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Rad Result Cited by DILLARD, LARRY @ 08 Jun 2011 0941 EDT

WHITE, SARAH E 30/250-47-3642 37yo 21 Mar 1974 F
 ***** MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL *****
 POC Enc: #E1256577 POC Fac: 20th Medical Group
 Status: Complete

Procedure:

MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL
 Event Date: 21-Mar-2011 10:29:00
 Order Comment: NO BRIEF COMMENT
 Reason for Order: RIGHT SIDE PELVIC PAIN X 1 MO
 Exam #: 11014095
 Exam Date/Time: 24-Mar-2011 12:53:00
 Transcription Date/Time: 24-Mar-2011 15:16:00
 Provider: DILLARD, LARRY
 Requesting Location: MACH FAMILY HEALTH CENTER MONCRIEF ARMY COMMUNITY HOSP
 Status: COMPLETE
 Result Code: SEE REPORT
 Interpreted By: WILSON, EUGENE WILEY
 Approved By: WILSON, EUGENE WILEY
 Approved Date: 24-Mar-2011 15:13:00
 Report Text:
 CHCS 11014095

NON OB PELVIC ULTRASOUND

COMPARISON: None

PROCEDURE: The multiple sonographic images of the pelvis were obtained with transabdominal and endovaginal ultrasound using 2D (gray-scale), and color Doppler techniques.

FINDINGS: The cervix is unremarkable. The uterus is normal in echotexture and measures 6.5 x 3.2 x 3.1 cm and the endometrial stripe measures 0.4 cm. The right ovary measures 3.0 x 2.8 x 2.1 cm and treat a hypoechoic relatively thin-walled cyst with probable mild internal complexity measuring 1.6 x 2.1 x 1.2 cm. The left ovary measures 3.1 x 2.4 x 1.7 cm and is normal in echotexture, and physiologic in appearance. There is mild free fluid within the pelvis.

IMPRESSION: 1. Right ovarian cyst measuring 2.1 cm in largest dimension, recommend repeat ultrasound in 4 to 6 weeks to document resolution.

Name/SSN: WHITE, SARAH E/065581334

Sex: F
 FMP/SSN: 30/250473642
 DOB: 21 Mar 1974
 PCat: N41 USN FAM MBR AD
 MC Status:
 Insurance: No

Tel H: 803-633-0863
 Tel W:
 CS:
 Status.

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
 Rank: PETTY OFFICER SECOND CLASS
 Unit: N61912 (NOSC COLUMBIA SC)
 Outpt Rec. Rm: MACH OUTPT REC RM
 PCM: DILLARD, LARRY
 Tel. PCM: 751-1624;1111

84

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and 1CMR
 FIRM (41 CFR) 201-45.505

Page 3 of 4

HEALTH RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**

08 Jun 2011 0853

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

A/P Last updated by DILLARD, LARRY @ 08 Jun 2011 1835 EDT

1. lower back pain

Procedure(s):

-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4

-Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS, PA-C DILLARD

2. RADICULOPATHY

Procedure(s):

-Dr. Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS, PA-C DILLARD

3. OVARIAN CYST RIGHT

Radiology(ies):

-MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL (ASAP) Impression: COMPARISON RIGHT OVARIAN CYST 4-6 WK F/U FROM 3/11 PELVIC US

Disposition Written by DILLARD, LARRY @ 08 Jun 2011 1836 EDT

Released w/o Limitations

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by SCOTT, KIMBERLEY D @ 08 Jun 2011 0914 EDT

0914hr Patient ID verified x 2: name and dob; and allergies confirmed. Toradol 60mg IM administered to RUOQ of right buttock for lower back and right leg pain 8/10. Lot #02-106-dk Exp 2/2013. Pt instructed to maintain in tx room x 20mins for observation. Pt verbalized understanding.

Note Written by SCOTT, KIMBERLEY D @ 08 Jun 2011 0942 EDT

0930hr Pain reassessment after Toradol 60mg injection 8/10. Pt has no sx/symptoms of adverse reaction to injection. pt returned to provider.

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 08 Jun 2011 1836

CHANGE HISTORYThe following A/P Note Was Overwritten by DILLARD, LARRY @ 08 Jun 2011 1835 EDT:

A/P section was last updated by DILLARD, LARRY @ 08 Jun 2011 1835 EDT - see above. Previous Version of A/P section was entered/updated by SCOTT, KIMBERLEY D @ 08 Jun 2011 1520 EDT

1. lower back pain

Procedure(s):

-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG x 4

2. RADICULOPATHY

Procedure(s):

-Dr Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS, PA-C DILLARD

3. OVARIAN CYST RIGHT

Radiology(ies):

-MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL (ASAP) Impression: COMPARISON RIGHT OVARIAN CYST 4-6 WK F/U FROM 3/11 PELVIC US

The following A/P Note Was Overwritten by SCOTT, KIMBERLEY D @ 08 Jun 2011 1516 EDT:

A/P section was last updated by SCOTT, KIMBERLEY D @ 08 Jun 2011 1516 EDT - see above. Previous Version of A/P section was entered/updated by DILLARD, LARRY @ 08 Jun 2011 0946 EDT

1. lower back pain

2. RADICULOPATHY

Procedure(s):

-Dr Supervised Injection Intramuscular x 1 - TORADOL 60 MG IM--THANKS, PA-C DILLARD

3. OVARIAN CYST RIGHT

Radiology(ies):

-MACH US, PELVIC, TRANSVAGINAL & TRANSABDOMINAL (ASAP) Impression: COMPARISON RIGHT OVARIAN CYST 4-6 WK F/U FROM 3/11 PELVIC US

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Output Rec. Rm: MACH OUTPT REC RM

MC Status:

Status:

PCM: DILLARD, LARRY

Insurance: No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 4 of 4

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: WHITE, SARAH E
Treatment Facility: MONCRIEF ACH

Date: 13 Jun 2011 1351 EDT
Clinic: MACH FAMILY HEALTH
CENTER

Appt Type: ACUT
Provider: DILLARD, LARRY

Patient Status: Outpatient

Reason for Appointment: f/u

AutoCites Refreshed by DILLARD, LARRY @ 13 Jun 2011 1409 EDT

Problems

Chronic:

- Cyst on the right ovary
- Sinus tachycardia
- Radiculopathy
- Ataxia
- Sciatica
- Insomnia
- Anxiety
- Rapid breathing
- Herniated lumbar disc
- Lumbar discitis
- Herniated disc (L4 - L5)
- Hip joint pain
- Lower back pain
- Abdominal pain
- Female pelvic pain

Acute:

- Visit for: administrative purposes
- Oral thrush
- Arthralgias
- Midback pain
- Braca

Family History

- Family medical history (General FHx)
- No Family History of malignant neoplasm of the ovary (General FHx)
- No Family History of malignant neoplasm of the uterus (General FHx)
- No Family History of malignant carcinoma of the breast (General FHx)

Allergies

- SEPTRA (SULFAMETHOXAZOLE/TRIMETHOPRIM): Anaphylaxis
- AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE): Anaphylaxis
- Iodine Containing Agents: Anaphylaxis
- Penicillins: Anaphylaxis

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
INDOMETHACIN, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TABLET THREE TIMES DAILY FOR BACK	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY	NR	26 May 2011
HYDROXYZINE PAMOATE, 50 MG, CAPSULE, ORAL	Active	TAKE ONE TO 2 TABLETS BY MOUTH EVERY NIGHT FOR SLEEP	NR	26 May 2011
METHOCARBAMOL, 500 MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY SIX HOURS FOR MUSCLE SPASM	NR	18 May 2011
LACTULOSE, 10 G/15 ML, SYRUP, ORAL	Active	TAKE 1 TO 3 TABLESPOONS FULL IN ONE-HALF CUP OF LIQUID EVERY DAY	1 of 1	11 May 2011
CYCLOBENZAPRINE HCL, 10 MG, TABLET, ORAL	Active	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY	1 of 1	11 Apr 2011
GABAPENTIN, 300 MG, TABLET, ORAL	Active	TAKE 1 TABLET BY MOUTH EVERY NIGHT	1 of 1	11 Apr 2011
ORACEA (DOXYCYCLINE MONOHYDRATE), 40 MG, CPMP 24HR, ORAL, GALDERMA LABORA, 30 ea. BOTTLE	Active		3 of 5	14 Mar 2011

Screening Written by OWENS, DERRICK M @ 13 Jun 2011 1356 EDT

Reason For Appointment: f/u

Allergen information verified by OWENS, DERRICK M @ 13 Jun 2011 1356 EDT

Name/SSN: WHITE, SARAH E/065581334

Sex: F
Tel H: 803-633-0863
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance No

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel PCM: 751-1624;1111

86

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579) UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

13 Jun 2011 1351

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

LMP: 16 Oct 2010. Date Basis: unknown.

VitalsVitals Written by OWENS, DERRICK M @ 13 Jun 2011 1356 EDTBP: 121/75. HR: 110, RR: 20, T: 97.5 °F, HT: 65.5 in, WT: 138 lbs, SpO₂: 98%, BMI: 22.62.

BSA: 1.699 square meters, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 4/10 Moderate, Pain Scale Comments: lower back, right leg

Comments: 803-633-0863, Pt being seen for follow up

SO Note Written by DILLARD, LARRY @ 13 Jun 2011 1923 EDTChief complaint

The Chief Complaint is: CONTINUED LOW BACK PAIN THAT SHE INITIALLY INJURED LIFTING A PATIENT AT HER JOG ON 3/14/11 AND IT WAS SUBSEQUENTLY RE INJURE AGAIN ON 5/15/11 AT WORK WHEN A UNIT SECRETARY WAS HORSE PLAYING AND PULL HER AROUND IN A CHAIR THAT CAUSED A SEVER SET BACK O-SHE IS CURRENTLY ON MULTIPLE MEDS/PT CLINIC AND LIGHT DUTY AT WORK UNTIL 5/20/11.

History of present illness

The Patient is a 37 year old female.

She reported: Past medical history reviewed and medication list reviewed with patient.

Lower back pain and back stiffness. No clicking sensation in the back, no pain in the pelvic girdle, able to stand erect, clothes hang correctly, can find clothes which fit, no hump on the back, and no myalgias. Arthralgias.

Visit is not deployment-related. No fever and no chills. No headache.

Personal history

Social history reviewed.

Behavioral history: No tobacco use.

Review of systems

Systemic symptoms: No recent weight loss.

Physical findingsVital signs:

* Current vital signs reviewed.

General appearance:

* In no acute distress.

Neck:

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Pupils: * PERRLA.

External Eye: * No hyperemia of the conjunctiva.

Oral cavity:

Lips: * Moist.

Teeth: * Showed no abnormalities.

Lymph Nodes:

* Anterior cervical lymph nodes were not enlarged. * Postauricular lymph nodes were not enlarged.

Lungs:

* Chest was normal to percussion.

Cardiovascular system:

Heart Rate And Rhythm: * Normal.

Murmurs: * No murmurs were heard.

Back:

* Back: * Tenderness on palpation. * Lower back exhibited tenderness on palpation. * No swelling. * No induration. * No erythema. * No warmth. * No muscle spasm. * No costovertebral angle tenderness. * No mass on the back.

Skin:

* Turgor was not decreased. * Color and pigmentation were normal.

A/P Written by DILLARD, LARRY @ 13 Jun 2011 1435 EDTI. Lower back painMedication(s):

-HYDROCODONE/APAP(VICODIN)-PO 5MG/500MG - T 1 TAB PO Q 6 HRS #60 Rf0 Qt: 60 Rf: 0
-KETOROLAC (TORADOL EQ)-PO 10MG TAB - T1 TAB TID WITH FOOD #15 Rf0 Qt: 15 Rf: 0
-FLUCONAZOLE (DIFLUCAN)-PO 150MG TAB - T1 TAB PO AS DIRECTED #3 Rf0 Qt: 3 Rf: 0

Disposition Written by DILLARD, LARRY @ 13 Jun 2011 1934 EDT

Released w/ Work/Duty Limitations

Name/SSN: WHITE, SARAH E/065581334

Sex: F

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642

FMP/SSN: 30/250473642

Tel H: 803-633-0863

Rank: PETTY OFFICER SECOND CLASS

DOB: 21 Mar 1974

Tel W:

Unit: N61912 (NOSC COLUMBIA SC)

PCat: N41 USN FAM MBR AD

CS:

Outpt Rec. Rm: MACH OUTPT REC RM

MC Status

Status:

PCM: DILLARD, LARRY

Insurance No

Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

Page 2 of 3

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

13 Jun 2011 1351

Facility: 20th Medical Group Clinic: MACH Family Health Center Provider: DILLARD, LARRY

Follow up: as needed in 1 week(s) with PCM or sooner if there are problems. - Comments: MED REC LIST TO PT

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments:

CONTINUE LIGHT DUTY AT WORK UNTIL 6/20/11

Signed By DILLARD, LARRY (Physician Assistant-Certified-Family Practice -FT. JACKSON, SC, 20th Medical Group) @ 13 Jun 2011 1934

Name/SSN: WHITE, SARAH E/065581334

Sex: F
FMP/SSN: 30/250473642
DOB: 21 Mar 1974
PCat: N41 USN FAM MBR AD
MC Status:
Insurance: No

Tel H: 803-633-0863
Tel W:
CS:
Status:

Sponsor/SSN: WHITE, TERRELL ANTOINE/250473642
Rank: PETTY OFFICER SECOND CLASS
Unit: N61912 (NOSC COLUMBIA SC)
Outpt Rec. Rm: MACH OUTPT REC RM
PCM: DILLARD, LARRY
Tel. PCM: 751-1624;1111

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 3 of 3

Patient Name: White, Sarah

DOB: 3 / 21 / 1974

Referring Physician: DILLARD PA, LARRY

Study Ordered: _____

Hip, Pelvis, Abdomen & Extremity MRI Patient History

Please list approximate weight: 134

What problem are you having that caused your doctor to request this scan? Flank pain

lower sacral pain, back spasms

How long have you had this problem? 2 months pain, 5 days of severe spasms

Were any bones broken? ☐ Yes ☒ No

Did it happen at work? ☐ Yes ☒ No

Not sure

Have you had surgery on this area? ☐ Yes ☒ No

If YES, where and when? _____

Where is the pain located? Right flank, lower sacral, (R) upper pelvic

Does anything make it worse? ☒ Yes ☐ No

If YES, what? Sitting and walking

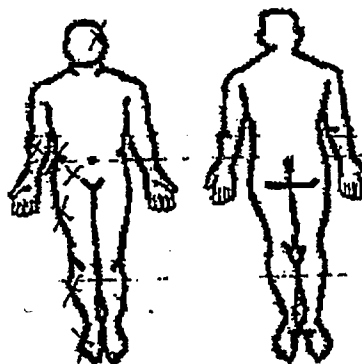
Are you having any pain, weakness or numbness in your back or legs? ☒ Yes ☐ No

If YES, where? numbness in (R) arm and legs / (R) arm spasms

Have you ever had cancer? ☐ Yes ☒ No

If YES, what kind? _____

Please shade areas of pain, weakness, and/or numbness on figures at the right:





PALMETTO IMAGING
DOWNTOWN • IRMO • W. COLUMBIA

1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 3/31/2011
PATIENT PH#: 803-633-0863

EXAM: MR OF THE HIPS

HISTORY: Low back pain and right hip pain.

TECHNIQUE: The following sequences were obtained using a Siemens 0.2 Tesla open Viva: Coronal T1, T2 and STIR, sagittal T2, axial proton density and T2.

FINDINGS: The marrow of the visualized bones appears normal. Specifically there is no evidence of bone contusion. There is no stress fracture of the femoral necks or pubic rami. There is no evidence of avascular necrosis. No muscle or tendon tear is seen. There is no significant bursal fluid. There is cul-de-sac fluid likely physiologic given the patient's age. There is a physiologic amount of fluid in both hips without significant joint effusion.

IMPRESSION: Normal MRI of both hips.

Robin Daum-Kowalski, MD
RD / hc

DD: 3/31/2011
DT: 3/31/2011
Job: 12555970

This document has been electronically reviewed and signed.





PALMETTO IMAGING
DOWNTOWN • IRMO • W. COLUMBIA

1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 3/31/2011
PATIENT PH#: 803-633-0863

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back pain, right flank pain and right pelvic pain.

TECHNIQUE: The following sequences were obtained on a Siemens 0.2 Tesla magnet: Sagittal T1 and T2, axial T1 and T2.

FINDINGS: The conus is seen at L1 and appears normal. The marrow of the visualized bones appears normal. No soft tissue paraspinal masses are seen. The T12-L1, L1-2 and L2-3 discs are well maintained.

At L3-4, there is a central annular tear without disc protrusion.

At L4-5, there is a 2 mm central and right paracentral disc protrusion with mild right lateral recess stenosis.

At L5-S1, the disc and facet joints are well maintained.

IMPRESSION:

1. Central annular tear, L3-4.
2. Central to right paracentral disc protrusion, L4-5.

Robin Daum-Kowalski, MD
RD / fl

DD: 3/31/2011
DT: 3/31/2011
Job: 12555840

This document has been electronically reviewed and signed.



BRAIN / HEAD MRI PATIENT HISTORY

PATIENT NAME: White, Sarah

DATE: 06/13/2011

What is your present complaint or problem?

☒ Pain

☐ Seizure

☐ Stroke

☐ Injury to Head

Other (please explain) Low back pain, right leg

How long have you had this problem? 2 2 months 3 weeks

Please check all of the following symptoms and conditions you have:

☐ Cancer of the brain

☐ Encephalitis or Myelitis

☒ Confusion

☐ Paralysis

☐ Full or partial loss of consciousness

☐ Cerebral palsy (childhood onset)

☐ Dizziness

☐ Epilepsy

☐ Amnesia

☐ Migraine headaches

☒ Abnormal involuntary movements

☐ Facial pain

☒ Gait problems (difficulty with walking)

☐ Facial numbness

☐ Lack of coordination

☐ Facial burning or tingling

☒ Temporary numbness in arms or legs

☒ Double vision

☐ Slurred speech

☐ Ringing in ear(s)

☐ Personality changes

☐ Hearing loss

☐ Other explain

☐ Other explain

Have you had surgery on your head? NO If yes, when and why? _____

Have you ever had a head injury? Yes When? 1982 Lost consciousness? NO

I certify that the above information represents a true and accurate medical information regarding my symptoms and medical conditions.

Sarah White

Patient / Parent / Guardian Signature

06/13/2011

Date



1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 6/13/2011
PATIENT PH#: 803-633-0863

EXAM: MRI OF THE BRAIN WITHOUT CONTRAST

HISTORY: Dizziness, numbness in the arms, lack of coordination.

TECHNIQUE: The following sequences were performed on a 1.5 Tesla GE magnet: Sagittal and axial T2, axial T2-FLAIR, axial T1 and axial diffusion.

FINDINGS: Within the brain, no focal parenchymal abnormalities are seen. There is no mass effect or shift to the midline. The third and fourth ventricles are midline. The midbrain and pons appear normal. No extraaxial fluid collections or bleeds are seen. The visualized intracerebral vasculature appears normal. The cervicomedullary junction appears normal with no evidence of tonsillar ectopia. The paranasal sinuses are clear.

IMPRESSION: Normal MRI of the brain without contrast.

Robin Daum-Kowalski, MD
RD / bl

DD: 6/13/2011
DT: 6/14/2011
Job: 12965243

This document has been electronically reviewed and signed.





PALMETTO IMAGING
DOWNTOWN • IRMO • W. COLUMBIA

1331 Lady Street
Columbia, South Carolina 29201
(803) 256-7646 p
(803) 256-8046 f

PATIENT: White, Sarah
MRN: 690501
DATE OF BIRTH: 3/21/1974
REF PHYSICIAN: Larry Dillard, PA
DATE OF EXAM: 6/13/2011
PATIENT PH#: 803-633-0863

EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Radiculitis.

TECHNIQUE: The following sequences were performed on a 1.5 Tesla GE Echospeed magnet: Sagittal T1, sagittal T2, axial gradient and T2.

FINDINGS: The vertebral bodies are of normal height. The marrow signal in the visualized vertebral bodies appears normal. There is a small syrinx of the cord measuring approximately 1mm seen at level C5. Given the small size, this is likely developmental and of no clinical significance. Since the patient states an allergy to contrast, this cannot be evaluated with contrast and therefore, I would recommend this be followed. The cervical discs are well maintained. There is no disc bulge or herniation. There is no sagittal canal or neural foraminal stenosis.

There is nodular T2 hyperintense signal in the trachea, likely mucous.

IMPRESSION: Small cord syrinx.

Robin Daum-Kowalski, MD
RD / bl

DD: 6/13/2011
DT: 6/14/2011
Job: 12965311

This document has been electronically reviewed and signed.





UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

May 26, 2011

Larry Dillard, M.D.
Moncrief Family Health Center
4500 Stuart Street
Fort Jackson, South Carolina 29207-5720

Re: Sarah White

Dear Dr. Dillard:

I had the pleasure of seeing your patient, Sarah White, as a new patient consultation in Neurosurgery Clinic today. As you may recall, she is a 37-year-old female with a reported work related injury in March 2011 with progressive back and lower extremity complaints. She has persistent low back pain. She also has pain that goes down the bilateral lower extremities involving the entire right lower extremity and portions of the left lower extremity. She has also associated numbness in the bilateral lower extremities. She has recently developed numbness in the right upper extremity which she relates to a more recent work related incident. She has not undergone physical therapy. She has undergone injections x3 which have not helped. She is on Percocet for pain, as well as Neurontin.

Her medical history she denies.

Surgical history includes an ectopic pregnancy.

Her medications include Neurontin, Percocet, indomethacin, prednisone, and Flexeril.

Allergies include IV CONTRAST, SEPTRA, KEFLEX, and a SHELLFISH allergy.

She is married and works as an RN for National Healthcare. She has missed work related to this condition. She currently admits to cigar use. She denies any alcohol or illegal drugs.

Family history includes diabetes, heart disease, and thyroid disease.

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

95

Letter to Larry Dillard, M.D.

Re: May 26, 2011

Sarah White

Page Two

A complete review of systems was performed and can be found in the chart. It is significant for fatigue, sweats, sleep loss, weight gain, tremors, nervousness, multiple sinus complaints, blurred vision, rapid heart rate, high blood pressure, multiple pain complaints, weakness, memory problems, balance difficulties, headaches, dizziness, difficulty with urination and bowel function, stomach distention, and excessive hunger.

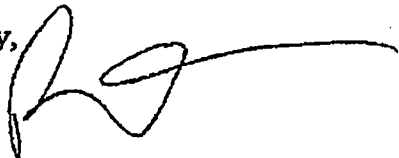
Her blood pressure is 138/88. Pulse 110. Respiratory rate 18. She is 5 feet 6 inches and 140 pounds. On examination, she is awake, alert, and interactive. She has a significantly antalgic gait that is wide based. On motor exam, she has diminished effort in the right upper extremity, but deltoid approximately 4/5 with normal tone. She has regular effort and regular function in the left upper extremity. Right lower extremity she has diminished effort throughout. There is no clear motor deficit though. She has normal tone in this extremity. In her left lower extremity she has diminished effort as well but no clear motor dysfunction. She has normal tone in this extremity. She has diminished sensation scattered throughout her right upper and right lower extremity. She has also some scattered sensory deficits with no clear dermatomal distribution in the left lower extremity as well. Her deep tendon reflexes are overall unremarkable. She has no pathological reflexes. She does have a sway on Romberg. She has paraspinal spasm but little tenderness to palpation of the lumbar spine.

I reviewed an MRI of the lumbar spine which demonstrates mild lumbar spondylosis with L4-5 disc protrusion and some increased T2 signal in the facets at L4-5. She has no significant neural compression though.

Ms. White has mild lumbar spondylosis with a wide range of complaints involving the upper and lower extremities. She complains of abnormal gait as well. I am going to send her for an MRI of the brain and cervical spine. I am also going to order an EMG of her bilateral lower extremities. She can follow up with me upon completion of these studies.

Thank you for allowing me to take care of your patient, feel free to contact me with any questions.

Sincerely,



C. Philip Toussaint, M.D.

CPT:TrUSA0366-322289

UNIVERSITY SPECIALTY CLINICS - NEUROSURGERY
Three Richland Medical Park, Suite 310, Columbia, SC 29203
803-434-8323, FAX 803-434-8326

May 8, 2013

Michael C. Mareska, M.D.
1333 Taylor Street, Suite 1C
Columbia, South Carolina 29201

Re: Sarah White
Chart #: 66799
DOB: 03/21/74

Dear Dr. Mareska:

I had the pleasure of seeing your patient, Sarah White, as a new patient consultation in Neurosurgery Clinic on May 8, 2013. As you may recall, she is a 39-year-old, right-handed female with the primary complaint of neck pain and headaches with some right shoulder pain. Pain has been constant for two years. She has numbness and tinging involving the right upper and right lower extremity. She has pain affecting the right side of her body as well. I have seen Ms. White as a consultation approximately two years for a separate issue involving the lumbar spine.

Medical history: Denies.

Surgical history includes an ectopic pregnancy.

Allergies to IV CONTRAST, SEPTRA, KEFLEX, and SHELLFISH.

She is a nurse.

Family history includes diabetes, heart disease, and thyroid disease.

On exam, she is awake, alert, and interactive. Speech is fluent, and attention span is appropriate. She has good motor function in the bilateral upper and lower extremities. She has normal tone in these extremities. Sensory exam is intact. Deep tendon reflexes are normal. Respiratory effort is unlabored. Lungs are clear to auscultation bilaterally. Heart has a regular rate and rhythm.

Letter to Michael C. Mareska, M.D.

Re: Sarah White

May 8, 2013

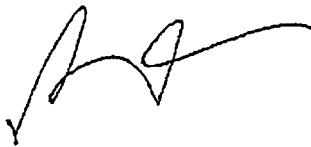
Page 2

I reviewed an MRI of the cervical spine from 2011 demonstrating a very, very small syrinx which may actually just be a prominent central canal of the spinal cord in the cervical region. She apparently had a new MRI in 2013, but she did not bring records of this. She reports that you had mentioned that it was unchanged.

Ms. White has a very small cervical syrinx or a prominent central canal in the cervical spinal cord. This is so small I would not recommend any surgical intervention. I would continue conservative management of her symptoms. She can follow up with me on an as-needed basis.

Thank you for allowing me to take care of your patient. Feel free to contact me with any questions.

Sincerely,



C. Philip Toussaint, M.D.

CPT:TrUSASP-16933684

cc: Larry Dillard, PA

5-16-13 mtf

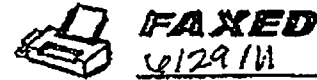
HEALTHSOUTH REHABILITATION HOSPITAL
COLUMBIA, SC
ELECTRODIAGNOSTIC MEDICINE

PATIENT NAME: SARAH WHITE
MR#:

DATE: 06/27/2011
RM#:

SOCIAL SECURITY NUMBER: 065-58-1334

DATE OF BIRTH: 03/21/1974



DATE OF STUDY: 06/27/2011

REFERRING SOURCE: Larry Dillard, PA at Moncrief Medical Center

REASON FOR REFERRAL: Bilateral lower extremity pain and numbness.

HISTORY OF PRESENT ILLNESS: Ms. White is a 37-year-old African American female with a 3-1/2 month history of bilateral lower extremity symptoms and back pain. She reports having had epidural steroid injections and placed on oral dose steroids. She feels that the steroids gave her additional significant side effects and weakness in her legs affecting her gait. Now that she has been off of the steroids, she states that some of her symptoms have improved, but she continues to have intermittent numbness and pain in both lower extremities.

PAST MEDICAL HISTORY: Otherwise, negative.

PHYSICAL EXAM: Essentially unremarkable. Sensation is grossly intact. No focal atrophy. Strength is well preserved. DTRs are 2+ patellas and ankles. Muscle tone is normal.

NERVE CONDUCTION STUDY: Nerve conduction studies are as follows:

NERVE	DISTAL LATENCY	AMPLITUDE	DISTANCE	NERVE CONDUCTION VELOCITY
Right superficial peroneal sensory	3.5 msec	20.7 mV	10 cm	
Right sural sensory	4.0 msec	13.3 mV	14 cm	
Left superficial peroneal sensory	3.1 msec	25.3 mV	10 cm	
Left sural sensory	4.1 msec	13.3 mV	14 cm	
Right peroneal motor stimulation to the ankle	5.0 msec	5.4 mV	8 cm	
Stimulation to the popliteal fossa	12.8 msec	34.3 mV	36.5 cm	47 m/sec
Right tibial motor stimulation to the ankle	5.0 msec	2.3 mV	8 cm	
Left peroneal motor stimulation to the ankle	4.3 msec	3.7 mV	8 cm	

99

PATIENT NAME: SARAH WHITE
MR#:

ELECTRODIAGNOSTIC MEDICINE

Page 2

Stimulation at the popliteal fossa	12.2 msec	5.2 mV	37.5 cm	47.8 m/sec
Left tibial motor stimulation to the ankle	5.1 msec	3.3 mV	8 cm	
Right H reflex	32.50 msec			
Left H reflex	32.67 msec			

NEEDLE EMG EXAM: Using a Monopolar needle, the right vastus medialis, tibialis anterior, pronator longus, medial gastrocnemius, tibialis posterior, and short head of the biceps femoris muscles were examined. All the muscles examined were normal with normal insertional activity. No positive sharp waves or fibrillation potentials. Normal motor unit recruitment, amplitude, and morphology.

IMPRESSION/SUMMARY:

1. Normal study.
2. Electrodiagnostic exam is negative for lumbosacral radiculopathy, isolated mononeuropathy, or generalized peripheral polyneuropathy.

My thanks to Mr. Dillard for the referral and the opportunity to assist in this pleasant lady's care


W. Randal Westerkam, MD
Physical Medicine and Rehabilitation


Date/Time 7/1

WW/am1773

dd: 06/28/2011 10:54 AM
dt: 06/28/2011 4:21 PM
JobID: 4095900

cc: Mr. Larry Dillard, Moncrief Medical Center
Dr. Charles P. Toussaint, Neurosurgeon, USC Specialty Clinics

**Position Applied For**

Position: Permanent Shift RN
Facility: Palmetto Health Richland
Department: Neuroscience - 6 W
Schedule: Full-time FTE 0.9 -1.0
Req Num: 14236

Application for Employment

Palmetto Health is an EEO/AA Employer.

We consider applicants for all positions without regard to race, gender, color, religion, creed, national origin, age, disability, sexual orientation, marital status, genetic makeup, veteran status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Palmetto Health may use the information given in the application to investigate the applicant's previous employment and background.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.
4. THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND DOES NOT AFFECT THE 'AT-WILL' EMPLOYMENT RELATIONSHIP.

*** required information**

July 28, 2011

PERSONAL INFORMATION

Suffix:

First Name: * Sarah MI: * E

Last Name: * White

Address: * 1307 Old Manor Rd.

City: * Columbia

State: * SC

Zip: * 29210

Home/Other Phone: * 803-633-0863

Work Phone: 803-741-9090

Cell Phone: 803-633-0863

Email Address: Semitch35@hotmail.com

Best way to contact: Cell Phone

Are you over the age of 17? Yes

Are you legally authorized to work in the US? Yes

Will you now or in the future require sponsorship for employment visa status? No

EMPLOYMENT OBJECTIVES - AVAILABILITY

Position applied for: Permanent Shift RN

How did you find out about this position? * Referral

Please enter "Other" source: Friend

If referred by an employee(s) please name: First Name: Julee

Last Name: Kasserman

* Type of employment preferred: What hours are you available to work?

☒ Full Time☒ 1st☒ Part Time☒ 2nd☐ Temporary☒ 3rd☐ PRN

Specific Hours 24-40hrs

Yes

Are you available to work on weekends?

Yes

Have you ever applied for a position with Palmetto Health in the past?

Yes *

Have you ever been employed by Palmetto Health?

If yes, please list:

Termination Date:

Campus: Palmetto Health Baptist-Columbia

Name while employed: Sarah White

Employee ID Number: 97618

Position: Student Nurse Tech

Department: Ortho/Neuro/Bariatric

No *

Do you have relative(s) employed at Palmetto Health?

If yes, please list

Relative(s) Name:

Palmetto Health will not generally deny employment to any applicant solely because the person has been convicted of a crime. Palmetto Health will consider the nature, date, and circumstances of the offense as well as whether it is relevant to the duties of the position applied for.

No *

Have you ever been convicted of a felony or misdemeanor or are you currently under indictment for a felony or misdemeanor other than a minor traffic offense?

If yes, please provide approximate date, county and state along with a brief description of the crime.

EDUCATION

High School

Name of school: CA Johnson High Years completed? 4

City: Columbia

Did you graduate? Yes

State: SC

Country: USA

Associates

Name of school: Midlands Tec. College Did you graduate? Yes

City: Columbia
 State: SC
 Country: USA

Degree Type: Associates
 Major: LPN, nursing

College

Name of school: Midlands Tech. College Did you graduate? Yes

City: Columbia
 State: SC
 Country: USA

Degree Type: Associates
 Major: RN, nursing

Technical/Other

Name of school: Did you graduate? No

City: Degree Type:
 State: Major:
 Country:

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

SKILLS / EXPERIENCE

Complete all that apply

Typing Speed - WPM: 40

Medical Terminology: Yes

Transcription - WPM:

Foreign Languages: French

Microsoft Windows: Yes

Ms Word: Yes

Ms Excel: Yes

Ms Outlook: Yes

Please note any additional skills, experience, or training you feel is important, please include, equipment or computer skills used:

Faxing, copying, printing, scanner

LICENSES**Professional Licensure**

Please complete this section only if applicable to the position:

In South Carolina, are you currently:

Registered (X)

Licensed (X)

Certified ()

Do you have a nationally recognized:

Registration ()

License ()

Certification ()

If applicable, date you will sit for the exam?

If Licensed Registered Or Certified	Type RN	State SC	Expiration Date Apr.2012	License/Certification No. 210040

Have you ever had action taken against your professional license/certification? **No**

If yes, please explain circumstances and outcome.

WORK HISTORY

List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Are you currently employed? **Yes**

1. Most recent employer:

Name of Company: **NHC**
 Street: **7601 Parklane Rd.**
 City: **Columbia**
 State: **SC**
 Zip: **29210**
 Employer's Phone: **803-741-9090**

Other Name(s) Used: **LPN**
 Job Title: **RN (Supervisor)**
 Employed From: **09 2009**
 Employed To: **07 2011**
 Starting Salary: **18.50**
 Ending Salary: **23.50**
 Supervisor's Name: **Patty Coates**
 Employment Status: **Full Time**

Job Duties and Responsibilities:

Float Nurse when primary nurse unavailable. Staffing, be sure nurse complete CNA assignment sheet, update as needed, Be sure CNA receive report, assist with admissions, MD orders, Monitor labs, Report results, Call MD as indicated, compare previous results, Check on new patients for needs and comfort, assess all sick patient and notify MD as needed, Communicate with Families and keep them updated on patients status, Resolve any problems if possible in a timely matter, participate in all emergent situations

Reason For Leaving:

Seeking More Skills And Hospital Experience

May we contact this employer for a reference?

Yes

If no, why not?

2.

Job Duties and Responsibilities:

Name of Company: Palmetto Health

Street: Marion St.

City: Columbia

State: SC

Zip: 29203

Employer's Phone: 803-296-3500

Other Name(s) Used:

Job Title: Student Nurse Tech

Employed From: 03 2007

Employed To: 06 2008

Starting Salary: 9.30

Ending Salary: 9.50

Supervisor's Name: Pam Charles

Employment Status: Full Time

Student Nurse Tech/
Preceptor, take and document
vital signs, blood glucose
checks, report values to nurse
and dock machine to transmit
values, record I&O's,
document meal consumption,
pass and collect meal trays, fill
water pitches, apply and
remove traction, assist patient
with toileting, comfort
measures and transfers, report
need for pain medication to
nurse and changes in the
patient status, pick blood from
blood bank, transport patient
by wheelchair or stretcher,
bladder scan patient and
catherize per protocol, assist
patient with ordering meals
and passing out HS snacks,
clean environment and clear
walkway as needed, ambulate
patients, turn and reposition
patients, assist families and
visitors

Reason For Leaving:

Return to school Fulltime

May we contact this employer for a reference?

Yes

If no, why not?

3.

Name of Company: National Health

Care

Street: 7601 Parklane Rd.

City: Columbia

State: SC

Zip: 29223

Employer's Phone: 803-741-9090

Other Name(s) Used: Sarah White

Job Duties and Responsibilities:

Student Nurse Tech/
Preceptor, take and document
vital signs, record I&O's,
document meal consumption,
pass and collect meal trays, fill
water pitches, assist patient
with toileting, comfort
measures and transfers, report
need for pain medication to

Job Title: CNA
 Employed From: 06 2006
 Employed To: 03 2007
 Starting Salary: 7.75
 Ending Salary: 10.00
 Supervisor's Name: Willie Jones
 Employment Status: Full Time

nurse and changes in the patient status, transport patient by wheelchair or stretcher, assist patient with ordering meals and passing out HS snacks, clean environment and clear walkway as needed, ambulate patients, assist families and visitors

Reason For Leaving:

Seeking new skills to help with clinical portion for nursing school and tuition assistance

May we contact this employer for a reference?
 If no, why not?

4.

Name of Company: Life Care Center Of
 Columbia
 Street: 2514 Faraway Dr.
 City: Columbia
 State: SC
 Zip: 29223
 Employer's Phone: 803-8651999

Other Name(s) Used: Sarah White
 Job Title: CNA
 Employed From: 05 2006
 Employed To: 06 2006
 Starting Salary: 7.25
 Ending Salary: 7.25
 Supervisor's Name: Terri Stavos
 Employment Status: Full Time

Job Duties and Responsibilities:

take and document vital signs, assist with activities and ADL's, ambulate patients, sit with patients, record I&O's, document meal consumption, pass and collect meal trays, fill water pitches, assist patient with toileting, comfort measures and transfers, report need for pain medication to nurse and changes in the patient status, transport patient by wheelchair or stretcher, assist patient with ordering meals and passing out HS snacks, clean environment and clear walkway as needed, and ambulate patients, assist families with patient care

Reason For Leaving:

Conflict with nursing school classes

May we contact this employer for a reference?
 Yes
 If no, why not?

Have you ever been suspended or discharged from employment? **No**
If yes, please indicate which employer(s) and explain why:

MILITARY SERVICE

Have you ever served in the United States Armed Forces? **No**
(If Answering Yes, You May Be Asked To
Provide a Copy of Your DD214)

What branch of service?

Please list specific duties:

RESUME

Resume

To cut and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the RESUME box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

REFERENCES

Please list individuals that are familiar with your academic or work background. Do not list relatives or personal friends.

Name	Company	Relationship	Phone Number	Email
* Pam Charles	* PHB	* former boss	* 803-296-3500	
* Willie Jones	* NHC	* co-worker	* 803-741-9090	

comes in at 1500

READ AND SIGN

Read the following Disclaimer and Acknowledgement before signing:

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to immediate dismissal, if and when discovered. I authorize the use of any information in this application to enable Palmetto Health to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked by Palmetto Health concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for providing such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and to not be absent for any reason without prior notice to my supervisor. I UNDERSTAND THAT MY EMPLOYMENT RELATIONSHIP WILL BE 'AT-WILL'; THAT IS, I WILL HAVE THE RIGHT TO QUIT MY EMPLOYMENT AT ANY TIME, FOR ANY OR NO REASON. I ALSO UNDERSTAND THAT THE HOSPITAL HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY OR NO REASON. I agree to submit to a physical examination, including a drug examination whenever requested by Palmetto Health; and if employed, I agree to abide by all present and subsequently issued personnel policies and rules of the hospital.

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: **Sarah E. White**

Date: July 28, 2011

Sarah Emily White
45 Inspiration Dr.
Ridgeway, SC 29130
Mobile: (803) 633-0863
Email: semitch35@hotmail.com

PROFESSIONAL OBJECTIVE

I am an experienced registered nurse seeking a position within a reputed medical health center.

SUMMARY OF QUALIFICATIONS

- Excellent communication skills
- Knowledge of health care organizations.
- Knowledge of computer software.
- Knowledge of principles and processes for providing customer and personal services.
- Knowledge of human behavior and performance.
- Ability to create a positive working environment that uplifts patient's spirits.

EDUCATION

Associates of Nursing, Midlands Technical College, Columbia, SC, 2009

LICENSES/CERTIFICATIONS

- Current South Carolina Registered Nurse (RN)

NURSING EXPERIENCE:

Certified Nursing Assistant 2006

Licensed Practical Nurse (LPN) Multi-State August 2009

Registered Nurse (RN) Multi-State July 2010-present

National Health Care Parklane, Columbia, SC

DUTIES:

- 3-11pm Supervisor October 2010- July 2011
- Responsible for the complete nursing process of patients.
- Provided and documented nursing inventories based on assessed patient needs, and plan of care.
- Collaborated with appropriate health team members for coordination of daily plan of care for assigned patients.
- Managed and directed nursing care activities.

Student Nurse Tech, 2007-2008

Palmetto Health Baptist, Columbia, SC

DUTIES:

Am Charles supervisor

- Responsible for the care of patients to include collection of specimens, labs and transportation of patient.
- Perform nonpharmacological ways to relieve patient's pain.
- Assist as nursing staff as necessary.

Certified Nursing Assistant (CNA), 2006-2007

National Healthcare Parklane, Columbia, SC

DUTIES:

- Responsible for assisting with the daily living activities of patients.
- Report changes in patients to nurse.
- Readily develop rapport with patients, staff, families and physicians.
- Relate well to people from a variety of cultures and social backgrounds.

Certified Nursing Assistant (CNA), 2006-2006

Life Care Center of Columbia, Columbia, SC

DUTIES:

- Responsible for the care of patients to include taking vital signs.
- Responsible for assisting residents with their daily activities.

Product Ambassador, 2003-2006

New Product Movers, Overland, KS

DUTIES:

- Provided quality customer service to patrons.
- Handled cash transactions and daily receipt balances.
- Served as Lead Product Ambassador for high profile events.

Credit Clerk, 2003-2005

Dillard's Columbia Place Mall, Columbia, SC

DUTIES:

- Responsible for answering multiple phone line and directing calls to appropriate staff member.
- Provided quality customer service to store patrons.
- Handled cash transactions and daily receipt balances.
- Handled bank deposits
- Processed credit applications

REFERENCES:

Furnished upon request.

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/29/2011
Page: 1 of 1

Case Verification Number: 2011241123423RR

Case Information:**Employee Information:**

Last Name: White
Middle Initial: E
Social Security Number: *** ** 1334
Citizenship Status: A citizen of the United States

First Name: Sarah
Maiden Name: Mitchell
Date of Birth: 03/21/1974

Document Information:

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Driver's License or ID Card Number:
Alien Number:

List C Document: Social Security Card
Document State: South Carolina
Document Expiration Date: 03/21/2015
I-94 Number:

Additional Information:

Hire Date: 08/29/2011
Three-Day Rule Reason:
Submitted By: HSAR1532

Employer Case ID:
Three-Day Rule - Other:
Submitted On: 08/29/2011

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:
Middle Initial:
Social Security Number:
Resubmitted By:

First Name:
Maiden Name:
Date of Birth:
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

///

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>White</u>	First <u>Sarah</u>	Middle Initial <u>E</u>	Maiden Name <u>Mitchell</u>
Address (Street Name and Number) <u>1307 Old Manor Rd.</u>		Apt # <u></u>	Date of Birth (month/day/year) <u>03/21/1974</u>
City <u>Columbia</u>	State <u>SC</u>	Zip Code <u>29210</u>	Social Security # <u>065-58-1334</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature

* Sarah E. White

Date (month/day/year)

* 08/29/2011

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>DC</u>		<u>SS Card</u>
Issuing authority: _____		<u>SC</u>		<u>Dept of Health</u>
Document #: _____		<u>004376780</u>		<u>065-58-1334</u>
Expiration Date (if any): _____		<u>3/21/15</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8/29/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Title

Sarah F Harris

Sarah F Harris

Emp Spec

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

PH

8/29/11

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title:

Document #

Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

NOTHING CONTAINED IN ANY POLICY CREATES A CONTRACT RIGHT, CONSISTENT WITH SOUTH CAROLINA L.A. ALL EMPLOYEES ARE EMPLOYED "AT WILL" WHICH MEANS THAT THE EMPLOYEE HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PALMETTO HEALTH RETAINS THE SAME RIGHT. EXCEPTIONS TO THE POLICE THAT ALL EMPLOYEES ARE EMPLOYED "AT WILL" MAY BE MADE ONLY BY WRITTEN AGREEMENT SIGNED BY THE CEO OR PRESIDENT OF PALMETTO HEALTH

Palmetto Health Employee Information & Responsibilities

I the undersigned understand the following information and my responsibilities

- 1) **General:** In addition to the policies referenced on this sheet, a complete Palmetto Health Human Resources Policy Manual is available on PHAnet, the employee intranet, and that each department may have additional policies specific to its area. I understand that the provisions/policies contained on this sheet and in the policy manuals are subject to change at any time.
- 2) **Pay:** Paydays occur every other Friday. Pay is automatically deposited to an account of the employee's financial institution of choice.
- 3) **Hours of Work:**
 - a) Palmetto Health operates seven days a week, twenty-four hours a day. Although a specific schedule of hours to be worked is normally prepared in advance of its effective date, this is not always possible. In accordance with the state law, employees are hereby notified that their normal working hours will be between zero and 24.
 - b) I am aware of my initial shift assignment. This shift designation may be changed at any time in the future based on the needs of the hospital.
- 4) **Payroll Deductions:** Payroll deductions may be made automatically for charges incurred by myself or by a person for whom I am responsible, for healthcare or pharmaceutical material, cash loans of uniforms or tools and other items like tuition assistance, all of which are considered an advance of wages I also understand that deductions owed will be taken from my last paycheck. The charge for failure to return my hospital identification card or parking permits will also be deducted from my last paycheck. Deductions to be made from wages or insurance are according to rates for coverage as requested on appropriate enrollment forms. Also, failure to fully satisfy debts owed to the institution when separating from employment may result in those debts being assigned to an appropriate collections agency.
- 5) **Uniforms:** My position DOES / DOES NOT require me to wear a prescribed uniform. If it does, I will obtain and wear it in accordance with Palmetto Health or hospital policy.
- 6) **Job Description:** I have received a copy of my job description and understand I will be evaluated per policy on the job responsibilities listed thereon. I will directly any questions about my specific job responsibilities to my manager.
- 7) **Confidentiality and Security:**
 - a) I understand that information concerning patients, employees and the business activities of Palmetto Health is confidential. I will preserve this right to confidentiality by not discussing or making this information available in public settings or with individuals not required to have access to this information based up law and job functions. I also understand that I do not have the right to access my own or family members' medical information without using the established Palmetto Health process for requesting patient information in accordance with Palmetto Health Corporate Compliance Manual, Section IV, and Policy B-Accessing Protected Health Information.
 - b) I understand that information needs to be secured not only from inappropriate disclosures, but also from errors, damage, and unavailability. To address these needed protections, Palmetto Health has provided administrative, physical, and technical controls to secure electronic information. I understand that immediate reporting of suspected or actual information security incidents or problems with these controls is mandatory. I also understand that bypassing, damaging, or deleting these controls or the information that they protect is forbidden.
 - c) Computer access codes are recognized as electronic signatures for access to automated patient and employee records. I understand that codes assigned for my individual use must be diligently protected and reported if compromise is suspected. I understand that any violation of these rules of confidentiality and security made subject me to disciplinary action that may include termination.
- 8) **For PRN/Roster or Fee for Service Employees only:** As a PRN/Roster or EFS employee, I understand that I am not eligible to participate in the Group Insurance Plan ("Plans") and/or any successor plan sponsored by Palmetto Health. I further understand and acknowledge that regardless of whether I am determined to be an employee or independent contractor of the Palmetto Health for any purpose, I am not eligible for such benefits and in consideration of my status of a PRN/Roster or EFS employee hereby affirmatively waive the right to such benefits. I release and hold harmless the Plan Administrator, the Plan Trustee, Palmetto Health and any successor or assign and against any and all claims I may have or hereafter claim to have with respect to my failure to participate in the plan.
- 9) **New Hire Information:** I have read and understand the human resources policy excerpts and summaries contained on the reverse side of this sheet.

Employee

Sarah E. White

Date

08/29/2011

Revised 8/2000

Sara White

1

Monday
August
2011

August 2011

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Tasks

Subject	Priority	Start	Due	Compl
803-633-0863				
12 hours / either shift				
LDN - Sept 09 - July 10 - 1 yr.				
1 yr. RN -				
OK to Salary (Karin)				
Gregory				

Notes

Hired in April 2011 -
but was injured
Back - (that is why did)
not come
Still in
physical
therapy

Appointments

8	
9	
10	030 Lobby
11	6 West Mail Span
12	
1	
2	
3	OK to Gail Span
4	about previous references
5	

115

SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.
PATIENT INFORMATION RECORD
(please print)

Patient number

Date Sept. 6, 2012

Patient's First Name Sarah Middle Emily Last White
Sex F Date of Birth 08/21/74 Age 38 Social Security # 065-58-1334
Mailing Address 45 Inspiration Dr. Apt# City Ridgeway State Zip 29130
Home Phone# (803) 337-8646 Cell Phone # (803) 633-0863 Marital Status
Employer or Retired From Date Retired
Employer Address Business #
Referring Physician First Name Last Name Phone #
Emergency Contact Helen Brabham Relationship Mother Phone # (803) 337-8646
319-1271

SPOUSE INFORMATION

Spouse's Name Terrell A. White Social Security # 065-58-1334 Date of Birth 09/28/77
Employer or Retired From Midlands Tec. Police Date Retired
Employer Address Business # (803) 917-3330
Spouse's Address if Different

METHOD OF PAYMENT: Personal check Cash Visa ☒ Mastercard

TO BE COMPLETED IF PATIENT IS A CHILD

Mother's Name Social Security #
Address Home #
Mother's Employer/Retired From Date Retired
Employer's Address Business #
Date of Birth
Father's Name Social Security #
Address Home #
Father's Employer/Retired From Date Retired
Employer's Address Business #
Date of Birth

INSURANCE INFORMATION

PRIMARY INSURANCE COVERAGE

Company
Subscriber
ID Number
Group Number
Send Claim To

SECONDARY INSURANCE COVERAGE

Company
Subscriber
ID Number
Group Number
Send Claim To

List other insurance coverage on back of information sheet

WORKER'S COMPENSATION CASES MUST COMPLETE APPROVAL FORM !!
PLEASE COMPLETE BACK OF FORM

116

MEDICAL HISTORY

List any medications you are currently taking Lortab 7.5/500, Trazodone 25 mg,
Xana 0.5 mg, Lidoderm patch, flexeril 10mg, Naprosan 550mg,
Nexium 40mg, Effexor 75mg,

List any previous major illnesses/surgeries (2) sided piriformis syndrom, L3
annular tear, herniated lumbar disk L4, L5 (pink root), disc
HTN, GOUT, Diabetes,

List any major illnesses/surgeries in your family history Thyroid dx, DM

Do you regularly use alcohol? NO If so, how much? _____ How often? _____

Do you regularly use tobacco? Yes If so, how much? 2 small black in mild a day
Small cigar

SYMPTOMS

- ☒ Headache
- ☐ Blackouts
- ☐ Seizures
- ☒ Dizziness
- ☐ Fainting
- ☐ Paralysis
- ☒ Other

ALLERGIC TO:

- ☒ Penicillin
- ☐ Local anesthetics
- ☐ (i.e. novocaine)
- ☐ Codeine
- ☒ Other

REACTION:

GI Distress

Septa, throat closes

Problem for which you have been referred to this office Electric Shock by Stove July 23, 2012

ASSIGNMENT OF INSURANCE BENEFITS

I acknowledge full responsibility for the payment of services rendered to me and agree to pay in full, AT THE TIME OF SERVICE, unless arrangements are made in advance with office. I understand and agree that the health insurance policies are arranged between the insurance carrier and myself. I take responsibility for any costs incurred by my failure to remit for services rendered.

Name: Sarah E. White

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PO BOX 1488

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

J. E. Carnes, MD

Mark K. Lencke, MD
Michael C. Mareska, MD

Alan R. Morgan, MD

Michael C. Mareska, M.D.
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 9/6/12

CONSULTATION

Michael Reed, MD
2 Medical Park
Suite 203
Columbia, SC 29203

Reason for consultation: Limb pain.

Dear Dr. Reed:

I had the pleasure of seeing Ms. White in the neurology office in consultation today. She is a 38-year-old lady who apparently got an electrical shock from her stove on July 23. She was fixing a meal for a neighbor. She grabbed the pots on the electric stove and jolt. She states she was jolted six times. The pain started in her right hand and it was described as a deep burning sensation. This then went up into the arm and into the back of the shoulder. Her left arm was fine. She really did not have any problems with her vision, chewing or swallowing. She did not have any problems with her legs. She went to the emergency department, was evaluated and released. At this point, the patient is still having a burning sensation in her hand and there is still some stiffness in her right fingers. She is still having some difficulty with the pain in her arm, but it is slowly getting better. Her left arm is okay. She is having some swelling in her feet. She seems to think her strength is poor. She is also complaining of shortness of breath and dizziness. Apparently, her EKG in the emergency department was mildly abnormal.

The patient is also dealing with back pain from an incident several years ago. She is seeing a pain specialist for this. She has been tried on Neurontin and Topamax in the past. Topamax caused side effects and Neurontin caused significant weight gain.

Page 2
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 9/6/12

Review of Systems:

Is as noted above in the history of the present illness with the addition of skin and color changes, leg and ankle swelling, muscle weakness, tenderness, chest pain and discomfort, difficult urination, constipation, generalized weakness, exercise intolerance, swelling in the joints, dizziness, headaches, shortness of breath, appetite changes, nausea, vomiting, heartburn, depression and anxiety, 15 pound weight gain, burning sensation in mouth and throat, productive cough. All other review of systems are reviewed and are negative.

Past Medical History:

Significant for right-sided piriformis syndrome, L3 annular tear, herniated lumbar disc at L4-L5, hypertension, reflux depression.

Family History:

Significant for thyroid disease, diabetes.

Social History:

She is separated and has no children. She is not working because of her back injury but she used to be a nurse. She does not drink. She smokes two small cigars a day.

Drug Allergies:

Penicillin, Septra.

Medicines:

Lortab, Trazodone, Xanax, Lidoderm, Flexeril, Naprosyn, Nexium, Effexor.

Physical Exam Normals:

General:

Reveals a 38-year-old lady in no acute distress. She has an extremely flat affect.

Neurological Exam:

Cranial nerves: The pupils are equal, round and reactive to light. The extraocular movements are intact. The optic discs are flat. Visual fields are grossly intact. Facial sensation is intact to light touch, pinprick and temperature sense. The face is symmetrical, tongue is midline and palate elevated symmetrically. The Sternocleidomastoid and trapezius are symmetrical. Hearing is intact bilaterally.

119

Page 3
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 9/6/12

Motor: Reveals normal tone and bulk. I see no focal weakness in her arms or her hands. She has equal strength in her legs.

Reflexes: Reflexes are symmetrical throughout.

Sensation: Sensation reveals decreased pinprick in her legs but otherwise vibratory sense and temperature sense appear to be intact. Sensation is intact in the arms.

Coordination: Coordination is intact with finger-to-nose, fine motor movements, rapid alternating movements and heel-to-shin.

Gait: Gait is normal including heel and toe walking. Tandem is normal. Romberg is absent.

Assessment:

It sounds as though that Ms. White maybe aggravated her nerves with the electrical shock injury. She apparently had blood work done at her primary care's office and I will endeavor to get these results. She has also had nerve conduction studies done by Dr. Westerkam in the past and I will endeavor to get these results. For the time-being, I think she is going to do well as she is already improving. We can try her on a trial of Lyrica to see if this will help alleviate some of her symptoms. I will certainly put her on a low dose. It is a derivative of Neurontin, but since it is a slightly different molecule, she may not have the same side effects. She seemed to understand and agree with this plan.

Thank you very much for allowing me to participate in the care of this patient. If you have any questions or comments, please feel free to contact me.

Sincerely,

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED
Michael C. Mareska, MD
MCM/ABH

cc: Michael Reed, MDEzra Riber, MD

SOUTH CAROLINA NEUROLOGICAL CLINIC
Telephone (803) 254-6391 Fax (803) 799-0682

NEW PATIENT/CONSULT

NAME: Sarah White

DATE: 9.6.12

MR#: 249966

RMD: UMC Referral

CC:

HPI: A.S. Reber - pain unilateral.

Started July 23rd - in home - *Charles*
gradual onset - got worse over time - pain @ back - day long
and biting on, shoulder - shoulder blade.

now - still having sensation in hand - *when I sit down*
stronger when -

Can do - swelling, *in the* / *back*

Strength poor - *can't do much* - 80% day

New note
Testament
by 12

☐ No seizures, black outs or confusion ☐ No lateralizing weakness, numbness or gait disturbance ☐ No diplopia, dysarthria, dysphagia, dysphonia, or incontinence

ROS: Listed in chart.

PREVIOUS HEALTH: ☐ Appendectomy ☐ Hysterectomy ☐ Thyroidectomy

☐ Hypothyroidism ☐ Cancer ☐ Heart Disease ☐ Diabetes ☐ Hypertension ☐ Stroke ☐ TIA

FAMILY HISTORY: ☐ Diabetes ☐ Heart Disease ☐ Strokes ☐ Neurological Disease ☐ Cancer ☐ Hypertension ☐ Alcoholism or Drug Dependency ☐ Other

SOCIAL HISTORY: ☐ Alcohol ☐ Tobacco ☐ Marital Status ☐ M ☐ S ☐ W ☐ D *Spouse: 1st time*

ALLERGIES:

MEDS: Listed in chart. *Valium - 1/2*

GENERAL: ☐ Well developed and nourished ☐ Obese ☐ Poorly nourished

HEART: ☐ Regular rhythm with no significant murmurs

NECK: ☐ No carotid bruits ☐ No thyroid enlargement

EXTREMITIES: ☐ Pulses good ☐ No swelling ☐ No ulcers

VS: BP:

Pulse:

Weight:

Respirations:

MENTAL STATUS: ☐ Alert and oriented x 3 ☐ Good attention and concentration

☐ Good memory, appropriate for age ☐ No dysphasia ☐ MMS

EYES: ☐ PERL ☐ Optic discs show no pallor or papilledema ☐ No visual field cuts

CRANIAL NERVES: ☐ EOMS full without nystagmus ☐ Facial sensation and movement are symmetrical ☐ Hearing symmetrical to finger rub ☐ Palatal movement symmetrical ☐ Tongue midline without fasciculations ☐ Good sternocleidomastoid and trapezius strength

121

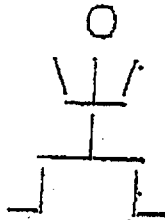
SOUTH CAROLINA NEUROLOGICAL CLINIC

MOTOR: ☐ No drift of upper extremities and stands on heels and toes ☐ Good strength in upper and lower extremities to specific muscle testing ☐ No atrophy or fasciculations ☐ No abnormal movements or tone change ☐ No ataxia ☐ Gait unremarkable

SENSORY: ☐ No loss of pin prick, light touch ☐ No loss of cortical sensory modalities



REFLEXES:



ANATOMIC DIAGNOSIS:

WORKING DIAGNOSIS:

DIFFERENTIAL DIAGNOSIS:

RECOMMENDATIONS:

☐ Half encounter spent in counseling and education

SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PATIENT MEDICAL HISTORY FORM (continued)

D. REVIEW OF SYSTEMS

Please check any of the conditions below that you are currently suffering from. ☒ Left shoulder pain
☒ pain, numbness, tingling in right arm, burning sensation in right hand

☐ Fever or chill spells	☐ Generalized lack of energy	☒ Generalized weakness
☐ Unexplained weight loss	☐ Coughing blood	☒ Exercise intolerance
☐ Skin color or texture change	☐ Rashes	☐ Fainting spells
☒ Leg or ankle swelling	☒ Swelling or pain in joints	☐ Joints that dislocate
☒ Muscle weakness / tenderness	☒ Dizziness / problems walking	☐ Change in hearing
☐ Change in vision	☐ Frequent nosebleeds	☐ Chronic sinus problems
☐ Mouth ulcers or bleeding	☐ Voice change or hoarseness	☒ Headaches
☒ Chest pain or discomfort	☐ Heart murmur	☒ Difficulty breathing
☒ Pain/difficulty urinating	☐ Excessive thirst or urination	☒ Numbness / tingling sensation
☐ Hot or cold spells	☐ Genital discharge	☒ Appetite changes
☐ Difficulty swallowing	☒ Heartburn	☒ Nausea or vomiting
☒ Change in bowel habits	☐ Diarrhea	☒ Constipation
☐ Easy bruising	☐ Frequent infections	☐ Runny nose
☐ Itchy eyes	☒ Depression	☒ Anxiety

☒ 15lb weight gain, burning sensation mouth and throat, can't taste food, productive cough

Patient Signature: Laurie E. White Date: 9/6/12

☒ I have reviewed this information with the patient.

Physician Signature: M. Neal Date: 9/6/12

125

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PO BOX 1488

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

J. E. Carnes, MD Mark K. Lencke, MD
Alan R. Morgan, MD Michael C. Mareska, MD Xiao M. Androulakis, MD

Michael C. Mareska, M.D.
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 12/19/12

PROGRESS NOTE

Reason for return visit: Limb pain.

Ms. White returns in the neurology office today for follow up of her limb pain. She tried the Lyrica but got immediate edema with the first dose apparently. She is also having difficulty with chest pain and shortness of breath and has had multiple emergency room visits because of this. She has been to see a cardiologist due to EKG abnormalities but apparently all other work up was negative for any issues. Her right arm is feeling like it is going to fall off at times. Her shoulder is particularly painful. She has tingling and numbness in her arm. Flexeril has not helped. Lortab seems to help the most. She was put on Prednisone earlier and this also seemed to help her symptoms.

Medicines:

Xanax, Nexium, Lortab, Motrin, Celexa.

Physical Exam Normals:

General:

Reveals a 38-year-old lady in no acute distress:

BP: 112/65 HR: 80 WT: 148

Neurological Exam:

Cranial nerves: The pupils are equal, round and reactive to light. The extraocular movements are intact. The face is symmetrical, tongue is midline and palate elevates symmetrically.

Motor: Reveals normal tone and bulk with no focal weakness. She does guard her right arm though.

124

Page 2
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 12/19/12

Reflexes: Reflexes are symmetrical throughout.

Sensation: Sensation is intact to pinprick and temperature sense.

Coordination: Coordination is normal with finger-to-nose and fine motor movements.

Gait: Gait is stable.

Assessment:

Ms. White is still having difficulties with regards to her right arm. For further evaluation, I would like to check nerve conduction studies now. In addition, I will also try putting her on Cymbalta 30 mg a day. She is to stop the Celexa for the time-being. If she is unable to tolerate the Cymbalta, she can always go back on Celexa. She seemed to understand and agree with this plan.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Michael C. Mareska, MD
MCM/ABH

cc: Michael Reed, MD
Ezra Riber, MD

125

SOUTH CAROLINA NEUROLOGICAL CLINIC

Telephone (803) 254-6391 Fax (803) 799-0682

NAME: Sarah White

RECHECK

DATE: 12/19/12

MR#: 210964

RMD:

CC: tra. Rehab

HPI:

Trunk Lyman - edema - 18 pM - hand chest pain SOB -

chest pain to cartilage M - ST elevation 12mm - 12/19/12

① Amo feels like its pin to all off.

Lords A knee injury. Fracture - not clear

prelaminar below

ROS: Listed in chart. ☐ No Change for date

VS: BP: 101/65 Pulse: 80 Weight: 148 Respirations:

MENTAL STATUS: ☐ Alert and oriented x 3 ☐ Good attention and concentration

☐ Good memory, appropriate for age ☐ No dysphasia ☐ MMS

EYES: ☐ PERL ☐ Optic discs show no pallor or papilledema ☐ No visual field cuts

CRANIAL NERVES: ☐ EOMS full without nystagmus ☐ Facial sensation and movement are symmetrical ☐ Hearing symmetrical to finger rub ☐ Palatal movement symmetrical ☐ Tongue midline without fasciculations ☐ Good sternocleidomastoid and trapezius strength

MOTOR: ☐ No drift of upper extremities and stands on heels and toes ☐ Good strength in upper and lower extremities to specific muscle testing ☐ No atrophy or fasciculations ☐ No abnormal movements or tone change ☐ No ataxia ☐ Gait unremarkable

SENSORY: ☐ No loss of pin prick, light touch ☐ No loss of cortical sensory modalities

REFLEXES:

IMPRESSION:

RECOMMENDATIONS:

Exacerbated 30 days

Exacerbated 30 days

- NLS ① am

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PO BOX 1488

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

J. E. Carnes, MD

Mark K. Lencke, MD

Alan R. Morgan, MD

Michael C. Mareska, MD

Xiao M. Andronlakis, MD

Michael Mareska, MD

Patient ID: 249966

Patient Name: Sarah White

DOB: 03/21/1974

Date of Service: 03/21/2013

PROGRESS NOTE

Reason for return visit: Limb pain.

Ms. White returns to the neurology office today for followup of her limb pain. Cymbalta has helped as it has decreased the burning pain. However, she still has numbness and tingling in her arm. She is still having difficulty with back pain. She has been forced to work more at work and this is making her back pain worse.

Medicines: ✓

Cymbalta 30 mg a day, Xanax, Nexium, Lortab, Motrin. *Motrin 800 qid, B2, Flaxseed*
Neurontin 300 2 qd, hydroxyzine, Alprazolam, Valproate

Physical Exam Normals:

General:

Reveals a 39-year-old lady in no acute distress:

Neurological Exam:

Cranial nerves: The pupils are equal, round and reactive to light. The extraocular movements are intact. The face is symmetrical, tongue is midline and palate elevates symmetrically.

Motor: Reveals normal tone and bulk with good strength throughout.

Reflexes: Reflexes are symmetrical throughout.

127

Page 2

Patient ID: 249966

Patient Name: Sarah White

DOB: 03/21/1974

Date of Service: 03/21/2013

Coordination: Coordination is normal with finger-to-nose and fine motor movements.

Gait: Gait demonstrates limping secondary to back pain.

Assessment:

Ms. White is still having difficulties with regards to her pain syndromes. She had nerve conduction studies back in 2011, but there were of her leg. I would like to do repeat nerve conduction studies of the leg and do nerve conduction studies of the arm. I would also like to do an MRI of the brain to make sure we are not dealing with something like multiple sclerosis. Depending on the results of this testing, this may guide my workup further. She seemed to understand and agree with this plan.

Electronically signed by Michael Mareska, MD at 03/27/2013 07:21

Michael Mareska, MD

MM/lb

DD: 03/21/2013 07:15 DT: 03/22/2013 05:11 DOC#: 00001054/JOB#: 01081

CC: Michael Reed, MD

CC: Ezra Riber, MD

SOUTH CAROLINA NEUROLOGICAL CLINIC
Telephone (803) 254-6391 Fax (803) 799-0682

NAME: Sarah White
RMD:
CC: Pharmacokinetics -
HPI:

RECHECK
DATE: 3/21/13

MR#: 249946

Cyberball - lateral to pain. deep lung sounds
① Shallow, fast - Normal Tidal, pleth x-ray -
respiratory or tidal
- tach - hypoxia to cyanosis

ROS: Listed in chart. ☐ No Change for date _____
VS: BP: _____ Pulse: _____ Weight: _____ Respirations: _____
MENTAL STATUS: ☐ Alert and oriented x 3 ☐ Good attention and concentration
☐ Good memory, appropriate for age ☐ No dysphasia ☐ MMS

EYES: ☐ PERL ☐ Optic discs show no pallor or papilledema ☐ No visual field cuts

CRANIAL NERVES: ☐ EOMS full without nystagmus ☐ Facial sensation and movement are symmetrical ☐ Hearing symmetrical to finger rub ☐ Palatal movement symmetrical ☐ Tongue midline without fasciculations ☐ Good sternocleidomastoid and trapezius strength

MOTOR: ☐ No drift of upper extremities and stands on heels and toes ☐ Good strength in upper and lower extremities to specific muscle testing ☐ No atrophy or fasciculations ☐ No abnormal movements or tone change ☐ No ataxia ☐ Gait unremarkable

SENSORY: ☐ No loss of pin prick, light touch ☐ No loss of cortical sensory modalities

REFLEXES:

IMPRESSION:

RECOMMENDATIONS:

→ NLS ① and day
→ Brain

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PO BOX 1488

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

Alan R. Morgan, MD J. E. Carnes, MD Mark K. Lencke, MD
Michael C. Mareska, MD Xiao M. Androulakis, MD

Michael Mareska, MD
Patient ID: 249966
Patient Name: Sarah White
DOB: 03/21/1974
Date of Service: 03/27/2013

EMG/NCS REPORT

Ms. White returns to the neurology office today for nerve conduction studies. She is still complaining of right arm pain and shoulder pain. There is still numbness in the fingers. She is still complaining of pain in her back going down into her legs more so on the right than on the left. She is complaining of numbness in her right toe.

The nerve conduction studies are within normal limits. I find no evidence for a mononeuropathy, peripheral neuropathy, right lumbosacral radiculopathy, or right cervical radiculopathy.

At this point, Ms. White is following up with Dr. Riber for pain management. She is apparently contemplating a stimulator implant. I would like to send the patient to orthopedics to have them take a look at her shoulder. She may have a rotator cuff issue. I will also repeat an MRI of the cervical spine for reevaluation of the syrinx. She seemed to understand and agree with this plan.

Electronically signed by Michael Mareska, MD at 03/29/2013 12:59

Michael Mareska, MD
MM/lb

DD: 03/27/2013 10:47 DT: 03/28/2013 04:15:00 DOC#: 00001114/JOB#: 01139

CC: Michael Reed, MD
CC: Ezra Riber, MD

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.
P.O. BOX 1488
COLUMBIA, SOUTH CAROLINA 29202

J.E. Carnes, M.D. Mark K. Lencke, M.D.
 Alan R. Morgan, M.D. Michael C. Mareska, M.D.

Telephone: (803) 254-6391 Fax: (803) 799-0682

Patient: WHITE, SARAH E.
Patient ID: 249966
Sex: Female
Date of Birth: 3/21/1974
Age: 39 Years 0 Months
Ref MD: MICHAEL REED, MD
Examining MD: MICHAEL MARESKA, MD
Notes: RIGHT ARM AND LEG PAIN.

Sensory NCS

Nerve	Site	Onset ms	Peak ms	BP Amp μ V	Dist cm
R MEDIAN - Palmar	Wrist	1.50	1.95	119.3	8
R ULNAR - Palmar	Wrist	1.30	1.75	38.3	8
R RADIAL - Thumb	Thumb	1.50	1.90	34.6	8
R SURAL - Lat Mall	Calf	2.80	3.70	26.4	14
R SUP PERONEAL	Lat Leg	2.80	3.50	22.5	14

Motor NCS

Nerve	Site	Lat. ms	Amp.1-2 mV	Dist. cm	Vel. m/s
R MEDIAN - APB	Wrist	3.40	6.5	7	
	Elbow	7.80	6.3	23.5	53.4
R ULNAR - ADM	Wrist	2.50	13.5	6.5	
	B.Elbow	5.85	13.8	18.5	55.2
	Elbow	8.45	13.7	32.5	54.6
R COMM PERONEAL - EDB	Ankle	3.80	8.0	7	
	B.Knee	10.60	6.6	31.5	46.3
	Knee	12.35	6.6	39.5	46.2
R TIBIAL (KNEE) - AH	Ankle	2.95	8.2		
	PF	11.95	4.5	39.5	43.9

F Wave

Nerve	Fmin ms
R COMM PERONEAL	47.15
R TIBIAL (KNEE)	52.90
R MEDIAN	27.30
R ULNAR	27.85

EMG Summary Table											
	Spontaneous					MUAP			Recruitment		
	IA	Fib	PSW	Fasc	Other	Amp	Dur.	PPP	Pattern	Firing Rate	Effort
R. TIB ANTERIOR	N	None	None	None	None	N	N	N	N	N	N
R. GASTROCN (MED)	N	None	None	None	None	N	N	N	N	N	N
R. PERON LONGUS	N	None	None	None	None	N	N	N	N	N	N
R. VAST LATERALIS	N	None	None	None	None	N	N	N	N	N	N
R. FIRST D INTEROSS	N	None	None	None	None	N	N	N	N	N	N
R. ABD POLL BREVIS	N	None	None	None	None	N	N	N	N	N	N
R. FLEX CARPI RAD	N	None	None	None	None	N	N	N	N	N	N

Normal Values

	Latency (ms)	Distance (mm)	Amplitude	Velocity	F-wave (ms)
Sensory					
Median (palmar)	<2.2	80	>50 uv		
Ulnar (palmar)	<2.2	80	>12 uv		
Median (wrist)	<3.2	140	>25 uv		
Ulnar (wrist)	<3.2	140	>25 uv		
Motor					
Median	<4.2	70	>4.2 mv	>48 m/sec	<31.4
Ulnar	<3.4	65	>5.6 mv	>45 m/sec	<33.5
Peroneal	<5.1	70	>2.2 mv	>38 m/sec	<56.0
Tibial	<5.7	70		>41 m/sec	<56.0

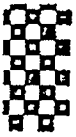
Summary:

The nerve conduction studies are within normal limits. Needle EMG does not demonstrate any additional abnormalities.

Interpretation:

This is a normal study. There is no evidence for a mononeuropathy, peripheral neuropathy or right lumbosacral or cervical radiculopathy.

Michael C. Mareska, M.D.
 Michael C. Mareska, M.D.



THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.
P.O. BOX 1488
COLUMBIA, SOUTH CAROLINA 29202

J.E. Carnes, M.D. Michael C. Mareska, M.D.
Mark K. Lencke, M.D. Alan R. Morgan, M.D.

Telephone: (803) 254-6391 Fax: (803) 799-0682

3/25/2013

DR MICHAEL MARESKA
S.C. NEUROLOGICAL CLINIC
1333 TAYLOR ST
SUITE 1C
COLUMBIA, SC 29201

RE: WHITE, SARAH E

Date of Birth: 3/21/1974

Patient ID: 166787

Requesting Physician: DR MICHAEL MARESKA S.C. NEUROLOGICAL CLINIC
1333 TAYLOR ST
SUITE 1C COLUMBIA SC 29201 United States

Reason for Study: pain throughout body

Date of Study: 03/22/2013

EXAMINATION: mri-brain w/o contrast (neuro)

TECHNIQUE: Brain MRI examination was performed with multi-sequence and multi-planar scans through the brain.

FINDINGS: The cerebral sulci and ventricles are of normal size. The brain parenchyma shows normal signal intensity. The corpus callosum is intact. No pituitary enlargement. No cerebellar tonsillar ectopia. There is no restricted diffusion to suggest acute infarct.

IMPRESSION: Negative brain MRI.

Signed,

Dr. Lawrence Lough

S

Anthony Mintz

--End of Report--

ITL WarpSpeed RIS/PACS System © Image Technology Laboratories, Inc. Kingston, NY

WHITE, SARAH E

e818738a-4796-4532-9333-931d783d4fd8 - 1

133

THE SOUTH CAROLINA NEUROLOGICAL CLINIC, P.A.

PO BOX 1488

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE : (803) 254-6391 FAX : (803) 799-0682

J. E. Carnes, MD

Mark K. Lencke, MD

Alan R. Morgan, MD

Michael C. Mareska, MD

Xiao M. Androulakis, MD

Michael Mareska, MD

Patient ID: 249966

Patient Name: Sarah White

DOB: 03/21/1974

Date of Service: 04/04/2013

PROGRESS NOTE

Reason for return visit: Limb pain.

Ms. White returns in the neurology office today for follow up of her limb pain. She recently had difficulty with feeling off balance and having difficulty breathing. She is also complaining of chest constriction. She is wondering if there are muscle spasms going on. She is still having difficulties with her arms and legs with numbness and tingling. She is fixated on the fact that the syrinx in her neck is causing all of these problems. Even the tachycardia that she is has, she is blaming on the syrinx.

I re-imaged her cervical spine and it demonstrates an unchanged syrinx at the C5 level. It is 1 mm in diameter. There does not appear to be any cord edema or cord changes associated with the syrinx. The radiologist seems to think that it is congenital. The patient states that the syrinx happened back in 2011 when she was shaken around in the chair and her head was whipped back and forth at the nurse's station when the charge nurse was trying to get her attention.

Medicines:

Cymbalta 30 mg a day, Xanax, Nexium, Lortab, metoprolol, Phenergan, B-12, Flexeril, Neurontin 300 mg two at night, hydroxyzine, alprazolam, meloxicam.

Physical Exam Normals:

General:

Reveals a 39-year-old lady in no acute distress. She has a rather flat affect today.
BP: 131/74 HR: 103 WT: 150

Page 2

Patient ID: 249966

Patient Name: Sarah White

DOB: 03/21/1974

Date of Service: 04/04/2013

Neurological Exam:

Cranial nerves: The pupils are equal, round and reactive to light. The extraocular movements are intact. The face is symmetrical, tongue is midline and palate elevates symmetrically.

Motor: Reveals normal tone and bulk with no focal weakness.

Reflexes: Reflexes are symmetrical throughout.

Sensation: Sensation is intact to pinprick and temperature sense.

Coordination: Coordination is normal.

Gait: Gait is stable.

Assessment:

Ms. White is still having symptoms. I am wondering if she is also dealing with some depression and if some of her symptoms are somatoform and functional. Certainly, the syrinx at the C5 level of only 1 mm with no cord change should not necessarily be causing all of these symptoms though the patient is very adamant that this is causing her problems. She is requesting to be sent to a neurosurgeon in town. We will try Dr. Rambo, et al to see if they have any opinion. depending on the outcome of the consult, we can always send her to MUSC. I informed the patient that I am not sure if there is anything else I can do for her. She, again, is adamant that the syrinx is causing all of these symptoms and I am not entirely certain this is the case.

Electronically signed by Michael Mareska, MD at 04/05/2013 12:40

Michael Mareska, MD

MM/ah

DD: 04/04/2013 10:16 DT: 04/04/2013 14:28:00 DOC#: 00001196/JOB#: 01217

CC: Michael Reed, MD

CC: Ezra Riber, MD

SOUTH CAROLINA NEUROLOGICAL CLINIC

Telephone (803) 254-6391 Fax (803) 799-0682

NAME: Sarah White RECHECK
RMD:
CC:
HPI:

DATE: 4/4/13

MR#: 249964

D>ft = hndesa - full off hndesa - str off bag.

STAA in gait - with More space:

ROS: Listed in chart. ☐ No Change for date _____

VS: BP 131/74 Pulse: 103 Weight: 150 Respirations:

MENTAL STATUS: ☐ Alert and oriented x 3 ☐ Good attention and concentration
☐ Good memory, appropriate for age ☐ No dysphasia ☐ MMS

EYES: ☐ PERL ☐ Optic discs show no pallor or papilledema ☐ No visual field cuts

CRANIAL NERVES: ☐ EOMS full without nystagmus ☐ Facial sensation and movement are symmetrical ☐ Hearing symmetrical to finger rub ☐ Palatal movement symmetrical ☐ Tongue midline without fasciculations ☐ Good sternocleidomastoid and trapezius strength

MOTOR: ☐ No drift of upper extremities and stands on heels and toes ☐ Good strength in upper and lower extremities to specific muscle testing ☐ No atrophy or fasciculations ☐ No abnormal movements or tone change ☐ No ataxia ☐ Gait unremarkable

SENSORY: ☐ No loss of pin prick, light touch ☐ No loss of cortical sensory modalities

REFLEXES:

WUR STOMACH

IMPRESSION:

RECOMMENDATIONS:

IMPORTANT MESSAGE

FOR Dr Mareska

DATE 9/10/12 TIME 8:15 AM PM

M. Sarah White

OF DOB: 3.21.74

PHONE/CELL 803-633-0863

TELEPHONED	RECEIVED
WANTS TO SEE YOU	WILL CALL
WANTS TO SEE YOU	RIGHT
RETURNED COPY DATE	SP. V. A. N. 16

MESSAGE: OT 500-0116/12
Went to 12 on
9/11/12. 1205 arrived.
1205 arrived. 1205
to call to inform
you of change to
see 1205 as well.

SIGNED [Signature] [Initials]

IMPORTANT MESSAGE									
FOR	Dr mm								
DATE	1-31-13								
TIME									
TO	Pt Sarah E. White.								
OF	521-5074.								
PHONE/CELL	Phoebe #								
<table border="1"> <tr> <td>TELEPHONED</td> <td>PLEASE CALL</td> </tr> <tr> <td>WANTED TO SEE YOU</td> <td>WILL CALL AGAIN</td> </tr> <tr> <td>WANT TO SEE YOU</td> <td>RUSH</td> </tr> <tr> <td>RETURNED YOUR CALL</td> <td>SPECIAL ATTENTION</td> </tr> </table>		TELEPHONED	PLEASE CALL	WANTED TO SEE YOU	WILL CALL AGAIN	WANT TO SEE YOU	RUSH	RETURNED YOUR CALL	SPECIAL ATTENTION
TELEPHONED	PLEASE CALL								
WANTED TO SEE YOU	WILL CALL AGAIN								
WANT TO SEE YOU	RUSH								
RETURNED YOUR CALL	SPECIAL ATTENTION								
MESSAGE	What was next step after emg/NS from Dr. Westel Kamp? Also pfs on Cymbalta 30mg and doing great, but her PCP said that was a fatter dose and								
SIGNED	(M) to contact you to 1?								

1971

2000

48.

4.

23

IMPORTANT MESSAGE

FOR Dr. M.M.

DATE 6-10-13 TIME _____ A.M. P.M.

M. Sarah White

OF 521-5074 leave V.M.

PHONE/CELL _____

TELEPHONED	PLEASE CALL
CAME TO SEE YOU	WILL CALL AGAIN
WANTS TO SEE YOU	RUSH
RETURNED YOUR CALL	SPECIAL ATTENTION

MESSAGE She saw Dr. Toussant & he recommended she go to Charleston (Not Mux) to get a stimulator. Do you set that up or does Dr. Toussant.

SIGNED [Signature]

UNLESS CHECKED, LABEL WITH DRUG NAME

REFILL _____ TIME (NO REFILL UNLESS INDICATED)

DISPENSE AS WRITTEN _____ M.D.

SUBSTITUTION PERMITTED _____ M.D.

PATIENT'S NAME Sarah White DATE 6/10/13

ADDRESS _____

THE SOUTH CAROLINA NEUROLOGICAL CLINIC
 1333 TAYLOR STREET • SUITE 1-C • COLUMBIA, SOUTH CAROLINA 29201
 TELEPHONE (803) 254-6391

J.E. CARNES, M.D.
 DEA NO: AC6882648

ALAN R. MORGAN, M.D.
 DEA NO: FM0427307

MARK K. LENCKE, M.D.
 DEA NO: BL4810071

XIAO M. ANDROULAKIS, M.D.
 DEA NO: FA3188240

MICHAEL C. MARESKA, M.D.
 DEA NO: BM8762431

IMPORTANT MESSAGE

FOR Dr. M.M.

DATE 4.3.13 TIME _____ A.M. P.M.

M. Pt. Sarah E. White

OF DOB: 3.21.74.

PHONE/CELL 521. 5074.

TELEPHONED	PLEASE CALL
CAME TO SEE YOU	WILL CALL AGAIN
WANTS TO SEE YOU	RUSH
RETURNED YOUR CALL	SPECIAL ATTENTION

MESSAGE Pt has appt. tomorrow but having crisis today - off balance, quit disturbance dizziness, headache, pressure on chest.

SIGNED [Signature]

THE SOUTH CAROLINA NEUROLOGICAL CLINIC
 1333 TAYLOR STREET • SUITE 1-C • COLUMBIA, SOUTH CAROLINA 29201
 TELEPHONE (803) 254-6391

JULIAN C. ADAMS, M.D.
 DEA NO: AA8133059

LAWRENCE B. MAULDIN, M.D.
 DEA NO: AM8093635

J.E. CARNES, M.D.
 DEA NO: AC6882648

THEODORE T. FABER, M.D.
 DEA NO: BF1785673

CHARLES G. SHISSIAS, M.D.
 DEA NO: 855258276

ALAN R. MORGAN, M.D.
 DEA NO: FM0427307

MICHAEL C. MARESKA, M.D.
 DEA NO: BM8762431

MARK K. LENCKE, M.D.
 DEA NO: BL4610071

PATIENT'S NAME _____ DATE _____

ADDRESS _____

UNLESS CHECKED, LABEL WITH DRUG NAME

REFILL _____ TIME (NO REFILL UNLESS INDICATED)

DISPENSE AS WRITTEN _____ M.D.

SUBSTITUTION PERMITTED _____ M.D.

IMPORTANT MESSAGE

FOR *Dr. M. M. M.*

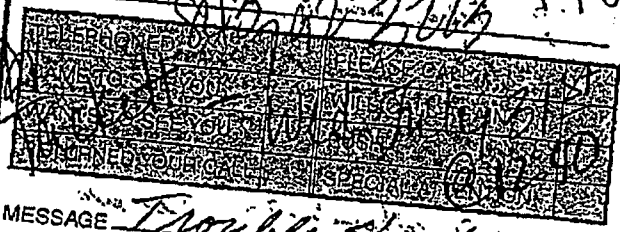
DATE *6-25-73*

TIME *5:00* A.M.
P.M.

FROM *Sarah White*

OF *521-5074*

PHONE/CELL *843-792-2223*



MESSAGE *Trouble Standing,
Walking, bending,
sitting. In a lot of
pain. Already had
max amount of injection
from pain management.
Dr. Tournant says no*

SIGNED *KT. Surgery. Will*
CP 843-792-2458

843-792-3223

[illegible]

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider: Ezra B Riber, MD
Encounter Date: Sep 28, 2012

Patient: White, Sarah E (PT00000070)
Gender: Female **DOB:** Mar 21, 1974 **Age:** 38 year
Race: Black/African American
Address: 5525 N Main St., Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- lower backache.
- left lower extremity pain.
- right lower extremity pain.
- right upper extremity pain.
- right gluteal pain.

HPI:

Ms. White is a 38-year-old woman here today for routine scheduled follow up. She was first seen in December of 2011 with the above complaints. We have focused on medical management, but she may be a candidate for interventional treatment. She voices no new complaints at this time and rates her pain as moderate to severe.

Vital Signs:

Weight:	157 lbs 5 oz
Height:	5' 5"
BMI:	26.17
Temperature:	98.3 F (Tympanic)
BP:	119/77(Right Arm)(Sitting)
Pulse:	88
Respiration:	14
Oxygen:	96

Allergy:

augmentin, contrast dye, septr, shellfish derived

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg** SIG: take 1 tablet every 4 to 6 hours as needed
2 Effexor Xr 150 Mg Capsule (Other MD) SIG: take one qd
3 Lidoderm Patch (Other MD)
4 Naprosyn Ec 500 Mg Tablet (Other MD) SIG: Take 1 twice daily
5 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
6 Xanax 0.5 Mg Tablet (Other MD) SIG: prn

Examination:

Pleasant, no acute distress, alert and oriented, good historian.
Unaccompanied today.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian In reasonably good spirits.
Patient appears stated age.

Cervical Spine: Range of motion reasonably full No Spurling's or Lhermitte's. Symmetrical contour of the shoulders. No winging of the scapulae. Grip strength (Symmetrical). No atrophic or dystrophic changes noted.

Lungs: clear; no wheezing, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Integumentary: Warm and dry throughout.

Diagnosis/Decision Making:

- 724.2 Lumbago
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified
724.8 Other Back Symptoms
729.5 Pain in Limb
338.4 Chronic Pain Syndrome
V58.69 Long-Term (Current) use of other Medications

Treatment Plan (R):

- Continue with current medications.
- No adjustments recommended today.
- Patient instructed on dosing and side effects.
- The treatment plan was discussed in its entirety with the nurse case manager who was present for the appointment today.
- Follow up.
- Call between appointments with questions or concerns.

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider:

Supervising: Ezra B Riber, MD

Performing: Mike Robichaud, P.A.

Encounter Date: Nov 19, 2012

Patient: White, Sarah E (PT00000070)

Gender: Female DOB: Mar 21, 1974 Age: 38 year

Race: Black/African American

Address: 5525 N Main St., Columbia SC 29203

Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Back and leg pain; neck shoulder and arm pain,, right; numbness and tingling low back and lower extremities, feet; right upper extremity.

HPI:

Ms. White is a 38-year-old woman first seen here in December of 2011 18 months history of low back and leg pain. There is some question as to whether the onset of her problems are a result of work related incidents and she continues to explore this. In the meantime, we have focused on palliative treatment. She denies new complaints today.

ROS:

Per HPI.

Current Medication:

1 Lortab 7.5-500 Tablet Mg SIG: take 1 tablet every 4 to 6 hours as needed

2 Effexor Xr 150 Mg Capsule (Other MD) SIG: take one qd

3 Lidoderm Patch (Other MD)

4 Naprosyn Ec 500 Mg Tablet (Other MD) SIG: Take 1 twice daily

5 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily

6 Xanax 0.5 Mg Tablet (Other MD) SIG: prn

Examination:

Pleasant, no acute distress, alert and oriented, good historian.

Unaccompanied today.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian No tics or Tourette call us.

Patient appears stated age.

Cervical Spine: Range of motion reasonably full Symmetrical contour of the shoulders. No winging of the scapulae.

Upper Extremities: Symmetrical in appearance Grip strength (Symmetrical bilaterally).

Lungs: clear; no wheezing, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs. Low back and lower extremity exam and complaints are unchanged. Gait non-antalgic.

Integumentary: Warm and dry throughout.

Diagnosis/Decision Making:

724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified

724.8 Other Back Symptoms

724.2 Lumbago

729.5 Pain in Limb

338.4 Chronic Pain Syndrome

V58.69 Long-Term (Current) use of other Medications

Treatment Plan (R):

- Continue with current medications.
- No adjustments recommended today.
- Patient instructed on dosing and side effects.
- Follow up One month or sooner if needed.
- Call between appointments with questions or concerns.

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider:

Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Mar 04, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 38 year
Race: Black/African American
Address: 5525 N Main St. , Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White, a 38 year old black/african american female patient is in the office today for a follow up appointment.

Patient complains of lower back pain, right upper extremity pain, left lower extremity pain and right lower extremity pain. She does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

States her LBP, LE pain R>L, and her UE pain R>L is worse since her last visit without inciting event. She states that lying down makes her LBP worse and walking makes her LE pain worse. She is requesting a TPI. She denies any other new questions, concerns, or complaints today.

Vital Signs:

Weight:	143 lbs
Height:	5' 5"
BMI:	23.79
BSA:	1.72
Temperature:	99.5 F (Tympanic)
BP:	111/69(Right Arm)(Sitting)

Pulse: 93(Right brachial)(Sitting)(Regular)
Respiration: 12
Oxygen: 97(Room air)

Allergy:
augmentin, contrast dye, septrà, shellfish derived

ROS:
See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg** SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Mobic 7.5 Mg Tablet** SIG: Take 1 daily
- 3 Effexor Xr 150 Mg Capsule (Other MD)** SIG: take one qd
- 4 Lidoderm Patch (Other MD)**
- 5 Nexium 40 Mg Capsule (Other MD)** SIG: Take 1 daily
- 6 Xanax 0.5 Mg Tablet (Other MD)** SIG: prn
- 7 Cymbalta 30 Mg Capsule (Other MD)**
- 8 Lopressor 50 Mg Tablet (Other MD)** SIG: Take 1 twice daily
- 9 Mucinex Er 1,200 Mg Tablet (Other MD)**
- 10 Cymbalta 30 Mg Capsule (Other MD)** SIG: Take 1 by mouth daily
- 11 Metoprolol Succ Er 50 Mg Tab (Other MD)** SIG: Take 1 by mouth daily

Medical History:
Past medical history is unchanged.

Social History:
Social history is unchanged from the previous visit.

Examination:

Other: 5/5 strength bilateral LE with mild breakaway on th right.
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs. Back and lower extremity exam and complaints unchanged.
Neck and upper extremity exam and complaints unchanged.
Gait: Patient ambulates without a device. Gait of the patient is normal.
General Appearance: The patient is a healthy, well appearing female, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.8 Other Back Symptoms 724.2 Lumbago 338.4 Chronic Pain Syndrome 729.5 Pain in Limb v58.69 Long-Term (Current) use of other Medications

Treatment Plan:

Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concerns.

MEDICATIONS:

Lortab not refilled today has at home.

The patient has a documented medical illness that necessitates the administration of chronic pain-related medications. These medications may include opiates, muscle relaxants, anti-convulsants, local anesthetics, sedatives and hypnotics. These medications will change, as the medical condition changes and as patient response may dictate.

Chronic malignant and chronic non-malignant pain result in physical, emotional and psychiatric impairment. Treatment of the pain and pain-related complaints is necessary to ensure a reasonably comfortable existence and is medically necessary to prevent further deterioration of sleep cycles, worsening of depressive symptoms and further diminution of physical capability/ambulation.

RISKS REVIEWED: The risks of the prescription medications were reviewed. The patient understands the nature of adherence to instructions and well understands the risks of non-adherence to the prescription regimen.

Information on SCS given, she will review and will discuss at her next visit.

TPI risk and benefits discussed and all questions answered, NKDA to TPI, she wishes to proceed.

Following sterile prep of the right upper outer gluteal area with Betadine and Alcohol, using a 25 gage 1 1/2 inch needle, 30mg of Toradol with 10mg of Dexamethasone and 2% Lidocaine were administered following negative aspiration without complications.

She was observed for 20 minutes and discharge in stable condition.

Prescription:

1 Mobic 7.5 Mg Tablet SIG: Take 1 daily QTY: 30.00

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

4 Week(s)

she call with any questions or concerns regarding the material on SCS.

151

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:

Supervising: Ezra B Riber, MD

Performing: Mike Robichaud, P.A.

Encounter Date: Apr 04, 2013

Patient: White, Sarah E (PT00000070)

Gender: Female DOB: Mar 21, 1974 Age: 39 year

Race: Black/African American

Address: 5525 N Main St. , Columbia SC 29203

Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White, a 39 year old black/african american female patient is in the office today for a follow up appointment.

Patient complains of lower back pain, right upper extremity pain, left lower extremity pain and right lower extremity pain. She does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

States her LBP, LE pain R>L, and her UE pain R>L is worse since her last visit without inciting event. She states that lying down makes her LBP worse and walking makes her LE pain worse. TPI on her last visit with excellent results for 3 weeks. She is in today for medication refill. She denies any other new questions, concerns, or complaints today.

Vital Signs:

Weight: 150 lbs

Height: 5' 5"

BMI: 24.96

BSA: 1.76

Temperature: 98.7 F (Tympanic)
BP: 123/79(Right Arm)(Sitting)
Pulse: 83(Right brachial)(Sitting)(Regular)
Respiration: 12
Oxygen: 96(Room air)

Allergy:
augmentin, contrast dye, septr, shellfish derived

ROS:
See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg** SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Mobic 7.5 Mg Tablet** SIG: Take 1 daily
- 3 Effexor Xr 150 Mg Capsule (Other MD)** SIG: take one qd
- 4 Lidoderm Patch (Other MD)**
- 5 Nexium 40 Mg Capsule (Other MD)** SIG: Take 1 daily
- 6 Xanax 0.5 Mg Tablet (Other MD)** SIG: prn
- 7 Cymbalta 30 Mg Capsule (Other MD)**
- 8 Lopressor 50 Mg Tablet (Other MD)** SIG: Take 1 twice daily
- 9 Mucinex Er 1,200 Mg Tablet (Other MD)**
- 10 Cymbalta 30 Mg Capsule (Other MD)** SIG: Take 1 by mouth daily
- 11 Metoprolol Succ Er 50 Mg Tab (Other MD)** SIG: Take 1 by mouth daily

Medical History:
NCS were WNL.
MRI C-spine no change from earlier study.

Social History:
Social history is unchanged from the previous visit.

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.
Neck and upper extremity exam and complaints unchanged.
Gait: Patient ambulates without a device. Gait of the patient is normal.
General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2 Lumbago 722.52 Lumbar or Lumbosacral Disc Degeneration 724.8 Other Back Symptoms 729.5 Pain in Limb 338.4 Chronic Pain Syndrome v58.69 Long-Term (Current) use of other Medications

Treatment Plan:

Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concerns.
A urine specimen for UDT was taken today, for opiate compliance purposes. .
MEDICATIONS:
Lortab not refilled today has at home.

SCS discussed and all questions answered, she is still undecided

Work-up with Dr. Mareska is progress. MRI Brain tomorrow.

Prescription:

1 Mobic 7.5 Mg Tablet SIG: Take 1 daily QTY: 30.00

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: May 02, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St., Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Patient is back today for scheduled follow-up. Being followed here for LBP, right LE pain, and right UE pain. Pain is a 8 on the 0 - 10 scale. Her pain is worse since her last visit. She complains of increased right LE pain without inciting event. She denies any new symptoms. She is in today for medication refill. She does complain of nausea. She has reviewed the information on SCS all questions answered and she wishes to proceed with a SCS trial.

Vital Signs:

Weight:	152 lbs
Height:	5' 5"
BMI:	25.29
BSA:	1.78
Temperature:	98.2 F (Tympanic)
BP:	118/77(Right Arm)(Sitting)
Pulse:	90(Right brachial)(Sitting)(Regular)
Respiration:	12
Oxygen:	99(Room air)

Allergy:

augmentin, contrast dye, septra, shellfish derived

155

ROS:

See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Mobic 7.5 Mg Tablet SIG: Take 1 daily
- 3 Effexor Xr 150 Mg Capsule (Other MD) SIG: take one qd
- 4 Lidoderm Patch (Other MD)
- 5 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
- 6 Xanax 0.5 Mg Tablet (Other MD) SIG: prn
- 7 Cymbalta 30 Mg Capsule (Other MD)
- 8 Lopressor 50 Mg Tablet (Other MD) SIG: Take 1 twice daily
- 9 Mucinex Er 1,200 Mg Tablet (Other MD)
- 10 Cymbalta 30 Mg Capsule (Other MD) SIG: Take 1 by mouth daily
- 11 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Separated. Currently smokes. She has been smoking occasionally.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes. Social history is unchanged from the previous visit.

Examination:

Other: 5/5 strength bilateral LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear HEENT Regular Rate and Rhythm.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: Patient ambulates without a device. Gait of the patient is normal.

General Appearance: The patient is a healthy, well appearing female, in no

apparent distress.

Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.8 Other Back Symptoms 722.52 Lumbar or Lumbosacral Disc Degeneration 724.2 Lumbago 338.4 Chronic Pain Syndrome v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Continue with current medications, refilled today. **TPI:** Risks and benefits discussed and all questions answered. NKDA to Ketorolac, Dexamethasone, or Lidocaine. Patient wishes to proceed.

Following sterile prep of the right upper outer gluteal area with Betadine and Alcohol, using a 25 gage 1.5 inch needle, 30mg of Ketorolac with 10mg Dexamethasone and 2% Lidocaine were administered following negative aspiration.

Patient was observed for 20 minutes and discharged in stable condition without complications. Patient advised to drink plenty of liquids for the rest of the day.

Follow-up with this office in 4 weeks(s) or sooner, if needed.

Patient can call our office with any questions or concerns.

MEDICATIONS:

add Zofran 4mg one TID #21 for nausea.

schedule SCS trial.

she has an appointment with Dr. Toussaint on 5/8/13.

Prescription:

1 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily

2 Neurontin 300 Mg Capsule

3 Vistaril 25 Mg Capsule

4 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours QTY: 21.00

Changed/Discontinued Medication(s):

Discontinued: MOBIC 7.5 MG TABLET - Per patient

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Jun 10, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St. , Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Patient is back today for scheduled follow-up. Being followed here for LBP, right LE pain, and right UE pain. Pain is a 7 on the 0 - 10 scale. Her pain is worse since her last visit. She states she was doing better until last week when she did a double shift at work. Since then she has had increased pain mostly in her legs and feet. She is in today for medication refill. On 5/8/13 she was evaluated by Dr. Toussaint, he recommended she go to MUSC for her SCS placement.

Vital Signs:

Weight:	158 lbs
Height:	5' 5"
BMI:	26.29
BSA:	1.81
Temperature:	98.4 F (Tympanic)
BP:	117/70(Right Arm)(Sitting)
Pulse:	73(Right brachial)(Sitting)(Regular)
Respiration:	12
Oxygen:	100(Room air)

Allergy:

Patient: White, Sarah E DOB: 03/21/1974 Visit: 06/10/2013 Page: 1

augmentin, contrast dye, septran, shellfish derived

ROS:

See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily
- 3 Neurontin 300 Mg Capsule
- 4 Vistaril 25 Mg Capsule
- 5 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours
- 6 Effexor Xr 150 Mg Capsule (Other MD) SIG: take one qd
- 7 Lidoderm Patch (Other MD)
- 8 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
- 9 Xanax 0.5 Mg Tablet (Other MD) SIG: prn
- 10 Cymbalta 30 Mg Capsule (Other MD)
- 11 Lopressor 50 Mg Tablet (Other MD) SIG: Take 1 twice daily
- 12 Mucinex Er 1,200 Mg Tablet (Other MD)
- 13 Cymbalta 30 Mg Capsule (Other MD) SIG: Take 1 by mouth daily
- 14 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Separated. Currently smokes. She has been smoking occasionally.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes. Social history is unchanged from the previous visit.

Examination:

Other: 5/5 strength all 4 extremities.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear HEENT Regular Rate and Rhythm.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

160

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: Patient ambulates without a device. Gait of the patient is normal.

General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.8 Other Back Symptoms 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2 Lumbago 729.5 Pain in Limb v58.69 Long-Term (Current) use of other Medications 338.4 Chronic Pain Syndrome

Treatment Plan:

Continue with current medications, refilled today.

Follow-up with this office in 4 weeks(s) or sooner, if needed.

Patient can call our office with any questions or concerns. .

schedule SCS trial.

Prescription:

1 Mobic 7.5 Mg Tablet SIG: Take 1 by mouth daily QTY: 30.00

2 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as needed QTY: 30.00 sig, quantity

3 Lortab 7.5-500 Tablet Mg SIG: take 1 tablet every 4 to 6 hours as needed QTY: 120.00

4 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily

Changed/Discontinued Medication(s):

Discontinued: VISTARIL 25 MG CAPSULE - per Mike

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

4 Week(s)

161

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:

Supervising: Ezra B Riber, MD

Performing: Mike Robichaud, P.A.

Encounter Date: Jun 24, 2013

Patient: White, Sarah E (PT00000070)

Gender: Female DOB: Mar 21, 1974 Age: 39 year

Race: Black/African American

Address: 5525 N Main St. , Columbia SC 29203

Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Patient is back today for scheduled follow-up. Being followed here for LBP, right LE pain, and right UE pain. Pain is a 9 on the 0 - 10 scale. Her pain is worse since her last visit. She is in today for increasing pain in all 4 extremities. She is requesting a TPI, however she now gives a Hx of side effects with steroids, swelling, and is concerned she has Cushing's disease. She has not been evaluated for the above. Previous TPI given without any known side effects, however additional TPI will not be given until she is medically cleared for the use of steroids. She also states she was unable to refill her Rx for Flexeril on her last visit which has been confirmed by her pharmacy.

Vital Signs:

Weight:	163 lbs
Height:	5' 5"
BMI:	27.12
BSA:	1.84
Temperature:	98.4 F (Tympanic)
BP:	125/83(Right Arm)(Sitting)
Pulse:	86(Right brachial)(Sitting)(Regular)
Respiration:	12

162

Oxygen: 98(Room air)

Allergy:
augmentin, contrast dye, septr, shellfish derived

ROS:
See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily
- 3 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours
- 4 Mobic 7.5 Mg Tablet SIG: Take 1 by mouth daily
- 5 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as needed
- 6 Effexor Xr 150 Mg Capsule (Other MD) SIG: take one qd
- 7 Lidoderm Patch (Other MD)
- 8 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
- 9 Xanax 0.5 Mg Tablet (Other MD) SIG: prn
- 10 Cymbalta 30 Mg Capsule (Other MD)
- 11 Lopressor 50 Mg Tablet (Other MD) SIG: Take 1 twice daily
- 12 Mucinex Er 1,200 Mg Tablet (Other MD)
- 13 Cymbalta 30 Mg Capsule (Other MD) SIG: Take 1 by mouth daily
- 14 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Separated. Currently smokes. She has been smoking occasionally.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes. Social history is unchanged from the previous visit.

Examination:

Other: 5/5 strength all 4 extremities.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear HEENT Regular Rate and Rhythm.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: Patient ambulates without a device. Gait of the patient is normal.

General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.8 Other Back Symptoms 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2 Lumbago 729.5 Pain in Limb v58.69 Long-Term (Current) use of other Medications 338.4 Chronic Pain Syndrome

Treatment Plan:

Continue with current medications, refilled today.

Patient can call our office with any questions or concerns. .

MEDICATIONS:

refill for Flexeril given today.

records requested from Dr. Toussaint.

Prescription:

1 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily as needed for muscle spasms QTY: 90.00

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

keep already scheduled follow-up appointment.

164

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Caitlin Wood

Encounter Date: Jul 01, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St. , Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White is a 39-year-old female seen in our office since August 2012 for low back and right side gluteal pain. Her low back pain began on 3/14/11 following a patient transfer from bed to wheelchair and in the gluteal region on 5/18/11 after being jarred in a chair that was turned suddenly. MRI of the lumbar spine shows changes consistent with nerve root irritation and small disc bulge at L4-5.

Patient is back today for routine follow up and medication refill. Being followed here for lumbar radicular syndrome and lumbar disc degeneration, cervicalgia, and headaches. Not doing well with current medications. She is complaining of severe pain that is improved only with resting. Standing for prolonged time (> 2 hours) causes severe pain. She is working daily as a nurse which worsens her pain. Requires 4-6 Lortab daily for pain control. Pain is a 6 on the 0 - 10 scale. Her pain is not improved from her previous visit on 6/24/13. She requested TPI that date but advised that we needed clearance from her PCP for this as she has given a history of previous side effects with steroids (swelling) and was being worked up for Cushings syndrome. We have not received any documented clearance. On 5/8/13 she was evaluated by Dr. Toussaint, he states she is non-surgical and he recommended she go to MUSC for her SCS placement.

165

Vital Signs:

Weight: 163 lbs
Height: 5' 5"
BMI: 27.12
BSA: 1.84
Temperature: 97.3 F (Tympanic)
BP: 127/82(Right Arm)(Sitting)
Pulse: 100(Right brachial)(Sitting)(Regular)
Respiration: 13
Oxygen: 100(Room air)

Allergy:

augmentin, contrast dye, septrax, shellfish derived

ROS:

See HPI.

Current Medication:

- 1 Lortab 7.5-500 Tablet Mg** SIG: take 1 tablet every 4 to 6 hours as needed
- 2 Zofran 4 Mg Tablet** SIG: Take 1 by mouth every 8 hours
- 3 Mobic 7.5 Mg Tablet** SIG: Take 1 by mouth daily
- 4 Neurontin 300 Mg Capsule** SIG: Take 1-2 by mouth at bedtime as needed
- 5 Flexeril 10 Mg Tablet** SIG: Take 1 by mouth three times daily as needed for muscle spasms
- 6 Effexor Xr 150 Mg Capsule (Other MD)** SIG: take one qd
- 7 Lidoderm Patch (Other MD)**
- 8 Nexium 40 Mg Capsule (Other MD)** SIG: Take 1 daily
- 9 Xanax 0.5 Mg Tablet (Other MD)** SIG: prn
- 10 Cymbalta 30 Mg Capsule (Other MD)**
- 11 Lopressor 50 Mg Tablet (Other MD)** SIG: Take 1 twice daily
- 12 Mucinex Er 1,200 Mg Tablet (Other MD)**
- 13 Cymbalta 30 Mg Capsule (Other MD)** SIG: Take 1 by mouth daily
- 14 Metoprolol Succ Er 50 Mg Tab (Other MD)** SIG: Take 1 by mouth daily

Medical History:

Left breast cyst removal (1991)
Ectopic pregnancy (1994).

Hypertension
GERD

Depression

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Separated. Currently smokes. She has been smoking occasionally.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes. Social history is unchanged from the previous visit.

Family History:

Stroke

Hypertension

Thyroid problems

Diabetes mellitus

Hepatitis disease.

Examination:

Lungs: clear; no wheezing, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Other: 5/5 strength and symmetrical bilaterally in UE and LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: The patient has a gait that favors the right lower extremity.

General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Integumentary: Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2

Lumbago 338.4 Chronic Pain Syndrome 724.8 Other Back Symptoms

v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Follow-up with this office in 4 weeks(s) or sooner, if needed. .

MEDICATIONS:

Discontinue Lortab.

Discontinue Effexor, Lidoderm patch, Xanax, Lopressor, and Mucinex ER from our record - D/C by other physicians.

Add Norco 10-325, 1/2 -1 TID, #90.

Patient was res instructed on dosing and side effects.

Patient is to call the office with any questions or concerns.

No TPI in office until written clearance by PCP given.

UDT done today for routine testing.

Move forward with process for SCS trial/implant as patient has failed with previous interventional treatments.

She can schedule SPG block via SphenoCath to treat her chronic headaches.

Patient discussed with Dr. Riber.

Prescription:

1 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain QTY: 90.00

Changed/Discontinued Medication(s):

Discontinued: CYMBALTA 30 MG CAPSULE - PEr Caitlin

Discontinued: EFFEXOR XR 150 MG CAPSULE - PEr Caitlin

Discontinued: lidoderm patch - PEr Caitlin

Discontinued: LOPRESSOR 50 MG TABLET - PEr Caitlin

Discontinued: LORTAB 7.5-500 TABLET MG - Per Caitlin

Discontinued: MUCINEX ER 1,200 MG TABLET - PEr Caitlin

Discontinued: XANAX 0.5 MG TABLET - PEr Caitlin

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

(1) 4 Week(s)

or sooner if needed

(2)

SPG block via SphenoCath

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Caitlin Wood

Encounter Date: Jul 25, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St., Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White is a 39-year-old female seen in our office since August 2012 for low back and right side gluteal pain. Her low back pain began on 3/14/11 following a patient transfer from bed to wheelchair and in the gluteal region on 5/18/11 after being jarred in a chair that was turned suddenly. MRI of the lumbar spine shows changes consistent with nerve root irritation and small disc bulge at L4-5. We continue to see her for medical management. She is scheduled to see MUSC for placement of a SCS.

Patient is back today for routine follow up, medication refill, and trigger point injection for pain flare. Being followed here for lumbar radicular syndrome and lumbar disc degeneration, cervicgia, and headaches. Not doing well with current medications. She continues to complain of severe pain that is improved only with resting. Standing for prolonged time (> 2 hours) causes worsening pain. She is working daily as a nurse at Richland County Jail but has been cutting back on her hours and is planning to quit altogether. The pain in her back/buttocks/legs is worst. Denies any new problems, questions, concerns, or injuries. Pain is a 9 on the 0 - 10 scale. Her pain is worsening from her previous visit. She is requesting a TPI today and has been cleared by her PCP for this. She has an appointment with MUSC neurosurgical on 7/31/13 regarding SCS placement.

Vital Signs:

Weight: 163 lbs
Height: 5' 5"
BMI: 27.12
BSA: 1.84
Temperature: 97.3 F (Tympanic)
BP: 121/74(Right Arm)(Sitting)
Pulse: 89(Right brachial)(Sitting)(Regular)
Respiration: 13
Oxygen: 100(Room air)

Allergy:

augmentin, contrast dye, septr, shellfish derived

ROS:

See HPI.

Current Medication:

- 1 Zofran 4 Mg Tablet** SIG: Take 1 by mouth every 8 hours
- 2 Mobic 7.5 Mg Tablet** SIG: Take 1 by mouth daily
- 3 Neurontin 300 Mg Capsule** SIG: Take 1-2 by mouth at bedtime as needed
- 4 Flexeril 10 Mg Tablet** SIG: Take 1 by mouth three times daily as needed for muscle spasms
- 5 Norco 10-325 Tablet Mg** SIG: Take 1/2-1 by mouth three times daily as needed for pain
- 6 Nexium 40 Mg Capsule (Other MD)** SIG: Take 1 daily
- 7 Cymbalta 30 Mg Capsule (Other MD)** SIG: Take 1 by mouth daily
- 8 Metoprolol Succ Er 50 Mg Tab (Other MD)** SIG: Take 1 by mouth daily
- 9 Lidoderm 5% Patch (700 Mg/patch) (Other MD)**

Medical History:

Left breast cyst removal (1991)
Ectopic pregnancy (1994).

Hypertension
GERD
Depression.

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no

surgery is recommended.

Social History:

Marital Status: Married. She denies smoking cigarettes or use of any tobacco products.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes.

Family History:

Stroke

Hypertension

Thyroid problems

Diabetes mellitus

Hepatitis disease.

Examination:

Other: 5/5 strength and symmetrical bilaterally in UE and LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear to auscultation bilaterally, no wheezes, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: The patient has a gait that favors the right lower extremity.

General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Integumentary: Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2

Lumbago 338.4 Chronic Pain Syndrome 724.8 Other Back Symptoms

v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Follow-up with this office in 4 weeks(s) or sooner, if needed. .

MEDICATIONS:

Norco not refilled today as she was not due.

Increase Cymbalta to 60mg daily.

Patient was reinstructed on dosing and side effects.
Patient is to call the office with any questions or concerns.

TPI: Risks and benefits discussed and all questions answered. NKDA to Ketorolac, Dexamethasone, or Lidocaine. Patient wishes to proceed. Following steile prep of the right upper outer gluteal area with Betadine and Alcohol, using a 25-gauge 1.5-inch needle, 30 mg of Ketorolac, 10mg Dexamethasone, 5mg Triamcinolone and 2% carbonated Lidocaine were administered following negative aspiration. Patient was observed for 20 minutes and discharged in stable condition without complications. Patient advised to drink plenty of fluids for the rest of the day.

Keep appointment with MUSC for 7/31/13 regarding SCS.
Patient discussed with Dr. Riber.

Prescription:

- 1 Cymbalta 60 Mg Capsule** SIG: take one by mouth at bed time
- 2 Lidoderm 5% Patch %(700 Mg/patch)** SIG: use as directed QTY: 30.00
- 3 Zofran 4 Mg Tablet** SIG: Take 1 by mouth every 8 hours QTY: 21.00
- 4 Neurontin 300 Mg Capsule** SIG: Take 1-2 by mouth at bedtime as needed QTY: 60.00
- 5 Flexeril 10 Mg Tablet** SIG: Take 1 by mouth three times daily as needed for muscle spasms QTY: 90.00

Changed/Discontinued Medication(s):

- Changed: CYMBALTA 30 MG CAPSULE
- Changed: LIDODERM 5% PATCH %(700 MG/PATCH)
- Changed: LIDODERM 5% PATCH %(700 MG/PATCH)

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:

- (1) 4 Week(s)
or sooner if needed
- (2)
SPG block via SphenoCath

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Caitlin Wood

Encounter Date: Sep 12, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St. , Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White is a 39-year-old female seen in our office since August 2012 for low back and right side gluteal pain. Her low back pain began on 3/14/11 following a patient transfer from bed to wheelchair and in the gluteal region on 5/18/11 after being jarred in a chair that was turned suddenly. MRI of the lumbar spine shows changes consistent with nerve root irritation and small disc bulge at L4-5. We continue to see her for medical management. She is scheduled to see MUSC for placement of a SCS.

Patient is back today for routine follow up, medication refill, and trigger point injection for pain flare. Being followed here for lumbar radicular syndrome and lumbar disc degeneration, cervicalgia, and headaches. Doing well with current medications. The increase in Cymbalta to 60mg has improved her pain. Denies any new problems, questions, concerns, or injuries. Pain is a 9 on the 0 - 10 scale. Her pain is overall unchanged from previous. She denies changes in location or characteristics of pain, no new injuries. She quit her RN job at the local prison, but has since returned on a prn basis as her replacement left. She saw MUSC on 7/31/13 for evaluation regarding SCS. She is a candidate and is pursuing a trial on 9/25/13 of St. Jude device.

Mobic is causing GI side effects and she is requesting a different anti-inflammatory.

Vital Signs:

Weight: 163 lbs
Height: 5' 5"
BMI: 27.12
BSA: 1.84
Temperature: 98.7 F (Tympanic)
BP: 125/84(Right Arm)(Sitting)
Pulse: 98(Right brachial)(Sitting)(Regular)
Respiration: 15
Oxygen: 98(Room air)

Allergy:

augmentin, contrast dye, septr, shellfish derived

ROS:

See HPI.

Current Medication:

- 1 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours
- 2 Mobic 7.5 Mg Tablet SIG: Take 1 by mouth daily
- 3 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as needed
- 4 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily as needed for muscle spasms
- 5 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain
- 6 Cymbalta 60 Mg Capsule SIG: take one by mouth at bed time
- 7 Lidoderm 5% Patch (700 Mg/patch) SIG: use as directed
- 8 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
- 9 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

Left breast cyst removal (1991)
Ectopic pregnancy (1994).

Hypertension
GERD
Depression

NCS were WNL.
MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Married. She denies smoking cigarettes or use of any tobacco products.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes.

Family History:

Stroke

Hypertension

Thyroid problems

Diabetes mellitus

Hepatitis disease.

Examination:

Other: 5/5 strength and symmetrical bilaterally in UE and LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear to auscultation bilaterally, no wheezes,rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: The patient has a gait that favors the right lower extremity.

General Appearance: The patient is a healthy, well appearing female, in no apperant distress.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Integumentary: Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2

Lumbago 338.4 Chronic Pain Syndrome 724.8 Other Back Symptoms v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Continue with current medications, refilled today.

Follow-up with this office in 4 weeks(s) or sooner, if needed. .

MEDICATIONS:

Discontinue Mobic. Add Duexis TID, #90.

Zofran #30 given.

Flexeril not refilled today as she has at home.

Patient was res instructed on dosing and side effects.

Patient is to call the office with any questions or concerns.

Keep appointment with MUSC on 9/25/13 for SCS trial.

No medication changes until her SCS trial/implant is complete.

Prescription:

1 Duexis 800-26.6 Mg Tablet SIG: Take 1 by mouth three times daily
QTY: 90.00 REF: 1

2 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours QTY: 30.00
REF: 1

3 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as
needed QTY: 60.00

4 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as
needed for pain QTY: 90.00

5 Cymbalta 60 Mg Capsule SIG: take one by mouth at bed time QTY:
30.00

6 Lidoderm 5% Patch %(700 Mg/patch) SIG: use as directed QTY:
30.00

Changed/Discontinued Medication(s):

Discontinued: MOBIC 7.5 MG TABLET - per Caitlin

Changed: ZOFRAN 4 MG TABLET

Discussion:

More than 50% of the time spent with the patient today, was devoted to
counseling, education and coordination of care.

Followup:

(1) 4 Week(s)

or sooner if needed

(2)

SPG block via SphenoCath

176

Palmetto Pain Management
1655 Bernardin Avenue Suite 240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Nov 12, 2013

Patient: White, Sarah E (PT00000070)
Gender: Female DOB: Mar 21, 1974 Age: 39 year
Race: Black/African American
Address: 5525 N Main St. , Columbia SC 29203
Insurance: TRICARE CLAIMS ADMINISTRATOR

Chief Complaints:

- Low back and leg pain; right arm pain.

HPI:

Ms. White is a 39-year-old female seen in our office since August 2012 for low back and right side gluteal pain. Her low back pain began on 3/14/11 following a patient transfer from bed to wheelchair and in the gluteal region on 5/18/11 after being jarred in a chair that was turned suddenly. MRI of the lumbar spine shows changes consistent with nerve root irritation and small disc bulge at L4-5. We continue to see her for medical management. She is scheduled to see MUSC for placement of a SCS.

Patient is back today for routine follow up and medication evaluation. Being followed here for neck and low back pain with radicular symptoms. Doing well with current medications. Takes Norco on as needed basis. Has been out of medication for one week but was last given medication on 9/12/13. Currently waiting to undergo preop clearance and psychiatric evaluation for SCS trial with Dr. Highsmith in Charleston on 11/18/13. Believes SCS trial will be scheduled for 12/26/13. Side effects include Pain is a 8 on the 0 - 10 scale. Her pain is overall unchanged from previous. She denies changes in location or characteristics of pain, no new injuries. Does report continuous stomach issues for which she was diagnosed with Gastritis by PCP. Cannot go without anti-inflammatory medications but denies blood in stool, weakness or fatigue.

Vital Signs:

Weight: 157 lbs
Height: 5' 5"
BMI: 26.12
BSA: 1.81
Temperature: 97.8 F (Tympanic)
BP: 144/81(Right Arm)(Sitting)
Pulse: 108(Right brachial)(Sitting)(Regular)
Respiration: 16
Oxygen: 99(Room air)

Allergy:

augmentin, contrast dye, sepra, shellfish derived

ROS:

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

Current Medication:

1 Neurontin 300 Mg Capsule SIG: Take 1-2 by mouth at bedtime as needed

2 Flexeril 10 Mg Tablet SIG: Take 1 by mouth three times daily as needed for muscle spasms

3 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain

4 Cymbalta 60 Mg Capsule SIG: take one by mouth at bed time

5 Lidoderm 5% Patch (700 Mg/patch) SIG: use as directed

6 Duexis 800-26.6 Mg Tablet SIG: Take 1 by mouth three times daily
7 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours
8 Nexium 40 Mg Capsule (Other MD) SIG: Take 1 daily
9 Metoprolol Succ Er 50 Mg Tab (Other MD) SIG: Take 1 by mouth daily

Medical History:

Left breast cyst removal (1991)
Ectopic pregnancy (1994).

Hypertension
GERD
Depression

NCS were WNL.

MRI C-spine no change from earlier study.

MRI brain was negative.

Work-up completed by Dr. Mareska was positive for nerve damage but no surgery is recommended.

Social History:

Marital Status: Married. She denies smoking cigarettes or use of any tobacco products.

Alcohol Use: She denies alcohol use.

She denies recreational drug use. Patient has Brown eyes.

Family History:

Stroke
Hypertension
Thyroid problems
Diabetes mellitus
Hepatitis disease.

Examination:

Other: 5/5 strength and symmetrical bilaterally in UE and LE.

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.

Lungs: Lungs clear to auscultation bilaterally, no wheezes, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.

Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.

Gait: The patient has a gait that favors the right lower extremity.

General Appearance: The patient is a healthy, well appearing female, in no apparent distress.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Integumentary: Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry.

Diagnosis/Decision Making:

722.52 Lumbar or Lumbosacral Disc Degeneration 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 724.2 Lumbago 338.4 Chronic Pain Syndrome 724.8 Other Back Symptoms v58.69 Long-Term (Current) use of other Medications 729.5 Pain in Limb

Treatment Plan:

Continue with current medications, refilled today.

Follow-up with this office in 8 weeks(s) or sooner, if needed. .

MEDICATIONS:

Change Zofran to 4mg sublingual strips 1 under tongue until dissolved every 6-8 hrs as needed for nausea #30

Continue with Norco 10/325mg 1/2-1 tab po BID PRN Pain #90 (2 month supply). Patient notified that she will need to return to clinic in 8 weeks in order to refill RX and will need to be seen every month afterward if medication still needed.

Continue with other medications with 1 refill.

Continue with SCS trial as directed by Dr. Highsmith.

Patient was res instructed on dosing and side effects.

Patient is to call the office with any questions or concerns.

Keep appointment with MUSC on 9/25/13 for SCS trial.

No medication changes until her SCS trial/implant is complete.

Prescription:

1 Cymbalta 60 Mg Capsule SIG: Take 1 by mouth at bedtime QTY: 30.00 REF: 1

2 Flexeril 10 Mg SIG: Take 1 by mouth three times daily as needed for muscle spasm QTY: 90.00 REF: 1

3 Lidoderm 5% Patch (700 Mg/patch) SIG: Use as directed QTY: 30.00 REF: 1

4 Neurontin 600 Mg Tablet SIG: Take 1 by mouth three times daily QTY: 90.00 REF: 1

5 Norco 10-325 Tablet Mg SIG: Take 1/2-1 by mouth three times daily as needed for pain QTY: 90.00

6 Duexis 800-26.6 Mg Tablet SIG: Take 1 by mouth three times daily QTY: 90.00 REF: 1

7 Zofran 4 Mg Tablet SIG: Take 1 by mouth every 8 hours QTY: 30.00 REF: 1

Changed/Discontinued Medication(s):

Discontinued: CYMBALTA 60 MG CAPSULE - refill change

Discontinued: FLEXERIL 10 MG TABLET - refill change

Discontinued: LIDODERM 5% PATCH (700 MG/PATCH) - refill change

Discontinued: NEURONTIN 300 MG CAPSULE - MG and Sig change

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

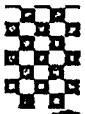
Followup:

(1) 4 Week(s)

or sooner if needed

(2)

SPG block via SphenoCath



MOORE

— Orthopaedics —

Primary Care Sports Medicine
Craig M. Burnworth, M.D.

Hip and Knee Replacement
Kim J. Chilling, M.D.

*Musculoskeletal Medicine and
Electrodiagnostics*
John Clavel, M.D.

Spine Surgery
William T. Felmly, M.D.

Hand, Upper Extremity Surgery
David B. Fulton, M.D.

*Sports Medicine and Arthroscopy
Cartilage Repair*
S. Wendell Holmes, Jr., M.D.

Hip and Knee Replacement
Jeffrey S. Hopkins, M.D.

Children's Orthopaedics
Michael P. Horan, M.D., MS

Children's Orthopaedics
Christopher R. Hydorn, M.D.

Children's Orthopaedics
Mark D. Locke, M.D.

Shoulder Surgery, Hand & Microsurgery
Earl B. McFadden, Jr., M.D.

*Sports Medicine, Arthroscopy
Shoulder and Knee Surgery*
Frank K. Noojin, M.D.

Hip and Knee Replacement
Bradley P. Presnal, M.D.

Orthopaedic Foot and Ankle
Ryan M. Putnam, M.D.

Primary Care Sports Medicine
David A. Scott, M.D.

Orthopaedic Foot and Ankle
W. Bret Smith, D.O., MS

*Musculoskeletal Medicine and
Electrodiagnostics*
W. Alaric Van Dam, M.D.

114 Gateway Corporate Blvd.
Suite 110
Columbia, SC 29203
T: 803 227 8000

14 Medical Park, Suite 200
Columbia, SC 29203
T: 803 227 8000

4721 Sunset Boulevard, Suite A
Lexington, SC 29072
T: 803 227 8007

104 Saluda Pointe Drive
Lexington, SC 29072
T: 803 227 8000

04/23/2013

Michael Mareska, M.D.

Re: SARAH WHITE

Dear Dr. Mareska,

Thank you for referring Sarah White to us for consultation regarding her right upper extremity. I have reviewed the EMG nerve studies which are normal and I have examined the patient and her examination does not seem to fit with any type of electrocution that I have ever seen. It is not RSD. I do not think she has a peripheral neuropathy and her response to examination seems way out of the norm from what you would expect even after electrocution. I do not think she has any permanent impairment. I have nothing to offer her.

Sincerely,

Earl B. McFadden, Jr., M.D.
EBM:ats30
289698

This document was electronically authenticated by Earl B. McFadden, Jr., M.D. on 04/24/2013 17:48:47.

182

**Progress Notes**

Sarah E White (MR# 001928317)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Jermale Antoine Sam, MD	Signed	Arthur R Smith, MD	9/25/2013 4:02 PM

Progress Notes

Chief Complaint:

Chief Complaint

Patient presents with:

- Lumbar Back Pain

History of Present Illness:

Sarah White is a 39 y.o. year old female patient with the chief complaint(s) of Lumbar Back Pain

Context: States shes had history of injury to back in relation to two events in 2011. Transporting a patient being one of those events and the other was "being jarred around in a chair."

Onset of pain: March 2011

Duration: 2+ years

Description of Pain: sharp

Frequency: constant but varies in intensity

Radiation: to right posterior leg down to toes

Alleviating Factors: medication

Aggravating Factors: walking, sitting, flexion of back, and general activity

Associated Symptoms: chest pain???

Medications Tried: norco, gabapentin with some relief

Worst Pain Score: 9/10

Best Pain Score: 5/10

Current Pain Score: 5/10

Previous Imaging Studies: MRI lumbar and cervical

Prior Interventions/Evaluations: previous Steroid injections x12 along with physical therapy

Anticoagulation Medications: none

Past Medical History:

has a past medical history of Hypertension.

Past Surgical History:

has past surgical history that includes Ovarian cyst removal and Breast lumpectomy.

Family History:

family history includes Goiter in her mother.

Social History:

reports that she has been smoking Cigarettes. She has a 1 pack-year smoking history. She does not have any smokeless tobacco history on file.

Medications:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Dose	Frequency	Refills
gabapentin	300mg	3x daily	30
gabapentin	300mg	3x daily	30



183

- cyclobenzaprine (FLEXERIL) 10 MG tablet Take 10 mg by mouth 3 times daily as needed.
- duloxetine (CYMBALTA) 60 MG delayed release capsule Take 60 mg by mouth daily.
- gabapentin (NEURONTIN) 300 MG capsule Take 300 mg by mouth bedtime. TAKES 300MG-600MG
- HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet Take 1 tablet by mouth every 6 hours as needed.
- hydroxyzine (VISTARIL) 25 MG capsule Take 25 mg by mouth 3 times daily as needed.
- lidocaine (LIDODERM) 5 % (700 mg/patch) Place 1 patch onto the skin daily. Apply once for up to 12 hrs in a 24 hr period.
- metoprolol (LOPRESSOR) 50 MG tablet Take 50 mg by mouth daily.
- ondansetron (ZOFTRAN) 4 mg tablet Take 4 mg by mouth every 8 hours as needed.

No current facility-administered medications on file prior to visit.

Allergies:

Allergies as of 09/25/2013 - Review Complete 07/31/2013

Allergen	Reaction	Dated
• Augmentin (amoxicillin-pot clavulanate)	Anaphylaxis	07/31/2013
• Contrast (iodinated contrast media - iv dye)	Anaphylaxis	07/31/2013
• Keflex (cephalexin)	Anaphylaxis	07/31/2013
• Shellfish containing products	Anaphylaxis	07/31/2013

Review of Systems: positives as in the HPI. Denies SOB, chest pain, abdominal pain, nausea, vomiting, fever, chills.

Physical Exam:

Vitals: There were no vitals taken for this visit.

Physical Exam

Constitutional: She is oriented to person, place, and time and well-developed, well-nourished, and in no distress.

HENT:

Head: Normocephalic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion.

Cardiovascular: Intact distal pulses.

Pulmonary/Chest: Effort normal.

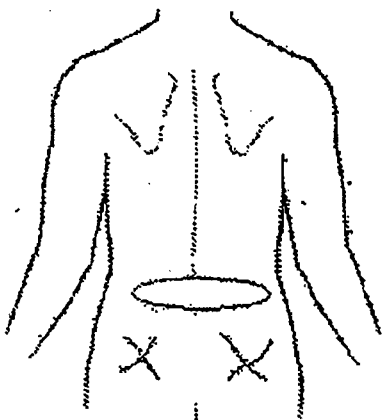
Abdominal: Soft.

Musculoskeletal:

Lumbar back: She exhibits decreased range of motion, tenderness, pain and spasm.



Back:



Neurological: She is alert and oriented to person, place, and time. She displays normal reflexes. No cranial nerve deficit.

Assessment:

39 year old female presents with 1+ years of lower back pain s/p physical therapy and epidural steroid injections without improvement.

Plan:

1. Continue current pain regimen
2. Will schedule pain for nerve stimulator at first available OR date.

I have seen, examined and discussed Ms. White, seen here for her scheduled visit. I have reviewed Dr. Sam's note and I agree with his assessment and plan of care.

Assessment:

1. Chronic pain syndrome
2. Right S1 lumbar radiculopathy/radiculitis. Ms. White has tried and failed multiple medication options including nonsteroidal medications. She has undergone physical therapy without relief of her pain. She has been deemed not to be a surgical candidate by 2 separate referral surgeons. Her radicular signs and symptoms make her an excellent candidate for a trial of spinal cord stimulation.

Plan:

1. Percutaneous spinal cord stimulation trial as well as permanent implantation of percutaneous spinal cord stimulation leads and IPG were explained in detail to the patient. Potential risks and complications were discussed in detail and all the patient's questions were answered. She understands and wishes to proceed with a trial. She will be set up appointments with behavioral medicine, anesthesia preop and then OR date.

Arthur R. Smith, MD

Links

[Previous Version](#)

Chart Cosign



185

**Progress Notes**

Sarah E White (MR# 001928317)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Arthur R Smith, MD	Signed	Arthur R Smith, MD	12/26/2013 12:40 PM

Progress Notes**Operative Note**

Preop diagnosis: Chronic pain syndrome, lumbar radiculitis

Post op diagnosis: same

Procedure: Percutaneous spinal cord stimulator trial. One lead

Surgeon: Arthur R. Smith, MD

Procedure: The patient was admitted to the outpatient OR of Rutledge Tower and informed consent was obtained. The patient was seen and evaluated by the Anesthesia Department, and a peripheral IV was started. IV antibiotics: 600 mg Clindamycin, was administered preop. The patient was taken to the OR and placed in the prone position. Monitored anesthesia with IV sedation was administered. The thoracolumbar area was prepped with chlorhexadine. Sterile drapes were applied. Under fluoroscopy, the T12-L1 interspace was identified and the tissues adjacent to this were anesthetized with 1% lidocaine. A14 g SCS introducer needle was passed to the epidural space under fluoroscopic guidance using loss of resistance to normal saline technique. Aspirations were negative for blood and CSF. No paresthesias were elicited. An eight electrode Medtronic spinal cord stimulator lead was advanced in the epidural space to the level of T7-8 interspace. The position of the lead was to the right of midline and in the midline. Sensory testing was performed and good paresthesia coverage of the patient's pain was obtained. The needle was withdrawn and the lead was secured with 2-0 silk suture. A sterile dressing was applied. The patient was taken to the Recovery Room in stable condition. The manufacturer's representative programmed the stimulator. The patient was given prescriptions for antibiotics and pain medication as well as post procedural instructions and an appointment to return to the Pain Clinic for evaluation of the trial and removal of leads in one week. The Pain Clinic staff and the manufacturer's representative will call to check on the patient. The patient was discharged in stable and has telephone numbers to call us if there are any questions or problems.

Chart Design

White, Sarah E (MR # 001928317)

XR LUMBAR SPINE AP AND LATERAL

Status: Final result

Assessment/Recommendation

Study Result

EXAMINATION: ARCHIVED FLUORO IMAGE NO INTERPRETATION, NO
PROFESSIONAL FEE 12/26/13 10:30:00

ACCESSION NUMBER: 7325334

INDICATION: CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL
IMPLANT, CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANT
CHRONIC PAIN SYNDROME/LUMBAR RADICULITIS; SCS TRIAL IMPLANT

FINDINGS/IMPRESSION: Images acquired during fluoroscopy for
archiving purposes. No interpretation, no professional fee.

VOICE DICTATED BY: Dr. Robert Hazelrigg
I have reviewed the study and agree with the findings in this report.

Imaging

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/2013 - Imaging Information

Result History

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/27/13 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	12/27/2013 10:05	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PHD	12/27/2013	843-792-2123	
Robert Hedrick Hazelrigg, MD	12/27/2013		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	12/26/2013 09:40	

External Result Report

External Result Report	Encounter
	View Encounter

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT
REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

XR LUMBAR SPINE AP AND LATERAL (Order #30391425) on 12/26/13

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
12/26/2013 9:40 AM	12/26/2013 9:40 AM	12/26/2013 9:40 AM	12/26/2013 9:40 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
12/26/2013	10:30 AM	GE IMAGECAST RIS

Order Provider Info

Office

187



White, Sarah E (MR # 001928317)

		phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Arthur R Smith, MD	843-876-0585	--	--
Billing Provider	William F Conway, MD PHD	843-792-2123	--	--



FILE

Defendants.

Carrier Code No: 1100

January 9, 2012

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.
2. Notice of the hearing for this matter was timely and properly served upon all parties of interest.
3. The Claimant's compensation rate is \$537.25 based upon an average weekly wage of \$805.83.
4. Venue in Richland County is proper.

APA SUBMISSIONS

Claimant

1. APA No. 1: Moncrief Hospital, 8/25/11 - 3/30/11, Pages 1 - 94;
2. APA No. 2: Progressive Physical Therapy, 8/8/11, Page 95;
3. APA No. 3: Dr. Phillip Toussaint, 5/26/11, Pages 96 - 97;
4. APA No. 4: Dr. Eugene Mironer, 5/16/11 - 4/18/11, Pages 98 - 104;
5. APA No. 5: Palmetto Imaging, 8/12/11, 3/31/11, Pages 105 - 107.

Defendants

1. Palmetto Baptist Medical Center, 8/24/00, Pages 1 - 7;
2. Moncrief Army Community Hospital, 3/21/11 - 6/13/11, Pages 8 - 88;
1. Palmetto Imaging, 3/31/11 - 6/13/11, Pages 89 - 94;

2.

95 - 109.

Palmetto Health Personnel Records, 7/28/11 - 8/1/11, Pages

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51, and the Claimant's entitlement to compensation and benefits under the South Carolina Workers' Compensation Law (hereinafter the "Act").

The Claimant in this case contends that she sustained injuries to her lower back and pelvis on March 14, 2011 as a result of an accident arising out of and in the course of her employment with the Employer. She further contends that she is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of her injury. She also asserts that she has not reached the point of maximum medical improvement with regard to her injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of her employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

Subsequent to the hearing in this matter Counsel for the Claimant moved to be relieved in that regard. By Order dated October 28, 2011 Counsel for the Claimant was so relieved.

EVIDENCE IN THE CASE

The Claimant in this matter is 37 years old and resides in Columbia, South Carolina. She is married and has no natural children. She has worked in healthcare as a nurse most of her adult life.

The Claimant alleges that she injured her lower back and pelvis on March 14, 2011 while assisting and moving a resident at the Employer's long-term residential care facility in Columbia. She testified that she felt a "rip" in her lower back as a result of assisting the resident and immediately began experiencing pain and discomfort in her lower back.

The Claimant also testified that following the incident she immediately initiated a call light in the resident's room and two certified nursing assistants, Jeana McDonald and Laurin Green, arrived to assist her. The room where the incident allegedly occurred is identified as Room 106. The Claimant also contends that at some point during this event she noticed that Pam Jackson, who is the director of nursing for the Employer, was present in the room for the purpose of assisting another resident in the room. For purposes of this Order this resident is identified as Mr. Doe.

The Claimant stated that she initially sought treatment for her injuries at Moncrief Army Hospital at Fort Jackson in Columbia. A review of records produced by this facility, and submitted by the parties in this case, reflect that the Claimant sought treatment there on March 21, 2011 and complained of menstrual problems. The report for that visit also reflects that the Claimant was currently using Hydrocodone. The Claimant next sought treatment at Moncrief on March 24, 2011. The report for that visit reflects that the Claimant had experienced pelvic pain for one month. Neither of these reports make reference to any type of injury related to any type of accident.

The Claimant sought treatment at Moncrief on March 30, 2011. The report for that visit reflects that the Claimant complained of right flank pain for two days. The report also makes reference to the Claimant experiencing such problems for two months. There is no

mention in this report to any type of injury or accident.

In a report for a visit at Moncrief on March 30, 2011 reference is made to the Claimant experiencing low back and left buttock pain which began gradually. An MRI of the Claimant's lower back was performed on March 31, 2011 which shows some degree of disc protrusion and an annular tear without disc protrusion. A patient information sheet accompanying the MRI report indicates that the Claimant had experienced problems for two months. In response to the question as to whether or not such problems occurred at work the words "Not sure" are written.

A review of the Moncrief Hospital records reflects that the first reference to the Claimant having experienced some type of work-related incident is dated April 4, 2011.

The Claimant has received conservative medical care of any problems she experiences with regard to her lower back and pelvis. A report for a series of nerve conduction studies performed on June 27, 2011 reflects normal findings.

The Claimant's employment with the Employer ended on July 15, 2011. According to the Claimant she applied for a job as a nurse with Palmetto Health on July 28, 2011.

Jeana McDonald and Laurin Green testified for the Employer at the hearing for this case. Both of these witnesses testified that they never received any call from the Claimant to respond to an injury she allegedly sustained. Both of these witnesses testified that the Claimant never informed them that she had experienced any injury while attempting to assist a resident at the Claimant's facility.

Pam Jackson also testified for the Employer. She stated that she was not present

in any area or witness to any incident where the Claimant was injured, nor did the Claimant inform her of any alleged injury. Ms. Jackson also testified that the Employer's records reflect that Resident Doe was not placed in Room 106 until March 16, 2011.

FINDINGS OF FACT

1. The Claimant compensation rate in this matter is \$537.25 based upon an average weekly wage of \$805.83.
2. The Claimant was employed by the Employer on March 14, 2011.
3. The Claimant did not sustain an injury to her lower back or pelvis on March 14, 2011 and arising out of and in the course of her employment with the Employer.
4. The Claimant's account of the incident forming the basis for this matter is contradictory and inconsistent, and does not support a finding that she experienced any injury while working for the Employer. For this reason I find that the Claimant's testimony in this matter is not credible.
5. The medical records and reports for this matter reflect that the Claimant experienced pelvic and lower back pain and problems before March 14, 2011. Particular reference is made to those reports and records outlined above and to support this Finding of Fact.
6. The Claimant did not seek assistance from other employees in the area at the time of the alleged incident nor did she inform them that she was injured in any fashion.
7. Pam Jackson was not present in Room 106 at the time of the alleged incident

and has no knowledge of any alleged incident.

8. I find that the witnesses for the Employer provided credible testimony as part of this matter.

CONCLUSIONS OF LAW

1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.

2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did not sustain any injury on March 14, 2011 as a result of an accident arising out of and in the course of any employment relationship with the Employer, and thereby barring her entitlement to compensation and benefits under the Act.

ORDER

IT IS THEREFORE ORDERED that this matter shall be dismissed in its entirety with regard to any claim for compensation and other benefits under the Act, and as presented by the Claimant.

SO ORDERED.


T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

January 9, 2012

By: Amy Bracy, Administrative Assistant to Commissioner Beck

Doctor's Weight Loss Centers Blog

Weight loss related topics, questions, products such as appetite suppressants including Phentermine, Bontril, Tenwave and Didrex and hCG. The opinions posted here are those of the posters and of DrWLC staff and may not be FDA approved. - Richard Cheng, M.D., Ph.D.

About Dr. Richard Cheng

Posted on July 29, 2010 by admin

About Richard Cheng, M.D., Ph.D



Dr. Cheng is the founder and director of Doctor's Anti-Aging and Weight Loss Center, (DrWLC), of Columbia, SC, since its inception in 2003.

Dr. Cheng served in the United States Army as a commissioned officer (Major) and an Army physician and completed his Army duty in Dec. 2006. While in the Army, Dr. Cheng served in various positions including Chief and Medical Director of Pathology and Laboratory Medicine, Member of Risk Management Committee, Credentialing Committee, and Staff Physician of Soldier Readiness Program, Consultant to the Shaw Air Force Base Laboratory, and College of American Pathologist Inspection Team Leader for the Greenville SC Hospital Lab Inspection.

Before joining the United States Army, Dr. Cheng was a senior physician scientist at Variagenics, a research organization affiliated with MIT and Harvard Medical School, in Cambridge, MA. Variagenics later merged with Hyseq. At Variagenics, Dr. Cheng's main responsibilities include overseeing joint clinical studies with Massachusetts General Hospital and University of Pennsylvania Hospital, establishing a cancer tissue bank and developing protocols for tumor gene library. While at Variagenics, Dr. Cheng was invited as a host of a research conference held by the National Institutes of Health at Bethesda, MD on tumor gene library establishment using laser microdissection technology. Dr. Cheng was also a visiting scholar to the Netherlands TNO (national health institute) on a NATO Scholarship.

Dr. Cheng served as a medical staff fellow at the National Cancer Institute, National Institutes of Health, Bethesda, MD in hematology/pathology. While at NIH, his time was split between patient care and clinical research. He participated in several clinical research projects, in collaboration with the National Human Genome Research Institute, NIH (Dr Francis Collins' group) and research groups in Europe, Hong Kong and Japan.

Dr. Cheng completed residency training programs in internal medicine and laboratory medicine in Shanghai Medical University and University of Arkansas for Medical Sciences.

Dr. Cheng completed his medical school at Shanghai Medical University in Shanghai, China, with an MD degree.

Dr. Cheng completed his graduate study at the University of Arkansas for Medical Sciences in Little Rock, AR with a Ph. D. in biochemistry and molecular biology.

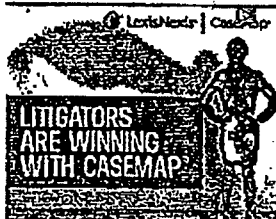
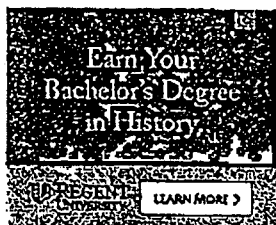
Dr. Cheng published several research papers in peer-reviewed scientific and medical journals and was a invited speaker at several scientific conferences by Dr. Harold zur Hausen (2008 Nobel Laureate) of the German Cancer Research Center, Shanghai Medical University and China National Genome Center (Shanghai) (upon invitation of Dr. Zhu Cheng, currently the Health Minister of China).

Dr. Cheng is licensed to practice medicine in the States of South Carolina, Arkansas, Maryland and Virginia.

While in specialty training or in research, Dr. Cheng never gave up his interest in patient care. He has been practicing primary care, urgent care and emergency medicine in various hospital emergency departments and urgent care centers ever since he got his US medical license in 1994.

Dr. Cheng is a Fellow and board certified anti-aging physician by the American Academy of Anti-Aging Medicine (A4M). Dr. Cheng is a Diplomate of the American Board of Geriatric Medicine and a Fellow of American College of Specialists in Geriatrics, and Fellow of American College of Ethical Physicians.

This entry was posted in [Misc](#). Bookmark the [permalink](#).



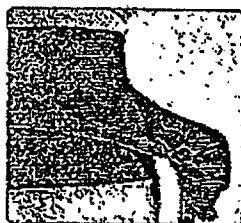
Doctor's Weight Loss Centers Blog
©2001-2012: DrWLC.com All Rights Reserved.

Doctor's Weight Loss Centers Blog

Weight loss related topics, questions, products such as appetite suppressants including Phentermine, Bontril, Tenuate and Didrex and hCG. The opinions posted here are those of the posters and of DrWLC staff and may not be FDA approved. - Richard Cheng, M.D., Ph.D.

About DrWLC's Weight Loss Programs

Posted on July 29, 2010 by admin



Doctor's Weight Loss Center, LLC (DrWLC) operates several medical clinics, specializing in medical weight loss, anti-aging and sexual health services. DrWLC's weight loss services feature Dr. Cheng's Diet, a holistic weight management system that integrates behavioral, dietary, medical therapies with web database supported wireless weight monitoring technology for weight loss and weight maintenance. Thousands of patients and many years of clinical experience proves this system to be easy, effective and safe. Average weight loss is around 30-50 pounds in 2 months. The wireless weight monitoring system prevents patients from doing yo-yo diet. So far, we believe our system is the only one of its kind in the world. DrWLC attracts patients from all corners of US (including NY, Boston, Seattle, LA, TX and Florida) as well as international patients (e.g., UK).

DrWLC treats overweight/obese patients, patients with hypertension, or diabetes, or high blood cholesterol/lipids. DrWLC also helps patients who may not be obese or overweight but still desire to lose some weight. DrWLC accepts all major health insurances. If you are overweight/obese or have high blood pressure, diabetes, or high cholesterol, your office visits are usually covered by your health insurance.

We believe the root cause of hypertension, diabetes, high cholesterol, and heart disease is overweight/obesity. The current medical treatment modalities do not effectively treat the cause of these diseases. We believe while it is important to treat the symptoms of these disease (elevated blood pressure, sugar or cholesterol), it is more important to treat the cause. By helping you to lose the extra weight, we can successfully and effectively help you to treat or prevent these obesity-associated diseases. It is our goal to offer quality safe, effective, easy and affordable weight loss services to our patients.

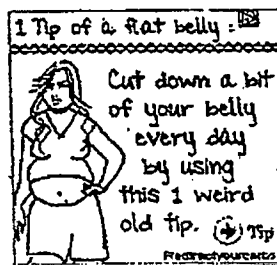
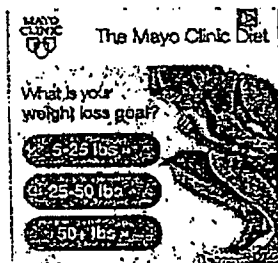
With DrWLC's easy-to-follow weight loss program, all you need to do to lose weight is a few simple steps:



- Eat three meals a day. Don't skip breakfast. Breakfast jumpstarts your metabolism of the day.
- Eat small portions. While on our program, you won't feel much hungry, which allows you to eat smaller portions. But please eat! Don't skip meals. We recommend between 800-1200 calories each day. Few than 800 calories can slow down your metabolism.
- Drink plenty of water. You may become dehydrated, if you don't drink enough water while taking the water pill (Maxzide).
- We recommend that you buy a calorie counting book from bookstores. Calorie counting is a useful educational exercise. But if you find it difficult and can't do it, don't worry. Just eat smaller portions.
- Try not to snack between meals. If you have to, snack on fruits or vegetables.
- Exercise is highly recommended, but calorie restriction is critical in weight loss! Exercise alone won't help much in weight loss. Exercise increases appetite that may even cause weight gain. For instance, one can drink a beer in 5 minutes easily. But it takes ~20 minutes to burn off the calorie in that beer. How many times after drinking a beer you went out to run 20 minutes?
- If you experience less than one per day bowel movements, talk to our doctor. Regular bowel movements are very important in elimination of metabolic waste and weight loss.

At DrWLC, we help you to change your current unhealthy lifestyle to a new and healthier lifestyle, a process called Therapeutic Lifestyle Change (TLC). Regular office visits and following medical advices are critical in achieving TLC goals. It is critically important NOT to miss an appointment, esp. during the first few months, while your new healthier lifestyle is being established. Otherwise, it is very likely that you will regain the weight you lost. This will hurt your motivation, your efforts as well as our reputation. If you want to take a break from the program, you may do so after 3-4 monthly visits after discussing with us.

This entry was posted in [Misc](#). Bookmark the [permalink](#).



Doctor's Weight Loss Centers Blog
©2001-2012: DrWLC.com All Rights Reserved.

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED
FEB 12 2018
SC Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Avery B. Wilkerson, Jr., Commissioner;
Melody L. James, Commissioner, and R. Michael Campbell, II, Commissioner, concurring

Appellate Case No. 2017-001757

Sarah White, Employee,..... Appellant,

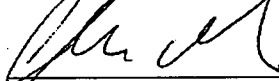
v.

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

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Appendix to the Record on Appeal, submitted with the consent of all attorneys of record pursuant to Rule 212(b), SCACR, contains all materials proposed to be included by any of the parties and not any other material.

GOODWYN LAW FIRM, LLC



Christopher J. Archer
2519 Devine Street
Suite A
Columbia, SC 29205
(803) 251-4517
carcher@Goodwynlaw.com
Attorneys for the Respondent

Columbia, South Carolina
February 12, 2017