THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE APPELLATE PANEL OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. File No. 1408826

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SC Court of Appeals

Gennette Sowell,

Employee,
Respondent,

v.

Piggly Wiggly, Employer,

and

Auto Owners Insurance Inc.,

Carrier,
Appellants.

RECORD ON APPEAL
VOL. I

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ORDER AND AWARD

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1408826

Gennette Sowell,

Employee/Claimant,

v.

Piggly Wiggly,

Employer,

and

Owners Insurance Company,

Carrier,

Defendant(s).

HEARING:	Date: June 22, 2016 Location: Columbia, South Carolina Date: July 21, 2016 Location: Columbia, South Carolina
APPEARANCES:	Claimant represented by Preston F. McDaniel, Esquire Gerald Malloy, Esquire Defendant(s) represented by Kenya C. Miller, Attorney
PURPOSE OF HEARING:	This matter came before the Commissioner on a Form 50 and 51
COMMISSIONER:	Melody L. James
FILED:	May 16, 2017

STIPULATIONS

The parties at the time of hearing stipulated to jurisdiction and venue and that the Commission File with the exception of self-serving declarations and unstipulated medicals was made a part of the Record.

At the time of the Hearing, after discussion, the parties also resolved the compensation rate and stipulated to an average weekly wage based on combined income of $696.13 with a resulting compensation rate of $464.11.

STATEMENT OF THE CASE

At the time of the hearing, the parties pursuant to the Administrative Procedures Act and the Rules and Regulations of this Commission made reports and records from the following part of the hearing Record:

Carolina Physicians Group, Dr. Rochelle D. Hammett, MD; Dr. Angelo deDios, pulmonology; Chesterfield General Hospital; Dr. Orville Dyce, Hartsville ENT/Black Creek Medical Consultants; Dr. Gordon Early, MD, MPH, Board Certified Medical Toxicology, Board Certified Occupational Medicine, Adjunct Professor and Fellow of the American College of Occupational and Environmental Medicine, MPH in Epidemiology; Dr. Yolanda Mendez, MD, Medical Group, Carolina Physicians Group, Dr. Hammett, Dr. Vaughn, Dr. Ansani, Dr. Karanjeet and Dr. Davis; Dr. Francis Dayrit, Carolina Pines Regional Medical Center/Sleep Diagnostic Center; and Exhibits: Claimant's Application for Supplemental Security Income; Initial

Disability Claim; Claimant's 2014 and 2015 tax records; DHEC records; and OSHA records. In addition to the records submitted pursuant to the Administrative Procedures Act and the Exhibits, the depositions of Dr. Gordon Early, MD and Dr. Luz Yolanda Mendez, MD were submitted into the Record. By agreement, pp. 370-394 were removed as having been accidentally submitted after the agreement that these Records would not be submitted.

After this matter was reset for hearing several times to allow for the Defendants to take the depositions of Dr. Mendez and Dr. Gordon Early, this matter resulted in two hearings at which testimony was taken from various witnesses including testimony from the Claimant, Ms. Gennette Sowell, Ms. Amy Edwards, Ms. Gennette James, Ms. Flora Bell Ishmell, Ms. Marie Still, Ms. Mary Cynthia Quick, Dr. Robert Bennett, Ph.D. and rebuttal testimony from Ms. Gennette Sowell and Mr. Oliver Herrington.

In the Claimant's claim for benefits, the Claimant pled settlement to benefits based on injury by accident, repetitive trauma and/or occupational disease and at the hearing, the Claimant took the position that the Claimant suffers from, as diagnosed by her physicians, occupational asthma; that her occupational asthma resulted from her exposure on the job; and that her condition is best described as an occupational disease and/or as repetitive inhalation trauma injuries due to repeated inhalations on the job. The Defendants deny that the Claimant

has sustained either injury by accident, occupational disease and/or repetitive trauma inhalation injury and have raised affirmative defenses in reference to notice and the Statute of Limitations in reference to all three bases of a claim for benefits.

Based upon a review of the testimony and evidence, Ms. Gennette Sowell had worked as the deli manager for over ten years prior to the Spring of 2011. In the deli department which is next to the meat department, the deli is charged with the responsibility of food production for sale to the public including the preparation of raw fruits, vegetables and meat, fish and poultry products; cooking and preparing those products including the cooking of meat, chicken, fish (seafood) and pork for sale to the public; the sale of the finished cooked prepared products to the public; and the cleanup and disposable of all raw and prepared products prior to, during and after the preparation and sale process. Ms. Sowell and the deli staff used both oils and other cooking products and all types of spices and liquids in the cooking and preparation of the food products for sale and in the cleanup of all cooking utensils and all food preparation equipment which constantly throughout each day numerous cleaning, degreasing and sanitation products necessary to properly wash, cleanup, de-sanitize and sterilize all of the equipment used in the preparation, cooking and sale of the deli items.

Prior to the Spring of 2011, there is no evidence of any

problem on behalf of Ms. Sowell with either asthma, chronic bronchitis, allergies or any other type of respiratory or allergic or immune-type system problem. In the Spring of 2011, several months before June of 2011 when Ms. Sowell was admitted to Chesterfield General Hospital, the deli department developed an extreme problem involving constant and repetitive backup of the sewage drains into the deli department wherein throughout the day the sewage and waste water would backup through the drains resulting in inches deep waste disposal water containing all the cooked and uncooked products along with the various chemicals and cleaning products that had been used in the preparation, cooking and cleanup of the deli. The deli staff was required almost constantly on a daily basis to clean up this waste water so they could safely sell the products to the public. After describing the raw vegetables and meats which were cooked and then prepared for sale to the public which Ms. Sowell described as including chicken, beef, pork, seafood, bacon, ham, sausage, salmon and then other products and vegetables such as green beans, collard greens, lima beans, rice and grits, Ms. Sowell described the situation that developed with the daily backup of the sewer and waste water containing the cleaning products and all types of fungus, mold, bacteria and waste products from both cooked and uncooked vegetable and meat, fish and poultry products as follows:

"All the food that went down the drain was coming back

up in the floor. All the grease was coming back up in the floor. It had a very nasty stink to it. The grease would run all over the floor. As big as the deli was, it would cover the whole back floor and everything, and we had to - - we had only one drain that we could sweep it in, which was a drain that was not supposed to be swept in, but to keep it clean and to be able to serve food there, we had to sweep it in that drain to keep the floor from being you know, all messed up, which in fact at that time, if the Health Department would have came in, he would have shut them down. Actually, we should have been shut down through all this stuff there was down there, but trying to keep everybody working and keep your job going, we did the best that we could.

Question: Alright. And you would clean it up, I mean, every day?

Answer: Yea.

Question: When you would come in in the morning, what would happen?

Answer: The water would already be on the floor in the morning time...

Answer: Backed up some food particles and stuff ...

Question: Waste?

Answer: It was a lot of everything. If it was water, we probably could deal with it, but it was a lot of goop, grease, food particles." (Tr. p. 32, l. 3 - p. 33, l. 20.)

After testifying that she had never had any health problems and was in good health except for a slight problem with high blood pressure prior to this and having never been treated for chronic bronchitis or any type of asthma or any type of allergies

or for any type of respiratory problems by June, 2011 at the time she was admitted to Chesterfield Hospital on June 3rd her throat was constantly scratchy until she had gotten to where she could hardly breathe. She tried taking Mucinex and some other medications to see if she could clear her breathing but it became so bad that she had to go to the emergency room on June 3rd. The records from Dr. Rochelle Hammett and Chesterfield General Hospital confirm Ms. Sowell's testimony that she was admitted with acute severe bronchitis on June 3rd; that she was given multiple medications; and an IV to bring her pulmonary condition under control. She was discharged home to follow-up with her primary care physician and she then returned to work. On June 11th, less than eight days later, she had to return to the hospital and on this occasion was admitted having failed outpatient therapy and was admitted with a diagnosis of bronchitis and bronchospasm. This time she was treated with intravenous steroids, antibiotics and frequent Albuterol and Atrovent unit dose nebulization treatments. After discharge, she was to return to see her primary care physician after which she began treatment with Dr. Rochelle Hammett. From that point forward, the medical records establish an ever-increasing level and frequency of care with Dr. Hammett from June, 2011 through January, 2014.

Between 2011 and 2014, the records of Dr. Hammett record that ever-increasing level of treatment including first

medications, including antibiotics, and then steroids and increasing to inhaled inhalers such as Flovent, and then shots and steroids; and then nebulizer treatments and then a home nebulizer machine and eventually trips from her doctor to the emergency room and the hospital.

Between June of 2011 and December of 2013, the medical records establish numerous different and conflicting diagnoses for Ms. Sowell's condition including being diagnosed on sequential visits with Dr. Hammett with: acute bronchitis, resolving bronchitis, recurrent bronchitis, heart palpitations and rhinitis, recurrent bronchitis with mediastinal or perihilar lymphadenopathy, acute bronchitis on top of chronic bronchitis, status asthmaticus asthma versus sarcoidosis (differential), hospitalization for wheezing and cough, (2012), congested cough, rhinitis, asthma versus sarcoidosis, obstructive/restrictive lung disease or combination of both, asthma with acute bronchitis, acute sinusitis and chronic obstructive pulmonary disease - severe asthma.

According to the testimony of Ms. Sowell which is confirmed by the medical records, the first doctor to use the term asthma was the emergency room doctor in December of 2011 at which time he told her that she was suffering from an exacerbation of asthma and that she should avoid exposure to chemicals because that could exacerbate her asthmatic symptoms. Following that,

however, Dr. Rochelle Hammett continued to interchange the diagnoses and continued to change the diagnoses and then in December of 2012, she referred Ms. Sowell to Dr. Dayrit who in his notes entertained the diagnosis of occupational asthma versus hypersensitivity pneumonitis but then he left practice shortly thereafter in March, 2013 and in his last note continued a diagnosis of just asthma. According to Ms. Sowell, Dr. Dayrit told her that he thought she had asthma. According to Ms. Sowell, throughout 2013, because of a continuing relationship between her condition getting worse when she was at work, Dr. Rochelle Hammett began to think more and more that her condition may be being exacerbated by her work. Finally, in November of 2013, Dr. Hammett determined that Ms. Sowell's condition was being caused by her work environment and in November told her that she needed to get out of her work environment.

Ms. Sowell testified that in November she discussed this with Ms. Quick and that she had told Dr. Hammett and Ms. Quick at that time that she wanted to try to make it through December so that it would not put additional pressure on the store and the deli staff.

The records of Dr. deDios and Dr. Hammett in January, 2014 and the testimony of Ms. Sowell confirms that after she got

though Christmas on January 7th, 2014 Dr. deDios took her out of work.

Ms. Sowell testified that in January when she was referred by Dr. Hammett to Dr. deDios, her treating pulmonologist. Dr. deDios told her at that time that, "I'm going to take you out of work and if it is related to your job, your condition should improve." When she returned several weeks later, her condition had improved somewhat from a symptomatic standpoint and Dr. deDios advised her that in his opinion, this confirmed her condition was being caused by her job.

The records of Dr. deDios confirm this wherein in his treatment note of February 4th, 2014, under "Assessment" and after a diagnosis of asthma, Dr. deDios records,

> "patient is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her worse."

Dr. deDios subsequently changed that to a diagnosis specifically of occupational asthma.

In reference to how her condition changed after June, 2011 and as of January, 2014, Ms. Sowell testified that in 2012 and 2013, she continued to have an ever-increasing heightened level of care but no matter what she did, her condition continued to worsen and worsen and worsen. She and Dr. Hammett throughout 2013 in particular, more and more determined that not only was

her condition being exacerbated but that the cause of her problems were associated with her work environment. During 2013, according to her testimony, she began to notice that when she would come into work in the mornings and particularly when they were cleaning the deli and meat departments with the chemicals used to clean those departments, she would become short of breath. She also noticed that whenever she would be around frying foods that it would exacerbate her condition and she noticed more and more as the day went along and the more and more she was exposed to the normal working conditions during this time that her condition would get worse and worse.

The first time that she was told by a doctor that her condition was being, not only exacerbated or her symptoms were being exacerbated by her work, but that her work was actually causing her condition was in November of 2013 in her discussion with Dr. Hammett. She immediately reported this to Ms. Quick and Ms. Quick confirmed that the first time to her knowledge that Ms. Sowell brought to her attention that her work was actually causing her problems, was in November of 2013. (7/21/16 Tr. p.24, ll. 6-23). Ms. Quick was notified in 2014 of a work-related condition after Dr. deDios informed Ms. Sowell in February according to his records that in his opinion, her condition was work-related. Immediately after that, Ms. Sowell inquired as to whether or not she could file a workers' compensation claim and Ms. Quick filed a 12-A on March 25, 2014.

According to her testimony, Ms. Sowell's condition deteriorated during the course of her employment, particularly in 2013 even with the high level of treatment to where she became more and more fatigued, could not do the pushing, pulling, lifting and the other physical requirements of her job including just simply having no stamina to complete a full day of just managing the deli and doing any of the other work required tasks. During this time all of the employees were pitching in to assist her in doing the physical part of her job in reference to the preparing and production of the food items for sale to the public and as to the cleaning. She testified that she began wearing a mask after being advised that that would help by avoiding the strong chemicals but that the dust mask that she was using, to the knowledge of her employer, began to work less and less and eventually in the Fall of 2013 it was not working at all.

In addition to her work at the deli, Ms. Sowell ran a side catering business but up until she left Piggly Wiggly in 2014, she would purchase all of the cooked meats for that business from her store. Because of her condition and the deterioration of her condition in 2012 and 2013, her daughter took over the actual operation of that side catering business and Ms. Sowell actually had to hire one of her other relatives (who testified) to do all of the normal activities of daily living including cleaning, dusting, vacuuming and other activities around the house because exposure to any types of chemicals or dust would cause an

exacerbation of her condition; as well as, even a one-time exposure to simply carrying out the garbage or being exposed to any type of a dusty environment. She would do none of the cooking for the catering and actually had a separate kitchen area outside in another building where her daughter, if there was any frying or cooking of food that needed to be done, would do that frying and cooking. Ms. Sowell had to avoid that completely because it would cause an exacerbation. These exacerbations got worse to the extent, according to the medical records as of the time that she left work on January 6, 2014, and were to such a point that Dr. deDios had to give her an EpiPen to prevent a life-threatening situation which could occur if she was exposed to any of the items as mentioned in reference to her exposures at work or to these minor exposures to any types of chemicals and/or cooking processes, oils, smoke or fumes as described in the testimony.

As confirmed by the other witnesses, in November of 2013 when she was first told that she probably needed to go out of work, her condition was so bad that she could hardly walk. She was helped with all of her work activities by her fellow employees. At work, she avoided contact with any of the chemicals or any of the cleaning and when she would simply walk to the back room, she would become very short of breath and when she would walk out to her car after work, she would have to sit for five minutes to catch her breath.

She testified in reference to her current condition that the catering business is completely run by her daughter and if there is any food preparation, and particularly if there is any type of frying, that it has to be done in a separate facility outside of the house where they have the kitchen. Her daughter mows the grass at her home and she will many times leave when she is mowing the grass and her sister does all of her housework and cleaning. If her sister is using any type of chemicals, Ms. Sowell will leave the house or she will go into a completely other area of the house until the cleaning is finished. Her sister does all of the housework including all of the vacuuming. If she gets around any type of raw meat, fish or poultry products, she will become extremely short of breath and have a reaction. For example, when she still goes to the grocery store, usually at Piggly Wiggly, and tries to buy products for the catering business, she avoids the meat department because when she gets around the meats, she begins to have an attack. If she is around someone with strong perfume or some type of chemicals in the air such as an air freshener, she will have an attack and begins to cough and loses her breath. She has no stamina. Her sister and her daughter regularly take out the trash but on occasions when she will take it out and when she gets near the odor of the trash in the trash drum, she has reactions and tries to avoid even that.

Ms. Sowell testified that she loved her job and would love

nothing more than to be able to go back to doing the work at Piggly Wiggly. She testified that she has a ninth grade education, dropped out in the tenth and that based on her knowledge of her condition that there was no job that she could do eight hours a day, five days a week although she would love to. She testified that Ms. Quick had advised her that she could not come back to work unless she was 100% and that none of her doctors were agreeable to release her to go back to work. She testified that she had a disability policy through work and that Piggly Wiggly and Ms. Quick assisted her in getting through the process and obtaining her disability. At no time after she left Piggly Wiggly has Piggly Wiggly ever offered her a job in any capacity and they have never procured her a job nor have they ever assigned anyone to assist her in obtaining a job. Also they knew that she was applying for Social Security disability and never challenged her disability in reference to her disability policy.

On cross-examination, she reaffirmed that no physician had ever told her that she needed to quit work, find another job and/or leave the work she was doing as the deli manager prior to November of 2013. She reaffirmed that in November of 2013 at the November 21st visit that she and Dr. Hammett discussed the "possibility" that her job was actually causing her asthma and that she needed to come out of work to see if that was in fact the cause. She asked to wait until after Christmas and this is

confirmed by Dr. Hammett's January 9th, 2014 note which states, "She's ready to be taken out of work". (APA P. 3). The medical records and the testimony of the Claimant, confirmed again on cross-examination that in January, 2014, she returned to Dr. deDios and Dr. Hammett and was taken out of work. After being out of work, her condition did in fact improve and at that time, the doctors advised her that her job was at least causing the exacerbation of her asthma with which she had been diagnosed at that point.

During cross-examination she confirmed that it was only after January, 2014 when her doctors confirmed that in their opinion her work was at least causing her asthma exacerbations and when she applied for Social Security disability and was discussing this, did she come to understand that she could possibly apply for workers' compensation. She did not know that Ms. Quick, who was aware of her condition and aware of it possibly being work-related, was the one that should have assisted her in filing for workers' compensation. Only after the suggestion was made to her which she believed came from a Social Security disability representative who advised her that this was work-related according to the doctors, did she seek out an attorney and apply for workers' compensation.

She also confirmed during cross-examination she basically no

longer drives because of the fear of having an attack because on one occasion while driving she had passed out; that she avoids restaurants because of the smell and fear of an attack; that she goes to church and on occasion will go out to the kitchen where her daughter does the cooking but does that rarely; that she may cook an egg or something minor like that such as fix a sandwich but she does not cook with spices or get around any type of frying.

Ms. Edwards, the Claimant's daughter, testified that she now runs the catering business and for years that the only thing her mother has done in the catering business and does at this time is to take orders and go to the grocery store. She confirmed her mother's testimony as to her condition in that even being around raw meats and the smell of raw meats causes her to have a reaction. She avoids smells and that any type of smell even minor such as exposure to household cleaners, strong odors or smells of any type such as perfumes, etc. will result in a reaction. She was with her mother the day that this hearing was scheduled for the Hartsville City Hall wherein they use automatic air fresheners which resulted in a reaction requiring her mother to go outside and take medications, that she could hardly breathe and could not catch her breath just due to this exposure to this automatic air freshener in the air. At any time in reference to

the catering business, her mother does not even carry the fried chicken or vegetables due to fatigue but more importantly due to the possibility of a reaction of being around the fried chicken, for example. She tries to avoid crowds. She also confirmed that all of the meats, and for example the fried chicken used in catering, prior to 2013 were being purchased by her mother through Piggly Wiggly and it was only after she became involved that they began to prepare much of the food in the separate kitchen outside and away from her mother's home. Her aunt does all of the clean-up of her mother's home, for the catering business and in and around the separate kitchen. She re-affirmed her mother's testimony in reference to that she or her aunt drives most of the time and only occasionally does her mother drive and then only to the grocery store.

Her other daughter, Ms. Gennette James, testified that she does most of the driving for her mother if she is driving any type of distance and that her sister and her aunt do any of the other driving. She reaffirmed the Claimant's testimony concerning avoiding restaurants and that exposure to even minor smells and odors would cause a reaction. She gave as an example, one occasion where her mother took the trash to the dumpster and after that she could hardly breathe and had to take medication. She also testified, that any exposure to strong perfumes or perfumes in a store causes an attack and as an example, when they would go to the mall that she would have to avoid going by Bath

and Bodyworks. She also confirmed that she avoids trying to be around any type of fried chicken and fried foods and that the very nature of any such smell as that would cause a reaction. She also confirmed that just walking for any distance whatsoever would cause her mother to become extremely short of breath.

Ms. Mary Quick testified on behalf of the Employer and confirmed that she was a store manager and that Ms. Sowell was the deli manager and described Ms. Sowell's job and the general operation of the deli in reference to the foods that were prepared for sale to the public.

More importantly, she confirmed that in 2011, they developed a problem with the drains clogging and they were continually getting clogged at that time and that they would have to call a plumber and that they would again clog and that this happened time and time again. She testified that the employees would clean up the water; that to her knowledge it was never several inches deep but that there would be a pool of water that would mainly be around the drains and it would still be there in the mornings even after they had mopped and pushed the water to another open drain. Again, she testified that this happened over and over and over again and that they spent a pile of money on plumbers and they finally had a plumber come in from Sumter and

that to her knowledge they finally found out that it had something to do with the line in the back being broken requiring him to dig up the cement and change out pipes and stuff.

In 2012 and 2013 she testified that she did not remember any specific references to Ms. Sowell's condition being due to work or any discussions of that nature but that in January of 2014, Ms. Sowell did come to her and advised her that her doctors were taking her out of work. To her knowledge, the first time workers' compensation was mentioned was when she came to her in March and requested her to fill out a workers' compensation form at which time she advised Ms. Sowell did not know how to do that since she did not know the date of accident. She completed the form 12-A on March 25, 2014. She confirmed that Ms. Sowell was a good deli manager and good employee.

On cross-examination Ms. Quick confirmed that she did have a discussion with Ms. Sowell in the hospital in June of 2011 and advised her that they had gotten the drains fixed. She confirmed that after January, 2014 that she did in fact assist Ms. Sowell in applying for short-term and long-term disability and therefore knew that she was claiming that she was disabled. She admitted that Ms. Sowell would bring and had brought work excuses to her after June, 2011 and through January, 2014 but remembered no discussion specifically about the cause of her being out of work. She admitted on cross-examination, however that she knew in January of 2014 that she was being taken out of work due to her

lungs and she then admitted that throughout 2012, 2013 and prior to January of 2014 that she was having a hard time catching her breath and that this was the significant problem that she was having. Ms. Quick then finally admitted that she knew Ms. Sowell was having a breathing problem. She also confirmed that in January, 2014, the doctor was taking her out of work due to her lungs; that she wanted her to be out of work for at least three months at that time and that they were trying to figure out what was going on. She then confirmed on further cross-examination that in fact she had had a discussion in November, 2013 with Ms. Sowell wherein they discussed that the doctors wanted her to go out of work and she then agreed that it was in that specific discussion in November that Ms. Sowell advised her and that they discussed the fact that she was going to try to make it through the Christmas holidays and then Ms. Sowell would go out of work pursuant to the instructions of her doctor. Ms. Quick specifically confirmed that Ms. Sowell had asked her doctors if she could wait until January so she could get through the Christmas holidays to help the store. Again, she confirmed that the reason Ms. Sowell was going out in January was the doctors wanted to take her out of work so that they could figure out what was going on with her lungs. She reaffirmed her testimony that between 2011 and November, 2013 that she had absolutely no information given to her by Ms. Sowell nor anyone, such as a fellow employee, that she was aware of that Ms. Sowell's problems

may be coming from her work environment and/or the chemicals that were used in the course of her employment.

On further cross-examination, she agreed that the waste water at the time that it became a problem in the Spring of 2011 would contain raw and cooked vegetables, raw and cooked chicken, meats and fish and all of the assorted cooking oils, grease, flour and all of the spices and condiments that are required to prepare the food products for sale in addition to all of the cleaning chemicals and chemicals used to try to stop the backup. She also confirmed during cross-examination that she was the store manager and spent most of her time at the front and that it was the deli manager's job to oversee the deli and that her observations as to the amount of waste water on the floor was directly related to and limited to the occasions when she would walk back to the area. She also confirmed that it was her belief and recollection that it was not until around 2012 that the problem with the drain was finally fixed. She also confirmed that she did remember that she had been given a period of 14-days on at least one occasion to get the situation with the drains corrected but that the Health Department had never pulled their A-rating. She denied that Ms. Sowell's fellow employees were coming to her reporting that they were having to help Ms. Sowell

more and more and/or were concerned over her condition or that it was deteriorating. Ms. Quick further confirmed that Ms. Sowell was in good health prior to 2011 and that it was after the drain problem developed in early 2011 and her hospitalization in June of 2011, that Ms. Sowell began to bring repeated work excuses and was having to go to doctors. As Ms. Quick put it, it was after 2011 that, "to my recollection, yea, that's when she started getting sicker, yes."

Dr. Robert Bennett, Ph.D. testified that he was a forensic toxicologist and not a medical doctor and testified that he had given testimony in all courts in reference to toxicological issues, mainly involving criminal related cases and pharmaceutical related cases involving DUI and drugs and that he had done a good bit of work in the area of DNA. He affirmed that he had done probably about a half dozen cases involving food poisoning and/or mold infiltration or other type bacterial infections. He then confirmed that he was not a medical doctor nor had any background or experience in occupational medicine. Over objection that he was not a medical doctor and that the issues before the Commission were and the questions being asked were concerning medical causation, Dr. Bennett was allowed to testify as to the toxicological affects and from a toxicological standpoint as to the MSDS sheets, the chemicals and the other triggering/causative agents involved. He went over the various chemicals that he knew to be involved and expressed the opinions

that these chemicals do vaporize; that they are generally used by the public in general as well as being used in an industrial setting and testified that it is possible that the chemicals could irritate the lungs and result in the causation of a chemical irritant-type asthma. He testified in reference to several of the chemicals and specifically the compound "Mr. Muscle" that it should not be mixed or used with ammonia, bleach or other chlorinated compounds but that from reading the records provided to him that it was apparently used in combination with such compounds. He noted also that several of the MSDS sheet products being used were in concentrated form and that these were clearly supposed to be diluted.

Importantly, he confirmed during examination cross-examination that based on his review of the records, Ms. Sowell was suffering from adult onset asthma and he specifically agreed that at her age of 60 and in reference to adult onset asthma, there is usually a triggering factor that causes the asthma to become symptomatic. He affirmed that one of those causes could be exposures to chemicals at Piggly Wiggly. He affirmed that he is familiar with occupational asthma in the settings and occupations of meat cutter, farm workers and food productions workers and that there is an extensive list of occupations published by the National Institute of Health in reference to occupational asthma and the types of occupations wherein you can most likely develop that condition from your job. He confirmed

that a lot of those occupations involve and the development of occupational asthma are in reference to raw vegetables, meats and fish and that all of those were in use in the deli area and that the blood and various fluids from the cooked and byproducts and all of the rotting and mold and other fungi were in the waste water that went down into the drains which were backing up and that the backup of waste water would include all of the chemicals used for cleanup and to stop the backup. He also agreed that based on his review of the records that while you are not supposed to mix bleach and Mr. Muscle, that was in fact being done. He agreed that the chemicals and other items discussed in reference to the work environment could be corrosive to the lungs and could cause health problems from inhalation and absorption including asthma. He testified that whether or not these chemicals would cause, for example, the asthma which Ms. Sowell has, would be directly related to dosage and that a person working in and around on a daily basis, those chemicals and byproducts and the raw and cooked vegetables and meats and the chemicals used to unclog the drains would have a higher exposure and that the question of whether or not her asthma stemmed from her exposure would be directly related to the dosage from her exposure. He stated the opinion that if you could actually see the fumes that that would indicate a high concentration of fumes that a person should avoid. It was his opinion, as a toxicologist, that his main concern was the bleach to which she

was exposed and that her exposure to bleach potentially, "could exacerbate her asthmatic condition".

Ms. Gennette Sowell was called in rebuttal and testified that she and Ms. Quick in November, 2013 talked about the fact that her doctor, Dr. Hammett, thought that the store was making her sick and that they had an extensive discussion about how after the discussion with her doctor at that time that in retrospect she had noticed that when she would enter the building and she would get around certain things that her condition would get worse. For example, with buffing or cleaning the floors or cleaning the kitchen. She stated definitively to Ms. Quick that her doctors were taking her out of work or wanted her to go out of work, (which they agreed she would do after the Christmas holidays) to try to find out what was going on and causing her lung/breathing problems but again they discussed that Dr. Hammett had specifically said that she was, "thinking," that it was the store that was making her sick. She then confirmed that when she took Ms. Quick the out of work statement from Dr. deDios, her treating pulmonologist, that she advised Ms. Quick that he had said that he thought the store was making her sick. She confirmed that she has never had a wood-burning stove; that she bought all the meat products, particularly the cooked products out of the Piggly Wiggly before she went out of work. She also confirmed that Ms. Quick rarely came back to the deli department and that the water would regularly get up onto their shoes and

she would describe it as somewhere between 1" to 1.5" deep. She also reaffirmed that prior to November of 2013 that no doctor at any time had ever told her that it was not okay for her to continue working at Piggly Wiggly or that she needed to come out of that work.

Mr. Oliver Herrington, a fellow employee, was called on rebuttal and described the severe backup problem with the drains in the deli and kitchen area in the Spring of 2011. He did maintenance for the store and when the drains were backing up, he would try to unclog the drains and they would call the plumber and then it would back up again. They were constantly cleaning up and calling the plumber. He confirmed that Ms. Sowell began to get sicker and sicker, that everyone knew it and that he had had several discussions with Ms. Quick about the fact that Ms. Sowell was getting sicker and sicker. He also confirmed that everyone knew that Ms. Sowell was trying to avoid the chemicals; that he tried to prevent her from being around those after this whole thing started; and that in 2012 and 2013 everyone knew that she was wearing a mask to try to avoid exposure to the chemicals and would try to avoid being around those when those were being used. He specifically had several conversations with Ms. Quick in reference to Ms. Sowell, her condition and the fact that she was getting worse. In reference to Ms. Quick's testimony wherein she denied that anyone talked to her about Ms. Sowell; that she really did not know about Ms. Sowell's condition getting worse;

and the fact that Ms. Sowell was wearing a mask at work, Mr. Herrington testified as follow:

> " ... now, when she - when she started wearing that mask over her face, I know it was getting kind of worse. Ok. So, it - only she wore it and you and I wore it, but it didn't bother me. Now, it might have bothering me, but I really didn't know it. But at her age, she couldn't stand it and then I would go back up there to the front. I told Ms. Quick, I said "I don't - I think you should send her to the house and let her get her breathing okay," and then she would come back and work like three or four days, half - like half. She would work like a half a day. She started getting sick again. But you got all of that fumes back there and then you're trying to cook and whatever, it won't hold, and that's what I ...
>
> Now, I told her, I said "now, Ms. Gennette's sick, Ms. Quick, but you need to go back there and talk to her or either tell her what to do or whatever or go to the doctor or whatever." Now, what she talked to Ms. Gennette about, I really don't know. But anyway, I told her to go back there and talk to Ms. Gennette to see her." (7/21/16 Tr. p. 132, ll. 2-17; l. 21 - p. 133, l.2).

In addition to the testimony and evidence, the Claimant's treating physician, Dr. Rochelle Hammett, in September of 2014, stated that Ms. Sowell was and had been under her care for what had been diagnosed ultimately as occupational asthma. She makes it clear in that report that she had noticed during treatment that while Ms. Sowell was not working that her symptoms would improve and that when she would return to employment that she would return to her office for an exacerbation. That report confirms that subsequent to January of 2014 and after Ms. Sowell had gone out of work and due to her treatment and her experience from 2011 through 2014 and after consultation with the

pulmonologist, Dr. deDios, that she had only then made the medical diagnosis of occupational asthma. The report of September, 2014 is the first definitive diagnosis of occupational asthma stemming from her work environment by Dr. Hammett. She also stated the opinion that she had taken Ms. Sowell out of work in January of 2014 and that she continued out of work at that time. Dr. Yolanda Mendez who took over as Ms. Gennette Sowell's family doctor, after Dr. Hammett left the practice, expressed the opinion both in her deposition and in a report that Ms. Sowell was disabled from gainful employment in a full-time occupation due particularly to her occupational asthma and that her condition was permanent.

Dr. Angelo deDios, Ms. Sowell's treating pulmonologist, based on his knowledge of the development of the severe drainage backup problem in 2011; her hospitalization in June of 2011 and a review of those and his medical records, including the fact that prior to June of 2011 she had lived in the same house for 25 years; had no exposure to cats, dogs or birds; that there was no problem known in her home with mold; and that she had absolutely no past history of treatment for asthma, allergies and/or bronchitis or any other pulmonary, cardiac, renal, neurological or gastrointestinal disease; that she did not smoke nor had she ever been a smoker; and that based on his treatment of her, it was his diagnosis and opinion that she was suffering from occupational asthma and/or asthma that was triggered and caused

to become symptomatic by her repeated exposure in her job beginning with the period of extreme repeated daily and unusual and extraordinary exposure during the two to three month period prior to June of 2011. It was his opinion that her continued and repeated exposure to these offending agents in her job thereafter continually triggered her condition causing an ever-increasing hypersensitivity and severity of the condition. A review of his medical records and notes following his visit and at the time of his visit on January 7, 2014, confirms that it was his opinion that her work environment was making her asthma worse. In his visit on February 4th, 2014, he confirmed that after being out of work several weeks that the patient's condition was significantly improved after being out of work; that her asthma was better and that, "clearly, her work environment was making her worse". His diagnosis of occupational asthma first appears in an addendum to his reports of October 17, 2014 wherein he diagnosed Ms. Sowell with work-related asthma, specifically work-exacerbated asthma.

Dr. Gordon Early, board certified in medical toxicology, occupational medicine and a Fellow of the American College of Occupational and Environmental Medicine and a Masters of Public Health in Epidemiology, stated the opinion to a reasonable degree

of medical certainty that, in his opinion, Ms. Sowell developed occupational asthma due to her exposures in Piggly Wiggly which were triggered in 2010 and 2011 by the continual repeated sewage/waste water drainage backups and continuing there afterwards and was due specifically to the exposure to all of the chemicals and the raw, processed, cooked and decaying organic materials to which she was exposed between 2011 and 2014 when she left work. Dr. Early reaffirmed those opinions in his deposition as set out in the Findings of Fact.

Both the testimony of Ms. Sowell and the medical records establish that at this time and ever since 2014 just to be able to maintain her current condition as described herein, she is taking or is having injected at least 14 different types of medication including inhalers, rescue inhalers, nebulizers, asthmatic medications and all types steroids. She is having injections of Xolair which has to be flown in every other week and in addition Dr. Dayrit, her asthma and allergy specialist, gives her two other injections every week. Again, this level of medical care is needed just to be able to maintain her current condition, limited as it is.

Wherefore based upon a review of the testimony and evidence submitted, it is the finding of this Commissioner that the Claimant has established by a preponderance of the evidence that she suffers from occupational asthma which is directly due to her repetitive trauma exposure in the workplace culminating with her

last exposure in the workplace on or about January 6, 2014. The Claimant is totally disabled and in the opinion of her doctors and under the findings of this Commissioner her condition is permanent and she is entitled to an Award for total and permanent disability from January 6, 2014 and continuing at the weekly compensation rate of $464.11 for a period of 500 weeks. The Claimant is entitled to all causally related medical care beginning as of January 6, 2014 and thereafter for treatment of her occupational asthma and all associated medical problems related thereto for the remainder of her life. Wherefore, I have made the followings of salient fact:

FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as setout below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing water. The co-worker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) (while there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.)

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the

hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below 10-.

10. The Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (C68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential.". (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November 12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since

developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her

diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms. Sowell on March 19th does not mention this and records only a diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

21. The Claimant testified that Dr. Dayrit closed his practice in March.

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she

is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if that was what "it was". (June Transcript at 59, 62, 77). The Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although, her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that her work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the Claimant stated that her asthma has been better since she has been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment.

(D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled. (D368). She indicated that the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point Dr. Hammett authored a statement to "whom it may concern." In that letter she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regards to a

repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not

mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th, and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the

Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor, but expressed

opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli, including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive

occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree

of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct

result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, I believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic

necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As noted in my other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr. Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment". Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr. Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regards to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the

treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will effect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital

(S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, I have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60. Risinger v. Knight Textiles 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp. 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

ORDER AND AWARD

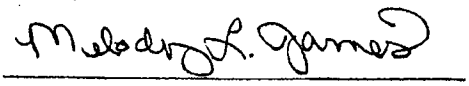
THEREFORE, IT IS ORDERED and the Claimant is hereby awarded an Award for total and permanent disability due to her repetitive trauma injury as found to be compensable and she is entitled under the Award to the payment of weekly compensation payments beginning on January 6, 2014 and weekly thereafterwards at the compensation rate of $464.11 for a period of 500-weeks of compensation. The Claimant has requested that the payment of the Award made by this Commission be paid in a lump sum and I find that payment to be in the best interest of the Claimant and not contrary to the defendants. Therefore, the Commission shall calculate the residual lump sum value of the Award at the time of submission of such calculation with all weeks of compensation that have accrued as of that date to be paid uncommuted and to which shall be added all remaining weeks of compensation due under the 500-week Award as commuted pursuant to the Regulations of the Commission.

It Is Further Ordered that having been awarded total and permanent disability for her occupational asthma, the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life as set out in S.C. Code §42-15-60. The provision of medical care shall begin with the determination of total disability on January 6, 2014. For the provision of further medical care, the Claimant is placed under the care of her currently treating physicians specifically to include Dr. Yolanda Mendez of the Medical Group; Dr. Angelo deDios, MD, pulmonologist of the Medical Group; and Dr. Orville Dyce of Hartsville ENT/Black Creek Medical Consultants, and such other medical providers as they deem appropriate to fully and completely treat the Claimant's disabling symptoms and conditions causally related to the Claimant's work-related repetitive trauma condition of occupational asthma. Such medical care shall specifically include all medical care as specifically referred to in the records of these medical doctors and specifically including all care provided by Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce on and after January 7, 2014 and specifically to include all medications, injections, inhalers, nebulizing units and all medical care that has been provided and/or is being provided after January 7, 2014 and continuing at this time as is reflected

in their medical records on and after January 6, 2014.

No hearing costs are assessed at this time.

AND IT IS SO ORDERED.



Commissioner Melody L. James

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.

May 16, 2017

By: Tamara Morris, Administrative Assistant to Commissioner James

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1408826

Gennette Sowell,

EMPLOYEE,
CLAIMANT/RESPONDENT,

v.

Piggly Wiggly,

EMPLOYER,

AND

Auto Owners Insurance, Inc.,

CARRIER,
DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on August 22, 2017 per notices timely and properly served on all parties of interest

Appellate Panel Decision and Order filed

October 17, 2017.

APPERANCES:

Claimant/Respondent represented by Preston F. McDaniel, Esquire of Columbia, South Carolina.

Defendants/Appellants represented by Christian Bell, Attorney of Columbia, South Carolina.

This matter came before the Hearing Commissioner for hearing on the basis of Claimant's Form 50 Request for Hearing with hearings held on June 22, 2016 and July 21, 2016. The Commissioner issued her Decision on May 16, 2017 in which the Hearing Commissioner made the following Findings of Fact, Conclusions of Law, and entered the following Award:

FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as setout below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing

water. The co-worker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) (while there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.)

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below 10-.

10. The Claimant was sent to the hospital on December 22,

2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (c68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential.". (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012, the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November

12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he

does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms.

Sowell on March 19th do not mention this and records only a diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant.

21. The Claimant testified that Dr. Dayrit closed his practice in March. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if

that was what "it was". (June Transcript at 59, 62, 77). The Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although, her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that her work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the

Claimant stated that her asthma has been better since she has been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment. (D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the

Claimant was permanently disabled. (D368). She indicated that the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point, Dr. Hammett authored a statement to "whom it may concern." In that letter, she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regards to a repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is

confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational

asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three

asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor but expressed opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and

is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli, including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because

of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718

S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens

causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, I believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As

noted in my other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr. Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment". Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr.

Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regards to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical

treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months

of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, I have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60, 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp., 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

ORDER AND AWARD

THEREFORE, IT IS ORDERED and the Claimant is hereby awarded an Award for total and permanent disability due to her repetitive trauma injury as found to be compensable and she is entitled under the Award to the payment of weekly compensation payments beginning on January 6, 2014 and weekly thereafterwards at the compensation rate of $464.11 for a period of 500-weeks of compensation. The Claimant has requested that the payment of the Award made by this Commission be paid in a lump sum and I find that payment to be in the best interest of the Claimant and not contrary to the defendants. Therefore, the Commission shall calculate the residual lump sum value of the Award at the time of submission of such calculation with all weeks of compensation that have accrued as of that date to be paid uncommuted and to which shall be added all remaining weeks of compensation due under the 500-week Award as commuted pursuant to the Regulations of the Commission.

It Is Further Ordered that having been awarded total and permanent disability for her occupational asthma, the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life as set out in S.C. Code §42-15-60. The provision of medical care shall

begin with the determination of total disability on January 6, 2014. For the provision of further medical care, the Claimant is placed under the care of her currently treating physicians specifically to include Dr. Yolanda Mendez of the Medical Group; Dr. Angelo deDios, MD, pulmonologist of the Medical Group; and Dr. Orville Dyce of Hartsville ENT/Black Creek Medical Consultants, and such other medical providers as they deem appropriate to fully and completely treat the Claimant's disabling symptoms and conditions causally related to the Claimant's work-related repetitive trauma condition of occupational asthma. Such medical care shall specifically include all medical care as specifically referred to in the records of these medical doctors and specifically including all care provided by Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce on and after January 7, 2014 and specifically to include all medications, injections, inhalers, nebulizing units and all medical care that has been provided and/or is being provided after January 7, 2014 and continuing at this time as is reflected in their medical records on and after January 6, 2014.

GROUNDS FOR REVIEW

By way of an Application for Review the Employer/Carrier as Appellants have raised the following grounds for review:

1. Did the Single Commissioner err in finding as a matter of fact that the there is no indication in the Record that there was an acute incident in this case?

2. Did the Single Commissioner err in finding as a matter of fact that the Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment?

3. Did the Single Commissioner err in finding as a matter of fact that the Claimant was ultimately diagnosed with work related asthma/occupational asthma?

4. Did the Single Commissioner err in finding as a matter of fact that the Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up?

5. Did the Single Commissioner err in finding as a matter of fact that the Claimant and her co-workers would come into the deli in the morning to standing water and that the coworker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them?

6. Did the Single Commissioner err in finding as a matter of fact that during the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant was admitted to the hospital on June 11, 2011, at which time the Claimant was diagnosis was bronchitis?

7. Did the Single Commissioner err in finding as a matter of fact that the Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus and Acute Asthma Exacerbation?

8. Did the Single Commissioner err in finding as a matter of fact that even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition?

9. Did the single Commissioner err in finding as a matter of fact that on February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis?"

10. Did the Single Commissioner err in finding as a matter of fact that on March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time and there is no mention of

a work relationship in that record?

11. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett's records later indicate chronic bronchitis on August 8, 2012 and COPD exacerbation on September 9, 2012?

12. Did the Single Commissioner err in finding as a matter of fact that the Claimant presents to the hospital on November 12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking?

13. Did the Single Commissioner err in finding as a matter of fact that the records of Dr. Hammett do not appear to contain a consistent diagnosis or definitive cause?

14. Did the Single Commissioner err in finding as a matter of fact that for the first time the Claimant sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012 at which time he notes differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "it appears" that she has sensitivity to some chemicals at work?

15. Did the Single Commissioner err in finding as a matter of fact that Dr. Dayrit's ending diagnosis was asthma as of January 3, 2013?

16. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett medical note of March 19, 2013, does not identify where the Claimant's diagnosis is generated from?

17. Did the Single Commissioner err in finding as a matter of fact that the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant?

18. Did the Single Commissioner err in finding as a matter of fact that the difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony?

19. Did the Single Commissioner err in finding as a matter of fact that the first note of Dr. deDios states that he thinks

Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic?

20. Did the Single Commissioner err in finding as a matter of fact that whether the first visit to Dr. deDios is in April or May of 2013 is not critical in this determination?

21. Did the Single Commissioner err in finding as a matter of fact that November of 2013 was the first-time Claimant was advised that work could be the cause of her condition, or a component of her condition and that the Claimant then advised her supervisor of same?

22. Did the Single Commissioner err in finding as a matter of fact that the Claimant did not know her condition was definitively caused by her work until December 12, 2013, when she filed for Social Security Disability noting her income from Piggly Wiggly?

23. Did the Single Commissioner err in finding as a matter of fact that Dr. deDios's records reflect that the Claimant's work environment makes her asthma worse, and that the Claimant likely has adult onset asthma for which she is very symptomatic?

24. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett's medical note of on January 9, 2014, indicate Claimant's diagnosis as asthma unspecified type?

25. Did the Single Commissioner err in finding as a matter of fact that Dr. deDios's medical note of on February 4, 2014, reflect that the Claimant stated that her asthma has been better since she has been on medical leave, and that clearly her work environment was making it worse?

26. Did the Single Commissioner err in finding as a matter of fact that the Claimant went to her supervisor in March of 2014 and notified her that the doctors had determined that her condition was work-related?

27. Did the Single Commissioner err in finding as a matter of fact that the First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014?

28. Did the Single Commissioner err in finding as a matter of fact that after the First Report of injury was filled out by

the Claimant's supervisor, the Disability Claim Form - Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment?

29. Did the Single Commissioner err in finding as a matter of fact that on April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great?

30. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled and that the Claimant's condition was due to injury or sickness arising out of the employment?

31. Did the Single Commissioner err in finding as a matter of fact that at some point Dr. Hammett authored a statement to "whom it may concern. In that letter, she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist?

32. Did the Single Commissioner err in finding as a matter of fact that in Addendum Notes, dated October 17, 2014 and November 4, 2014 as well as subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma)?

33. Did the Single Commissioner err in finding as a matter of fact that the Claimant did give proper notice with regards to a repetitive injury claim?

34. Did the Single Commissioner err in finding as a matter of fact that an analysis under the King v. International Knife decision is appropriate?

35. Did the Single Commissioner err in finding as a matter of fact that the earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013?

36. Did the Single Commissioner err in finding as a matter of fact that the notice for an occupational disease claim would also be based on the same facts. The Claimant was advised

definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014?

37. Did the Single Commissioner err in finding as a matter of fact that the Claimant filed her claim on July 22, 2014 within the statute of limitations?

38. Did the Single Commissioner err in finding as a matter of fact that as to causation, the Claimant has met her burden?

39. Did the Single Commissioner err in finding as a matter of fact that the preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma?

40. Did the Single Commissioner err in finding as a matter of fact that the Claimant had a repeated exposure that resulted in a condition from that repetitive exposure?

41. Did the Single Commissioner err in finding as a matter of fact that the evidence establishes clearly that her asthma stems from her repetitive occupational exposure?

42. Did the Single Commissioner err in finding as a matter of fact that the medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011?

43. Did the Single Commissioner the medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems?

44. Did the Single Commissioner err in finding as a matter of fact that, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014?

45. Did the Single Commissioner err in finding as a matter of fact that the development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife,

395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011)?

46. Did the Single Commissioner err in finding as a matter of fact that while it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease?

47. Did the Single Commissioner err in finding as a matter of fact that the Claimant's occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged?

48. Did the Single Commissioner err in finding as a matter of fact that the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma?

49. Did the Single Commissioner err in finding as a matter of fact that the mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma?

50. Did the Single Commissioner err in finding as a matter of fact that the Claimant was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled?

51. Did the Single Commissioner err in finding as a matter of fact that while the Claimant's occupational asthma condition would qualify as an occupational disease, under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury?

52. Did the Single Commissioner after a period of extreme and repetitive exposure, the Claimant's exposure to the normal

and usual working conditions in the workplace continued to exacerbate the Claimant's desensitized condition and resulted in her disability?

53. Did the Single Commissioner err in finding as a matter of fact that temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability?

54. Did the Single Commissioner err in finding as a matter of fact that the Claimant is at maximum medical improvement?

55. Did the Single Commissioner err in finding as a matter of fact that the Claimant is permanently and totally disabled?

56. Did the Single Commissioner err in finding as a matter of fact that all causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants?

57. Did the Single Commissioner err in finding as a matter of fact that the Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce?

58. Did the Single Commissioner err in the findings of fact marked No. 1 through 51 and located on pages 32 through 50

of the Order?

59. Did the Single Commissioner err in concluding as a matter of law that the Claimant sustained a compensable repetitive trauma injury?

60. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to weekly compensation for total disability and for total and permanent disability?

61. Did the Single Commissioner err in concluding law the Claimant is entitled to lifetime medical care?

62. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to be paid in a lump sum?

63. Did the Single Commissioner err in concluding as a matter of law that the provision of medical care shall begin with the determination of total disability on January 6, 2014?

64. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life?

65. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to an award of total and permanent disability for her occupational asthma?

66. Did the Single Commissioner err in the conclusions of law as identified on pages 50 through 55 of the Order?

FULL COMMISSION PANEL REVIEW AND DECISION

Copies of the Grounds for Review were furnished to all interested parties prior to the oral argument scheduled before the Appellate Panel on August 22, 2017.

Pursuant to SC Code §42-17-50 (1985 as amended), the Appellate Panel reviewed the Order and Award and considered all the issues raised by the Briefs of the Appellant and Respondent.

After careful review and consideration of this matter, the Full Commission Appellate Panel **AFFIRMS** the Single Commissioner's Order and Award and adopts the Findings of Fact and Conclusions of Law and the Award of the Hearing Commissioner as the Findings of Fact and Conclusions of Law and Award of the Commission:

FULL COMMISSION FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as set forth below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing water. The co-worker(s) would then clean up the sewage water and

put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) While there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below.

10. The Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical

exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (c68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential." (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November 12, 2012, and indicates to the provider that she thinks that at

work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms. Sowell on March 19th do not mention this and records only a

diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant.

21. The Claimant testified that Dr. Dayrit closed his practice in March. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if that was what "it was". (June Transcript at 59, 62, 77). The

Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that the claimant's work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma, unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the Claimant stated that her asthma has been better since she has

been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment. (D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled. (D368). She indicated that

the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point Dr. Hammett authored a statement to "whom it may concern." In that letter she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regard to a repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23,

2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium

hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor but expressed opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli,

including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three

of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Panel that this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used

which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, we believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As noted in our other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr.

Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment." Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr. Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified

she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regard to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. We find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally

related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

FULL COMMISSION CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting

in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, We have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286

S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60, 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp., 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

DECISION AND ORDER OF THE COMMISSION ON APPEAL

THEREFORE, IT IS ORDERED AND FOUND that the Order and Award of the Hearing Commissioner shall be and hereby is **AFFIRMED**.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

Commissioner Mike Campbell
for the Panel

I CONCUR:

Commissioner Susan Barden

Commissioner Avery Wilkerson

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 Eugenia on October 17, 2017

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

File #: 1408826
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN:
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Piggly Wiggly
Address: 235 15-401 Bypass E
City: Bennettsville State: SC Zip: 29512
Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**

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

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT
   Briefly describe how the accident occurred. SEE ATTACHMENT
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 SEE ATTACHMENT TO #5 & 6. (Month/Day/Year) in the following manner: Mary Quick, Store Manager

☒7. Due to injury, the claimant is in need of (check one):

☒(a) medical examination and treatment for: SEE ATTACHMENT

☐(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: 1/6/14 and continuing.

☐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: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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: NONE OTHER THAN EMPLOYER

11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.

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 ATTACHMENT.

11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
If yes, describe: ____

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: 1.0 hour

☒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.**

SCWCC
SEP 29 2014
JUDICIAL

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___day of ____20__,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 | Attorney for the Claimant (Title) | preston@pfmcdlaw.com (Email) | 9/26/14 (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

50

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

Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

ATTACHMENT TO FORM 50

1 & 2:

Body part(s) affected:

Occupational asthma (allergy/asthma).

This claim is based upon injury by accident; disease in the form of injury by accident; repetitive trauma due to repetitive exposures over a long period of time and/or occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant

and continual problems with the waste disposal drains in that department and area 3 of the 4 drains in the Deli Department would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

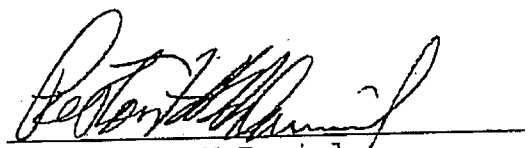
6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include the right of inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for proper evaluation of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,



Preston F. McDaniel
Attorney for the Claimant

September 26, 2014

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Gennette Sowell v. Piggly Wiggly with a copy of the **FORM 50 REQUESTING A HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
17th day of September, 2014.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

RECEIVED JUL 21 2014

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel

Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

July 17, 2014

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Genette Sowell vs. Piggly Wiggly of Sumter, Inc.
DOA: 1-6-14

Dear Ms. Spann:

Please be advised that Gerald Malloy and I have been retained to represent the Claimant in the above captioned matter as a result of the Claimant's work-related injury. I would appreciate you noting my representation and sending all notices, etc. to my office.

Enclosed also is our Form 50 filing a claim on behalf of the Claimant in this matter along with our proof of service upon the carrier and/or opposing counsel in this matter.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Auto Owners Insurance, ATTN: Melody Harris

Workers' Compensation Commission
Street, Suite 500 • Post Office Box 1715
South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

Carrier File #: _____
Code #: _____
Employer FEIN #: _____

Claimant's Name: Gennette Sowell SSN: _____ Employer's Name: Piggly Wiggly

Address: _____ Address: 235 15-401 Bypass E

City: C State: _____ Zip: _____ City: Bennettsville State: SC Zip: 29512

Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

Claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**

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

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT

   Briefly describe how the accident occurred. SEE ATTACHMENT
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 01/01/2012 (Month/Day/Year) in the following manner: Mary Quick, Store Manager
7. Due to injury, the claimant is in need of (check one):

   ☒ (a) medical examination and treatment for: SEE ATTACHMENT

   ☐ (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: 1/6/14 and continuing.
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: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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: NONE OTHER THAN EMPLOYER.

11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.

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 ATTACHMENT.

11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
If yes, describe: _____

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.**

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

14. Estimated time needed for hearing: _____

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.**

SCWCC
JUL 22 2014
INSURANCE & MEDICAL SERVICES

I certify I have served this document pursuant to Reg. 67-211, by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___ day o ___20___, 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.

RECEIVED
JUL 22 2014
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm

Preparer's Signature Title preston@pfmcdlaw.com Email 7/17/14 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. 67-2801.

WCC Form # 50
Revised 7/13

50

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

Gennette Sowell v. Piggly Wiggly
WCC File No.: Unknown

ATTACHMENT TO FORM 50

1 & 2:

Body part(s) affected:

Lungs, pulmonary system, autoimmune system, (allergy/asthma).

This claim is based upon injury by accident; disease in the form of injury by accident; repetitive trauma due to repetitive exposures over a long period of time and/or occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the

Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area 3 of the 4 drains in the Deli Department would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include the right of inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for proper evaluation of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,

Preston F. McDaniel
Attorney for the Claimant

July 17, 2014

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Genette Sowell v. Piggly Wiggly with a copy of the **FORM 50 FILING A CLAIM** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Auto Owners Insurance
Post Office Box 211909
Columbia, SC 29221-6909

ATTN: Melody Harris

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle

Kimberley T. Hinkle

SWORN TO BEFORE ME this
17 day of July, 2012.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
For over 30 years.

Preston F. McDaniel

Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

November 11, 2014

VIA EMAIL ONLY - blozanne@dmclaw.com
Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

RE: Gennette Sowell v. Piggly Wiggly
WCC File: 1408826

Dear Brittany:

Per our discussion and agreement, please find attached the Amended Form 50 which I am today (actually tomorrow - forgot it was Veteran's Day) filing with the Commission which will hopefully correct the situation with the two file numbers and will allow you to simply file a Form 51 to the Amended Form 50. Also, you will note that I have gone ahead and requested total and permanent disability as per my understanding from our clients' testimony, she is disabled from gainful employment and her condition is permanent and she is on long term disability at this time and it is our understanding that the doctors have said she will need lifetime medical care for this condition.

Ashley went ahead and sent you all the medical records that we have and you will see where both Dr. Hammett and the treating pulmonologist, Dr. DeDios, have both stated the opinion that she is suffering from occupational asthma and immunodeficiency problems stemming from her work-related exposure.

I look forward to hearing from you and working with you on this claim to a resolution in everyone's best interest.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosure

cc: Gerald Malloy, Esquire

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

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Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

November 11, 2014

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Genette Sowell vs. Piggly Wiggly of Sumter, Inc.
WCC File No. 1408826

Dear Amy and Sonji:

First Amy I have attached an Amended Form 50 requesting a hearing that we are filing which includes an amendment that we are requesting an Award for total and permanent disability. With this amendment, pursuant to Commission Regulation 67-1802 this case is now subject to mandatory Mediation. By copy of this letter I am serving the Amended Form 50 on Brittany Lozanne who is the Counsel for the Defendants.

Next, Sonji, for some reason although it is very clear from our Form 50 that we are alleging a repetitive trauma/occupational disease claim culminating in disability on January 6, 2014 and were assigned the above 2014 WCC number, for some reason somebody with the insurance carrier or employer accidently picked up on the first date of treatment involving her occupational exposure and it is my understanding from Brittany Lozanne that a second claim has been opened as a 2011 WCC claim number. This is to request that the 2011 WCC file number be cancelled and/or closed as being an erroneously opened claim, or if it would be easier, to request that this 2011 claim be merged with the 2014 claim as referenced above so that this 2011 file can be closed with the Commission. I am glad to assist the Commission and the carrier in any way possible to ensure that this erroneously opened 2011 claim number is closed and if anything else is needed from me or my client please let me know and I will be glad to assist in any way possible.

As noted above, by copy of this letter I am notifying and serving Counsel for the Defendants, Brittany Lozanne with a copy of this Amended Form 50.

Sincerely yours,

Preston F. McDaniel

PFM/ac/kth
Enclosures

cc: Gerald Malloy, Esquire
Ms. Genette Sowell
Brittany Lozanne, Attorney at Law

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

AMENDED

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

Claimant's Name: Gennette Sowell SSN.
Address: _____
City: C State: ____ Zip: _____
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Piggly Wiggly
Address: 235 15-401 Bypass E
City: Bennettsville State: SC Zip: 29512
Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**
☒Injury ☒ Illness ☒ Repetitive Trauma ☒Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT
   Briefly describe how the accident occurred. SEE ATTACHMENT
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 01/01/2012 (Month/Day/Year) in the following manner: Mary Quick, Store Manager
☒7. Due to injury, the claimant is in need of (check one):
   ☒(a) medical examination and treatment for: SEE ATTACHMENT
   ☐(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: 1/6/14 and continuing.
☒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: N/A
10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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: NONE OTHER THAN EMPLOYER.
11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.
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 ATTACHMENT.
11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
   If yes, describe: ____
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: _____

☐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 SEE ATTACHED CERTIFICATE OF SERVICE on the ___day of ____20__,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	Title	Email	Date
	Attorney for the Claimant	preston@pfmcdlaw.com	11/11/14

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

50

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

Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

ATTACHMENT TO AMENDED FORM 50

1 & 2:

Body part(s) affected:

Occupational asthma (allergy/asthma).

This claim is based upon injury by accident disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant

and continual problems with the waste disposal drains in that department and area 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

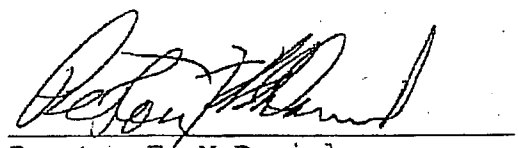
6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include an examination and inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for specific evaluation and testing of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,



Preston F. McDaniel
Attorney for the Claimant

November 11, 2014

CERTIFICATE OF SERVICE BY MAIL

WCC File No. 1408826

I hereby certify that I have on this day served the following in the matter of Genette Sowell v. Piggly Wiggly with a copy of the **AMENDED FORM 50 REQUESTING A HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
11 day of November, 2014.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 2/4/24

Dickie McCamey

Brittany M. Lozanne
Attorney-at-Law
Admitted in SC

Direct Dial: 803-285-0004
Direct Fax: 803-285-0042
blozanne@dmclaw.com

December 11, 2014

VIA US MAIL
Amy Bracy
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 01/06/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No.: 36-039-359

Dear Amy:

Enclosed, please find a Form 51, along with a Certificate of Service, on behalf of the Employer/Carrier in the above-referenced matter for filing in your office. ***We have also enclosed a SASE in order to receive a copy of the clocked document back from the Commission.*** By copy of this letter, we are serving a copy of the Form 51 on the Claimant's Attorney, Preston F. McDaniel, Esquire. Please feel free to contact my office should you have any questions or concerns with regards to this submission.

With kindest regards,

Sincerely yours,

Brittany M. Lozanne, Esquire

BML/tc

cc: Preston F. McDaniel, Esquire (via US Mail)
Melody Harris, Auto Owners Insurance (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

WCC File #: 1408826
Carrier File #: 36-039-359
Carrier Code #: 01018
Employer FEIN #: 57-0649361

Claimant's Name: Genette Sowell SSN:
Address:
City: State: Zip:
Home Phone: Work Phone:
Date of Injury: 01/06/2014

Employer's Name: Piggly Wiggly Central, Inc.
Address: 415 N. Salem Street
City: Sumter State: SC Zip: 29150
Insurance Carrier: Auto-Owners Insurance

Preparer's Name: Brittany M. Lozanne Law Firm: Dickie, McCamey & Chilcote, P.C. Preparer's Phone #: (803) 285-0004

Date of Injury or Illness: 01/06/2014 **Estimated time for hearing: 2 Hours**

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: The investigation of the Employer/Carrier does not reveal a compensable injury, illness, repetitive trauma and/or occupational disease by accident within the course and scope of the Claimant's employment. In addition, the Employer/Carrier maintains that the Claimant's current breathing and lung problems are not causally-connected to the Claimant's alleged January 6, 2014 work-related accident.
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 Number 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 Number 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 Number 1 above
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are: See Number 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: The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to additional medical treatment.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of : The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to temporary total disability benefits.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to permanent disability benefits.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$435.26** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The Employer/Carrier maintain that the Claimant can not satisfy her burden of proving a compensable injury, illness, repetitive trauma and/or occupational disease pursuant to section 42-1-160 and/or section 42-9-35 and/or section 42-11-80. In addition, the Employer/Carrier maintain that the Claimant's compensation may be barred pursuant to section 42-9-60 an/or section 42-9-40 of the Act.

☐ 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.

Preparer's Signature	Attorney for the Defendants (Title)	blozanne@dmclaw.com (Email)	12/11/14 (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.

WCC Form # 51
Revised 07/13

51

Employer's Answer to Request for Hearing

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Amy Bracy
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201

DOCUMENT: Form 51 (Employer's Answer to Request for Hearing)

DATE OF MAILING: December 11, 2014

Rebekah M. Wilkinson
Legal Secretary to Brittany M. Lozanne, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Genette Sowell SSN:
Address:
Home Phone# Work Phone #

Employer's Name: Piggly Wiggly
Address:
Insurance Carrier:

Claimant's Attorney: Brittany Lozanne, Esquire
Phone: (803) 285-0004 Email:

Employer Carrier Attorney: Gerald Malloy, Esquire
Phone: (843) 339-3000 Email: gmalloy@bellsouth.net

Preparer's Signature	Title	Email	Date
	Mediator	vernon.dunbar@mgclaw.com	April 6, 2015

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Friday, March 27, 2015:

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Mediation adjourned for 60 days in order for parties to complete discovery. When mediation is reconvened, it is urged that an employer representative and/or representative of carrier attend in person. Hold hearing request in abeyance until rescheduled pursuant to request of the parties.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☐ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The cost of the mediation is: $ ____.

The cost was shared equally by the Parties.

The total cost was paid by the
☐ Claimant ☐ Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Address: Post Office Box 2980, 55 E. Camperdown Way, Suite 300, Greenville, South Carolina 29602

Phone: (864) 239-6735 Email:

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN:
Address:
Home Phone# Work Phone #

Employer's Name: Piggly Wiggly
Address:
Insurance Carrier:

Claimant's Attorney: Preston F. McDaniel
Phone: (803) 771-7211 Email: preston@pfmcdlaw.com

Employer Carrier Attorney: Brittany M. Lozanne
Phone: (803) 285-0004 Email:

Vernon F. Dunbar — Mediator — vernon.dunbar@mgclaw.com — February 5, 2016
Preparer's Signature | Title | Email | Date

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Thursday, January 22, 2015 (m/d/yyyy):

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Resulted in an impasse.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☐ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The cost of the mediation is: $ 2,827.64 .

The cost was shared equally by the Parties.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Address: 55 East Camperdown Way, Suite 300, Greenville, South Carolina 29601

Phone: (864) 239-6735 Email: vernon.dunbar@mgclaw.com

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

WCC FORM # 70
Created 7/13

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MEDIATOR REQUEST

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN:
Address:
Home Phone# Work Phone #

Employer's Name: Piggly Wiggly
Address:
Insurance Carrier:

Claimant's Attorney: Preston F. McDaniel
Phone: (803) 771-7211 Email: preston@pfmcdlaw.com

Employer Carrier Attorney: Kenya C. Miller
Phone: (803) 285-0034 Email: kmiller@dmclaw.com

Preparer's Signature | Mediator (Title) | vernon.dunbar@mgclaw.com (Email) | June 9, 2016 (Date)

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Friday, June 3, 2016 (m/d/yyyy):

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Resulted in an impasse. Case was mediated on three different occasions, but could not be resolved.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☒ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The estimated cost of the mediation is: $ 500.00 .

The cost was shared equally by the Parties.

The total cost was paid by the ☐ Claimant ☐ Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Address: 55 East Camperdown Way, Suite 300, Greenville, South Carolina 29601

Phone: (864) 239-6735 Email: vernon.dunbar@mgclaw.com

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

WCC FORM # 70
Created 7/13

70

MEDIATOR REQUEST

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

March 8, 2016

VIA eCASE UPLOAD
Commissioner Melody L. James
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

Dear Commissioner James:

Please find enclosed a copy of the Claimant's Pre-Hearing Brief in the above referenced matter.

By copy of this letter, with enclosures, we are forwarding a copy of our Pre-Hearing Brief and APA submissions to opposing counsel on this date.

I hope this is sufficient for filing this matter with the Commission. However, if additional information is needed, please feel free to contact me at your convenience.

I look forward to seeing you at the hearing and to a resolution in the best interest of all parties concerned.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Brittany M. Lozanne, Attorney of Law

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name: Genette Sowell
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Piggly Wiggly
Address: 235 15-402 Bypass E
City: Bennettsville State: SC Zip: 29512
Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel
Preparer's Phone #: (803) 771-7211

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

1. Compensation Rate: See Attachment. 2. AWW: $ See Attachment. **Date of Injury:** Culminating in disability on 1/6/14
3. Type of injury and body part(s): Occupational asthma (allergy/asthma); lungs, pulmonary system, autoimmune system
4. Facts in controversy: See Attachment.
5. Legal issues involved: See Attachment.
6. Unusual aspects:
7. Witnesses (designate if expert):* See Notice of Witnesses; Depositions of Employer.
8. Exhibits: Claimant requests that WCC File No. 1408826 be made a part of the Record. (Income tax/business records on Income)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Notice of Witnesses and Written Reports/Physicians.
10. Name, address, and specialty, if any, of the treating physician: See #10 on Attachment.
11. Impairment rating(s); body part(s); physician and date of opinion:
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 delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ____ day of ____2016 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of hearing: 03/23/16
Email: preston@pfmcdlaw.com
Time needed for hearing: 1.0 hour

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

ATTACHMENT TO FORM 58

Genette Sowell v. Piggly Wiggly

WCC File No.: 1408826

1&2: The Claimant will produce evidence to establish that Ms. Sowell is entitled to a higher compensation rate than is reflected on the Form 20 filed by the Defendants. The Claimant would request that the provisions of SC Code §42-1-40 be applied specifically as to exceptional circumstances. Prior to the advent of the development of her condition in 2011, Ms. Sowell was able to perform much more overtime and in addition personally operated a side catering business. Due to her problems in 2012 and 2013, she was unable to perform overtime and in addition was unable to perform to large degree her catering business. After becoming disabled in 2014, she has maintained the catering business which is operated by another lady who does most of the work and any and all of the physical manual work of the catering business. The Claimant will submit records to establish the amount of income that is generated by this business and under the exceptional circumstances would request that the Commission adjust the compensation rate to fairly reflect her loss of earning capacity caused by her work-related condition.

The object of wage calculation for purposes of Workers' Compensation is to arrive at a fair approximation of the Claimant's probable future earning capacity, Swilling v. Pride Masonry of Gaffney, 401 S.C. 178, 736 SE2d 672 (S.C. App. 2012); and where an employee works at concurrent jobs or has additional income, the sum total of his wages and income is to be combined to arrive at the average weekly wage and resulting in Compensation Rate. Foreman v. Jackson Minit Markets, Inc., 265 S.C. 164, 217 SE2d 214 (1975).

4 a. This claim is based upon injury by accident disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived

in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the

Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this

period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition;

b. See 4a. above for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.;

c. Claimant's entitlement to lifetime medical care; Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related

d. Claimant's entitlement to total and permanent disability based on:

As a result of the Claimant's age, education, background, experience and the residual physical disability from the occupational disease, the Claimant has suffered a permanent economic loss of earning capacity in the marketplace. She is unable to perform services other than those that are so limited in quality or dependability that a reasonably stable market for them does not exist. Therefore, the Claimant is totally and permanently disabled; Claimant's occupational disease and her physical inability stemming from her exposure to hazardous chemicals which prevents her from performing her work in her last occupation or returning to work in any capacity.

5. **In correlation with the responses under #4:**

a. 1. Definition of occupational disease as defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease in §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposure and then massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident);

b. Notice of Accident/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999)

c. Claimant's entitlement to lifetime medical care as provided in §42-9-10 §42-9-20 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91;

d. Claimant's entitlement to total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996);

10. Dr. Rochelle D. Hammett, MD, Carolina Physicians Group, Cheraw, SC; Dr. Angelo deDios, The Medical Group, Hartsville, SC; Chesterfield General Hospital, Cheraw, SC; Dr. Orville Dyce, Hartsville ENT, Hartsville, SC; Dr. Gordon Early, MD, MPH, 1241 Boiling Springs Hwy., Spartanburg, SC; Dr. Yolanda Mendez, M.D., The Medical Group, Hartsville, SC (New Family Doctor).

Preston F. McDaniel
Attorney for Claimant

March 8, 2016

STATE OF SOUTH CAROLINA)	BEFORE THE SOUTH CAROLINA
)	WORKERS' COMPENSATION COMMISSION
COUNTY OF MARLBORO)	WCC File No: 1408826
Gennette Sowell,)	
)	
Employee Claimant,)	
)	NOTICE OF WITNESSES AND
v.)	WRITTEN REPORT(S)/PHYSICIAN
)	OR OTHER EVIDENCE TO BE
)	INTRODUCED ON BEHALF OF
Piggly Wiggly,)	CLAIMANT, GENNETTE SOWELL
)	
as Employer, and)	Date of Hearing: 03/23/16
)	
)	
Owners Insurance,)	
)	
as Carrier,)	
)	
Defendants.)	

TO: Brittany M. Lozanne, Attorney, Attorney for the Defendants:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Gennette Sowell, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1 23 330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Rochelle D. Hammett, MD Carolina Physicians Group	06/03/11-09/29/14	1-103
2	Angelo deDios, MD The Medical Group	01/07/14-11/23/15	104a-169g
3	Chesterfield General Hospital	06/11/11-12/22/11	170-190
4	Dr. Orville Dyce Hartsville ENT/Black Creek Medical Consultants	3/06/12-02/24/15	191a-218
5	Dr. Gordon Early Upstate Occ. Medicine	12/17/15	219-220
6	Dr. Yolanda Mendez, MD The Medical Group (New Family Doctor)	02/04/16	221

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Hattie Haley; Amy Blackwood; Lula McIver; Mr. Ronnie Harrington, Bennettsville Health Inspector; Ms. Janet James; Ms. Flora Ishmell; any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211

and

Gerald Malloy, Esquire
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
843-339-3000

Attorneys for the Claimant

March 8, 2016

CERTIFICATE OF SERVICE

Gennette Sowell v. Piggly Wiggly

WCC File No. 1408826

I HEREBY CERTIFY that on this date:

I mailed a copy of the Pre-Hearing Brief and Notice of Witnesses only to:

VIA eCASE
Commissioner Melody L. James
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the Claimant's Pre-Hearing Brief, Notice of Witnesses and Written Reports(s)/ Physician or other Evidence, and APA Submissions with enclosures to:

VIA FIRST CLASS MAIL
Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
8TH day of March, 2016.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

STATE OF SOUTH CAROLINA)	BEFORE THE SOUTH CAROLINA
)	WORKERS' COMPENSATION COMMISSION
COUNTY OF MARLBORO)	WCC File No: 1408826
GENNETTE SOWELL,)	
)	
Employee Claimant,)	
)	
v.)	
)	
PIGGLY WIGGLY,)	**APA SUBMISSIONS**
)	
as Employer, and)	**Date of Hearing: 03/23/16**
)	
OWNERS INSURANCE,)	
)	
as Carrier,)	
)	
Defendants.)	

Pursuant to South Carolina Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

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McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 30 years.

Preston F. McDaniel

Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

April 15, 2016

VIA EMAIL - tmorris@wcc.sc.gov
AND US MAIL
Commissioner Melody L. James
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

Dear Commissioner James:

Please be advised that per the agreement with defense counsel, Ms. Sowell was seen again for additional evaluation by Dr. Gordon Early. We have received and several weeks ago provided his report to defense counsel.

As I advised previously, we are pending a decision by defense counsel and her clients as to whether or not we are going to conduct further mediation.

However, until I hear from defense counsel that her clients want to further mediate this case, I am assuming and preparing to go forward with the hearing on the 28th. Therefore, I have attached an Amended Notice of Witnesses and Written Reports/Physicians noting the submission of this report at the upcoming hearing.

By copy of this email, I am notifying and serving defense counsel with the Amended Notice of Witnesses and Written Reports/Physicians and she has already received weeks ago the report from Dr. Early.

Sincerely yours,

Preston F. McDaniel

PFM/abh
Enclosure

cc: Gerald Malloy, Esquire (via email gmalloy@bellsouth.net)
Kenya C. Miller, Attorney of Law (via email kmiller@dmclaw.com)

STATE OF SOUTH CAROLINA)	BEFORE THE SOUTH CAROLINA
)	WORKERS' COMPENSATION COMMISSION
COUNTY OF MARLBORO)	WCC File No: 1408826
Gennette Sowell,)	
)	
Employee Claimant,)	**AMENDED**
)	**NOTICE OF WITNESSES AND**
v.)	**WRITTEN REPORT(S)/PHYSICIAN**
)	**OR OTHER EVIDENCE TO BE**
)	**INTRODUCED ON BEHALF OF**
Piggly Wiggly,)	**CLAIMANT, GENNETTE SOWELL**
)	
as Employer, and)	Date of Hearing: 4/25/16
)	
Owners Insurance,)	
)	
as Carrier,)	
)	
Defendants.)	

TO: Kenya C. Miller, Attorney, Attorney for the Defendants:

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5	**Dr. Gordon Early** **Upstate Occ. Medicine**	12/17/15-**03/24/16**	219-**220a-e**
6	Dr. Yolanda Mendez, MD The Medical Group (New Family Doctor)	02/04/16	221

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Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211

and

Gerald Malloy, Esquire
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
843-339-3000

Attorneys for the Claimant

April 15, 2016

1

TO: PRESTON F. MCDANIEL

RE: Gennette Sowell
DOB:
ID:

Dear Mr. McDaniel:

In response to your inquiry, the opinions expressed on the attached report from me addressed as, "To Whom It May Concern:" constitutes my opinions to a reasonable degree of medical certainty concerning my diagnosis and opinions concerning my patient, Ms. Gennette Sowell. Per your request, I have also initialed and dated the attached letter for your records. Also, this will confirm that I took Ms. Sowell out of work due to her work-related condition on January 6, 2014 and she continues out of work at this time. I hope this provides you with what you need.

Rochelle D. Hammett, M.D.

9/29/14
Date:

Rochelle D. Hammett, MD

715 S. Doctors Drive Suite B

Cheraw, SC 29520

Carolina Physicians Group

To whom it may concern:

Gennette Sowell has been under my care for Occupational Asthma. While she was working, Ms. Sowell experienced numerous exacerbations that repeatedly required hospitalizations as a result of respiratory difficulty.

While not working, Ms. Sowell's symptoms would improve dramatically. Ms. Sowell did return to work as required by her employment only to return to my office for an exacerbation. A great majority of the exacerbations required an emergency room visit and hospital admission. She was therefore with the help of her Pulmonologist diagnosed with Occupational Asthma. If there are any questions, please contact me.

Sincerely,

Rochelle D. Hammett, MD

SOWELL, GENNETTE M (id : dob:)

Encounter Summary

Patient

Name SOWELL, GENNETTE F) ID#:
DOB
Provider ROCHELLE HAMMETT, MD
Insurance Med Primary
Insurance #:
Prescription: CMX - Member is eligible.
Prescription: ESI1 - Member is eligible.

Appt. Date/Time 01/09/2014 09:15AM
Service Dept. CPG_CAROLINA PHYSICIANS GROUP

Chief Complaint

3 mo flu. she ready to be taking out of work

seen lung doc monday an gave her levaquin, prednisone shot

Problems

Problems not reviewed (last reviewed 11/21/2013)
- Hyperlipidemia
- Allergic rhinitis
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Care Team

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
lactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled

SOWELL, GENNETTE M (id -, dob:)

cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	10/10/13	filled
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
fluticasone 50 mcg/actuation nasal spray,suspension	01/07/14	filled
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	01/07/14	filled
methylprednisolone 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	filled
montelukast 10 mg tablet	01/07/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release	12/07/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	01/07/14	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	12/08/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable, preservative free	10/10/13	IM	RA	uh900ac	sanofi pasteur	06/30/14	07/26/13	10/10/13	Nikki Davis	
Influenza, seasonal, injectable	11/19/12								11/19/12	
Influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
-- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
-- previously recorded as Stroke

Social History

Reviewed Social History
Smoking Status: Never smoker.

Surgical History

SOWELL, GENNETTE M (id .. dob:

Surgical History not reviewed (last reviewed 10/10/2013)

YN History

GYN History not reviewed (last reviewed 10/10/2013)

Vitals

01/09/2014 09:51 am

Ht: 5 ft 4 in	Wt: 137 lbs	BMI: 23.5
BP: 149/109 sitting R arm	T: 98.3 F° oral	Pulse: 109 bpm
RR: 16	O2Sat: 94% Room Air	

HPI

COPD

Reported by patient.

Quality: symptoms do not vary with time of day
Context: recurrent bronchopulmonary infections
Modifying Factors: relieved with antibiotics; relieved with bronchodilator; worse with exertion
Associated Symptoms: decrease in exercise capacity; fatigue

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:

- ALLERGY REFERRAL - 01/07/14
- LIPID PANEL - 11/21/13
  Results:
  - CHOLESTEROL, TOTAL: 275 High
  - TRIGLYCERIDES: 101
  - HDL CHOLESTEROL: 54
  - VLDL CHOLESTEROL CAL: 20
  - LDL CHOLESTEROL CALC: 201 High
  - COMMENT: LDLCOM
- COMP METABOLIC PANEL (14) - 11/21/13
  Results:
  - GLUCOSE, SERUM: 97
  - BUN: 12
  - CREATININE, SERUM: 0.99
  - EGFR IF NONAFRICN AM: 61
  - EGFR IF AFRICN AM: 70
  - BUN/CREATININE RATIO: 12
  - SODIUM, SERUM: 140
  - POTASSIUM, SERUM: 3.1 Low
  - CHLORIDE, SERUM: 97
  - CARBON DIOXIDE,TOTAL: 27
  - CALCIUM, SERUM: 10.1
  - PROTEIN, TOTAL, SERUM: 6.9
  - ALBUMIN, SERUM: 4.5
  - GLOBULIN, TOTAL: 2.4
  - A/G RATIO: 1.9
  - BILIRUBIN, TOTAL: 0.4
  - ALKALINE PHOSPHATASE, S: 66
  - AST (SGOT): 15
  - ALT (SGPT): 9
- CBC W/DIFF - 11/21/13
  Results:
  - WBC: 6.2
  - RBC: 4.72
  - HEMOGLOBIN: 13.0
  - HEMATOCRIT: 39.5
  - MCV: 84
  - MCH: 27.5
  - MCHC: 32.9
  - RDW: 13.6

SOWELL, GENNETTE M (iu dob: --/

- PLATELETS: 288
- NEUTROPHILS: 53
- LYMPHS: 31
- MONOCYTES: 6
- EOS: 9 High
- BASOS: 1
- NEUTROPHILS (ABSOLUTE): 3.2
- LYMPHS (ABSOLUTE): 1.9
- MONOCYTES(ABSOLUTE): 0.4
- EOS (ABSOLUTE): 0.6 High
- BASO (ABSOLUTE): 0.1
- IMMATURE GRANS (ABS): 0.0

- Clinical Document - 11/21/13
  Notes - RECORDS FROM DR. STONE

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and breath sounds normal, good air movement, and expiratory wheezing. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified

2. Benign essential hypertension
   401.1: Essential hypertension; benign essential hypertension
   - hydrochlorothiazide 25 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565

3. Allergic rhinitis
   477.9: Allergic rhinitis, cause unspecified
   - ALLERGIES: AFTER YOUR VISIT
   - RHINITIS: AFTER YOUR VISIT

4. Hyperlipidemia
   272.4: Other and unspecified hyperlipidemia
   - HYPERLIPIDEMIA: AFTER YOUR VISIT
   - simvastatin 40 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565

Return to Office

- Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on 04/09/2014 at 10:00 AM

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, MU Medicaid - Year 3 - 2014 (Stage 1), MU Stage 2 Prep Program - 2014 (Not for attestation), PQRS 2014, athenaBenchmark .
Quality Metrics
Last updated 01/09/2014

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult BMI and follow-up (18-64)	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Documentation of current medications	Satisfied

Electronic progress notes	Satisfied
Influenza immunization	Satisfied
Influenza Vaccination (Aug - Mar)	Satisfied
Patients view or download their health info	Needs Data
Patients view or download their health info	Needs Data
Provide patient information	Satisfied
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Secure messaging	Needs Data
Send reminders for preventive/follow-up care	Needs Data
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Tobacco use: Screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Rochelle Hammett, MD, 01/09/2014.

Encounter performed and documented by Rochelle Hammett, MD

Encounter reviewed & signed by Rochelle Hammett, MD on 01/09/2014 at 4:43pm

Fax	To: ROCHELLE HAMMETT Fax: 18435371163	From: JOSE DEDIOS MD Fax: (843) 383-4142 Phone: (843) 383-5191

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:3254704-H-4693]

SOWELL, GENETTE (id # dob:),
HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

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Patient	Sowell, Genette (f
DOB	

Patient Demographics:

Address	Home Phone Work Phone

Encounter Notes:

Encounter Reason/Date	f/u asthma very sob, asthma flaring up. 01/07/2014 - 09:30AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been stable until 3 weeks ago. She started coughing — yellow sputum. More SOB, wheeze. (-) fevers, chills. She took ZPAK which made her feel better for a bit but her sx got worse. She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now. Last xolair was dec 31. she gets xolair q 2 weeks. She is working on getting disability. (-) hemoptysis. Has nightly sx. (-) sick contacts. She got the flu shot in 2013.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, sputum production, painful respiration, and chest tightness but reports no coughing up blood and no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS is noted in the HPI

Vitals

Wt:	139 lbs	BP:	157/97	Pulse:	99 bpm
RR:	22	O2Sat:	98%	T:	97.1 F
Ht:	5 ft 4 in	BMI:	23.9		

Procedure	None recorded.
Results/Interpretations	None recorded.

SOWELL, GENETTE (
HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: mild distress. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing: more wheezing compare to last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Exacerbation of asthma - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.

   CXR today was reveiwed and did not show infiltrates.
   Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
   Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma worse. If her asthma is still not controlled despite being on disability, will pursue consulting MUSC for bronchial thermoplasty. I discussed this plan with the pt and she is in agreement.
   493.92: Asthma, unspecified type, with (acute) exacerbation
   - ASTHMA ACTION PLAN: AFTER YOUR VISIT
   - Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now Sample dispensed. Sample Qty: 1
   - Patient is very frustrated that asthma for which she is very symptomatic daily and nightly. She is allergic
   - DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization route as needed. Sample dispensed. Sample Qty: 120 3 mL blist pack(s)

2. Asthma -

   to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it in July 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off daliresp 2 to psych issues.
   Will need PFT and chest ct scan on f/u prior to BT.
   Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
   Will consider BT consult at MUSC on F/U.

SOWELL, GENETTE
HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime.
  Qty: 1 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 8. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. Bronchitis - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW- X-RAY, CHEST
- levofloxacin 750 mg tablet -
  Pharmacy: CVS/PHARMACY #3565

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds,

of symptoms. If the patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her PCP's clinic or go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and tendinitis and patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Patient Medical History:

SOWELL, GENETTE
HARTSVILLE MEDICAL GROUP LLC
11 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

Allergies List

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date		Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL (one 3 mg) by nebulization route	04/23/13	prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 ml suspension for nebulization	12/19/12	filled	Caremark
Calcium 500	04/08/13	entered	Donna Caloe
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled	Caremark
Dulinesp 500 mcg tablet	10/10/13	filled	Caremark
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg Intramuscular Route: pls give 40 mg dexamethasone	01/07/14	sample given	Jose Dedios, MD
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed Internal Route: pls give 3cc neb	01/07/14	sample given	Jose Dedios, MD
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 mL subcutaneously by other route as directed	04/23/13	prescribed	Jose Dedios, MD
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by nasal route Discard bottle at bedtime	01/07/14	prescribed	Jose Dedios, MD
hydrochlorothiazide 25 mg tablet	12/28/13	filled	Caremark
Ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by nebulization route. Internal Route: n	04/08/13	entered	Donna Caloe
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) by mouth daily by oral route	04/08/13	entered	Donna Caloe
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days. Start: 01/07/2014	01/07/14	prescribed	Jose Dedios, MD

SOWELL, GENETTE (id [redacted]
ARTSVILLE MEDICAL GROUP LLC
J1 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

magnesium (also 1 tab)	04/08/13	entered	Donna Caloe
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled	Caremark
Nasonex 50 mcg/actuation Spray	12/07/13	filled	Caremark
Nexium 40 mg capsule,delayed release [illegible]	12/07/13	filled	Caremark
prednisone 10 mg tablet [illegible]	01/07/14	prescribed	Jose Dedios, MD
Singulair 10 mg tablet [illegible]	01/07/14	prescribed	Jose Dedios, MD
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet [illegible]	11/03/13	filled	Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler [illegible]	12/08/13	filled	Caremark
Ventolin HFA 90 mcg/actuation aerosol inhaler [illegible]	04/23/13	prescribed	Jose Dedios, MD
Xolair 150 mg subcutaneous solution [illegible]	04/23/13	prescribed	Jose Dedios, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) - previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

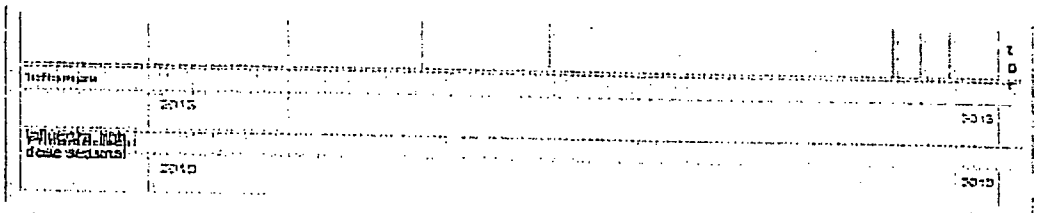
Vaccine History

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr	Exp Date	Dose #	VIS Given	Vaccine

SOWELL, GENETTE
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Encounter Summary - Progress Note
Date Printed: 01/07/2014



Pneumococcal Conjugate

Electronically Signed by: JOSE DEDIOS MD

SOWELL, GENNETTE M

Encounter Summary

Patient

Name: SOWELL, GENNETTE (F
DOB:
Provider: ROCHELLE HAMMETT, MD
Insurance: Med Primary:
Insurance #:
Prescription: CMX - Member is eligible.
Prescription: MHS - Member is eligible.

Appt. Date/Time: 11/21/2013 10:00AM
Service Dept.: CPG_CAROLINA PHYSICIANS GROUP

Chief Complaint

coughing,sob, no energy x1 week

Problems

Reviewed Problems
- Allergic rhinitis
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Care Team

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
Bactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled

SOWELL, GENNETTE M

Take 1 tablet(s) every day by oral route.		
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
hydrochlorothiazide 25 mg tablet	10/20/13	filled
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	09/26/13	filled
Medrol (Pak) 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	prescribed
montelukast 10 mg tablet	07/17/13	filled
Nasonex 50 mcg/actuation Spray	10/10/13	filled
Nexium 40 mg capsule,delayed release	11/12/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	11/12/13	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	11/07/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

accines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable, preservative free	10/10/13	IM	RA		uh900ac	sanofi pasteur	06/30/14	07/26/13	10/10/13	Nikki Davis
influenza, seasonal, injectable	11/19/12								11/19/12	
influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
- previously recorded as Stroke

Social History

Reviewed Social History
Smoking Status: Never smoker.

Surgical History

Surgical History not reviewed (last reviewed 10/10/2013)

GYN History

GYN History not reviewed (last reviewed 10/10/2013)

Vitals

Ht: 5 ft 4 in 11/21/2013 10:06 am	Wt: 142 lbs 11/21/2013 10:06 am	BMI: 24.4 11/21/2013 10:06 am
BP: 142/90 sitting R arm 11/21/2013 10:06 am	T: 98.3 F° oral 11/21/2013 10:06 am	Pulse: 98 bpm 11/21/2013 10:06 am
RR: 16 11/21/2013 10:06 am	O2Sat: 90% 11/21/2013 10:06 am	

HPI

COPD

Reported by patient.

Associated Symptoms: no snoring; no excessive daytime sleepiness; no arousals from sleep; no dyspnea; no coughing up sputum; no cough; no fever; no wheezing; no depression; decrease in exercise capacity; fatigue; weight loss

Hypertension

Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea; decline in exercise capacity; muscle weakness

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:
- Consult Note - JOSE A DEDIOS - JOSE A DEDIOS - 10/29/13
- Clinical Document - 10/10/13

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: dullness or flatness. Auscultation: no rales/crackles or rhonchi, inspiratory wheezing and expiratory wheezing, and breath sounds normal and good air movement. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified
- CMP,CBC,LIPID PANEL
- Medrol (Pak) 4 mg tablets in a dose pack - Take 1 tablet(s) every day by oral route. Qty: 21 tablet(s) Refills: 0
  Pharmacy: CVS/PHARMACY #3565

2. Benign essential hypertension
   401.1: Benign essential hypertension

3. Allergic rhinitis
   477.9: Allergic rhinitis, cause unspecified
- ALLERGIES: AFTER YOUR VISIT
- RHINITIS: AFTER YOUR VISIT
- ALLERGY REFERRAL - Schedule Within: provider's discretion Note to Provider: IgE 480 chronic Asthma and Allergies

Return to Office
- Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on 01/09/2014

M

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 11/21/2013

Measure	Status

SOWELL, GENNETTE M

Active allergy list	Satisfied
ctive medication list	Satisfied
Adult weight screening and followup (18-64)	Satisfied
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Influenza Vaccination (Aug - Mar)	Satisfied
Medication reconciliation	Satisfied
Provide clinical summaries for office visits	Needs Data (1/3)
Provide patient information	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off
Encounter signed-off by Rochelle Hammett, MD, 11/21/2013.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 11/21/2013 at 11:03am

SOWELL, GENNETTE M

Encounter Summary

Client

Name	SOWELL, GENNETTE
DOB	
Provider	ROCHELLE HAMMETT, MD
Insurance	Med Primary: Insurance # : Prescription: CMX - Member is eligible.
Appt Date/Time	10/10/2013 08:45AM
Service Dept	CPG_CAROLINA PHYSICIANS GROUP

Chief Complaint

2 week f/u. still congested. need refill on predinsone

Problems

Reviewed Problems
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive lung disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Providers

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	09/04/12	filled
ALBUTEROL SULFATE 2.5 MG/3 ML (0.083 %) SOLUTION FOR NEBULIZATION	04/08/13	filled
AZITHROMYCIN 250 MG TABLET	03/19/13	filled
BACTRIM DS 1 po tid	09/26/13	entered
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	12/19/12	filled
BUDESONIDE 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION	12/19/12	filled
CROMOLYN 20 MG/2 ML SOLUTION FOR NEBULIZATION	11/20/12	filled
DALIRESP 500 MCG TABLET Take 1 tablet(s) every day by oral route.	10/10/13	prescribed
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR	04/23/13	filled

SOWELL, GENNETTE M (id

HYDROCHLOROTHIAZIDE 25 MG TABLET	09/23/13	filled
IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN Inhale 3 mL every day by nebulization route.	09/30/13	administered
KLOR-CON M20 MEQ TABLET,EXTENDED RELEASE	01/28/13	filled
LEVOFLOXACIN 500 MG TABLET	06/28/13	filled
LEVOFLOXACIN 750 MG TABLET Take 1 tablet(s) every day by oral route for 5 days.	09/26/13	filled
METHYLPREDNISOLONE 4 MG TABLETS IN A DOSE PACK Take 21 tablet(s) by oral route for 5 days.	09/26/13	filled
MONTELUKAST 10 MG TABLET	07/17/13	filled
NASONEX 50 MCG/ACTUATION SPRAY	08/01/13	filled
NEXIUM 40 MG CAPSULE,DELAYED RELEASE	09/23/13	filled
PREDNISONE 10 MG TABLET Take 1 tablet(s) by oral route.	10/10/13	prescribed
PREDNISONE 20 MG TABLET	01/15/13	filled
ROCEPHIN 500 MG SOLUTION FOR INJECTION Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES	02/26/13	filled
SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	08/20/13	filled
SYMBICORT 160 MCG-4.5MCG/ACTUATION HFA AEROSOL INHALER	09/30/13	filled
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable	11/19/12								11/19/12	
influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
- previously recorded as Stroke

Social History

Discussed Social History
Smoking Status: Never smoker.

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Vitals

10/10/2013 08:48 am
Ht: 5 ft 4 in Wt: 151 lbs BMI: 25.9

SOWELL, GENNETTE M

BP: 159/85 sitting R arm T: 98.3 F° oral Pulse: 80 bpm

RR: 16

HPI

Asthma F/U

Reported by patient.

Associated Symptoms: no dyspnea; no orthopnea; no snoring; no post nasal drip; no edema; no chest pain; no paroxysmal nocturnal dyspnea; no daytime somnolence; no sputum production; no hemoptysis; no GERD; no sleep attacks; cough ; wheezing

Hypertension

Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and breath sounds normal, good air movement, and expiratory wheezing. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

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

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified
   - PREDNISONE 10 MG TABLET - Take 1 tablet(s) by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565
   - DALIRESP 500 MCG TABLET - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565
   - FLUZONE 2013-2014 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION - Perform Date: 10/10/2013 influenza, seasonal, injectable, preservative free Administer

2. Essential hypertension
   401.9: Unspecified essential hypertension

Return to Office

- to see Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on or around 01/10/2014

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 10/10/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied

SOWELL, GENNETTE M

Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Identify and provide patient specific education resources	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Perform medication reconciliation at transfers of care	Satisfied
Provide clinical summaries for office visits	Needs Data (1/2)
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Rochelle Hammett, MD, 10/10/2013.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 10/10/2013 at 9:49am

SOWELL, GENNETTE M

Encounter Summary

Patient

Name	SOWELL, GENNETTE	Appt. Date/Time	09/26/2013 08:45AM
DOB		Service Dept.	CPG_CAROLINA PHYSICIANS GROUP
Provider	ROCHELLE HAMMETT, MD		
Insurance	Med Primary: Insurance # Prescription: CMX - Member is eligible. Prescription: MHS - Member is eligible.		

Chief Complaint

CHEST AND HEAD CONGESTION

Problems

- Sarcoidosis (135)
- Unspecified leukemia, without mention of having achieved remission (208.90)
- Hypopotassemia (276.8)
- sleep apnea (327.23)
- Benign essential hypertension (401.1)
- Unspecified essential hypertension (401.9)
- Acute sinusitis, unspecified (461.9)
- Acute bronchitis (466.0)
- Chronic rhinitis (472.0)
- Obstructive chronic bronchitis with (acute) exacerbation (491.21)
- Unspecified chronic bronchitis (491.9)
- Chronic obstructive asthma with status asthmaticus (493.21)
- Asthma, unspecified type, unspecified (493.90)
- Asthma, unspecified type, with status asthmaticus (493.91)
- Chronic airway obstruction, not elsewhere classified (496)
- Esophageal reflux (530.81)
- Swelling, mass, or lump in head and neck (784.2)
- Enlargement of lymph nodes (785.6)
- Cough (786.2)
- Closed fracture of rib(s), unspecified (807.00)

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	09/04/12	filled
ALBUTEROL SULFATE 2.5 MG/3 ML (0.083 %) SOLUTION FOR NEBULIZATION	04/08/13	filled
AZITHROMYCIN 250 MG TABLET	03/19/13	filled
BACTRIM DS 1 po tid	09/26/13	entered
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	12/19/12	filled
BUDESONIDE 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION	12/19/12	filled
CROMOLYN 20 MG/2 ML SOLUTION FOR NEBULIZATION	11/20/12	filled
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR	04/23/13	filled
HYDROCHLOROTHIAZIDE 25 MG TABLET	09/23/13	filled
IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN	03/17/13	filled
KLOR-CON M20 MEQ TABLET,EXTENDED RELEASE	01/28/13	filled
LEVAQUIN 750 MG TABLET Take 1 tablet(s) every day by oral route for 5 days., stop 10/P. 1 613	09/26/13	prescribed

SOWELL, GENNETTE M

LEVOFLOXACIN 500 MG TABLET	06/28/13	filled
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK Take 21 tablet(s) by oral route for 5 days., stop 10/01/2013	09/26/13	prescribed
MONTELUKAST 10 MG TABLET	07/17/13	filled
NASONEX 50 MCG/ACTUATION SPRAY	08/01/13	filled
NEXIUM 40 MG CAPSULE,DELAYED RELEASE	09/23/13	filled
PREDNISONE 10 MG TABLET	09/26/13	filled
PREDNISONE 20 MG TABLET	01/15/13	filled
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES	02/26/13	filled
SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	08/20/13	filled
SYMBICORT 160 MCG-4.5MCG/ACTUATION HFA AEROSOL INHALER	09/03/13	filled
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable	11/19/12								11/19/12	
influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Breast Cancer (died age: 84)
- SKIN Cancer
Father - Stroke (died age: 86)

Social History

Discussed Social History
Smoking Status: Never smoker.

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Vitals

09/26/2013 08:40 am

Ht: 5 ft 4 in | Wt: 151 lbs | BMI: 25.9
BP: 144/90 sitting R arm | T: 98 F° | Pulse: 88 bpm
O2Sat: 96%

HPI

Asthma F/U
Reported by patient.

Context: worsening
Associated Symptoms: post nasal drip

Hypertension

SOWELL, GENNETTE M (

Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea; decline in exercise capacity

Upper Respiratory Symptoms
Reported by patient.

Context: no sick contacts; no foreign travel; non-smoker
Associated Symptoms: shortness of breath; wheezing; fatigue

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:
- Clinical Document - 09/26/13
- Consult Note - JOSE A DEDIOS - JOSE A DEDIOS - 08/20/13

Physical Exam

Patient is a 63-year-old female.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no supraclavicular LAD, axillary LAD, or inguinal LAD and cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: rhonchi, diminished air movement, and expiratory wheezing and no rales/crackles. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and tachycardia. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

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

Assessment / Plan

1. ACUTE BRONCHITIS (466.0)
   - BRONCHITIS: AFTER YOUR VISIT
   - IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN - Inhale 3 mL every day by nebulization route. Administer Route: INHALATION Administer Qty: 3 mL
   - ROCEPHIN 500 MG SOLUTION FOR INJECTION - Take 500 mg as needed by injection route for 1 day. Administer Route: INJECTION Administer Qty: 500 mg
   - LEVAQUIN 750 MG TABLET - Take 1 tablet(s) every day by oral route for 5 days. Qty: 5 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565
   - MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK - Take 21 tablet(s) by oral route for 5 days. Qty: 21 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

2. BENIGN ESSENTIAL HYPERTENSION (401.1)
   - HIGH BLOOD PRESSURE: AFTER YOUR VISIT

3. ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED (493.90)
   - ASTHMA IN ADULTS: AFTER YOUR VISIT

4. OBSTRUCTIVE SLEEP APNEA (ADULT)(PEDIATRIC) (327.23)
   - SLEEP APNEA: AFTER YOUR VISIT

Return to Office
- to see Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on or around 10/10/2013

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 09/26/2013

Measure	Status
Active allergy list	Satisfied

SOWELL, GENNETTE M

Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Identify and provide patient specific education resources	Needs Data
Influenza Vaccination (Aug - Mar)	Needs Data
Perform medication reconciliation at transfers of care	Satisfied
Provide clinical summaries for office visits	Needs Data (1/1)
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off
Encounter signed-off by Rochelle Hammett, MD, 09/26/2013.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 09/26/2013 at 9:27am

SOWELL, GENNETTE M)Medication History

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
Bactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	10/10/13	filled
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
fluticasone 50 mcg/actuation nasal spray,suspension	01/07/14	filled
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	01/07/14	filled
methylprednisolone 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	filled
montelukast 10 mg tablet	01/07/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release	12/07/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	01/07/14	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	12/08/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

PATIENT ENCOUNTER FORM DATE: 6-27-13

SOWELL, BENNETTE
dob

PT.NAME: _____ DOB: _____

C/C 3mo Flu-Coughing- Needs Refills

HPI: Took 2 breathing tx last one @ 8:00.

PERTINENT PMH/FHX NKDA RISK FACTOR Denies

ROS: CONSTITUTIONAL: _____ GI: _____

EYES: _____ GU: _____

ENT: _____ ENDOCRINE: _____

RESPIRATORY: _____ MUSCLE-SKELETAL _____

CARDIOVASCULAR: _____ NEURO/PSYCHIATRIC _____

Cephalexin 1g

I decreased treatment

Prednisone 10 mg po daily

Chest CVS

TEMP: 98.3 BP: 174/100 PULSE: 90 RR: 16 HT: 5'4" WT: 152

BMI: 26.1 BS: _____ PULSE OX: 93%

PHYSICAL EXAM:

Const: Well Developed, Alert, No Distress
Age appr. Behaviour

HEENT: Lids, conjunctive, PERRLA, TM, NL, Nose
Oropharynx nl
Neck: Supple, No masses, Thyroid nl, No JVD,
Full Rom,
Resp Clear to Auscultation, No Wheezes, No Rales,
RRR, No Murmur, PULSES Carotids Edema
GI: No Tenderness No distended No guarding/Rebound
No masses Rectal Exam nl HEME neg
GU: Male Scrotal Contents Penis nl Prostate nl
No CVA tenderness
Female Ext genitalia/vagina nl Urethra Cervix Uterus nl
Adnexae CVA
MUSC: All Extent RUE LUE RLE LLE Back nl
Skin Well hydrated Inspection
Lymph Normal nodes
NEURO: Oriented x3 CN II-XII intact OTR's symmetric
Sensory Intact Motor strength
PSYCH

A:
1. Asthma Severe Persistent
2. HTN
3. Acute Bronchitis

P:
1. ↑ medrol dose PAK
Levaquin 500 daily x 5 days
Then Prednisone 10 mg po daily
FU - 3 mos.

Dr. Patel 7/16/13

6 | 27 | 13

P.28

181

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL,GENNETTE

MRN:
Account #:
DOS: 03/19/2013

DOB:
Age:
Sex: F

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Coughing, wheezing, getting stuck in throat and upper chest x1 week, just getting worse.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old female with the above chief complaint. She has a history of chronic asthma exacerbation that was determined to be work related and was suggested that she removed herself from the job, which she has not yet. The patient is going to work this morning and came at the end of the day to the clinic to be assessed.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: As noted above. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.3, blood pressure is 132/80, pulse is 73, respiratory rate is 18, height is 5 feet 4 inches, weight is 156, BMI is 26.8, and pulse ox is 97%.
General: A well-developed female, audibly wheezing.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Diffuse scattered wheezes. She was given a nebulizer treatment.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: Asthma exacerbation, hypertension, and acute bronchitis. The patient was given a Z-Pak and Medrol Dosepak. She was also warned that if she is to again have these symptoms, that she is to come to the clinic right away and not go to work and she agreed. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/09/2013 at 1:04:00 PM (EST) Verification: 638482592013040913040O .

Print CC:
Fax CC:

D Date / Time: 03/25/2013 02:24 PM ET
T Date / Time: 03/26/2013 08:07 AM ET
R Date / Time:
S Job #: CGH63848259
D Job #: 3007821
MT: 1088567

PATIENT ENCOUNTER FORM

DATE: 3-19-13

SOWELL, GENNETTE
dob:/

PT.NAME *Membership: Neither _____ DOB: _____

C/C Coughing, Wheezing, getting stuck in throat and upper chest. x1week. just getting worse..

HPI: _____

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ SKIN: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: Zyrtec 10mg po daily MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.3 BP: 132/80 PULSE: 73 RR: 18 HT: 5'4" WT: 150

BMI: 26.8 BS: _____ PULSE OX: 97%

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

EOENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated, no lesions __
Lymph: Normal nodes
NEURO: __ Oriented x3 __ CN I, II-XII intact __ DTR's symmetric __
Sensory intact __ Motor strength __
PSYCH: _____

A: 1. Asthma exacerbation

P: 1. Depo 2. medrol dose pack

FU 3 mos.

BP 130/84

PATIENT EI SOWELL, GENNETTE
dob:

DATE: 12-28-12

*Membership: Neithe

PT.NAME:_____ _____ DOB:_____

C/C 6 Week Fu - Coughing.

HPI:

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL:_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.3 BP: 109/90 PULSE: 67 RR: 14 HT: 5'4" WT: 150

BMI: 25.7 BS:_____ PULSE OX: 96%

A:
1. Cough
2. HTN 2 to steroid
3. GERD

P:
1. 20mg Medrol po Juice daily

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales,__
RRR,__ No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__ Motor strength__
PSYCH_____

Fu 3 mos

dictated 12/13/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 11/19/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: One-week followup. Doing so much better. Still needs steroids or antibiotic.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with COPD, status post ER and hospitalization for acute exacerbation. The patient did receive a pneumonia vaccine.

PERTINENT PAST MEDICAL HISTORY: Chronic COPD and hypertension.

REVIEW OF SYSTEMS: She remains with shortness of breath and wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.4, blood pressure is 151/104, pulse is 96, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, BMI is 24.9, and pulse ox of 97%.
General: A well-developed female in no distress.
HEENT: TMs intact, nonbulging.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally, but prolonged expiratory phase with occasional wheeze.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No edema.

ASSESSMENT AND PLAN: The patient has chronic obstructive pulmonary disease, hypertension. I gave her prednisone 20 mg p.o. daily x5 days. The patient has already received the pneumonia vaccine. They will get a flu vaccine today and follow up in 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 02/19/2013 at 1:58:00 PM (EST) Verification: 615646862013021913580O .

Print CC:
Fax CC:

D Date / Time: 12/17/2012 12:02 PM ET
T Date / Time: 12/18/2012 02:40 AM ET
R Date / Time:
S Job #: CGH61564686
D Job #: 3005819
MT: 1032445

PATIENT E. SOWELL, GENNETTE / DATE: 11-19-12

*Membership: Neither

PT.NAME:_____ DOB:_____

C/C 1 week Flu - Doing so better - still needs steroid or antibotic.

HPI:_____

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL:_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.4 BP: 151/104 PULSE: 96 RR: 16 HT: 5'4" WT: 195

BMI: 24.9 BS:_____ PULSE OX: 97%

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

A) COPD (2) 4TN P) Medrisone 20mg

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales
RRR,__No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__ Motor strength__
PSYCH_____

Allieved pneumovax

Flu 1 week

Flu vaccine

dictated 12/17/12

P.33 11/19/12

Carolina Physicians Group
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843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 11/12/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Asthma exacerbation.

HISTORY OF PRESENT ILLNESS: One week history of cough productive of white to yellow and now green phlegm. The patient is short of breath and has dyspnea on exertion.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: Unable to speak full sentences.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.5, blood pressure is 124/82, pulse is 100, respiratory rate is 20, height is 5 feet 4 inches, and weight is 143.
General: A well-developed female, unable to speak full sentences.
HEENT: TMs intact, non-bulging. Mild subcostal retractions.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Prolonged expiratory phase with diffuse wheeze.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has asthma exacerbation or chronic obstructive pulmonary disease exacerbation and the patient is to be sent to the emergency room and to follow up with me in 1 week.

This job has been electronically signed by: Rochelle Hammett MD on 02/19/2013 at 1:58:00 PM (EST) Verification: 615646872013021913580O .

Print CC:
Fax CC:

D Date / Time: 12/17/2012 12:04 PM ET
T Date / Time: 12/18/2012 02:46 AM ET
R Date / Time:
S Job #: CGH61564687
D Job #: 3005820
MT: 1032445

PATIENT EN SOWELL, GENNETTE DATE: 11-12-12

Membership: Neither

PT.NAME: _____ DOB:

C/C Asthma

HPI: 1 week hx of cough, productive of white → yellow - green phlegm

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.5 BP: 124/82 PULSE: 100 RR: 20 HT: 5'4" WT: 143

BMI: _____ BS: _____ PULSE OX: _____

A Asthma
1 Exacerbation Lt
D&R

PHYSICAL EXAM:
Const: Well Developed, Alert, No Distress
Age appr. Behaviour

HEENT: Lids, conjunctive, PERRLA, TM, NL, Nose
Oropharynx nl
Neck: Supple, No masses, Thyroid nl, No JVD,
Full Rom,
Resp Clear to Auscultation, No Wheezes, No Rales,
RRR, No Murmur, PULSES Carotids Edema
GI: No Tenderness No distended No guarding/Rebound
No masses Rectal Exam nl HEME neg
GU: Male Scrotal Contents Penis nl Prostate nl
No CVA tenderness
Female Ext genitalia/vagina nl Urethra Cervix Uterus nl
Adnexae CVA
MUSC: All Extent RUE LUE RLE LLE Back nl
Skin Well hydrated Inspection
Lymph Normal nodes
NEURO: Oriented x3 CN 11X11 intact OTR's symmetric
Sensory Intact Motor strength
PSYCH

Ful
1 week

11/12/12

P.35

PATIENT ENCOUNTER FORM DATE: 10-16-12

PT.NAME: SOWELL, GENNETTE _____ DOB: _____

C/C Coughing / Wheezing x 3 days Not bad yet

HPI: not getting. Sinus pressure.

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 97.8 BP: 146/79 PULSE: 75 RR: 18 HT 5'4" WT: 142

BMI: 24.0 BS: _____ PULSE OX: 94%

PHYSICAL EXAM:
Const: _ Well Developed, _ Alert, _ No Distress _ nasal edema
Age appr. Behaviour

HEENT: _ Lids, conjunctive, _ PERRLA, _ TM, NL, _ Nose
Oropharynx nl _
Neck: _ Supple, _ No masses, _ Thyroid nl, _ No JVD, _
Full Rom, _
Resp _ Clear to Auscultation, _ No Wheezes, _ No Rales, _
RRR, _ No Murmur, _ PULSES _ Carotids _ Edema
GI: _ No Tenderness _ No distended _ No guarding/Rebound
No masses _ Rectal Exam nl _ HEME neg _
GU: Male _ Scrotal Contents _ Penis nl _ Prostate nl _
No CVA tenderness _____
Female _ Ext genitalia/vagina nl _ Urethra _ Cervix _ Uterus nl _
Adnexae _ CVA _
MUSC: _ All Extent _ RUE _ LUE _ RLE _ LLE _ Back nl _
Skin _ Well hydrated _ Inspection _
Lymph _ Normal nodes
NEURO: _ Oriented x3 _ CN 11X11 intact _ OTR's symmetric _
Sensory Intact _ Motor strength _
PSYCH _____

(A) (1) COPD (P) (1) Zpack
(2) Medrol Dose Pak
(2) Neck mass exacerbation
Thyromegaly
Neck mass
Wheeze
Bilateral expiratory
(2) Neck US
FU 4 weeks

Richard 10/26/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 09/11/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Mucus drainage green-yellow coming out, but decreasing from previous week, but she still cannot smell, positively improved from September 4, 2012, with the mucus drainage, but being unable to smell and has just not gotten any better.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with COPD acute exacerbation that is partially resolving. The patient has been nonadherent to doing her nebulizer treatments every 4 hours as instructed. She did complete the azithromycin and also the Medrol Dosepak.

PERTINENT PAST MEDICAL HISTORY: As noted in the HPI.

REVIEW OF SYSTEMS: The patient denies any fevers, chills, or sweats, and does admit to breathing better.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.4, blood pressure is 139/83, pulse is 82, respiratory rate is 16, height is 5 feet 4 inches, weight is 140, BMI is 24, and pulse ox is 96%.
General: A well-developed female in no apparent distress.
HEENT: Wearing glasses.
Neck: Supple. No masses. No retractions.
Respiratory Exam: End-expiratory wheeze.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has acute bronchitis that is resolving, but may need another dose of a steroid burst. She was also reminded to do her nebulized solution and nebulizer treatments every 4

PATIENT I

DATE: 9-11-12

SOWELL, GENNETTE

PT.NAME:_____ DOB:_____

C/C Mucous drainage (green/yellow) coming out.
Still can't smell just no better.

HPI:_____

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL:_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.4 BP: 139/83 PULSE: 82 RR: 16 HT: 5'4" WT: 140.

BMI: 24.0 BS:_____ PULSE OX: 96%

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales,__
RRR,__ No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__Motor strength__
PSYCH_____

(P) Acute - Bronchitis - resolving

(P:) Repeat medrol dose pak

MN - improved

Pt encouraged to do Nebulyzed Sol q4 hrs. x 3 days then q6 hrs x 3 days q8 to q12 prn

Patient

9/11/12 09/11/12

P.38

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 09/11/2012

hours x3 days, then every 6 hours x3 days, and then every 8 to 12 hours as needed. The hypertension did improve and we will continue to monitor, and I will see her in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 10/15/2012 at 10:05:00 AM (EST) Verification: 592736232012101510050O .

Print CC:
Fax CC:

D Date / Time: 09/11/2012 02:58 PM ET
T Date / Time: 09/12/2012 02:55 AM ET
R Date / Time:
S Job #: CGH59273623
D Job #: 3004405
MT: 1032445

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 09/04/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Sick, cannot smell, congested coughing, have times 5 to 6 days despite using a nebulizer machine at home.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with chronic COPD, with an acute exacerbation. The patient also has hypertension. Denying any headaches or epistaxis.

PERTINENT PAST MEDICAL HISTORY: As noted in the history of present illness.

REVIEW OF SYSTEMS: The patient denies any fevers, chills, sweats, and does not report to be able to cough up any phlegm at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.8, BP is 151/107, pulse is 89, and respiratory rate is 18. Height is 5 feet 4 inches, weight is 139, and BMI is 23.9. Pulse ox is 91%. The patient was given a nebulizer treatment. After therapy, it was 90% to 91%.
General: A well-developed female. No distress. No subcostal retractions.
HEENT: Nasal edema and erythema. Positive maxillary sinus tenderness.
Neck: Shows submandibular lymphadenopathy.
Respiratory: Exam diffuse end expiratory wheezes. No rales auscultated.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.

ASSESSMENT AND PLAN:
1. The patient is having a chronic obstructive pulmonary disease exacerbation. We will give her Rocephin 500 mg IM x1 and DuoNeb nebulizer treatment.
2. Hypertension is uncontrolled. We will repeat in 1 week.

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 09/04/2012

3. Acute sinusitis. She was given a Z-Pak and also Medrol Dosepak for the chronic obstructive pulmonary disease exacerbation. She is to follow up in approximately about a week.

This job has been electronically signed by: Rochelle Hammett MD on 09/27/2012 at 11:56:00 AM (EST) Verification: 5918507620120927115600 .

Print CC:
Fax CC:

D Date / Time: 09/07/2012 12:15 PM ET
T Date / Time: 09/08/2012 02:37 AM ET
R Date / Time:
S Job #: CGH59185076
D Job #: 3004332
MT: 1112071

PATIENT ENCOUNTER FORM DATE: 9-4-12

PT.NAME: SOWELL, GENNETTE _____ DOB: _____

C/C Sick: Can't smell, congested, coughing, x5-6 days.

HPI: _____

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____ NKDA
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 97.8 BP: 151/107 PULSE: 89 RR: 18 HT: 5'4" WT: 139
BMI: 23.9 BS: _____ PULSE OX: 91% After tx 90-91%

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated __ Inspection __
Lymph __ Normal nodes
NEURO: __ Oriented x3 __ CN I-XII intact __ DTR's symmetric __
Sensory Intact __ Motor strength __
PSYCH _____

A
1. COPD
2. HTN
3. Acute Sinusitis

P: Rocephin 250 IM x1
Duonebs
Solu-
→ Repeat 1 week
→ Z-pack
Medrol dose PAK

9-4-12

9/7/12

P.42

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 08/08/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Three-month followup. Needs refill on Nexium. Coughing and congestion x3 weeks, clear then green.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old female here with the above chief complaint. She denies any fevers, chills, or sweats. She does have chronic bronchitis, which appears to be in acute exacerbation.

PERTINENT PAST MEDICAL HISTORY: As noted above.

REVIEW OF SYSTEMS: Also noted in the history of present illness.

ALLERGIES: NO ALLERGIES TO ANY MEDICATIONS.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.6, BP is 135/89, pulse is 87, respiratory rate is 16. Height is 5 feet 4 inches, weight is 140, BMI is 24.
General: A well-developed female, in no apparent distress.
HEENT: The patient is wearing glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze.
Cardiovascular: Regular rate and rhythm, and no murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has acute bronchitis on top of chronic bronchitis. For that we will give her Rocephin 500 mg IM x1 and Z-Pak, #1, and a Medrol Dosepak, and she is to follow up in 6

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 08/08/2012

weeks.

ADDENDUM: We will give her a Nexium refill of 40 mg p.o. daily.

This job has been electronically signed by: Rochelle Hammett MD on 09/19/2012 at 1:20:00 PM (EST) Verification: 5869652520120919132000 .

Print CC:
Fax CC:

D Date / Time: 08/16/2012 03:04 PM ET
T Date / Time: 08/17/2012 10:08 PM ET
R Date / Time:
S Job #: CGH58696525
D Job #: 3003913
MT: 736587

PATIENT ENCOUNTER FORM DATE: 8-8-12

PT.NAME: SOWELL. GENNETTE _____ DOB: _____

C/C 3moFU - Needs refill (Nexium)

HPI: ~~Coughing + Congestion x3weeks.~~
→ Clear then green.

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: All: NKDA
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.4 BP: 135/89 PULSE: 87 RR: 14 HT: 5'4" WT: 140

BMI: 24.0 BS: _____ PULSE OX: _____

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated __ Inspection __
Lymph __ Normal nodes
NEURO: __ Oriented x3 __ CN 11X11 intact __ DTR's symmetric __
Sensory Intact __ Motor strength __
PSYCH _____

A: Acute Bronchitis

P: Rocephin 500mg IM x 1.
Zpack #1
Medrol dose pack

FU 6 weeks

8/16/12

PATIENT FACESHEET

CAROLINA PHYSICIANS GROUP
715 SOUTH DOCTOR DR,
CHERAW, SC 29520-7113
843) 537-5112

Patient Name: GENNETTE SOWELL
Address:

SSN:
Date of Birth & Age:
Sex: F
Group:_____
Marital Status

Appt Date & Time: August 8, 2012: Athena ID#
CPG_CAROLINA PHYSICIANS GROUP, Home phone:
ROCHELLE HAMMETT, MD, Follow Up Work Phone:
15 @ 10:15 AM, 15 min.
MRN#:_____

RESPONSIBLE PARTY

Name:GENNETTE SOWELL
Address:

Home Phone:
SSN:

EMERGENCY CONTACT

ER Contact Name: JAMES JANET
Rel: CHILD

Home Phone:

INSURANCE INFORMATION

Primary: PLANNED ADMINISTRATORS INC - PHCS (PPO)
Policy#:
Address: PO BOX 6927
COLUMBIA, SC 29260-6927

Phone#: (800) 768-4375
Group#:

Eff Date:

Secondary:
Policy#:
Address:

Phone#:
Group#:

Eff Date:

Tertiary:_____
Policy#:_____

Group#:_____

Eff Date:_____

HIPAA INFORMATION

NPP Signed/Date:
PIF completed/year:
Auth PHI Release:
Mothers Maiden Name:

NP on file at:
PIF on file at:
Addl PHI Release:

By signing below, either personally or through the person legally empowered to give consent, I authorize this office, its employees, agents and other affiliates to provide general care for this and all subsequent requests for care. I hereby authorize this office of Chesterfield Clinic Corp to release any medical information required during the course of examination and treatment and permit payment directly to them and benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. I understand it is my responsibility to contact the practice with any additions or deletions from my original authorization for disclosure of Protected Health Information.

Patient Signature Gennette Sowell P.46 Date 8-8-12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 05/08/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup. Needs refill on hydrochlorothiazide.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female who has obstructive restrictive lung disease, here with a cough productive of yellow phlegm. The patient denies any fevers, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: No nausea. No vomiting. No diarrhea.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.3. BP is 141/80. Pulse is 62. Respiratory rate is 18. Height is 5 feet 4 inches. Weight is 144. BMI of 24.7.
General: A well-developed female in no apparent distress.
HEENT: Nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Exam shows a few scattered wheezes. Regular rate and rhythm on cardiovascular exam. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN:
1. The patient has hypertension. We will give her hydrochlorothiazide 25 mg p.o. daily.
2. Asthma with acute bronchitis. A Z-Pak and Medrol Dosepak.
3. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 05/17/2012 at 10:36:00 AM (EST) Verification: 5627719520120517103600 .

Print CC:
Fax CC:

D Date / Time: 05/11/2012 02:12 PM ET
T Date / Time: 05/12/2012 09:55 AM ET
R Date / Time:
S Job #: CGH56277195
D Job #: 3002591
MT: 415595

PATIENT

DATE: 5-8-12

SOWELL, GENNETTE

PT.NAME:_____ DOB:_____

C/C FU - needs refills on HCTZ.

HPI:

Cough

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL :_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.3 BP: 141/80 PULSE: 62 RR: 18 HT: 54" WT: 144
BMI: 24.7 BS:_____ PULSE OX:_____

PHYSICAL EXAM:
Const:__Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

HEENT:__Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose,__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales,__
RRR,__ No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__ Motor strength__
PSYCH_____

A: URTI, Asthma

P: HCTZ 25mg, Zpak, Medrol Dose Pak

FU 3 mos

dictated 5/11/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 03/27/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Wheezing, coughing x3 weeks, feels like something is in her throat. The phlegm has been clear.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of obstructive lung disease. The patient also has a history of elevated blood pressures.

PERTINENT PAST MEDICAL HISTORY AND FAMILY HISTORY: As noted above.

REVIEW OF SYSTEMS: Also, as noted above in the history of present illness.

PAST SOCIAL HISTORY: Negative for smoking.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.1, blood pressure is 153/95, pulse is 72, respiratory rate is 18. Height is 5 feet 4 inches, weight is 146, BMI is 25.1. SpO2 93% to 94%.
General: Well-developed female, mild distress.
HEENT: No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient has obstructive/restrictive lung disease, or combination of both.

The patient will be given:
1. Advair.
2. Singulair.
3. DuoNeb solution.

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 03/27/2012

4. Medrol Dosepak.

She is to follow up with me in 4 to 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/11/2012 at 2:41:00 PM (EST) Verification: 5522058720120511144100 .

Print CC:
Fax CC:

D Date / Time: 04/03/2012 01:15 PM ET
T Date / Time: 04/03/2012 07:34 PM ET
R Date / Time:
S Job #: CGH55220587
D Job #: 3001921
MT: 574332

Patient Encounter Fo

Date: 3-27-12

Pt. Name: SOWELL, GENNETTE DOB:

C/C
Wheezing, coughing x 3 weeks. Feels like something in throat
clear phelgm.

HPI:

Pertinent PMH/FHx

ROS: Constitutional:
Eyes:
NT:
Respiratory:
Cardiovascular:

RISK FACTOR
GI:
GU:
Endocrine:
Muscle-Skeletal
Neuro/Psychiatric:

Temp: 98.1 BP: 153/95 Pulse: 72 RR: 18 HT: 5'4" Wt

Bmi · 25.1

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

SpO2 93% - 94%

HEENT: __ Lids, conjunctivae, __ PERRLA, __ TM NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __ FULL ROM

(A) Obstructive Restrictive Lung Disease (P): PFT 4 to 6 weeks

RESP: __ Clear to Auscultation, __ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __ Carotids, __ Edema

__ No Tenderness, __ No distended, __ No guarding/Rebound, __ No masses, __ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, __ Penis nl, __ Prostate nl __ No CVA tenderness

(Female) __ Ext genitalia/vagina nl, __ Urethra __ Cervix, __ Uterus nl, __ Adnexae, __ CVA

PFT 4 to 6 weeks

MUSC: __ All Ext nl, __ RUE, __ LUE, __ RLE, __ LLE, __ Back nl, __

Skin: __ Well hydrated, __ Inspection __
LYMPH: __ Normal Nodes,

NEURO: __ Oriented x3, __ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

PSYCH:

3/27/12

dictated

Lab/Images:

P.5) 12

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#:

FASTING: N
PHONE DOB:

PATIENT NAME	SEX	AGE(YR./MOS.)
SOWELL,GENNETTE M	F	

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/01/2012	8:55	3/01/2012	3/02/2012	11:37	401

CLINICAL INFORMATION
CD-20180417744

PHYSICIAN ID.	NPI	PATIENT ID.
HAMMETT R	1467492488	

ACCOUNT: Carolinas Physician Group

715 S Doctors Dr Ste B
Cheraw SC 29520-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
Angiotensin-Converting Enzyme ACE	24	U/L	12 - 68	01

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

3/2/12

Pat Name: SOWELL,GENNETTE M	Pat ID:	Spec #:	Se

Results are Flagged in Accordance P.52 Age Dependent Reference Ranges
Last Page of Report

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/14/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup on coughing. Has alot of drainage in the back of her throat, and she thinks it is coming from her nasal cavity. Flonase and Singulair are not working.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of rhinitis and asthma versus sarcoidosis. She is here for the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: Asthma.

REVIEW OF SYSTEMS: The patient denies any nausea, vomiting, or diarrhea. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 97.8, blood pressure is 147/82, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, and BMI is 24.9.
General: A well-developed female.
HEENT: The patient is wearing glasses. She has severe nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has rhinitis. She will take Mucinex.
2. As far as her asthma versus sarcoidosis, she seems to be doing well in that respect, and she will

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 02/14/2012

continue as is. The patient has been referred to Dr. Dyce for her chronic rhinitis, and will follow up with me in 2 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:44:00 AM (EST) Verification: 5422356920120416084400 .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:42 PM ET
T Date / Time: 03/01/2012 08:49 AM ET
R Date / Time:
S Job #: CGH54223569
D Job #: 3001303
MT: 161022

Patient Encounter Form

Date: 2-14-12

Name: SOWELL, GENNETTE DOB:

C/C Flu on coughing Has a bunch drainage in back of throat. Thinks its coming from nasal. Flonase and Singulair isn't helping

HPI:

Pertinent PMH/FHx

RISK FACTOR

Ros: Constitutional:

GI:

Eyes:

GU:

ENT:

Endocrine:

Respiratory:

Muscle-Skeletal

Cardiovascular:

Neuro/Psychiatric:

Temp: 97.8 BP: 147/82 Pulse: 74 RR: 14 HT: 5'4" Wt: 145

Bmi: 24.9

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

EENT: __Lids, conjunctiva, __PERRLA, ____TM NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ___Carotids, ____ Edema

__ No Tenderness, __ No distended, _____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl ___ No CVA tenderness_____

(female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, __Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___ Well hydrated, ___ Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __Motor strength

PCH:

Lab/Images:

(A) Rhinitis → (P) Rhinocort

Asthma → Control as is

vs Sarcoidosis

Flu 2 mos

Referral to Dr. Dice for Chronic Rhinitis

Dictated 2/29/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/09/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Four-week followup on cough, rib fracture, went out in the wind and now congested, cough, just getting worse x2 to 3 days.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with the above chief complaint. She reports a nonproductive cough. She denies fevers, chills, sweats.

PERTINENT PAST MEDICAL HISTORY: Allergic rhinitis.

REVIEW OF SYSTEMS: Just coughing.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98, BP is 143/98, pulse is 100, respiratory rate is 16, height is 5 feet 4 inches, weight is 143, BMI is 24.5, SpO2 is 96%.
General: A well-developed female, in no apparent distress.
HEENT: Mild nasal edema.
Neck: Supple. No masses. No retractions.
Respiratory: Slight scattered wheeze, but no rales, no rhonchi.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops. No carotid bruit.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient is to take albuterol nebulized solution every 3 hours and cromolyn sodium every 6 hours x3 to 4 days for her asthma exacerbation, and she is to follow up with me on Tuesday.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:43:00 AM (EST) Verification: 5422357020120416084300 .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:48 PM ET
T Date / Time: 03/01/2012 11:39 AM ET
R Date / Time:
S Job #: CGH54223570
D Job #: 3001304
MT: 161022 /133798

Patient Encounter Form

Date: 2-9-12

Pt. Name: _____ SOWELL, GENNETTE _____ DOB: _____

C/C 4 Week Flu on Cough, r/t fracture.
→ Went out in the Wind and now Congested Cough - just getting Worse X 2-3days.

HPI:

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

Respiratory: _____ Muscle-Skeletal _____

Cardiovascular: _____ Neuro/Psychiatric: _____

Temp: 98.9 BP: 143/98 Pulse: 100 RR: 16 HT: 5'4" Wt: 143

Bmi: 24.5

Sp02% 96%

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

__ENT: __Lids, conjunctive, __PERRLA, ____TM, NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __ Carotids, ___ Edema

__ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl __ No CVA tenderness_____

(Female)___ Ext genitalia/vagina nl; __Urethra__Cervix, __Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___Well hydrated, ____Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __Sensory Intact, __Motor strength

PSYCH: _____

A: Albuterol
Q 3°
Cipro
Q 6°
Q 3 days
to 4 days

P: Fu Tuesday

dictated 2/29/12

Lab/Images:

P.57

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SST

Client Req #: _____

PHONE: 8[illegible] DOB:

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/19/2012	14:07	1/19/2012	1/20/2012	18:36	1046

CLINICAL INFORMATION
HAMMETT R CD- 0135374

PHYSICIAN ID.	NPI	PATIENT ID.
12810		

ACCOUNT: Chesterfield General Hospital
HMS Inetrface Account
711 Chesterfield Highway
Cheraw SC 29520-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
AChR Binding Abs, Serum				
AChR Binding Abs, Serum	<0.03	nmol/L	0.00 - 0.24	01
			Negative: 0.00 - 0.24	
			Borderline: 0.25 - 0.40	
			Positive: > 0.40	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

this is for Myasthenia Gravis not ACE for Sarcoidosis pt needs to be retested

2/1/12

2/29/12

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #

P.58

Results are Flagged in Accordance with Age Dependent Reference Ranges

Print date: 1/20/12 18:36 PATIENT REPORT Page 1
inted by: **** FINAL ****

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
DELL A. DEMBOSKY, MD

Name: SOWELL GENNETTE
Pat#:
Strt: 1/19/12 14:07
Ord#: R 200

Status: O/P / RAD
DOB:
Age/Sex:
MR#:

Adm Date: 1/19/12
Adm Phys: HAMMETT ROCHELLE
Ord Phys: HAMMETT ROCHELLE
Fam Phys: HAMMETT ROCHELLE

Special Instructions: 1 ML SERUM, REFRIG
Reported: 1/20/12 18:36

Test Name	Result	Flag	Reference Range	Units
Collected: 1/19/12 14:07 MLG Received: 1/19/12 14:07 MLG Verified: 1/20/12 18:36 HL7				
ACHR BINDING ABS, SERUM	<0.03		0.00 - 0.24	nmol/L

COMMENTS:
1/20/12 18:36 ACEBAB

Negative: 0.00 - 0.24
Borderline: 0.25 - 0.40
Positive: > 0.40

Performed at: BN - LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD, Phone: 8007624344

1/26/12
RSP

Name: SOWELL GENNETTE Sex/Age: Pat#:

212

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: Age:
DOS: 01/12/2012 Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Needs a note to go back to work, feeling better.

HISTORY OF PRESENT ILLNESS: This patient is a 61-year-old African American female here with a chronic cough and wheeze status post hospitalization. The patient was given IV Solu-Medrol while in the hospital and treated appropriately for her cough and wheeze.

PERTINENT PAST MEDICAL HISTORY: ALLERGIC RHINITIS.

REVIEW OF SYSTEMS: The patient does have slight dyspnea on exertion, but currently no shortness of breath or wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98. Blood pressure is 147/79. Pulse is 93. Respiratory rate is 12. Height is 5 feet 4 inches. Weight is 144. BMI is 24.7.
General: Well-developed female in no apparent distress.
HEENT: Normal except for she wears glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory Exam: Clear to auscultation bilaterally. No wheezes. No rales. No rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs. No rubs. No gallops.
GI: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has a cough that is now resolving. She is eligible for the flu vaccine and Pneumovax today.
2. The rib fracture is healing and almost completely resolved. The patient mentions no history of trauma except a lot of coughing.
3. The patient was also prescribed Os-Cal vitamin D 600 mg p.o. twice daily secondary to decreased p.o.

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 01/12/2012

intake of calcium and low vitamin D levels.
4. The patient is to follow up with me in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/09/2012 at 2:14:00 PM (EST) Verification: 5318298120120509141400 .

Print CC:
Fax CC:

D Date / Time: 01/26/2012 09:38 AM ET
T Date / Time: 01/26/2012 03:55 PM ET
R Date / Time:
S Job #: CGH53182981
D Job #: 7001
MT: 415595

atient Encounter Form

Date: 1-12-12

Pt. Name: SOWELL, GENNETTE DOB:

C/C Needs note to go back to WRK. Feeling better.

HPI:

Pertinent PMH/FHx

RISK FACTOR

Ros: Constitutional:

GI:

Eyes:

GU:

ENT:

Endocrine:

Respiratory:

Muscle-Skeletal

Cardiovascular:

Neuro/Psychiatric:

Temp: 98.0 BP: 147/79 Pulse: 93 RR: 12 HT: 5'4" WT: 144

Bmi: 24.7

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

HENT: __Lids, conjunctive, __ PERRLA, ____TM.NL, __ Nose ___ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ___Carotids, ____ Edema

ABD: __ No Tenderness, __ No distended, _____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl ___ No CVA tenderness_____

(Female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, ___Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext: nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___ Well hydrated, ____ Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __Sensory Intact, __Motor strength

PSYCH:

7001

Lab/Images:

A: Cough
Rib Fracture

P: Flu vaccine
Pneumovax
FU 4 weeks
OSCAL 500mg PO twice daily

Patient Account View: S YELL, GENNETTE M (61yo F)

Patient Actions | Registration | Messaging | Scheduling | Billing | Other

Patient Information

Patient Notes

Guarantor	GENNETTE SOWELL	Guarantor Phone		Driver License Image	▷ update/delete card image
Name	GENNETTE SOWELL	Sex	F		
DOB		Home Phone			
SSN		Work Phone	(		
Address		Mobile Phone			
Zip		Primary Department	CPG_CAROLINA PHYSICIANS GROUP		
City		Usual Provider	CPG_HAMMETT		
State		Marital Status			
Email		Ethnicity			
Guardian					

Insurances | View Collections Manager | Add Related Policy

Primary 09/22/11
PLANNED ADMINISTRATORS INC - PHCS (PPO) [132724] PO BOX 6927 , COLUMBIA, SC 29260-6927 *phone:*(800) 768-4375
view additional insurance contact info
Copay: OV $20.

Policy Holder: SOWELL, GENNETTE M
Patient's Relation: Self
DOB:
ID/Cert#

Eligibility Status: Unverified
Eligibility Status Reason: Athena
Eligibility PCP: Unknown
Eligibility Last Checked: 01/06/2012 by autoelig
Eligibility Message: Electronic eligibility service is not currently offered for this package. Please call the insurance company to verify eligibility.
view detail | eligibility history

update this policy | deactivate this policy | add/view auths | update/delete card image

Secondary new secondary insurance

Outstanding Charges | Add Payment Plan | Add Prepayment Plan

Service Date	Procedure	Outstanding Amount	Status
Subtotal - Charge Outstanding		$0.00	
Unapplied Credit		$0.00	
Total Patient Outstanding		$0.00	

No statements with open charges were found for this patient.

▷ show patient statement as it would be printed today

Patient Statement Note

Effective Date 01/11/2012

Expiration Date

Statement Note

Update Statement Note

Gennette Sowell

Patient Account Notes

Date	User	Action	Note

Action NOTE

Note

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENETTE

MRN:
Account #:
DOS: 12/27/2011
DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Hospital followup on acute asthma exaccerbation.

HISTORY OF PRESENT ILLNESS: The patient was previously seen on December 21, 2011, with status asthmaticus, and she was hospitalized for approximately 4 days. The patient is a 61-year-old female here after hospitalization for acute asthma exacerbation. The patient denies any smoking.

PERTINENT PAST MEDICAL HISTORY: The patient did not have the symptoms until approximately 4 to 6 months ago.

REVIEW OF SYSTEMS: The patient has some mild fatigue and some dyspnea on exertion, but no shortness of breath at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.9, blood pressure is 137/81, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 144, BMI is 24.7, and oxygen is 98%.
General: The patient appears thin, but otherwise in no apparent distress.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Light wheeze, but no rales and no rhonchi.
Cardiovascular: Shows regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient carries a diagnosis of asthma, but may actually have sarcoidosis which is in the differential, and she does have a pulmonary referral from the hospital. The plan is that she will continue with the prednisone 20 mg two p.o. daily, Singulair 10 mg p.o. daily, Advair 250/50 one puff twice a day, Ventolin HFA 90 mcg q.4 h., and naproxen 500 mg p.o. twice daily. The patient and her

Patient Encounter Form

Date: 12-27-11

Pt. Name: Jeanette Sowell DOB:

C/C Hospital F/u - Weak
Doing better. Needs note.

HPI: Stayed in hospital four days.

Pertinent PMH/FHx

Ros: Constitutional:

Eyes:

ENT:

Respiratory:

Cardiovascular:

RISK FACTOR

GI:

GU:

Endocrine:

Muscle-Skeletal

Neuro/Psychiatric:

Temp: 97.9 BP: 137/81 Pulse: 74 RR: 16 HT: 5'4" Wt: 144

P 0298%

Bmi: 24.7

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Appr. Behavior

HEENT: __Lids, conjunctive, __ PERRLA, ____TM.NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ___Carotids, ____ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl ___ No CVA tenderness_____

(female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, ___Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext: nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___ Well hydrated, ____ Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __Motor strength

CH:

New meds:
Prednisone 20mg 2 po
Singulair 10mg @HS
Advair 250-50 bid
Ventolin HFA 90mcg q 4hrs
Naproxen 500mg bid

5852

Lab/Images:

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/22/2011

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: The patient is here, not able to breathe and coughing, it was improving with the prednisone and antibiotics that were given before, but she never did stop wheezing and coughing and is getting really tired.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female here with the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: As mentioned in the history of present illness.

REVIEW OF SYSTEMS: As mentioned in the history of present illness.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.6, blood pressure is 135/83, pulse is 89, respiratory rate is 16, height is 5 feet 4 inches, and weight is 141 with a BMI of 24.2.
General: A well-developed female in no acute distress.
Respiratory: Shows respiratory rate actually increased to 22, and that she has diffuse end-expiratory wheeze.
Cardiovascular: Shows that her heart is tachy at 100, with no murmurs, rubs, or gallops.

ASSESSMENT/PLAN: Status asthmaticus diagnosis was made along with hypokalemia, and the patient was then sent to the emergency room.

This job has been electronically signed by: Rochelle Hammett MD on 02/24/2012 at 2:58:00 PM (EST) Verification: 5260178120120224145800 .

Print CC:
Fax CC:

D Date / Time: 01/06/2012 02:48 PM ET
T Date / Time: 01/07/2012 06:55 AM ET
R Date / Time:
S Job #: CGH52601781
D Job #: 5851
MT: 161022

Patient Encounter Form

Date: 12-22-11

SOWELL, GENNETTE

Pt. Name: _____ DOB: _____

C/C Not being able to breathe. Coughing. It was getting until taking the K. → Never did stop wheezing coughing → getting tired-

HPI:

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

Respiratory: _____ Muscle-Skeletal _____

Cardiovascular: _____ Neuro/Psychiatric: _____

Temp: 97.4 BP: 135/63 Pulse: 89 RR: 16 HT: 5'4" Wt: 141

97% BMI 24.2

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Appr. Behavior

HEENT: __ Lids, conjunctive, __ PERRLA, ____ TM NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ____ Carotids, ____ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ____ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ____ Penis nl, ____ Prostate nl ____ No CVA tenderness _____

(female) ____ Ext genitalia/vagina nl, __ Urethra __ Cervix, ____ Uterus nl, __ Adnexae, __ CVA

MUSC: ____ All Ext: nl, ____ RUE, ____ LUE, ____ RLE, ____ LLE, ____ Back nl, ____

Skin: ____ Well hydrated, ____ Inspection ____

LYMPH: ____ Normal Nodes,

NEURO: __ Oriented x3, ____ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

A: STATUS ASTHMATICUS
Hypocalemia

P: Sent to ER

CH: _____

12/22/11 5851

Lab/Images:

P.67

Carolina
Physicians
Group

Sowell, Gennette 12/22/11

97.6 135/83 89 16 Pox 97%
5'4 141

STATUS
ASTHMATICUS

12/6/11
Previously
given
zpack
medrol dose pack
Albuterol Nebulizer

int date: 12/22/11 9:50 PATIENT REPORT Page 1
..inted by: GHOWARO3 **** FINAL ****
CHESTERFIELD GENERAL HOSPITAL LAB - CLINICAL
711 CHESTERFIELD HWY DELL A. DEMBOSKY, MD
CHERAW SC 29520

PAT NAME: SOWELL GENNETTE STATUS: O/P / FOP ADM DATE: 12/22/11
PATIENT#: XREF#: DOB: ADM PHYS: CONNELL FOY O
START DT: 12/22/11 9:22 AGE/SEX: 61 / F ORD PHYS: CONNELL FOY O
ORDER# : R 700 MR#: FAM PHYS: HAMMETT ROCHELLE
SPECIAL INSTRUCTIONS:
REPORTED: 12/22/11 9:50
COAGULATION

Test Name	Result	Flags	Reference Range	Units
Collected: 12/22/11 9:10 SH Received: 12/22/11 9:24 APD Verified: 12/22/11 9:50 GH				
D-DIMER, QUANT	474	CH	0 - 400	ng/ml

CRITICAL VALUE RESPONSE:
12/22/11 9:49 DDIMQT GLENDA HOWARD notified sherry
on 12/22/11 at 09:49

12/22/11

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/06/2011

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Sick visit. Has been coughing green mucus x2 weeks.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black female with a past medical history of chronic bronchitis and allergic rhinitis. The patient had previously seen ENT who had given her Flonase and an anti-inflammatory, but she consistently and progressively got worse with the coughing and wheezing. The patient also denies any fever, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hyperlipidemia and leukopenia.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.1, blood pressure is 144/91, pulse is 90, respiratory rate is 16, height is 5 feet 4 inches, weight is 146 with a BMI of 25.1, and pulse ox is 97%.
General: A well-developed female.
HEENT: Normal. No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze but no rales and no rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No distention. No tenderness. No guarding. No rebound.
Skin: Well hydrated.

ASSESSMENT AND PLAN:
1. The patient has acute on chronic bronchitis. We will prescribe her nebulizer machine as well as give her a treatment here in the office. We will also give her a Z-Pak and Medrol Dosepak.
2. As far as her hypertension, our goal is to get her less than 140 and less than 90. When she comes

Name: SOWEL, GENNETTE

MRN: DOB:
Account #: DOS: 12/06/2011

back, we will get a CMP and FLP.
3. Leukopenia. We will try and get a CBC as well. The patient is to follow up in 2 to 3 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 12/23/2011 at 8:25:00 AM (EST) Verification: 5195578220111223082500 .

Print CC:
Fax CC:

D Date / Time: 12/13/2011 04:25 PM ET
T Date / Time: 12/14/2011 04:38 AM ET
R Date / Time:
S Job #: CGH51955782
D Job #: 4612
MT: 161022

(1337)

Patient Encounter Form SOWELL, GENNETTE Date: 12-6-11

Pt. Name: _____ DOB: _____

C/C Sick Visit: this has been ongoing fu
Cough, congested (green) x 2 weeks.
(Seen ENT and gave Tonaze and inflammatory, said sinus are
draining to fast in lungs.

HPI: _____

Located 40 Black female

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

Respiratory: _____ Muscle-Skeletal _____

Cardiovascular: _____ Neuro/Psychiatric: _____

Temp: 98.0 BP: 144/91 Pulse: 90 RR: 16 HT: 5'4" Wt: 146

Physical Exam:

P. Ox · COPD 97% BMI 25.1

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

Fingerstick · DM /

HEENT: __ Lids, conjunctive, __ PERRLA, ____ TM NL, __ Nose __ Oropharynx nl

(A) Acute on Chronic Bronchitis
HTN.
Hyperlipidemia
Leukopenia
Lymphadenopathy

(P) Nebulizer w/ Xopenex, Albuterol machine
Depo-Medrol 80 mg
Z-Pak
Dose pack

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __ Carotids, ___ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___ Prostate nl __ No CVA tenderness _____
(female) ___ Ext genitalia/vagina nl, __ Urethra __ Cervix, ___ Uterus nl, __ Adnexae, __ CVA

MUSC: ___ All Ext: nl, __ RUE, __ LUE, __ RLE, __ LLE, __ Back nl, __

Skin: __ Well hydrated, ___ Inspection ____
LYMPH: ___ Normal Nodes,

NEURO: __ Oriented x3, ___ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

PSYCH: _____ RV 2 to 3 weeks

4 of 12

Lab/Images:

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Cough and congestion.

HPI: The patient is a 61-year-old African American female who presents today with complaint of cough and congestion x 5-6 days. The weather changed overnight, last Thursday evening; and the patient reports that since the weekend she has had a productive cough and congestion as well as nasal drainage. Yesterday, while working, she became acutely short of breath and fatigued. She has had some subjective fever and chills. No nausea or vomiting. She has a diagnosis of recurrent bronchitis.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: She is a nonsmoker.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 98.6, pulse 88, respirations 18, blood pressure is 139/83, weight 143 pounds.
GENERAL: She is not acutely distressed, but does appear to be ill.
HEENT: Mucous membranes are moist.
NECK: Supple.
HEART: Regular.
LUNGS: Rhonchorous throughout, anteriorly and posteriorly. She almost has audible wheezing without a stethoscope.
SKIN: Warm, dry, and intact without rash.
NEUROLOGICAL: Nonfocal.
PSYCHIATRIC: She is clinically appropriate.

ASSESSMENT AND PLAN: Patient with acute bronchitis. Last time, she was treated with Levaquin. This time we are going to treat her with Bactrim DS 1 p.o. b.i.d. x1 week. She was given a shot of Depo-Medrol today; and she will do a prednisone burst. She will have Diflucan, Combivent, and Hycodan for p.r.n. use. She sees the pulmonologist on this coming Monday, so we would like to hearing

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(843) 537-5112

Patient Name: SOWELL, JENNETTE
Patient Number.
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

Date of Birth:

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously scheduled.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

Date of Birth:

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC. 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Cough and heart palpitations.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today with a new complaint of heart palpitations. The patient reports that around 12 a.m., her phone rang. This startled her and awakened her from sleep. About an hour later, she noticed that her heart was still racing. She drifted off to sleep and woke about 5 minutes to 6 this morning. At that time, she states she noticed that her heart was still racing. During the course of the day, there has been a somewhat of a waxing and waning feeling of heart racing and palpitations. She has felt generally panicky, short of breath and fatigued. She was able to rest and take a nap earlier this afternoon prior to her appointment. She feels a bit better since the nap. She has had a recent bout of bronchitis and continues to have a good bit of a productive cough. She is using her rescue inhaler 2-3 times daily.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient is afebrile, pulse 80, respirations 16, blood pressure 139/89, weight 147 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular. No audible murmurs, rubs, or gallops.
LUNGS: Generally clear with the exception of the anterior aspect of the right upper lung. There is some focal wheezing there.
SKIN: Warm, dry, and intact.
NEUROLOGIC: Nonfocal.
PSYCHIATRIC: Patient is clinically appropriate.

ASSESSMENT AND PLAN: Recurrent bronchitis and heart palpitations.

I have started the patient on Flovent with hope that this will help to keep her airways open a bit more and we are going to get several exams including an EKG, CT of the chest with contrast, and an

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(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

Date of Birth:

OFFICE NOTE

echocardiogram. I am going to refer the patient to McLeod Pulmonology per her previous request. I would like to see the patient back in 2 weeks for laboratory review.

Electronically Signed by Wallisa Vaughn, MD on 08/16/2011 at 17:28:24

Wallisa Vaughn, MD

DD: 08/11/2011 16:42:33 EST
DT: 08/11/2011 16:44:53 EST/MIS1260/5579634
JOB#: 153596

cc: McLeod Pulmonology

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE **Date of Birth.**
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

OFFICE NOTE

CHIEF COMPLAINT: Followup of pneumonia.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female, who presents today for close followup. We last saw the patient on 04/01/2011. At that time, she presented with complaint of cough that has been progressively worsening x2 weeks. She had lungs sounds that indicated that she had clinical pneumonia. I started her on Levaquin 750 mg as well as prednisone and a Combivent inhaler. She is doing well with the antibiotic and is about halfway through her course of therapy. She also got a chest x-ray and it did not show any focal infiltrates. There was some linear scarring noted at the right base. The patient reports that her shortness of breath is improved. She says that she has some more nasal type symptoms. She is still a bit fatigued; but, she is getting a lot of production of phlegm from her cough.

PHYSICAL EXAMINATION:
VITAL SIGNS: Today, temperature is 98, pulse 80, respirations 16, blood pressure is 147/88, weight 143 pounds.
GENERAL: She is in no acute distress. Appears younger than her stated age.
HEART: Regular.
LUNGS: She has got rhonchi throughout the bilateral lung fields, both anteriorly and posteriorly. No frank crackles.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: Clinically appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. She has improved. She is going to continue with antibiotic regimen and see us back in followup on 08/11/2011. She is given a work excuse

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Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

Date of Birth:

OFFICE NOTE

until next Monday. At her followup appointment we do need to go ahead and arrange consultation with pulmonology at McLeod for the indication of recurrent bronchitis.

Electronically Signed by Wallisa Vaughn, MD on 08/09/2011 at 12:35:55

Wallisa Vaughn, MD

DD: 08/04/2011 10:20:15 EST
DT: 08/04/2011 10:22:38 EST/MIS1359/5554913
JOB#: 144804

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/01/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: cough.

HISTORY: Ms. Sowell is a 61-year-old African American female who presents today with complaint of cough. It has been worsening progressively worsening for 2 weeks. Initially started off as dry, is now productive green sputum. She has had decreased sleep as well as shortness of breath. The patient has been using Combivent at an unknown frequency. She is a lifelong nonsmoker who had her most recent bout of bronchitis in June 2011. From what I gather, she had really gotten over that episode when it seems that this episode started.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.6, pulse 92, respirations 17, blood pressure 142/80, weight 147 pounds.
GENERAL: She is in no acute distress, appears younger than her stated age.
HEART: Regular.
LUNGS: There are scattered wheezes bilaterally, crackles at the left lung base.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. I am going to treat her with Levaquin 750 mg 1 p.o. daily for 1 week. She also has prednisone and Combivent inhaler. I have given her Hycodan and Diflucan for p.r.n. use. I would like her to go to get a 2-view chest x-ray for comparison and see us back in followup on 8/4/11.

Electronically Signed by Wallisa Vaughn, MD on 08/08/2011 at 12:36:25

Wallisa Vaughn, MD

DD: 08/01/2011 17:05:17 EST
DT: 08/01/2011 17:07:37 EST/MIS1260/5545384
JOB#: 141556

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

Date of Birth:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: This is a 61-year-old African American female who is here today for followup secondary to the hospitalization recently from June 11th to June 14th bronchitis with bronchospasm. She states that she is improving. She still feels tired. She has an occasional cough. Sometimes she has a funny sensation in her stomach. She still has medication and is on tapering dose of prednisone and on antibiotic, Biaxin, and has Combivent inhaler which she uses as needed. She has not had any fevers or chills. Overall she feels better.

PAST MEDICAL HISTORY: Hypertension. Abnormal mammogram. Mildly elevated hyperlipidemia.

MEDICATIONS: Hydrochlorothiazide 25 mg p.o. daily. She is currently on Combivent and Biaxin.

PHYSICAL EXAMINATION:
Vitals: Temperature 98.2 degrees, BP 134/71, pulse 75, respiratory rate 16, weight 147 pounds. General: This is a pleasant, nontoxic-appearing female in no apparent distress. HEENT: Sclerae anicteric. Extraocular movements intact. Oropharynx moist without exudate. Neck: Supple. No lymphadenopathy. No bruits or thyromegaly. Lungs: Clear to auscultation bilaterally. No wheezes or rhonchi. Heart: Regular rate and rhythm, S1, S2. No murmur. Abdomen: Soft. Bowel sounds present. Nontender. Extremities: Without edema.

CLINICAL IMPRESSION:
1. Resolving bronchitis.
2. Hypertension.
3. Hyperlipidemia.
4. Abnormal mammogram.

PLAN:
1. Recommend to continue course of steroids and antibiotics. Follow up if symptoms persist or worsen.

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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

Date of Birth:

OFFICE NOTE

2. Patient is to return for followup visit in August which will her in routine followup visit and at that time, is to have a repeat mammogram scheduled and follow up on her hyperlipidemia and hypertension.

Electronically Signed by Monica A. Ansani, MD on 06/21/2011 at 16:32:00

Monica A. Ansani, MD

DD: 06/21/2011 14:25:05 EST
DT: 06/21/2011 14:24:59 EST/MIS1262/5424272
JOB#: 953794

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored... by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, Iii, M.D.

SOB -- Asthma

Name: SOWELL, GENNETTE Date In:06/11/2011 MR# Chesterfield General Hospital Pt#:

Physical Exam: cont. Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

Neck: NL* JVD negative no adenopathy supple thyroid NL non-tender
JVD R / L adenopathy meningismus thyromegaly other:

Chest: NL* chest wall non-tender NL excersion / expansion no retractions breasts NL
respiratory distress stridor retractions accessory muscle use prolonged expirations other:

CV: NL* RRR no murmur no gallup PMI NL pulses NL
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur /6 systole/diastole other:
carotid pulses: decreased / absent /bruit R / L pulses: decreased/ absent R / L radial ulnar pedal tibial

Respiratory: NL* no respiratory distress breath sounds NL
crackles wheezes rales rhonchi unequal / decreased sounds / other: end expiratory wheeze bilaterally

Abdomen: NL* soft BS NL non-tender rectal NL guiac negative/ no organomegaly
obese rigid tender BS: decreased / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ROM NL no CVAT tenderness
R / L CVAT +R / L straight leg lift dec. ROM tender bony / musc: dorsal lumbar sacral coccyx

Extremities: NL* non-tender full ROM no edema
pedal edema R / L homans R / L swelling dec ROM erythema: RUE RLE LUE LLE other:

Skin: NL* warm dry color NL no rash
hot cold diaphoretic cyanotic rash urticaria other:

Neuro: NL* A&Ox3 CN's NL (2-12) motor / sensory NL DTRs symmetric
altered LOC disoriented to: time place person CN deficit numbers: abnormal reflex: other:

Psych: NL* affect NL behavior NL
anxious tearful hostile avoids eye contact other

GU: NL* ext genitalia NL no lesion no edema circumcised / uncircumcised deferred
external gen: sores / ulcerations / herpes like bleeding erythema edema other:

Medical Decision Making:

NL / except Cr 1.3 BUN 36 Glu 214 K 3.4

NL / except 142 | 106 | 16 / 3.4 | 22 | 0.93

ALT ____ Amy ____ Trop ____ pH 7.23
AST ____ Lipase ____ CKMB ____ INR ____

Other / Procedures:

UA: NL / except
WBC ____ LE ____
RBC ____ Blood ____
Nitrites ____ Bacteria ____

Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos ____

EKG: 1. 39 46 76 95 70 Interpreted by EDP NSR
other:

CXR: Interpreted by EDP NAD
NAI infiltrate

Abd: NSBGP obstruction

Other / US / CT:

Consultations:

Time: ____ Disc with Dr. ____
will see patient in office admit see in consult
Time: ____ Disc with Dr. ____
will see patient in office admit see in consult

Clinical Course & Re-evaluation:

Meds: Time: ____ Improved / Worse / Unchanged
IVF: Time: ____ Improved / Worse / Unchanged
Patient re-examined
Critical care: 30-74 minutes / 75-104 minutes See procedure note See addendum

Clinical Impression:

1. Acute bronchitis
2. Bronchospasm
3.
4.
5.

Disposition:

Time: 1:00pm
Discharge: Home NH Psych Fac Jail
Admit: Floor ICU PCU Obs OR Tele Psych Peds Orders written
Transfer: Facility: ____ Rcv Physician: ____
AMA LWOT DOA Expired Transfer forms competed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions:

Follow up with:
PMD
Doctor ____
ED
Other ____
In ____ day(s) AM

Prescription(s) given:

Follow up care discussed with: patient family spouse other:

Additional Instructions:

Signatures: ____ PA/ARNP ____ MD/DO

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information) Rev. 06/26/07

SOB -- Asthma

Chesterfield General Hospital

Demographics and Triage:

Date In:06/11/2011 Pres Time:21:15

Name: SOWELL, GENNETTE Arrival Mode: WHEELCHAIR

Age DOB: Sex: F Wt:lbs: 145 kgs: 65.9

PCP: SOLIMAN, MOHAMED

EDP: PARKER, REGINALD L.

Chief Complaint: SHORTNESS OF BREATH--ADULT

Triage Time: 21:15
T: 98.1 PO
P: 100 regular
R: 24 unlabored
BP: 185/103
O2 Sat: 95 % NL / hypo
Pain / Location: 6/multiple areas

Triage Note:
PT C/O SOB AN DPAIN IN CHEST THAT GOT BAD TODAY. STATES SHE WAS HERE FRIDAY AND WAS TOLD SHE HAS BRONCHITIS

CC / HPI:

Level 1-3 = 1-3 elements Level 4 = 4 elements Level 5 = 5 elements

Time Seen: 9:15 PM ☐ Translator ☐ Nursing Notes Reviewed

Hx Source: patient family spouse EMS nsg. other:

Hx Ltd By: ALOC poor historian dementia severity of condition intox

Onset: ___ min ___ hrs ___ days ___ wks ___ mos ago sudden / gradual

Duration: constant / intermittent lasted: ___ secs ___ mins ___ hrs ___ days

Timing (currently): present / absent improving / worsening wax-wane

Severity: mild mod sev ___ /10 current ___ /10max

Exacerbated By: exertion med. non-compliance supine allergans

Relieved By: meds upright position breathing tx. oxygen rest steroids

Associated S&S: none F/C CP N/V/D URI S/S diaphoresis

Context: Hx. asthma dyspnea wheezing cough: nonprod. / prod. chest tightness / congestion excess mucus: clear / colored

Additional History:
6/10/11 BP increased c hx of HTN, SOB c pleuritic chest pain getting worse today. Pt seen here on friday and was told has Bronchitis. Pt prescribed antibiotics

ROS:

Level 1-3 = 1 system Level 4 = 2-9 systems Level 5 = 10+ systems

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills	Visual Changes	Sore Throat	Shortness of Breath	Chest Pain	Dysphagia	Dysuria
Weight loss	Redness	Hoarse Voice	Cough	Palpitations	N / V / D	Frequency
General Weakness	Dryness	Epistaxis	Congestion	PND	Constipation	Vaginal Bleeding
Polyuria	Diplopia	↓ Auditory Acuity	Hemoptysis	Orthopnea	Rectal Bleeding	Vaginal Discharge
Polydipsia	Itching	Nasal Drain/Cong.		DOE	Black Stool	Penile Discharge

Musculoskeletal	Neurological	Psychological	Skin	Immunilogical	All Systems Reviewed
Joint Pain	Syncope	Anxiety	Rash	Recurrent Hives	All other systems negative
Joint Swelling	Headache	Depression	Pruritis	HIV / AIDS	Unable to obtain due to: acuity ALOC chronic dementia poor historian intoxicated
Neck Pain	Focal Weakness	Hallucination	Lesions	Anaphylactic Rxn	
Back Pain	Parasthesia	Insomnia	Bruising		
Myalgias	Confusion	Stress	Bleeding		

Past Family Social Hx:

Level 1-3 = none Level 4 = 1 section Level 5 = 2-3 sections

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular Irregular Post-partum Pre-menarch ammenorrhea
Last Tetanus:

Additional Past Medical History: CAD MI CHF DM CA CVA trauma recent surgery COPD HTN TIA

Past Surgical History: CABG APPY Chole TAH / BSO TURP

Family History: Negative CAD / MI DM CA CVA

Social History: Tobacco: (N) ___ PPD x ___ yrs Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y :
Occupation: Living: M / S / D / Alone

Physical Exam:

Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

General: Distress: NAD mild moderate severe well nourished
anxious cachetic obese disheveled dehydrated chronic illness nsg. home pt. malnourished other:

HENT: NL* NC AT pharynx NL ears NL nose NL
sinus tenderness: R / L max / front nasal drainage: clear / purulent ear canal: R / L erythema / obscured TM: R / L erythema / bulging
pharynx: exudate erythema abscess other:

Eyes: NL* PERRL EOMI conjunctiva NL fundus NL
R pupil ___ mm L pupil ___ mm conjunctiva injected / c R / L other:

Medical Records

01 7 p.m. 06-21-2011 5/13

INITIAL ASSESSMENT FORM

Chesterfield General Hospital

PRIORITY: 2

Semi Emergent

DATE: 06/11/2011

Patient: SOWELL, GENNETTE
DOB: AGE:
EDP: PARKER, REGINALD L.
PCP: SOLIMAN, MOHAMED

Pt#:
Sex: F MR#:
Worker's Comp:
Emp. Referred:

Presentation Time: 21:15 Triage Time: 21:15 Arrival Mode: WHEELCHAIR

Height: 5 ' 2 " Weight 145 lbs. 0 oz. 65.91 kgs. LMP: Last Tetanus:

Chief Complaint: SHORTNESS OF BREATH–ADULT Acc By: Daughter

Brief Assessment: PT C/O SOB AN DPAIN IN CHEST THAT GOT BAD TODAY. STATES SHE WAS HERE FRIDAY AND WAS TOLD SHE HAS BRONCHITIS

Vital Signs

T:	98.1	PO
P:	100	regular
R:	24	unlabored
BP:	185/103	
O2:	95 % RA	

Pain Intensity Scale: 6 / 10
Pain Location: multiple areas

NIGHT SWEATS	NO	
WEIGHT LOSS	NO	
ANOREXIA	NO	
HEMOPTYSIS	NO	
FEVER	UNK	

DOMESTIC VIOLENCE	NO	
SIGNS OF ABUSE	NO	
PNEUMONIA VACCINE W/I 5YRS	NO	
BEST NUMBER TO CALL	YES	843
DYSPNEA ON EXERTION	YES	
SWELLING OF ANKLES OR LEGS	NO	
HX OF CHF	NO	
HX OF EMPHYSEMA/ASTHMA	NO	
CHEST PAIN	YES	
ORTHOPNEA	YES	
HIGH BLOOD PRESSURE	YES	
ASA WITHIN 24 HOURS	NO	

F [illegible] 56 [illegible]
M CP [illegible] 54
S B d CP [illegible]

Sudden Onset:

Pre-Hospital Treatment: ANTIBIOTICS, THERAFLU

Pediatric Assessment: N/A

Past Medical History: HTN, HYSTERECTOMY

Allergies: NKA

Medicines: HCTZ 25MG PO DAILY,

Nurse Signature: Laura Barker RN LPB

Additional Notes:

Medical Records

01 2 p.m. 06-21-2011 6/13

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:

Age: DOB: Sex: F MR#

Date In: 6/11/2011 Time: 9:25 PM

EDP: PARKER, REGINALD L. PCP: SOLIMAN, MOHAMED

Laboratory Tests

Order Time		Order Sent	By
9:25 PM	CBC	6/11/11 2139	LS
9:25 PM	BMP (CMP)	6/11/11 2139	LS
9:25 PM	BNP	6/11/11 2139	LS
9:25 PM	Theophylline Level		
9:25 PM	Cardiac Profile	6/11/11 2139	LS
9:25 PM	UA		

Other Diagnostic Tests

Order Time	Radiology	Order Sent	By
9:25 PM	CXR (PA/LAT (Portable))	6/11/11 2139	LS
	Spiral CT Chest w/contrast-PE Protocal		
	VQ Scan		
	Cardiopulmonary		
9:25 PM	EKG		
9:25 PM	Nebulizer Treatment		
9:25 PM	ABG		
	Peak Flows		
	O2 LPM		

Misc. Orders

Previous Medical Records

Physical Therapy - Eval & Tx

Medical Necessity Information:

Weight:
lbs: 145
kgs: 65.9

Allergies: NKA

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
9:25 PM		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		

Order Time	IV / Solution / Added Medication	Start Time	Device / Size	Location	# Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
9:25 PM	☐ KVO Device:									
	☐ IV Fluid:									

Procedures / Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm_____	☐ Chest Tube Insertion	
☐ NIBP Monitor	☐ Central Line Placement	
☐ Pulse Oximetry	☐ CVP Monitoring	
☐ Endotracheal Intubation	☐ O2	

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:

PA/ARNP: Physician's Signature:

Rev 09/14/04

Medical Records

01 1 p.m. 06-21-2011 7/13

ORDER PROCEDURE FORM
ADDITIONAL MEDS AND IVS

Chesterfield General Hospital

Name: SOWELL, GENNETTE
Age DOB: Sex: F Pt#:\
EDP: PARKER, REGINALD L. PCP: SOLIMAN, MOHAMED

Date In: 6/11/2011

Weight: lbs: 145 kgs: 66.9	Allergies: NKA

Order Time	Medication / Dosage / Route	Adm Time	Site	Adm by	Time	Reassessment	Reassess by

Order Time	IV / Solution /Added Medication	StartTime	Device / Size Location # Attempts Amount	Start by	D/C Time	Amt Infused	D/C by

Time	Nurses Progress Notes & Reassessment	Initials	Time	T	P	R	BP	Urine	NG / Emesis	Chest Tube	O2 Sat	GCS	Pain Scale

Initials/Signature: | Initials/Signature: | Initials/Signature: | Initials/Signature:

PA/ARNP: | Physician's Signature:

Adult Assessment 06/11/2011 21:23 LFB

Room Assignment: Patient assigned to room 4. Patient arrived in room by wheelchair. Patient moved to room at 21:15. Time of primary assessment: 21:15.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is at risk for fall as evidenced by: medication history that includes - antihypertensives, unsteady gait observed. Falls prevention plan implemented and maintained during ED visit.

Pain: Patient rates pain as 6 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the CHEST AND BACK. Onset of pain was gradual, within the past 24 hours. Patient describes the pain as constant, tightness. Pain is exacerbated by movement, respirations.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Heart rate is 100. Monitor shows normal sinus rhythm. Cardiac monitor is attached to patient. See rhythm strips that are attached to chart. Electronic non-invasive blood pressure monitor attached to patient. Documentation from NIBP monitor has been added to chart. All pulses are palpable, strong, and intact. The skin appears clammy. Capillary refill is less than 2 seconds. Edema is not present. Patient rates current pain as 6 on one-to-ten scale with 10 as the worst pain ever. The location of the pain is sub-sternal. Chest wall is non-tender to touch, observed as symmetrical, noted to have no abnormalities.

Respiratory: Airway is patent. Respiratory effort is moderately labored. Lung sounds by auscultation reveal wheezes in the left upper lobe and right upper lobe and right middle and left base and right base, diminished sounds in the left base and right base. The patient has a productive cough and with a scant amount of sputum, THICK. Pulse oximetry attached to patient with a reading of 95%. RESP THERAPIST WAS CALLED FOR ABG

Reassessment: 06/11/2011 21:44 PKT

EKG: EKG was performed at 06/11/2011 21:40by nurse.

Reassessment: 06/11/2011 21:46 PKT

Radiology: Portable x-ray was done in the emergency department at 21:37.

Reassessment: 06/11/2011 21:46 PKT

Physician: Physician was at the bedside at 21:15. Physician seeing patient was PARKER, REGINALD L..

Reassessment: 06/11/2011 21:57 LFB
Laboratory: Specimen(s) collected at 21:20, by nurse. Type of specimen collected was blood and **blood culture - collected at: 06/11/2011 21:20.**

Reassessment: 06/11/2011 22:38 PKT
Patient: Rounding Completed - Patient went to restroom with assistance of staff.

Reassessment: 06/11/2011 22:38 PKT
Laboratory: Specimen(s) collected at 22:38, by nurse. Type of specimen collected was urine.

Reassessment: 06/11/2011 23:15 PKT
Family: Family or significant other(s) at bedside at 23:15. Plan of care discussed with family. Condition, at present, was explained to family.

Nursing Diagnosis 06/11/2011 21:56 LFB
General: Potential for infection identified 06/11/2011 21:20. Goal to resolve is: PT WILL HAVE APPROPRIATE TX FOR INFECTION AS NEEDED.

Nursing Diagnosis 06/11/2011 23:20 PKT
General: Potential for infection Achieved 06/11/2011 23:20.

Treatments 06/11/2011 21:44 PKT
****IV Insertion started to the L hand, with a 18 gauge catheter, Hep Lock, 1 attempt initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:**
Reassessed at 06/11/2011 23:10 [PKT] - INT FLUSHED WELL AFTER IV LEVAQUIN - PKT

Breathing TX PULMOCORT/XOPENEX initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:
Reassessed at 06/11/2011 21:47 [PKT] - Reassessment after aerosol - patient tolerated well and breath sounds unchanged. - PKT

Venipuncture via IV initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:

IV Solumedrol 125 mg first dose Med Ed provided initiated at 06/11/2011 21:39 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 22:38 [PKT] - No adverse drug reaction noted. Reassessment after aerosol - breath sounds improved. - PKT

Breathing Tx Subs XOPENOX AND PULMOCORT initiated at 06/11/2011 21:45 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 23:21 [PKT] - Reassessment after aerosol - patient tolerated well and breath sounds improved. - PKT

LEVAQUIN 750MG IV first dose Med Ed provided initiated at 06/11/2011 21:55 by LFB. [Transcribed][RP7]:
Reassessed at 06/11/2011 22:38 [PKT] - Current rate is 150 mls per hour. - PKT
Reassessed at 06/11/2011 23:10 [PKT] - ABX INFUSED SITE CLEAR NO ADV REACTION - PKT

Contact other MD initiated at 06/11/2011 23:10 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 23:11 [PKT] - ORDERS TAKEN FROM DR MCLEOD - PKT

Disposition 06/11/2011 23:15 PKT
Admit: Patient's disposition is: ADMIT-MED/SURG. The patient was ready for transfer to inpatient bed at 06/11/2011 23:16. The inpatient room number assignment was provided at 06/11/2011 23:16. The inpatient room number is 124. Patient transported by wheelchair. Vital signs taken at 23:16 were: T: 98.5 PO, P: 90 and is regular, R: 24 and unlabored, BP: 136/073, O2 Sat: 97 on RA, pain level is 2 on a 1-10 scale in the abdomen. Patient states pain has improved. Belongings were taken by a family member. Report was given to DORY KYLER RN. The patient was identified by name to the nurse receiving report. The patient's presenting complaint and changes as documented were reported. Code status is full code. TO ROOM 124 VIA WHEELCHAIR-DISCHARGED FROM ER
Patient left the department at 06/11/2011 23:21.

LAURA BARBER RN _____

PHYLLIS TEAL RN.All text in this document clearly marked by PKT has been authored and legally signed by use of electronic device. 06/11/2011 23:22

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.
Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Shortness of breath and cough.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black woman who is has been previously followed by the practice of Dr. Soliman for medical problem of hypertension, who was brought to the emergency department late last evening by her family with complaints of being sick over the last possibly 2 weeks with bronchitis. The patient has evidently been seen and treated with 1 round of antibiotics in the last 1-2 weeks and worsened in the last several days with increasing cough, wheezing and shortness. Cough was productive of discolored sputum. She denied any fever or chills. She had actually worked right up until the time she came to the emergency department. In the emergency department, she was noted to have temperature 98.1 degrees, pulse 100, respiratory rate was 24, blood pressure 185/103 with O2 saturation on room air 95%. She was evaluated in the emergency department, noted to have wheezing on chest examination as well as increased respiratory rate. Chest x-ray did not reveal any large infiltrate. It was felt that she had worsening bronchitis associated with bronchospasm and she was treated in the emergency department with intravenous steroids, IV antibiotics, as well as bronchodilator therapy. She had some slight improvement compared to presentation. At this time, I was contacted for the purpose of admission for further evaluation and treatment of suspected worsening bronchitis associated with bronchospasm.

REVIEW OF SYSTEMS: See pertinent positives noted above. The patient had some mild chest pain/more of a chest soreness feeling from she thought secondary to recurrent coughing. Other than that, no severe or prolonged chest pain. She denied any abdominal pain. She did have 1 episode of vomiting yesterday she stated prior to going to work. She has not had any recent edema. There has been no loss of consciousness and no abnormal vision. There has been no abnormal bleeding.

PAST MEDICAL HISTORY: Hypertension, mild. Other than that, the patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease or gastrointestinal disease.

PAST SURGICAL HISTORY: Hysterectomy in the remote past.

ALLERGIES: None known.

SOCIAL HISTORY: Smoking: No and never. Alcohol use: Very occasional.

FAMILY HISTORY: Father had asthma and died at age 86 from complications of recurrent strokes. Mother died at age 84 and had a history of skin cancer. She had 1 brother died of what sounds like laryngeal cancer.

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.
Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

CURRENT MEDICATIONS: Hydrochlorothiazide 25 mg daily.

PHYSICAL EXAMINATION:
GENERAL: The patient is on the ward. She appears in no distress.
VITAL SIGNS: Currently pulse of 96, respiratory rate 20, blood pressure 134/80, and temperature 97.6 degrees.
HEENT: The pharynx is clear. There are no acute oral lesions noted. External eyes no lesions. No icterus. Fundi are difficult to visualize. TMs are normal.
NECK: No thyromegaly. No carotid bruits noted.
CHEST: Clear with some tightness of air exchange, otherwise no obvious wheezes or rales noted.
HEART: Regular rate with normal S1, S2. No rub, murmur, gallop noted.
ABDOMEN: Soft. No masses. No splenomegaly appreciated. She has a well-healed vertical scar over the midline of the abdomen and the lower abdomen from her hysterectomy surgery. Bowel sounds are active. There is no guarding or tenderness.
EXTREMITIES: Reveal no edema. She has good pulses. There are 2+ and equal in both feet.
NEUROLOGICAL: Grossly intact with cranial nerves II-XII intact. Motor and sensory exams intact with no focal or localizing deficits.

LABORATORY DATA: Mycoplasma IgM antibody is negative. Comprehensive metabolic profile with the following abnormalities: Potassium 3.4. The remainder of the CMP was within normal limits. BNP was normal at 13, WBC 6500, hemoglobin 12.5, hematocrit 36.1, and platelet count 214,000. Differential on the WBC included 76.5% neutrophils, 16.8% lymphocytes, 2.4% monocytes, 3.9% eosinophils. Urinalysis revealed urine leukocytes 1+, nitrite negative, pH 5.0. The chemistry on the urine was all negative. Urine microscopic examination reveals 0-5 WBCs, 0-5 epithelial cells.

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, and O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86, it was felt to be within normal limits.

RADIOLOGY DATA: The portable chest x-ray did not reveal any obvious consolidated infiltrates. To be reviewed by Radiology.

CLINICAL IMPRESSION:
1. Bronchitis with bronchospasm, failing outpatient therapy.
2. Hypertension.

PLAN: Patient has been admitted to a telemetry monitored bed. She will be treated with intravenous steroids, antibiotics, and frequent albuterol and Atrovent unit dose nebulization treatments. The patient

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

will be monitored by both clinical examination as well as O2 sat measurements. She will be continued on her medications as outlined above from her home medicine list. At this time the patient is somewhat improved in the emergency department treatment will continue with the plan as outlined. I discussed patient's condition with her and her family at the bedside and they are all in agreement with her admission here.

Electronically Signed by John McLeod, III, M.D. on 06/12/2011 at 19:00:38

John McLeod, III, M.D.

DD: 06/12/2011 09:10:46 EST
DT: 06/12/2011 09:11:23 EST/MIS1345/5395913
JOB#: 952428

cc: John Mcleod, III, M.D.

06/03/11 CT ER AA W

SOWELL.GENNETTE PIGGLY WIGGLY (843)454-0600

PIGGLY WIGGLY (843)454-0600

JAMES,JANET PLANNED ADMINIS 0
PO BOX 6927
COLUMBIA SC 29260 SP

SOWELL,GENNETTE

CT

SP

Holdredge,Timothy Ash,Ezra ADM.RA COUGH/CHEST CONGESTI

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

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

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

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

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

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

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

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

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

Patient's Signature or Legal Representative	Date	Time
Gennette Sowell	6-3-11	02:57
Relationship to Patient: Self	Interpreter, if utilized	
Witness Signature: Rena Caviae	If Telephone Consent, Second Witness' Signature	

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment
ADM-1701G - Back (Rev. 01/10)

Label: SOWELL, GENNETTE

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7881

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: ******* Date In: 8/3/2011

Adult Assessment 06/03/2011 05:23 MWP

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 03:00. Time of primary assessment: 03:00.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is not at risk for fall as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age. Patient is not at risk for skin breakdown as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age.

Pain: Patient rates pain as 5 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the MULTIPLE LOCATIONS.

Brief Assessment: Patient is alert and oriented x 3. Respirations are unlabored. Skin is warm and dry, vascular status intact.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is unlabored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and has a moist cough and with a scant amount of sputum, yellow-colored sputum. Pulse oximetry attached to patient with a reading of 100. PT. COMPLAINING OF COUGH CONGESTION X 1 WEEK

Gastrointestinal: Abdomen is soft, flat, non-tender. Bowel sounds present. Patient denies pain, vomiting, or diarrhea.

Genitourinary: Denies dysuria, frequency, or burning with urination. Denies discharge from genitalia.

Musculoskeletal: Denies musculoskeletal pain, numbness or tingling. No swelling or deformity noted. Distal pulses intact. Full ROM of extremities. No ecchymosis noted.

Integumentary: Skin is warm, dry, and intact without lesions, rashes or wounds. Turgor is normal.

Reassessment: 06/03/2011 05:27 MWP

Physician: Physician was at the bedside at 03:22. Physician seeing patient was HOLDREDGE, TIMOTHY.

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7881

Patient: SOWELL, GENNETTE DOB: ? Patient #: MRN Date In: 6/3/2011

Nursing Diagnosis 06/03/2011 05:25 MWP
General: Knowledge deficit identified 06/03/2011 03:00. Goal to resolve is: PT. WILL VERBALIZE UNDERSTANDING OF APPROPRIATE FOLLOW UP CARE BY THE TIME OF D/C FROM THE ED. Achieved 06/03/2011 03:45.

Treatments 06/03/2011 05:23 MWP
IM Decadron 10 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

Custom Med (Manual Entry) 10/650 MG NORCOPO Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

PO Zithromax 500 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

PO Prednisone 40 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

Disposition 06/03/2011 05:27 MWP
Discharge: Patient left the department at 06/03/2011 03:45. Patient's disposition is: D/C --HOME. Discharge instructions were given to the patient and given to a family member. The patient, family member with patient verbalizes understanding of the discharge instructions. The condition at discharge is stable. Vital signs taken at 03:45 were: T: 98.2 PO, P: 89 and is regular, R: 18 and unlabored, BP: 116/070, O2 Sat: 100 on RA, O2 delivered by RA, pain level is 5 on a 1-10 scale in the multiple areas. PT. D/C HOME WITH DAUGHTERS TO DRIVE HER... NO S/S OF DISTRESS.... RX FOR NORCO/PREDNISONE/ZITHROMAX

MARIAH PRUITT RN All text in this document clearly marked by MWP has been authored and legally signed by use of electronic device. 06/03/2011 05:29

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7681

Patient: SOWELL, GENNETTE DOB: Patient # MRN: Date In:

Discharge Instructions

Illness/Injury & Medicine Topics

BRONCHITIS (English)
DECADRON (dexamethasone) (English)
PREDNISONE (English)
ZITHROMAX (azithromycin) (English)
NORCO (hydrocodone/acetaminophen) (English)

Special Instructions

FOLLOW UP WITH PRIMARY CARE MD IN THE MORNING TO ARRANGE FOLLOW UP ..... TAKE MEDICATION AS DIRECTED.... RETURN TO THE ED FOR ANY EMERGENCIES....

Referred to:

OOT PHYSICIAN

Your emergency care provider today was: **HOLDREDGE, TIMOTHY**

Acknowledgement

I have received and I understand the instructions as described above.

Gennette Sowell
Patient or Guardian

Staff

Date

Time

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:
Age: 61YRS DOB: Sex: F MR#:
EDP: HOLDREDGE, TIMOTHY PCP: OOT PHYSICIAN

Date In: 6/3/2011 Time: 0722

Order Time		Order Sent	By
	CBC		
	BMP CMP		
	BNP		
	Theophylline Level		
	Cardiac Profile		
	UA		
	Meds Orders		
	Previous Medical Records		
	Physical Therapy - Eval & Tx		

Order Time	Radiology	Order Sent	By
	CXR (PA/LAT - Portable)		
	Spiral CT Chest w/contrast-PE Protocal		
	VQ Scan		
	Cardiopulmonary		
	EKG		
	Nebulizer Treatment		
	ABG		
	Peak Flows		
	O2 LPM		
	Meds-Necessary Information		

Weight: lbs kgs Allergies:

	Medication - Dosage	Route	Frequency	Assessment	Initials
	Azithromycin EDARBI	☐	[illegible] 0307	☐ Improved ☐ Worse ☐ Unchanged	
6/3 0322	Rocephin 1 gm	☐	MWP 0326 6-3 PC	☐ Improved ☐ Worse ☐ Unchanged	
6/3 0322	Azithromycin 500mg	☐	MWP 0326 6-3 PC	☐ Improved ☐ Worse ☐ Unchanged	
6/3 0322	Decadron 10mg IM	☐	MWP 0326 6-3 LGM	☐ Improved ☐ Worse ☐ Unchanged	
6/3 0322	Prednisone 60mg	☐	MWP 0326 6-3 PO	☐ Improved ☐ Worse ☐ Unchanged	

Procedure - Solution - Additives - Rate	Site/Device	Start	Stop	Discontinued	Initials
☐ KVO Device:					
☐ IV Fluid:					

Procedure - Nursing Assessments

☐ Cardiac Monitor Rate____ Rhythm____	☐ Chest Tube Insertion
☐ NIBP Monitor	☐ Central Line Placement
☐ Pulse Oximetry	☐ CVP Monitoring
☐ Endotracheal Intubation	☐ O2

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:

PA/ARNP: [signature] Physician's Signature: [signature] 6/3 0322

URI / Cough 1 of 2

Chesterfield General Hospital

Demographics and Triage

Date In:06/03/2011 Pres Time:02:51 Pt# MR#

Triage Time: 02:57

Triage Note: PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK,... HAS TAKEN MUSINEX WITHOUT RELIEF...

Name: SOWELL, GENNETTE Arrival Mode: AMBULATORY

Age: 61YRS DOB: Sex: F Wt lbs: 142 kgs: 64.5

PCP: OOT PHYSICIAN

EDP: HOLDREDGE, TIMOTHY

Chief Complaint: COUGH/CHEST CONGESTION

T: 98.7 PO

P: 82 regular

R: 22 unlabored

BP: 108/080

O2 Sat: 99 % NL / hypo

Pain / Location: 5/multiple areas

CC / HPI

Level 1 = 3 elements Level 2 = 4 elements Level 3 = 5 elements

Time Seen: 0507 ☐ Translator ☑ Nursing Notes Reviewed Additional History:

Source: patient family spouse EMS neg. home other:

Hx Is Limited By: ALOC poor historian dementia severity hearing intoxication

Onset: indeterminate ___ min ___ hrs ___ days 1 wks ___ mths ago -- sudden / gradual

Duration: constant / intermittent Lasted: ___ secs / mins / hrs / days 6/52

Timing (currently): present / absent decreased / increased wax-wane

Severity: mild / mod / sev / 5 /10 current 8 /10 max denies pain

Current Sx: sore throat cough: dry sputum: white yellow green brown bloody runny nose congestion: nose sinus chest sinus pain / drainage earache R / L

Exacerbated By: nothing cold exercise med. non-compliance mucus

Relieved By: nothing OTC meds prescribed meds rest

Associated Sx: chills myalgias N / V wheeze chest pain: with cough only

Context: sick contacts on meds currently seen recently by:

ROS

Level 1 = 8+ systems Level 2 = 10 systems Level 3 = 14 systems

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills Weight loss General Weakness Polyuria Polydipsia	Visual Changes Redness Dryness Diplopia Itching	Sore Throat Hoarse Voice Epistaxis ↓ Auditory Acuity Nasal Drain/Cong.	Shortness of Breath Cough Congestion Hemoptysis	Chest Pain Palpitations PND Orthopnea DOE	Nausea / Vomiting Diarrhea Constipation Rectal Bleeding Black Stool	Dysuria Frequency Vaginal Bleeding Vaginal Discharge Penile Discharge

Musculoskeletal	Neurological	Psychological	Skin	Immunological	All Systems Reviewed
Joint Pain Joint Swelling Neck Pain Back Pain Myalgias	Syncope Headache Focal Weakness Paresthesia Confusion	Anxiety Depression Hallucination Insomnia Stress	Rash Pruritis Lesions Bruising Bleeding	Recurrent Hives HIV / AIDS Anaphylactic Rxn	All other systems negative Unable to obtain due to: acuity ALOC chronic dementia poor historian intoxication

Past/Family/Social Hx

Level 1 = None Level 2 = Selected Level 3 = Detailed

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular / Irregular / Post-partum / Pre-menarch
Last Tetanus:

Additional PMH: none asthma CAD / MI CHF DM CA CVA COPD HTN pneumonia bronchitis seizures TIA
Other:

Past Surgical History: none CABG Appy Choly T&H/BSO
Other:

Family History: negative CAD / MI DM CA CVA
Other:

Social History: Tobacco: N ___ # PPD X ___ years Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y : _____
Occupation: _____ Living: M S D alone

Physical Exam

Level 1 = 2 systems Level 2 = 5 systems Level 3 = 8 systems NL = indicates systems examined and negative

General: NL* Distress: NAD -- mild moderate severe well nourished no evidence of trauma anxious cachetic obese disheveled dehydrated chronic ill nsg. home pt. malnourished other:

HENT: NL* NC / AT pharynx NL dare NL
nasal congestion sinus tenderness: maxillary: R / L frontal: R / L rhinnorhea: clear / purulent ear canal: R / L erythema / obscured
TM: R / L erythema / bulging pharyngeal: exudate erythema abscess oral ulcers:

Eyes: NL* PERRL EOMI conjunctiva NL NL fundus
R pupil ___ mm L pupil ___ mm conjunctiva: pale / injected sclera: / icterus other:

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information)

URI / Cough 2 dz

Chesterfield General Hospital

Name: SOWELL, GENNETTE Date In: 06/03/2011 MR#: Pt#:

Physical Exam cont = Level 2-3 systems; Level 4-5 = 7 systems; Level 5 = 8+ systems; NL = indicates system exam was done and negative

NL* ~~JVD negative~~ ~~no adenopathy~~ supple thyroid NL ~~non-tender~~ ~~ROM NL~~ ~~trachea midline~~ ~~carotids NL~~
JVD R / L adenopathy meningismus thyromegaly vertebral tenderness spasm ROM: limited / painful other:

Chest: NL* ~~chest wall non-tender~~ NL excursion / expansion ~~no retractions~~ ~~breasts NL~~
tender to palpation: R / L chest wall sternum retractions breast R / L mass / tenderness other:

CV: NL* RRR ~~no murmur~~ ~~no gallup~~ ~~PMI NL~~ ~~pulses NL~~
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur __/6 systole/diastole other:

Respiratory: NL* ~~no respiratory distress~~ breath sounds NL effortless
unequal / decreased sounds crackles wheezes rales rhonchi labored stridor retractions other:

Abdomen: NL* appearance NL ~~BS NL~~ ~~soft~~ ~~non-tender~~ ~~rectal NL~~ ~~guiac negative~~ ~~no organomegaly~~
obese rigid tender BS: hyper / hypo / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ~~ROM NL~~ no CVAT tenderness
decreased ROM spasm vertebral tenderness: dorsal lumbar sacral coccyx

Extremities: NL* ~~non-tender~~ ~~full ROM~~ ~~no edema~~
erythema / edema dec ROM RUE RLE LUE LLE other:

Skin: NL* warm dry color NL ~~no rash~~
hot cold diaphoretic cyanotic rash edema ecchymosis other:

Neuro: NL* ~~AA&Ox3~~ ~~CN's NL (2-12)~~ ~~motor / sensory NL~~ ~~cerebellar NL~~ ~~DTRs NL~~
altered LOC disoriented to: time / place / person CN deficit #:___ weakness paresthesia
cerebellar dysfunction DTR: diminished / absent other:

Psych: NL* ~~affect NL~~ ~~behavior NL~~
anxious tearful hostile avoids eye contact flat affect depressed hostile other:

GU: ~~NL* ext genitalia NL~~ no lesion no edema circ. / uncirc. inguinal canals NL deferred
external gen: sores / ulcerations / herpes like bleeding erythema edema indwelling foley hernia

Medical Decision Making

NL / except

NL / except

ALT____ Amy____ Trop____ PT____
AST____ Lipase____ CKMB____ INR____

UA: NL / except
WBC ____ LE ____
RBC ____ Blood ____
Nitrites ____ Bacteria ____

Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos ____

EKG: __ Interpreted by EDP __ NSR
__ other:

CXR: __ Interpreted by EDP __ NAD
__ NAI __ Infiltrate

Abd: __ NSBGP __ obstruction

Other: US / CT:

Other / Procedures:

Consultation

Time: _____. Disc with Dr. _____
will ___ see patient in office ___ admit ___ see in consult
Time: _____. Disc with Dr. _____
will ___ see patient in office ___ admit ___ see in consult

Clinical Course & Re-evaluation

Meds: Time: ____ Improved / Worse / Unchanged
Time: ____ Improved / Worse / Unchanged
IVF: ☐ Patient re-examined
☐ Critical care: 30-74 minutes / 75-104 minutes ☐ See procedure note ☐ See addendum

Clinical Impression

1. Acute bronchitis
2.
3.
4.
5.

Disposition

Time: 0322
Discharge: Home NH Psych Fac Jail
Admit: Floor ICU PCU Obs OR Tele Psych Peds ☐ Orders written
Transfer: Facility: _____ Rev Physician: _____
AMA LWOT DOA Expired ☐ Transfer forms completed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions

Follow up with:
☐ PMD
☐ Doctor _____
ED
☐ Other _____
In ___ day(s) ☐ AM

☐ Prescription(s) given:
Z-max
prednisone
Norco 5/325

Follow up care discussed with: patient family spouse other:
Additional Instructions: Call your PCP tomorrow to arrange f/u

Signatures: _____ PA/ARNP _____ MD/DO

Pro-MED Complement (circle positives, \ backslash negs, provide additional information) P.103 Rev. 08/28/07

2

RE: Gennette Sowell
DOB:

Dear Dr. deDios:

We found that in updating the records for Ms. Sowell's hearing, that we have never asked you this one question to which I need an answer and your opinion. As you know, Ms. Sowell was referred to you by Dr. Hammett, who has since left practice in the Hartsville area; Dr. Hammett had taken her out of work on January 6, 2014, and expressed the opinion later on (September 29, 2014) that she continued to be disabled from gainful employment. I simply need your opinion as to whether or not she is disabled from gainful employment at this time due to her condition, particularly occupational asthma, and whether or not in your opinion it is permanent. Therefore, please provide an answer to the following question:

Based on your knowledge and treatment of Ms. Gennette Sowell in reference to her diagnosed occupational asthma, and knowing that she was taken out of work on January 6, 2014 and has not returned to full-time employment since that time, in your opinion to a reasonable degree of medical certainty, does she remain totally disabled from gainful employment at this time and is that condition permanent?

V — It is permanent at this point
Yes

No

Angelo A. deDios
Dr. Angelo A. deDios

2-23-16
Date:

P. 104a

Facesheet

Demographics

Patient Name	SOWELL, GENNETTE
Sex	F
DOB	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Mobile Phone	/
Insurance	Med Primary: Insurance # : Policy/Group # : Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details
Patient Privacy	• The patient has 1 privacy note in REVIEW status
Default Pharmacy	CVS/PHARMACY #3565 (ERX) 901 MARKET ST. CHERAW SC 29520 Ph (843) 537-4076 Fax (843) 921-4377
Preferred Lab	THE MEDICAL GROUP ANCILLARY 701 MEDICAL PARK DR STE 305B HARTSVILLE Ph (843) 383-5191 Fax (843) 656-1195
Portal Registration	Not invited

Height / Weight / BMI / BP

Height	5 ft 4 in 03/02/2015
Weight	134 lbs 03/02/2015
BMI	23 03/02/2015
Blood Pressure	166 / 97 03/02/2015

Problems

- Hypokalemia
- Obesity
- Obstructive sleep apnea syndrome
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Exacerbation of asthma
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Cough

Surgical History

None recorded.

Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed for 30 days.	03/02/15 prescribed

Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime for 30 days.	03/02/15 prescribed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	12/22/14 renewed
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	03/02/15 prescribed
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 1 tablet(s) twice a day by oral route for 30 days.	03/02/15 prescribed
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	03/02/15 prescribed
Xolair 150 mg subcutaneous solution inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Vaccine type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Allergies / Adverse Reactions
ZYRTEC: Hives

Past Medical History

Asthma	Y	Sleep Disorder	Y, hypersomnia
GERD/Reflux	Y		

Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)

- Coronary arteriosclerosis

GYN History
None recorded.

Patient History - Other
None recorded.

Past Pregnancies
None recorded.

Obstetric History
None recorded.

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/02/2015

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	03/02/2015 08:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u asthma/osa/pt seen by dr dyce for cough...

HPI

Pt is here for f/u on her asthma and osa.

Since last seen, she states her asthma has been doing well except last week.
She was exposed to trash and cold air and had flare.
Was given pred shot. Some better.
More SOB recently. More wheezing.

Did not receive xolair 1 wwk ago as medication was spoiled from the recent snow.

She was doing OK until last. week.

Uses cpap. Feels better using it. More energy. less sleepiness.
Has a FFM. Has not received supplies.

Problems

- Hypokalemia
- Obesity
- Obstructive sleep apnea syndrome
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Exacerbation of asthma
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
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Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date of VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- CPAP SUPPLIES - 03/02/15
- CPAP COMPLIANCY - 03/02/15

- Nexium 40 mg capsule,delayed release - 03/02/15
- prednisone 10 mg tablet - 03/02/15
- Flonase 50 mcg/actuation nasal spray,suspension - 03/02/15
- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler - 03/02/15
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - 03/02/15
- CPAP COMPLIANCY - 02/15/15

Discussed the following results:

- Imaging/Diagnostic Result - 03/02/15
  Notes - Compliance Report 12/13/14 to 2/10/15
- Imaging/Diagnostic Result - 02/26/15
  Notes - Compliance report 1/19/15 to 2/17/15
- Consult Note - 02/24/15
- Imaging/Diagnostic Result - 02/11/15
  Notes - Compliance report 1/12/15 to 2/10/15
- Imaging/Diagnostic Result - 03/02/14
  Notes - Epworth Sleepiness Scale

Vitals

Wt: 134 lbs 03/02/2015 08:37 am	**BP:** 166/97 03/02/2015 08:37 am	**Pulse:** 75 bpm 03/02/2015 08:37 am
RR: 20 03/02/2015 08:37 am	**O2Sat:** 95% Room Air at Rest 03/02/2015 08:37 am	**T:** 97.5 F° 03/02/2015 08:37 am
Ht: 5 ft 4 in 03/02/2015 09:03 am	**BMI:** 23 03/02/2015 09:03 am	

ROS

Constitutional: Constitutional: no fever, night sweats, or significant weight gain and **weight loss (5 lbs)** and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: no sinus problems. Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no cyanosis, palpitations, fainting, chest pain, or rapid heart rate.

Respiratory: Respiratory: **cough, wheezing,** and **shortness of breath.**

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no incontinence or difficulty urinating. Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

Additionally reports: All 14 Systems were reviewed and everything else not mentioned in the HPI and ROS was negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well nourished and developed and appears stated age. Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Turbinates: normal

turbinate. Lips, Teeth, and Gums: normal lips, dentition, and gums. Oral Mucosa: no ulcer, mass, pallor, cyanosis, inflammation, swelling, rash, or leukoplakia and moist. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple, trachea midline, no masses, and Full ROM. Thyroid: non-tender and no enlargement; **no nodules palpated.** Jugular Veins: normal jugular venous pressure and no cannon a waves present.

Lungs: Respiratory effort: unlabored. Inspection: normal curve and chest wall expansion; no deformity, tenderness, or swelling; and tactile fremitus present and equal on both sides; **no intercostal retraction no use of accessory muscles.** Auscultation: no rales/crackles or rhonchi and **wheezing,inspiratory,bilaterally,bases** and **decreased breath sounds,bilateral,bases; no egophony. no rubs appreciated.**. Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis, edema, or varicosity changes.

Abdomen: Inspection and Palpation: no tenderness or masses and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD or supraclavicular LAD.

Musculoskeletal: Motor Strength and Tone: normal bulk, tone, and motor strength. Gait and Station: normal gait and station. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, petechiae, infection, edema, or nodular lesions.

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

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her baseline IgE was 480.
   Never had asthma when she was a child.
   Started with asthma sx while she was exposed to certain chemicals at work (2011).
   Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment. I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away from work.
   Asthma is worse during winter/spring/season changes.

   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2 weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q 2 weeks.
   Asthma is better since being back on xolair.
   Got pna vaccine 2012.
   Needs prevnar13 on f/u -- when 65.
   plan to dec to monthly xolair eventually.
   d/w pt regarding recent FDA warning of potentially inc risk of CVA/TIA with xolair. she knows and accepts risks. she wants to cont with xolair. advised to take ASA 81 mg/d.

   Recent flare of asthma as her xolair was not given since our supply got spoiled from the snow. Start pred 10-20 mg/d while waiting for xolair.

   493.90: Asthma, unspecified type, unspecified
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. Thank you.
- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler - Inhale 2 puff(s) every 4 hours by inhalation route as needed for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
DME is AHP.
Autocpap 5-15.
Got machine 11/11/2014.
Needs supplies.
DL for Feb - 78%, AHI 1.8
327.23: Obstructive sleep apnea (adult)(pediatric)
- CPAP COMPLIANCY - pls do AHI and compliance for april Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE
- CPAP SUPPLIES - pt needs mask, tubings, filter. Mask type: FFM. Pt has not received supplies since Oct. Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE

3. Gastroesophageal reflux disease - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux
- Nexium 40 mg capsule,delayed release - Take 1 capsule(s) every day by oral route for 30 days. Qty: 30 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

4. Cough - Cough is better.
Cont flonase.
786.2: Cough
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime for 30 days. Qty: 60 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

5. Hypertensive disorder - watch BP.
cont cpap.
401.9: Unspecified essential hypertension

6. Obesity
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

7. Exacerbation of asthma - New Problem (no further w/u) - Start pred 10-20 mg/d pending xoliar.
pt will call if she gets worse.
Has wheezing today.
493.92: Asthma, unspecified type, with (acute) exacerbation
- prednisone 10 mg tablet - Take 1 tablet(s) twice a day by oral route for 30 days. Qty: 60 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

Return to Office
- Luz Mendez, MD for NEW PATIENT 20 at TMG_The Medical Group Suite 207 on 03/12/2015 at 09:50 AM
- to see Jose Dedios,MD at TMG_The Medical Group Suite 302 303 on or around 05/02/2015
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 05/04/2015 at 01:30 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 05/26/2015 at 08:15 AM

Encounter Sign-Off
Encounter signed-off by Jose Dedios, MD, 03/03/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 03/03/2015 at 4:36am

Encounter Date: 01/13/2015

Chief Complaint
fu asthma

Vitals
01/13/2015 10:00 am

Wt: 139.5lbs **BP:** 152/85 **Pulse:** 79 bpm

RR: 20	O2Sat: 97% Room Air at Rest	T: 97 F°
Ht: 5 ft 4 in	BMI: 23.9	

Allergies

Reviewed Allergies
ZYRTEC: Hives

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
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EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
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Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days., stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	12/22/14 renewed
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Given By	VIS	Purchased

Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Surgical History not reviewed (last reviewed 12/30/2014)

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Assessment / Plan

None recorded.

Return to Office

- TMG_NURSE for NURSE VISIT 10 at TMG_The Medical Group Suite 302 303 on 01/27/2015 at 09:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cherow Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/18/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/18/2015 at 2:52pm

Encounter Date: 12/30/2014

Patient

Name	SOWELL, GENNETTE (64, F) I	**Appt. Date/Time**	12/30/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: check now		

Chief Complaint

injections

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications	
Name	**Date**
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZES EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days., stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	12/22/14 renewed
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
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Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History

General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Vitals

12/30/2014 09:31 am

Wt: 140 lbs	**BP:** 150/83	**Pulse:** 87 bpm
RR: 20	**O2Sat:** 97% Room Air at Rest	**T:** 97.1 F°
Ht: 5 ft 4 in	**BMI:** 24	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 01/13/2015 at 10:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/05/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/05/2015 at 6:34am

Encounter Date: 12/16/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID:	**Appt. Date/Time**	12/16/2014 01:45PM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary:		

Insurance
Policy/Group # :
Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details
Prescription: CMX - Member is eligible. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

f/u pt asthma/injections

HPI

Pt is here for f/u on her asthma.

Since last seen, she has been getting her shots q weeks.
Feels better with it.
Her asthma has been stable.
Has been off Pred 3 weeks now.

Has not been admitted nor has been on Abx since last seen.

Got her cpap -- over 1 month.
feels better using it.
More energy. Less sleepiness.
Has soreness with mask. Feels

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days., stop 12/04/2014	11/04/14 prescribed
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Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
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Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Tot #	Min	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has lived at present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- CPAP COMPLIANCY - 12/16/14
- Xolair 150 mg subcutaneous solution - 12/16/14

Vitals

12/16/2014 02:19 pm:

Wt: 139 lbs	**BP:** 153/86	**Pulse:** 71 bpm
RR: 20	**O2Sat:** 95% Room Air at Rest	**T:** 71 F°
Ht: 5 ft 4 in	**BMI:** 23.9	

ROS

Constitutional: Constitutional: no significant weight gain or loss, no fever or night sweats, and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: **sinus problems.** Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no cyanosis, palpitations, fainting, chest pain, or rapid heart rate.

Respiratory: Respiratory: **cough, wheezing,** and **shortness of breath; sx are better with xolair.**

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well developed, appears stated age, and **overweight.** Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Lips, Teeth, and Gums: normal lips. Oral Mucosa: no ulcer, mass, or pallor. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple and trachea midline. Thyroid: no enlargement. Jugular Veins: normal jugular venous pressure.

Lungs: Respiratory effort: unlabored. Inspection: normal chest wall expansion. Auscultation: no wheezing, rales/crackles, or rhonchi and **decreased breath sounds,bilateral,bases; no egophony..** Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis or edema.

Abdomen: Inspection and Palpation: soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD.

Musculoskeletal:: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, or petechiae.

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

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her baseline IgE was 480.
   Never had asthma when she was a child.
   Started with asthma sx while she was exposed to certain chemicals at work (2011).
   Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away

from work.
Asthma is worse during winter/spring/season changes.

PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Gets alb from CVS.
Cont xolair q 2 weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
patient was worse off xolair.
Plan to be on xolair q 2 weeks.
Asthma is better since being back on xolair.
Off prednisone 3 weeks now.
Got pna vaccine 2012. Got flu shot already.
Needs prevnar 13 on f/u.
plan to dec to monthly xolair eventually.
d/w pt regarding recent FDA warning of potentially inc risk of CVA/TIA with xolair. she knows and accepts risks. she wants to cont with xolair. advised to take ASA 81 mg/d.

493.90: Asthma, unspecified type, unspecified
- Xolair 150 mg subcutaneous solution - inject 300 mg by subcutaneous route. Administered Route: SUB-Q Administer Qty: 300 mg

2. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
DME is AHP.
Autocpap 5-15.
Got machine 11/11/2014.
needs DL.

327.23: Obstructive sleep apnea (adult)(pediatric)
- CPAP COMPLIANCY- pls do AHI and compliance for the first 4 weeks Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE

3. **Gastroesophageal reflux disease** - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux

4. **Cough** - Cough is better.
Cont flonase.
786.2: Cough

5. **Hypertensive disorder** - watch BP.
cont cpap.
401.9: Unspecified essential hypertension

6. **Obesity**
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands.

Return to Office

- Jose Dedios, MD for INJECTION 30 at TMG_The Medical Group Suite 302 303 on 12/30/2014 at 10:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 12/17/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 12/17/2014 at 12:53pm

Encounter Date: 12/03/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt. Date/Time**	12/03/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSEDEDIOS, MD		

Insurance
Med Primary:
Insurance #
Policy/Group #
Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details
Prescription: CMX - Member is eligible. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

injections

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days, stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filed

Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	11/17/14 renewed
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	11/11/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Ref	Exp Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Vitals

12/03/2014 09:21 am

Wt: 140.5 lbs **BP:** 147/88 **Pulse:** 80 bpm

RR: 20 **O2Sat:** 97% Room Air at Rest **T:** 97.6 F°

Ht: 5 ft 4 in **BMI:** 24.1

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 12/03/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 12/03/2014 at 4:28pm

Encounter Date: 11/19/2014

Patient

Name	SOWELL GENNETTE (64, F)	**Appt. Date/Time**	11/19/2014 10:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # : Policy/Group : Prescription: check now		

Chief Complaint

None recorded.

Problems

- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypertensive disorder
- Obesity
- Hypokalemia
- Cough
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet	09/22/14 entered

Take 1 tablet(s) every day by oral route.	
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. Stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
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sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	11/17/14 renewed
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Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	11/11/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date to VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Neversmoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)

- Coronaryarteriosclerosis

Vitals

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

Return to Office

- Jose Dedios, MD for INJECTION 30 at TMG_The Medical Group Suite 302 303 on 12/03/2014 at 10:00 AM
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 11/21/2014.

Encounter performed and documented by Donna Catoe
Encounter reviewed & signed by Jose Dedios, MD on 11/21/2014 at 6:55am

Encounter Date: 11/04/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt.Date/Time**	11/04/2014 03:00PM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # : Policy/Group # : Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

fu asthma/sob. pt states she is doing better

HPI

Pt is here for f/u on hr asthma.

Since last seen, she states that her asthma has been stable.

She has been getting xolair q 2 weeks.
She is on Pred 2.5 mg EOD for a month now.

Has not been admitted nor has been on Abx since last seen.

Took flu shot already.

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies

ZYRTEC: Hives

Medications

Reviewed Medications	
Name	**Date**
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date Pamph VIS	VIS Given	Vaccination
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal conjugate	2010									

Social History

Reviewed Social History
General IM

Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- Xolair 150 mg subcutaneous solution - 11/04/14
- Klor-Con M20 mEq tablet,extended release - 11/04/14
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - 11/04/14

Vitals

11/04/2014 03:22 pm

Wt: 140.5 lbs	**BP:** 152/93	**Pulse:** 88 bpm
RR: 20	**O2Sat:** 97%	**T:** 96.9 F°
Ht: 5 ft 4 in	**BMI:** 24.1	

ROS

Constitutional: Constitutional: no fever, night sweats, or significant weight gain and **weight loss (3 lbs)** and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: **sinus problems.** Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no chest pain or pain and no cyanosis, palpitations, fainting, or rapid heart rate.

Respiratory: Respiratory: **cough**, **wheezing**, and **shortness of breath**.

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well developed, appears stated age, and **overweight.** Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Lips, Teeth, and Gums: normal lips. Oral Mucosa: no ulcer, mass, or pallor. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple and trachea midline. Thyroid: no enlargement. Jugular Veins: normal jugular venous pressure.

Lungs: Respiratory effort: unlabored. Inspection: normal chest wall expansion. Auscultation: no wheezing, rales/crackles, or rhonchi and **decreased breath sounds,bilateral,bases; no egophony.**. Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis or edema.

Abdomen: Inspection and Palpation: soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD.

Musculoskeletal:: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, or petechiae.

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

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust.She is steroid dependent. Her baseline IgE was 480.
Never had asthma when she was a child.
Started with asthma sx while she was exposed to certain chemicals at work (2011).
Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away from work.
Asthma is worse during winter/spring/season changes.

PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Gets alb from CVS.
Cont xolair q 2weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
patient was worse off xolair.
Plan to be on xolair q 2 weeks.
Asthma is better since being back on xolair.
Plan to taper off pred and Bactrim. She takes pred 2.5 mg EOD.
Got pna vaccine 2010. Got flu shot already.

493.90: Asthma, unspecified type, unspecified
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. Thank you.
- Xolair 150 mg subcutaneous solution - Inject 300 mg by subcutaneous route. Administer Route: SUB-Q Administer Qty: 300 mg

2. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to start autocpap.
DME is MH. Wants a FFM.
327.23: Obstructive sleep apnea (adult)(pediatric)

- AUTO CPAP - To be submitted on or around 11/05/2014 Pt needs autocpap with heated humidifier with EPR/IPR with 5-15 cm H2O Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE
- CPAP COMPLIANCY - To be submitted on or around 11/05/2014 pls do AHI and compliance for the first 4 weeks Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE
- CPAP SUPPLIES - To be submitted on or around 11/05/2014 pt needs mask, tubings, filter. Mask type: pt wants a FFM. Needs a mask fitting session Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE

3. Gastroesophageal reflux disease - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux

4. Cough - Cough is better.
Cont flonase.
786.2: Cough

5. Hypertensive disorder - Need to start cpap.
401.9: Unspecified essential hypertension

6. Obesity
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

7. Hypokalemia
276.8: Hypopotassemia
- Klor-Con M20 mEq tablet,extended release - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 40 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands.

Return to Office

- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM
- Jose Dedios, MD for INJECTION 15 at TMG_The Medical Group Suite 302 303 on 11/19/2014 at 10:30 AM
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 12/16/2014
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 11/05/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 11/05/2014 at 3:31am

Encounter Date: 10/20/2014

Patient

Name	SOWELL GENNETTE (64, F)	**Appt. Date/Time**	10/20/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	MICHELLE-ANNE K IVERSON, DO		
Insurance	Med Primary: Insurance # Policy/Group Prescription: check now		

Chief Complaint

injections

Problems

- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route.	09/22/14 entered
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS	10/20/14 entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route.	09/22/14 entered
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History

General IM
Occupation: (Notes: worked at dell piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Neversmoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Vitals

10/20/2014 10:06 a.m.

Wt: 143 lbs	**BP:** 167/95	**Pulse:** 74 bpm
RR: 20	**O2Sat:** 97% Room Air at Rest	**T:** 97.4 F°
Ht: 5 ft 4 in	**BMI:** 24.5	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 11/04/2014 at 03:00 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 10/21/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 10/21/2014 at 7:42pm

Encounter Date: 10/06/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt. Date/Time**	10/06/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	MICHELLE-ANNE K IVERSON, DO		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

injections

Problems

- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
Calcium 500 1 tad daily	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route.	09/22/14 entered
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13 filled
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
prednisone 2.5 mg tablet	04/03/14 filled
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route.	09/22/14 entered
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	09/22/14 entered
Xolair 150 mg subcutaneous solution Inject 2 mL every 2 weeks by subcutaneous route.	09/22/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfg	Exp Date	Date Pnt VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Occupation: worked at deli piggly wiggly.

Marital status: Widowed 7 children.
Smoking Status: Never smoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Vitals

10/06/2014 12:05 pm

Wt: 142 lbs	**BP:** 152/82	**Pulse:** 84 bpm
RR: 22	**O2Sat:** 94% Room Air at Rest	**T:** 97.4 F°
Ht: 5 ft 4 in	**BMI:** 24.4	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Michelle-Anne K Iverson, DO for LAB 20 at TMG_The Medical Group Suite 302 303 on 10/20/2014 at 10:00 AM
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 11/04/2014 at 03:00 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 10/07/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 10/07/2014 at 7:56am

Imaging Results

Imaging/Diagnostic Result

(#616805, 03/02/2015)

From: 03/02/2015 10:09 #916 P.001/002

ResMed

AirView™

Sowell, Gennette

12/13/2014 - 02/10/2015
Patient ID:
DOB:
Age: 64 years

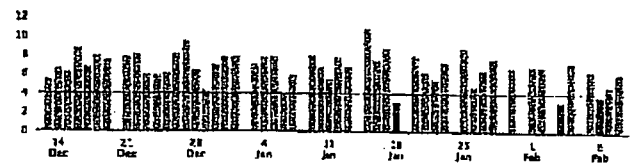
Compliance Report

Usage	12/13/2014 - 02/10/2015
Usage days	60/60 days (83%)
>= 4 hours	47 days (78%)
<4 hours	3 days (5%)
Usage hours	336 hours 11 minutes
Average usage (total days)	5 hours 38 minutes
Average usage (days used)	6 hours 46 minutes
Median usage (days used)	6 hours 50 minutes

S9 AutoSet	
Serial number	23141912354
Mode	AutoSet
Min Pressure	5 cmH2O
Max Pressure	15 cmH2O
EPR	Fulltime
EPR level	3

Therapy						
Pressure - cmH2O	Median:	6.9	95th percentile:	8.6	Maximum:	9.9
Leaks - L/min	Median:	4.5	95th percentile:	27.5	Maximum:	137.5
Events per hour	AI:	1.7	HI:	0.1	AHI:	1.8
Apnea Index	Central:	0.2	Obstructive:	0.8	Unknown:	0.6

Usage - hours



From: 03/02/2015 10:10 #916 P.002/002

ResMed

AirView™

Anadarko HomePatient - Florence, SC
Sara Combs

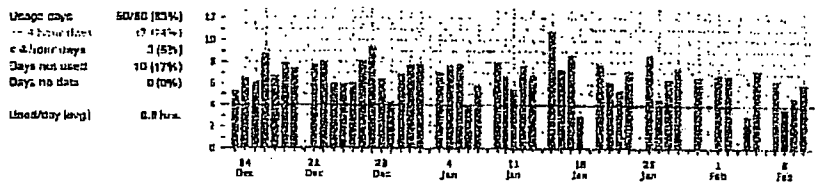
Sowell, Gennette
12/13/2014 - 02/10/2015

Patient ID:
DOB:
Age: 64 years

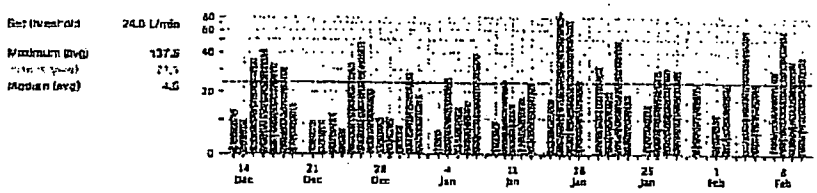
Therapy Report

S9 AutoSet SN: 23141912354

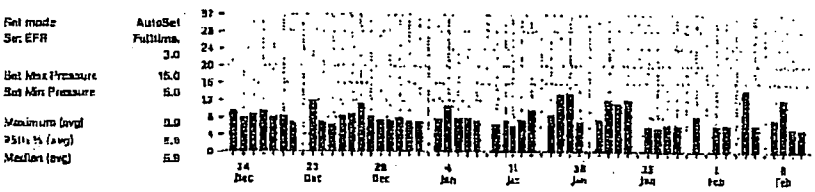
Usage (hours)



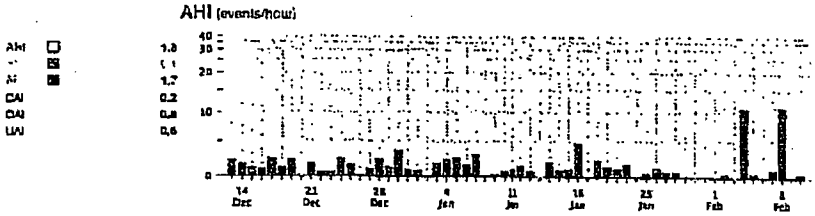
Leak (L/min)



Pressure (cmH2O)



AHI (events/hour)



Imaging/Diagnostic Result

(#), 02/26/2015)

RECEIVED 03/03/2015 13:06

From: 03/02/2015 11:49 #930 P.002/011

American HomePatient 2/26/2015 1:57:06 PM PAGE 2/003 Fax Server

TO:Dr. De Dios COMPANY:

ResMed

AirView™

American HomePatient - Florence, SC
South Carolina

Sowell, Gennette

01/19/2015 - 02/17/2015
Patient ID:
DOB: (
Age: 64 years

Compliance Report

Usage

Usage days	22/30 days (73%)
>= 4 hours	20 days (87%)
< 4 hours	2 days (7%)
Usage hours	138 hours 43 minutes
Average usage (total days)	4 hours 37 minutes
Average usage (days used)	6 hours 18 minutes
Median usage (days used)	6 hours 34 minutes

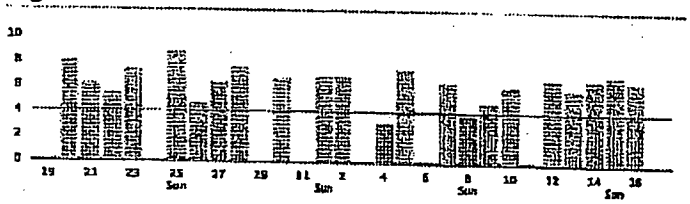
Settings

Serial number	23141912364
Mode	AutoSet
Min Pressure	5 cmH2O
Max Pressure	15 cmH2O
EPR	Fulltime
EPR level	3

Therapy

Pressure - cmH2O	Median:	5.6	95th percentile:	8.4	Maximum:	9.6
Leaks - L/min	Median:	5.1	95th percentile:	28.3	Maximum:	129.9
Events per hour	AI:	1.6	HI:	0.0	AHI:	1.6
Apnea Index	Central:	0.1	Obstructive:	0.8	Unknown:	0.7

Usage - hours



02/26/2015 14:57:43 P.002/003

From: 03/02/2015 11:50 #930 P.003/011

American HomePatient 2/26/2015 1:57:06 PM PAGE 3/003 Fax Server

TO:Dr. De Dios COMPANY:

American HomePatient - Florence, SC
South Carolina

ResMed

AirView™

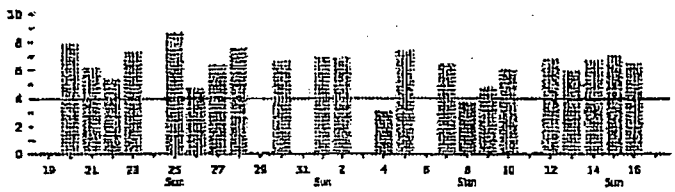
Sowell, Gennette
01/19/2015 - 02/17/2015

Patient ID:
DOB:
Age: 64 years

Therapy Report

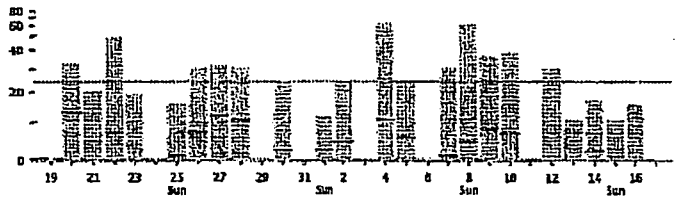
Usage (hours)

Usage days	22/30 (73%)
[illegible]	[illegible]
< 4 hour days	2 (7%)
Days not used	8 (27%)
Days no data	0 (0%)
Used/day (avg)	6.3 hrs



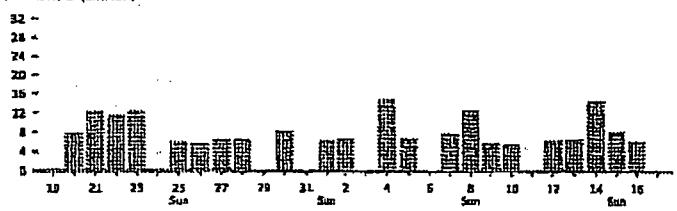
Leak (L/min)

Set threshold	24.0 L/min
Maximum (avg)	129.9
[illegible]	[illegible]
Median (avg)	5.1



Pressure (cmH2O)

Set mode	AutoSet
Set EPR	Full time, 3.0
Set Max Pressure	15.0
Set Min Pressure	5.0
Maximum (avg)	9.6
[illegible]	[illegible]
Median (avg)	8.8



AHI (events/hour)

AHI	1.8
[illegible]	[illegible]
AI	1.8
CAI	0.1
OAI	0.8
UAI	0.7



02/26/2015 14:57:44 # P.003/003

Imaging/Diagnostic Result

(# 02/11/2015)

RECEIVED 03/03/2015 13:06

From: 02/11/2015 14:24 #489 P.007/008

American HomePatient 2/11/2015 12:32:28 PM PAGE 2/003 Fax Server

TO:Dr. DeDios COMPANY:

American HomePatient - Florence, SC
South Carolina

Sowell, Gennette

ResMed

AirView™

01/12/2015 - 02/10/2015

Patient ID:

DOB: (

Age: 64 years

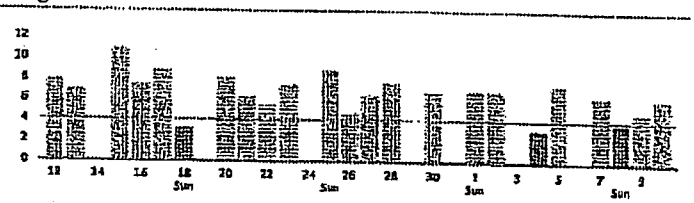
Compliance Report

Usage	01/12/2015 - 02/10/2015
Usage days	23/30 days (77%)
>= 4 hours	20 days (87%)
< 4 hours	3 days (10%)
Usage hours	150 hours 42 minutes
Average usage (total days)	5 hours 1 minutes
Average usage (days used)	6 hours 33 minutes
Median usage (days used)	6 hours 48 minutes

S9 AutoSet	
Serial number	23141812364
Mode	AutoSet
Min Pressure	5 cmH2O
Max Pressure	15 cmH2O
EPR	Fulltime
EPR level	3

Therapy						
Pressure - cmH2O	Median:	5.8	95th percentile:	8.9	Maximum:	10.2
Leaks - L/min	Median:	5.7	95th percentile:	35.7	Maximum:	137.4
Events per hour	AI:	1.9	HI:	0.1	AHI:	2.0
Apnea Index	Central:	0.1	Obstructive:	0.9	Unknown:	0.8

Usage - hours



From: 02/11/2015 14:25 #469 P.008/008

American HomePatient 2/11/2015 12:32:28 PM PAGE 3/003 Fax Server

TO:Dr. DeDios COMPANY:

American HomePatient Florence SC
South Carolina

Sowell, Gennette
01/12/2015 - 02/10/2015

Patient ID:
DOB:
Age: 64 years

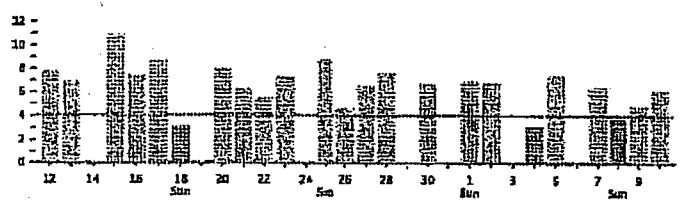
ResMed

AirView™

Therapy Report

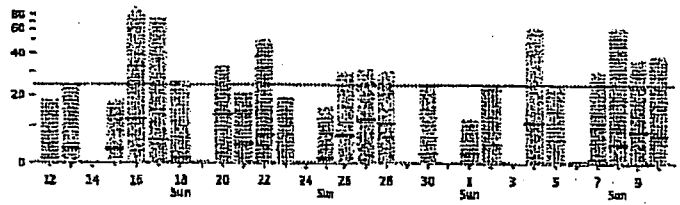
Usage (hours)

Usage days	23/30 (77%)
[illegible]	[illegible]
<4 hours days	3 (10%)
Days not used	7 (23%)
Days no data	0 (0%)
Used/day (avg)	5.5 hrs



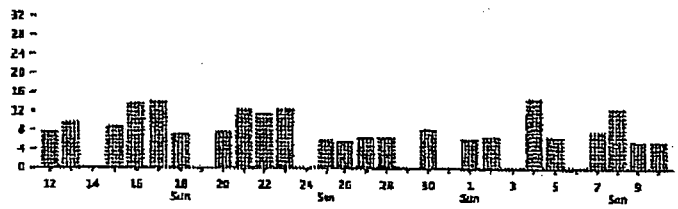
Leak (L/min)

Set threshold	24.0 L/min
Maximum (avg)	137.4
[illegible]	[illegible]
Median (avg)	6.7



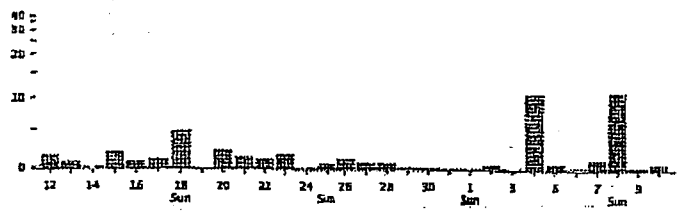
Pressure (cmH2O)

Set mode	AutoSet
Set EPR	Full time, 3.0
Set Max Pressure	15.0
Set Min Pressure	5.0
Maximum (avg)	10.2
[illegible]	[illegible]
Median (avg)	6.8



AHI (events/hour)

AHI	2.6
[illegible]	0.1
AI	1.6
CAI	0.1
OAI	0.9
UAI	0.0



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SOWELL, GENNETTE (id ..., dob: ...

Encounter Summary

Last amended by Jose Dedios, MD on 10/17/2014 at 1:38pm

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt. Date/Time	09/22/2014 01:30PM
DOB		Service Dept.	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS MD		
Insurance	Med Primary:		

Insurance # :
Policy/Group # :
Employer Name : UNKNOWN
Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is Ineligible. Patient found on payor's files, but not covered on date of inquiry. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

f/u for asthma and SOB.

HPI

Pt is here for f/u on her asthma.

Since last seen, she states her asthma generally has been doing OK. Little flare with the recent weather change.
Was off pred for3 weeks -- she was doing great.
Now on 2.5 mg EOD for a week.

Has not been admitted nor has been on Abx since last seen.

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization Inhale 2 mL every 4 hours by nebulization route as needed for 30 days.	09/22/14 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	09/09/14 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed.	01/07/14 sample given

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SOWELL, GENNETTE (id dob:

Internal Note: pls give duloneb now.	
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	09/09/14 filled
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	08/25/14 renewed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route at bedtime for 30 days.	09/22/14 prescribed
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	09/12/14 renewed
simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	09/22/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y

SOWELL, GENNETTE (ic dob:

Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

09/22/2014 01:08 pm

Wt: 145 lbs	BP: 158/83	Pulse: 80 bpm
RR: 22	O2Sat: 93%	T: 97.8 F°
Ht: 5 ft 4 in	BMI: 24.9	

ROS

Patient reports weight loss (3 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no stridor, and no painful respiration; Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI. Better wheeze,cough.. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no edema, no varicose veins, and no pain.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and decreased breath sounds and diminished air movement; (-) egophony.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

SOWELL, GENNETTE (id dob:

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 85%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q. 2 weeks.
   Asthma is better since being back on xolair.
   Continue xoliar. feels better on it.
   Cont Bactrim for PCP prophylaxis. Plan to wean off once off pred.
   Asthma is worse during winter/spring/season changes.
   Pt had a flare off pred for a week while she was on xolair and not working.
   will wean off pred -- on 2.5 mg EOD.

   Addendum 10/17/14 Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3585 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. thanks.
   - albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization - Inhale 2 mL every 4 hours by nebulization route as needed for 30 days. Qty: 120 3 mL vial(s) Refills: 3 Pharmacy: CVS/PHARMACY #3585

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   Try to dec Nexium to daily.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
   - Nexium 40 mg capsule,delayed release - Take 1 capsule(s) twice a day by oral route at bedtime for 30 days. Qty: 60 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #3585

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13)AHI 6, REM AHI 30. CPAP of 9. Did not tolerae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   Will discuss sleep apnea in followup.
   327.23: Obstructive sleep apnea (adult)(pediatric)

4. **Obesity**
   278.00: Obesity, unspecified
   - STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
   - ADVISED TO LOSE WEIGHT

5. **Essential hypertension** - Told pt to observe in the next days.
   If BP remains high, need to discuss re: CPAP.

TOTAL P.006

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SOWELL, GENNETTE (id , dob:

401.9: Unspecified essential hypertension

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 11/03/2014
- Orville Dyce, MD for Established Patient 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Amendment Sign-Off

Encounter signed-off by Jose Dedios, MD, 10/17/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 09/22/2014 at 1:39pm
Amendment closed by Jose Dedios, MD on 10/17/2014 at 1:38pm

https://athenanet.athenahealth.com/4603/0/clinic... P.144 ...CLINICAL ENCOUN... 10/17/2014 13:17
P.006/006
RECEIVED 10/20/2014 13:29

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SOWELL, GENNETTE (f , dob:

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 07/21/2014

Patient

Name	SOWELL, GENNETTE (64, F) fi	**Appt. Date/Time**	07/21/2014 01:30PM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	MICHELLE-ANNE K IVERSON DO		
Insurance	Med Primary:) Insurance # Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

here for injections

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duloneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route.	04/08/13	entered

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SOWELL, GENNETTE (I dob:

Internal Note: a

K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol Intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma

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SOWELL, GENNETTE (id , dob: '

- Coronary arteriosclerosis (died age: 84)
  - previously recorded as Coronary Artery Disease

GYN History

Reviewed GYN History

Surgical History

Reviewed Surgical History
- Hysterectomy

Vitals

07/21/2014 12:57 pm

Wt:	148 lbs	**BP:**	160/89	**Pulse:**	87 bpm
RR:	22	**O2Sat:**	97%	**T:**	97.8 F°
Ht:	5 ft 4 in	**BMI:**	25.4		

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 07/22/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 07/22/2014 at 11:08am

Encounter Date: 07/17/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	07/17/2014 01:00PM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # . Policy/Group # . Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

None recorded.

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id , dob:

Allergies

Allergies not reviewed (last reviewed 07/07/2014)
ZYRTEC: Hives

Medications

Medications not reviewed (last reviewed 07/07/2014)

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed

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SOWELL, GENNETTE (id dob:

Xolair 150 mg subcutaneous solution
Inject 300 mg every 2 weeks by subcutaneous route. 04/23/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 07/07/2014)

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Social History not reviewed (last reviewed 07/07/2014)
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Past Medical History not reviewed (last reviewed 07/07/2014)
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Surgical History not reviewed (last reviewed 07/07/2014)
- Hysterectomy

Family History

Family History not reviewed (last reviewed 07/07/2014)
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office
- Michelle-Anne K Iverson, DO for Injection 15 at TMG_The Medical Group Suite 302 303 on 07/21/2014 at 01:30 PM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off
Encounter signed-off by Jose Dedios, MD. 07/18/2014.

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SOWELL, GENNETTE (id dob: /

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/18/2014 at 7:07pm

Encounter Date: 07/07/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	07/07/2014 09:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # : Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u for asthma / pt to receive injections. patient is here for dyspnea as well.

HPI

patient is here for followup on her asthma. Since last seen, she had to change insurance and because of that, she was not cc infusion Center for her Xolar. She has not received Xolair since April. Since being off it, she has more dyspnea, wheezing, cc had to be on prednisone at 20 mg a day to control her asthma since April.

Patient also had an accident where in she blanked out while driving. This was started July. Her potassium was low. She takes

Asthma seems stable with high dose of prednisone.

Patient has not been admitted nor has been an antibiotic since last seen.

Problems

Reviewed Problems
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled

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SOWELL, GENNETTE (id dob:

DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.

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SOWELL, GENNETTE (id dob:

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- BASIC METABOLIC PANEL - 07/07/14

Discussed the following results:
- Clinical Document - 06/30/14
- Clinical Document - BRIOVARX - CORNELIA GA - BRIOVARX - CORNELIA GA - 06/24/14
- Clinical Document - 05/09/14

Vitals

07/07/2014 09:06 am

Wt:	145 lbs	**BP:**	168/88	**Pulse:**	80 bpm
RR:	20	**O2Sat:**	97%	**T:**	96.9 F°
Ht:	5 ft 4 in	**BMI:**	24.9		

ROS

Patient reports **cough, wheezing, shortness of breath, and sputum production** but reports no coughing up blood, no strid painful respiration; **Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI.**. She reports no fever, no significa loss, no fatigue, no generalized weakness, and no pallor. She reports no dry eyes and no vision change. She reports no diffic She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no parox nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinenc difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itchin reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. Sl increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no e varicose veins, and no pain.

Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: **overweight**. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and

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SOWELL, GENNETTE (id , dob:

Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing,** and **expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
She is sterold dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
patient was all was worse off xolair. Patient to take medication today.
Plan to be on xolair q. 2 weeks.
We need to call the company so she can get a discounted price. She P. $69 a month. She was being 1000 dollars when getting it in Florence.
Continue xoliar. feels better on it.
Plan to wean off prednisone for the next month. Decrease to 10 mg a day for 2 weeks then 5 mg a day for 2 weeks until I
Cont Bactrim for PCP prophylaxis.
Asthma is worse during winter/spring/season changes.
493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT

2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
She wants to hold off on cpap. Will force the issue if BP remains a problem.
Will discuss sleep apnea in followup.
327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Hypokalemia - patient had hypokalemia causing her to black out start of July.
She is on a higher dose of potassium.
We'll talk about sleep apnea in 2 weeks.
276.8: Hypopotassemia
- BASIC METABOLIC PANEL

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SOWELL, GENNETTE (' . dob: '

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds.

Return to Office

- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 08/05/2014 at 03:00 PM
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 08/07/2014

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 07/07/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/07/2014 at 9:59am

Encounter Date: 04/03/2014

Patient

Name	SOWELL, GENETTE (64, F) ID#	**Appt. Date/Time**	04/03/2014 08:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u asthma/pt file worker com/not working at this time/feeling great

HPI

Pt is here for f/u on her asthma and SOB.
Since last seen, she states that she has been getting xolair q 2 weeks. Has not missed a dose.
She has filed workmans comp.
She has not gone back to work and has felt better and asthma is better since not being back to work.
She was able to drop predsnisone to 5 mg/d for a month now but had to inc to 10 mg/d since last week 2 to spring.
Her sx are not as bad as when she was working though.
She is OK with 10 mg/d.
Almost daily wheeze.
On and off cough.
SOB with more than ADLs.
Hs woken up 2 nights 2 to wheeze last week.
(-) fevers, chills, cp.

Has not been admitted to the hospital nor has been sick since last seen.

She is happy with the way her asthma is right now.

Problems

Problems not reviewed (last reviewed 02/04/2014)

- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id dob:

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
Bactrim DS 800 mg-160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	04/03/14	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route as directed for 30 days.	04/03/14	prescribed
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	03/26/14	filled
hydrochlorothiazide 25 mg tablet	03/23/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	03/08/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	03/12/14	filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	03/27/14	filled
prednisone 2.5 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	04/03/14	prescribed
simvastatin 40 mg tablet	03/08/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

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SOWELL, GENNETTE (id , dob

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed dell piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

04/03/2014 08:28 am

Wt:	146 lbs	BP:	159/81	Pulse:	86 bpm
RR:	20	O2Sat:	95%	T:	97.3 F°
Ht:	5 ft 4 in	BMI:	25.1		

ROS

Patient reports **weight gain (4lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cou **wheezing, shortness of breath, and chest tightness** but reports no coughing up blood and no stridor; **less SOB and whee compared to mos ago.**. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no blee She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abd no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle s muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, a numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no e: bleeding. She reports no edema.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

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SOWELL, GENNETTE (id , dob:

Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and r Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 1-2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it InJUly 1, 2013.Has not been working since Jan 2014.
   Cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter/spring/season changes.
   Plan to dec symbicort to 1P BID once present flare is better.
   She is on Pred 10 mg/d now. Once asthma is better, she will dec pred to 5 mg/d, then 2.5 mg/day, then EOD then dc if a

   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - Bactrim DS 800 mg-160 mg tablet - Take 1 tablet(s) 3 times a week by oral route for 30 days. Qty: 12.86 tablet(s) R Pharmacy: CVS/PHARMACY #3565
   - prednisone 2.5 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharma CVS/PHARMACY #3565
   - epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector - Take 1 auto(s) as needed by injection route as directed for 3 Qty: 1 auto(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   327.23: Obstructive sleep apnea (adult)(pediatric)

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
Will observe.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds.

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Obstructive Sleep Apn discussed with the patient that untreated OSA is a cardiovascular risk factor, risk factor for arrhythmias and stroke. Untre would make it more difficult to control pulmonary problems such as asthma or COPD. Patient understands.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 07/03/2014
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 04/03/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 04/03/2014 at 9:25am

Encounter Date: 02/04/2014

Patient

Name	SOWELL, GENETTE (63, F) ID	**Appt. Date/Time**	02/04/2014 09:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # : Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u for asthma

HPI

Pt is here for f/u on her asthma.
Since last seen, she states that her asthma has been better since she has been on medical leave.
(-) wheeze.
Less SOB.
(-) cough, cp, fevers, chills.
Still gets Xolair q 2 weeks.

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SOWELL, GENNETTE (id dob:

Problems

Reviewed Problems
- Gastroesophageal reflux disease
- Asthma
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duloneb now.	01/07/14	sample given
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	filled
hydrochlorothiazide 25 mg tablet	01/27/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days.	01/07/14	filled
magnesium take 1 tab	04/08/13	entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	02/03/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	12/07/13	filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14	filled
simvastatin 40 mg tablet	01/09/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	01/12/14	filled
Ventolin HFA 90 mcg/acturation aerosol inhaler	04/23/13	prescribed

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SOWELL, GENNETTE (id dob

Inhale 2 puff(s) every 4 hours by inhalation route as needed.

Xolair 150 mg subcutaneous solution 04/23/13 prescribed
Inject 300 mg every 2 weeks by subcutaneous route.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol Intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY - 02/04/14
- ABG (ARTERIAL STICK ONLY) - 02/04/14

Discussed the following results:
- TWO VIEW- X-RAY, CHEST - 01/07/14

Vitals

02/04/2014 09:04 am

Wt:	142 lbs	**BP:**	157/95	**Pulse:**	84 bpm
RR:	18	**O2Sat:**	99%	**T:**	96.8 F°

ROS

Patient reports **weight loss (6 lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cou

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SOWELL, GENNETTE (id , dob.

wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor; **less SOB and whee** reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no ch exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vc normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakne reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She r depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She rep edema.

Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing,** and **expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off daliresp 2 to psych issues.
   Cont symbicort, singulair, flonase, xolair.
   Will consider BT consult at MUSC if asthma gets worse again.
   Plan to dec symbicort to 1P BID. Dec pred to 5 mg daily for 1 month then 5 mg EOD. Has been on pred for at least 1 yr.
   Need PFT.
   Plan is for pt to be on med leave until April then resume work then.
   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - ABG (ARTERIAL STICK ONLY)
   - COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.

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SOWELL, GENNETTE (id [redacted], dob:

530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

4. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating c extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 04/03/2014 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 02/04/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 02/04/2014 at 2:17pm

Encounter Date: 01/07/2014

Patient

Name	SOWELL, GENETTE (63, F) ID[redacted]	**Appt. Date/Time**	01/07/2014 08:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: [redacted] Insurance # Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u asthma very sob. asthma flaring up.

HPI

Pt is here for f/u on her asthma.
Since last seen, she states that her asthma has been stable until 3 weeks ago.
She started coughing – yellow sputum. More SOB, wheeze.
(-) fevers, chills.
She took ZPAK which made her feel better for a bit but her sx got worse.

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SOWELL, GENNETTE (id ? **Job: ~**

She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now.
Last xolair was dec 31. she gets xolair q 2 weeks.
She is working on getting disability.
(-) hemoptysis.
Has nightly sx.
(-) sick contacts.
She got the flu shot in 2013.

Problems

Reviewed Problems
- Gastroesophageal reflux disease
- Asthma
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now	01/07/14	sample given
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 injector(s) by intramuscular route.	04/23/13	prescribed
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	prescribed
hydrochlorothiazide 25 mg tablet	12/28/13	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days., stop 01/14/2014	01/07/14	prescribed
magnesium take 1 tab	04/08/13	entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	12/07/13	filled
prednisone 10 mg tablet	01/07/14	prescribed

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SOWELL, GENNETTE (ic dob:

Take 2 tablet(s) every day by oral route for 30 days.

Singulair 10 mg tablet — 01/07/14 prescribed
Take 1 tablet(s) every day by oral route at bedtime.

sulfamethoxazole 800 mg-trimethoprim 160 mg tablet — 11/03/13 filled
Take 1 tablet(s) 3 times a week by oral route for 30 days.

Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler — 12/08/13 filled
Inhale 1 puff(s) twice a day by inhalation route.

Ventolin HFA 90 mcg/actuation aerosol inhaler — 04/23/13 prescribed
Inhale 2 puff(s) every 4 hours by inhalation route as needed.

Xolair 150 mg subcutaneous solution — 04/23/13 prescribed
Inject 300 mg every 2 weeks by subcutaneous route.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- TWO VIEW- X-RAY, CHEST - 01/07/14
- DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - 01/07/14
  Notes - pls give duioneb now.
- Depo-Medrol 40 mg and Decadron 4 mg - 01/07/14
- Flonase 50 mcg/actuation nasal spray,suspension - 01/07/14

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SOWELL, GENNETTE (id , dob:

- Singulair 10 mg tablet - 01/07/14
- levofloxacin 750 mg tablet - 01/07/14
- prednisone 10 mg tablet - 01/07/14

Discussed the following results:

- Clinical Document - 12/04/13

Vitals

01/07/2014 10:04 am

Wt:	139 lbs	**BP:**	157/97	**Pulse:**	99 bpm
RR:	22	**O2Sat:**	99%	**T:**	97.1 F°
Ht:	5 ft 4 in	**BMI:**	23.9		

ROS

Patient reports **weight loss (6 lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports **cou wheezing, shortness of breath, sputum production, painful respiration, and chest tightness** but reports no coughing up no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. Sh chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no m weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no n She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive ble reports no edema.

Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: **mild distress.** Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; more whee compare to last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Exacerbation of asthma** - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.
   CXR today was reviewed and did not show infiltrates.
   Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
   Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma wor

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SOWELL, GENNETTE (id dob:

asthma is still not controlled despite being on disablity, will pursue consulting MUSC for bronchial thermoplasty. I discussed th the pt and she is in agreement.
493.92: Asthma, unspecified type, with (acute) exacerbation
- ASTHMA ACTION PLAN: AFTER YOUR VISIT
- Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now S dispensed. Sample Qty: 1
- DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization route as n Sample dispensed. Sample Qty: 120 3 mL blist pack(s)

2. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it inJUly 1, 2013. cont Bactrim for PCP prophylaxis.
Asthma is worse during winter.
Pt will wean off daliresp 2 to psych issues.
Will need PFT and chest ct scan on f/u prior to BT.
Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
Will consider BT consult at MUSC on F/U.
493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3 Pharma CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime. Qty: 1 Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. Bronchitis - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW- X-RAY, CHEST
- levofloxacin 750 mg tablet - Take 1 tablet(s) every day by oral route for 7 days. Qty: 7 tablet(s) Refills: 0 Pharmac CVS/PHARMACY #3565

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds,

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening of sympt patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her Pr

SOWELL, GENNETTE (id dob:

go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and t patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office

- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/07/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/07/2014 at 11:17am

CAROLINA PINES REGIONAL MEDICAL CENTER

PULMONARY FUNCTION TEST

NAME: SOWELL, GENNETTE
MR #:
ROOM #:
DICTATING: Jose Angelo A. De Dios, MD

HOSPITAL #: 7934564
DOB:
DATE: 02/07/2014
ATTENDING: Jose Angelo A. De Dios, MD

PATIENT DEMOGRAPHICS: The patient is a 63-year-old African-American female being seen for asthma. Weight of 143 pounds. Height of 64 inches.

INTERPRETATION: FEV1/FVC ratio is decreased at 69 percent. FEV1 is moderately diminished at 1.030 or 67 percent predicted. FVC is normal at 2.45 or 80 percent predicted. Lung volumes are normal. Diffusion capacity is normal at 78 percent. ABG shows pH 7.43, pCO2 43, pO2 75 on room air.

IMPRESSION:
1. Chronic asthma with fixed airway obstruction.
2. Moderate obstructive defect likely secondary to chronic asthma.

Jose Angelo A. De Dios, MD

DATE:

TIME:

cm:
10195 \637377951 \DD: Fri Feb 07 13:11:17 2014 \TD: Fri Feb 07 13:57:36 2014

THE MEDICAL GROUP
701 MEDICAL PARK DRIVE
HARTSVILLE SC 29550

NAME: SOWELL, GENETTE DOB: DR: Jose Angelo A. De Dios, MD

CHART:

DATE OF STUDY: 1/7/2014

PA AND LATERAL CHEST

INDICATION: Pain

FINDINGS: The lung fields are free of active infiltrate. Vasculature is normal. The heart and mediastinal structures are normal

IMPRESSION: No active disease.

Charles H. Davis, M D

DATE:

TIME:

cc: Jose Angelo A. De Dios, MD
21366 \ RAD: Mon Jan 13 07:20:00 2014 XTR: Mon Jan 13 07:20:01 2014

Copy for Jose Angelo A. De Dios MD

Gennette Sowell
DOB:

Dear Dr. deDios:

In reference to your patient, Ms. Gennette Sowell, and your statements and opinions in your medical records that:

> (1/7/14): "1. **exacerbation of asthma . . .** her work environment makes her asthma worse."; (2/4/14), "pt. is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse."; (10/17/14), "Addendum 10/17/14 Patient has work-related asthma (WRA), specifically work exacerbated asthma (WRE).

Would you provide answers and opinions to the following questions:

1. As part of answering these questions, did you in fact review the medical records from the hospitalizations in June of 2011, and the description of exposure as contained in the Description of Accident filed with the Workers' Compensation Commission that is attached to this Questionnaire?

V
Yes

No

AD
AAD (initials)

2. After review of your intake recorded on January 7, 2014, including Past Medical History, is that history consistent with the history recorded in the hospital records of June 2011 under, "**PAST MEDICAL HISTORY:** hypertension, mild. Other than that, patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease, or gastrointestinal disease; and **SOCIAL HISTORY:** smoking, no and never. Alcohol use: very occasional" and thus is it consistent with the fact that she had no previous history of any type of pulmonary or respiratory disease or treatment for asthma before June, 2011?

Yes

No

AAD (initials)

I first saw her 4-08-13 & mentioned that pt. has hard asthma & complains of yrs. now.
- AD

Gennette Sowell
DOB:

Dear Dr. deDios:

In reference to your patient, Ms. Gennette Sowell, and your statements and opinions in your medical records that:

(1/7/14) "1. exacarbation of asthma . . . her work environment makes her asthma worse."; (2/4/14), "pt. is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse."; (10/17/14), "Addendum 10/17/14 Patient has work-related asthma (WRA), specifically work exacerbated asthma (WRE).

Would you provide answers and opinions to the following questions:

1. As part of answering these questions, did you in fact review the medical records from the hospitalizations in June of 2011, and the description of exposure as contained in the Description of Accident filed with the Workers' Compensation Commission that is attached to this Questionnaire?

✓ Yes ____ No

AD AAD (initials)

2. After review of your intake recorded on ~~January 7, 2014~~, including Past Medical History, is that history consistent with the history recorded in the hospital records of June 2011 under, "PAST MEDICAL HISTORY: hypertension, mild. Other than that, patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease, or gastrointestinal disease; and SOCIAL HISTORY: smoking, no and never. Alcohol use: very occasional" and thus is it consistent with the fact that she had no previous history of any type of pulmonary or respiratory disease or treatment for asthma before June, 2011?

✓ Yes ____ No

AD AAD (initials)

I first saw her 9-08-13 & mentioned that pt. has had asthma & COPD for yrs. now.

AAD (Initials)

DEC. 3. 2015 4:20PM NOV. 23. 2015 1:19PM P.169 B

3. Based on the history as detailed in the Description of Accident (filed with the Workers' Compensation Commission) that:

She worked from 2001 until 2011 in the Deli at Piggly Wiggly without any problems with or treatment for asthma and/or asthma related type problems; that she was exposed daily and repeatedly for a 2-3 month period prior to June of 2011 to large quantities of waste water and sewage from the meat and deli department, sometimes ankle deep and with a horrible odor; that she required hospitalization on two occasions in June of 2011; and that thereafter she has been under continual and increasing treatment for at first chronic bronchitis and then was eventually diagnosed with asthma, and based on your treatment experience with and your opinions/statements concerning Ms. Sowell as set forth above, is it your opinion that triggering factor triggering her adult onset asthma, was her daily and repeated and unusual and extraordinary exposure during that two to three month period prior to June 2011 to the Deli waste water containing all of the molds, fungus, bacteria etc., involved in the preparation of meat, fish, poultry and vegetable products and the chemicals necessary to clean and sanitize that sewage water?

✓
Yes

No

AAD
AAD (initials)

4. Where a person has developed or has the onset of asthma, thereafter if that person is continually exposed to the offending agent that triggered the condition, will that continual, repeated exposure cause an ever-increasing hypersensitivity and severity in their condition?

✓
Yes

No

AAD
AAD (initials)

5. Based on your statements in your records and your review of your history and your knowledge of Ms. Sowell, in your opinion did her continual and repeated exposure in her job in the Deli after her asthma was triggered (her onset of asthma), exacerbate and make her condition worse?

✓
Yes

No

AAD
AAD (initials)

The above referenced answers and opinions constitute my opinions and answers to the questions posed to a reasonable degree of medical certainty concerning Ms. Gennette Sowell.

Angelo A. deDios, M.D.

11-23-15
Date:

#1 ATTACHMENT

This claim is based upon injury by accident; disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease:

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area, 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains, in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day.

The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter had continual follow-up treatment with her family doctor who has treated her approximately twice monthly ever since 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, 2011, she was unable to breath and coughing and was sent to and admitted to the hospital and was given a diagnosis at that time (first time) of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days. Discharge Dx. "bronchial asthma exacerbation secondary to exposure to chemicals".

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was

causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including multiple (15 plus) and weekly injection to control her debilitated condition allowing her to live. She carries an EpiPen for life threatening emergencies.

3

Chesterfield General Hospital

711 Chesterfield HWY
Cheraw, SC 29520
(843) 537-7881

FACILITY NUMBER: 146
ADVANCE DIRECTIVE: N
MRSA ISOLATION:
VRE:

PATIENT	ACCT#:	ADM DATE: 12/22/11 TIME: 14:01	ROOM #: 102 A
	MED. REC. #:	DCH DATE: 12/25/11 TIME: 13:48	SVRC. CODE: MIP
	NAME: SOWELL GENNETTE	PT. TYPE: P	FC: YI
	EMERGENCY NAME: JAMES JANET	PHONE #:	RELATION: CHILD
	DCH STATUS: 01 ETHNICITY: NOT HISPANIC OR LAT		PREFERRED LANGUAGE: ENGLISH
	PREV. SERVICE DATE: 11/12/12	ADM TYPE: 1	ADM. SOURCE: 1
	ACC. DATE:	TIME: 00	ACC. SITE:
	ADMITTING DIAGNOSIS: 78605 ASTHMA EXACERBATION		
PATIENT DEMOGRAPHIC	STREET	CITY/ST:	ZIP:
	COUNTY:	PHONE:	RELIGION: NO PREFER
	SS #:	BIRTHDATE:	AGE:
	RACE:	SEX: F	MARITAL STATUS:
	SPOUSE'S NAME:	FATHER'S NAME:	
PATIENT EMPLOYER	EMPLOYER: PIGGLY WIGGLEY		
	STREET:	CITY/ST: CHESTERFIELD SC	ZIP: 29709
	EMP. ID #: 675	EMP. OCCUPATION: CLERK	
GUARANTOR	NAME: SOWELL GENNETTE	RELATIONSHIP: SELF	
	STREET:	CITY/ST:	ZIP:
	SS #:	DOB:	
GUARANTOR EMPLOYER	EMPLOYER:		
	STREET:	CITY/ST:	ZIP:
	EMP. OCCUPATION: UNKNOWN		
INSURANCE # 1	PAYOR:	410 45 INS. PH #: (800) 768-4375	
		POLICY #:	
	GROUP: PIGGLY WIGGLY 552	AUTH. #:	
	HOLDER: SOWELL GENNETTE	REL: SELF	DOB:
INSURANCE # 2	PAYOR:	0 0 INS. PH #:	
		POLICY #:	
	GROUP:	AUTH. #:	
	HOLDER:	REL:	DOB:
PHYSICIAN	ER/ADMIT PHYS: POLANCO FRANCISCO A	SURGEON:	
	ATTENDING PHYS: POLANCO FRANCISCO A	REFERRING PHYS:	
	FAMILY PHYS: HAMMETT ROCHELLE	ADMITTED BY: SJH	

COMMENTS: PSNDT

>>>> 7006391 MIP 12/22/11 14:01

** 1467006391 FACE146 ADMISSIONS 12/22/11 000090080 SOWELL GENNETTE

P.170

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

DISCHARGE SUMMARY

NAME: SOWELL GENNETTE

MRN:	ROOM:	102	DOB:
ACCOUNT#:	BED:	A	AGE:
SERVICE CODE: MIP			SEX:
ADM DATE: 12/22/2011			DIS DATE: 12/25/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

HOSPITAL COURSE: Ms. Sowell is a 61-year-old black female with a past medical history of hypertension, bronchial asthma who was admitted to the hospital with bronchial asthma exacerbation. During the hospital course, the patient was started on IV steroids, and DuoNebs every 4 hours. Her peak flow was monitored every day. Today, her lung examination is clear. Her wheezing has resolved. Her peak flow is around 250 which is her best effort so far during the hospital course. The patient is going to be discharged home today. She is advised to avoid chemical exposures as these were the triggers for her asthma exacerbation. Also, she is going to be started on albuterol MDI p.r.n., and Advair 250/50 b.i.d., and Singulair 10 mg every night. The patient has been educated regarding the asthma action plan, and she is agreeing upon the same so she will be discharged today, and follow up with her PCP in 1 week's notice.

FINAL DIAGNOSES:
1. Bronchial asthma exacerbation secondary to exposure to chemicals.
2. Hypertension which is controlled.

DISCHARGE MEDICATIONS:
1. Albuterol inhaler p.r.n. for shortness of breath.
2. Advair 250/50 mcg b.i.d.
3. Singulair 10 mg every night.
4. Hydrochlorothiazide 25 mg p.o. daily.

DISPOSITION: Home, and self-care, and to follow up with PCP Dr. Rochelle Hammett, and also consider doing an outpatient PFT to determine how severe the patient's bronchial asthma is.

This job has been electronically signed by: Jan M DeCamps MD on 12/25/2011 at 6:02:00 PM (EST) Verification: 52289012201112251802OO .

Print CC:

NAME: SOWELL GENNETTE

MRN: DOB: ADM DATE: 12/22/2011
ACCOUNT#: DIS DATE: 12/25/2011

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/25/2011 12:50 PM ET
T Date / Time: 12/25/2011 02:05 PM ET
R Date / Time:
S Job #: CGH52289012
D Job #: 5277
MT: 180157

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

HISTORY AND PHYSICAL

NAME: SOWELL GENNETTE

MRN: ROOM: 102 DOB:
ACCOUNT#: BED: A AGE:
SERVICE CODE: MIP SEX: F
ADM DATE: 12/22/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

DATE OF SERVICE: December 23, 2011.

CHIEF COMPLAINT: Shortness of breath and wheezing.

HISTORY OF PRESENT ILLNESS: Ms. Sowell is a 61-year-old black female with a past medical history of hypertension and bronchial asthma, who came to her PCP's office yesterday complaining of shortness of breath and wheezing for 2 days. Her PCP send her to the ER for evaluation and the patient had the following vitals, blood pressure 157/71, pulse rate of 96, respiratory rate of 22, temperature of 98.8, and O2 sat of 100% on room air. On evaluation in the ER, the patient was noted to have diffuse bilateral wheezing, so she was admitted to the hospitalist service with a diagnosis of acute bronchial asthma exacerbation. On my evaluation today, the patient says she is having shortness of breath and wheezing for the past 2 days, but she denies any sick contacts or recent travels. At work, the patient is exposed to strong odors as chloride and ammonia, which are probably are the triggers for her bronchial asthma exacerbation. She denies any smoking history or any secondary smoke. At present moment, she says her breathing has improved a little bit, but she is still feeling tightness in her chest and she is still wheezing. Her last asthma exacerbation was on March this year and she has never had a pulmonary function test on to determine how severe her asthma is.

PAST MEDICAL HISTORY: Consistent with hypertension and bronchial asthma.

SURGICAL HISTORY: Consistent with hysterectomy.

ALLERGIES: THE PATIENT HAS NO KNOWN DRUG ALLERGIES.

FAMILY HISTORY: Consistent with hypertension.

SOCIAL HISTORY: She does not smoke, drink, or use any drugs. Occupation, she is in the cleaning business.

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#: ADM DATE: 12/22/2011 DOB:

HOME MEDICATIONS:
1. Hydrochlorothiazide 25 mg p.o. daily.
2. Albuterol MDI p.r.n. for shortness of breath.

REVIEW OF SYSTEMS:
General: This is a middle-aged black female, in no acute distress. Appears her stated age.
Eyes: Denies any visual problems.
Ent: Denies sore throat or dysphagia.
Cardiovascular: Denies any chest pain or palpitations.
Respiratory: Positive for shortness of breath and wheezing.
GI: Denies any pain, nausea, vomiting, or diarrhea.
Gu: Denies any pain, bleeding, incontinence, or nocturia.
Skin: Denies any rashes or masses.
Psychiatry: Denies depression, fatigue, or insomnia.
Neurologic: Denies numbness, tingling, weakness, headache, or loss of consciousness.

PHYSICAL EXAMINATION:
Vital Signs: Blood pressure of 113/61, pulse rate of 99, respiratory rate of 24, temperature of 98.1, and O2 sat of 96% on 2 L nasal cannula.
HEENT: Her neck is supple. There are no palpable masses or adenopathy.
Heart: She has a regular rate and rhythm with no murmurs, rubs, or gallops.
Lungs: She has diffuse bilateral wheezing with no added sounds.
Abdomen: Soft, nontender. Bowel sounds are present.
Musculoskeletal: She is well developed and well nourished with no abnormalities.
Neurologic: She is alert and oriented x3 with no focal deficits. Her cranial nerves are grossly intact.
Skin: There is no breakdown or masses.

LABORATORY DATA: Her sodium is 140, potassium is 4.1, chloride is 106, bicarb is 27, creatinine is 0.9, glucose is 151, BUN is 10, and calcium is 9.6. Hemoglobin is 11.4, hematocrit is 33.6, white count is 7, and platelet count is 183. BNP is 10.9.

IMAGING: CT of the chest with contrast PE protocol is negative for pulmonary embolism. There is no focal airspace pneumothorax or pleural effusions. There is a non-healed right lateral 7th rib fracture and there is also thoracic spondylosis without focal lesions. EKG is a normal sinus rhythm with a ventricular rate of 76, no acute ST or T-wave changes.

IMPRESSION:

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#: ADM DATE: 12/22/2011 DOB:

1. Acute asthma exacerbation, likely secondary to exposure to chemicals.
2. Hypertension, which is controlled.

PLAN:
1. Admit to med surg.
2. Start on Solu-Medrol 60 mg IV every 6 hours.
3. Start on DuoNebs every 4 hours.
4. Monitor her peak flow pre and post treatments.
5. Continue supplemental oxygen 2 L to maintain O2 sats above 95%.
6. DVT prophylaxis with Lovenox 40 mg subcu every day.
7. Start on IV fluids and lactated Ringer's at 100 mL/hr.
8. Repeat labs for tomorrow morning.

This job has been electronically signed by: Jan M DeCamps MD on 12/24/2011 at 10:36:00 AM (EST) Verification: 522625952011122410360O .

Print CC:
Francisco A. Polanco, MD
Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/23/2011 01:30 PM ET
T Date / Time: 12/23/2011 09:53 PM ET
R Date / Time:
S Job #: CGH52262595
D Job #: 5242
MT: 864877

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

PROGRESS NOTE

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#:
SERVICE CODE: MIP
ADM DATE: 12/22/2011
ROOM: 102
BED: A
DOB:
AGE:
SEX: F
DOS: 12/24/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

SUBJECTIVE: The patient did well overnight. She is still requiring IV steroids due to her wheezing. This morning her peak flow was only 225. Says her breathing has improved a little bit.

OBJECTIVE:
Vital Signs: Today are, blood pressure of 132/73, pulse of 83, respiratory rate of 22, temperature of 97.8, and O2 sat of 99% on 2 L nasal cannula.
General: This is an elderly female, in no acute distress. Appears her stated age.
Heart: She has a regular rate and rhythm with no murmurs, rubs, or gallops.
Lungs: She has diffuse bilateral wheezing which is improved compared to yesterday.
Abdomen: Soft and nontender. Her bowel sounds are present.
Extremities: They are symmetrical. There is no edema. Pulses are present.

LABORATORY DATA: Her sodium is 142, potassium is 3.8, chloride is 107, bicarb is 28, creatinine 0.8, glucose is 124, BUN is 14, and calcium is 9.6. Hemoglobin is 11.7, hematocrit is 35.5, white count is 15.3, and platelet count is 225.

IMPRESSION:
1. Acute asthma exacerbation secondary to exposure to chemicals.
2. Hypertension which is controlled.
3. Hypokalemia which is now resolved.
4. Leukocytosis secondary to IV steroids.

PLAN:
1. Continue monitoring in med-surg.
2. Continue DuoNebs every 4 hours and Solu-Medrol 60 every 6 hours.
3. Continue to monitor peak flows pre and post treatment.
4. Continue supplemental oxygen to maintain O2 sats above 95%.
5. Continue DVT prophylaxis with Lovenox 40 mg subcutaneously every day.

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#: ADM DATE: 12/22/2011 DOB:

6. Can discontinue IV fluids.
7. Start on docusate 200 mg p.o. every night and give senna 1 tablet p.o. now for constipation.
8. Repeat labs for tomorrow morning.

This job has been electronically signed by: Jan M DeCamps MD on 12/25/2011 at 10:09:00 AM (EST) Verification: 52282094201112251009O0 .

Print CC:
Francisco A. Polanco, MD
Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/24/2011 03:25 PM ET
T Date / Time: 12/25/2011 03:45 AM ET
R Date / Time:
S Job #: CGH52282094
D Job #: 5269
MT: 161022

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:	ROOM: ER05	DOB:
ACCOUNT#:	BED: A	AGE:
PATIENT TYPE: EOP	ORDER DATE:12/22/2011	SEX: F

ORDER#	EXAM DESCRIPTION:	ADM.DIAGNOSIS:
900	CTA-CHEST	Elevated D-Dimer SOB

DICTATED BY: MAX BERRY, MD
ORDERING PHYSICIAN: CONNELL, FOY
ATTENDING PHYSICIAN: CONNELL, FOY D
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

FINAL REPORT

CTA OF THE CHEST

INDICATION:
Elevated D-dimer and dyspnea x several months.

COMPARISON:
None.

TECHNIQUE:
Axial images through the thorax after the administration of IV contrast. Multiplanar reformatting was performed. Maximum intensity projections were reviewed.

FINDINGS:
Heart is normal in size. No pericardial effusion or thickening. Ascending aorta measures 3.5 cm, pulmonary trunk measures 3.1 cm. No pulmonary emboli. Left AP window, precarinal, and subcarinal shotty adenopathy. No axillary adenopathy.

No focal airspace disease, pneumothorax, or pleural effusions.

Non-healed right lateral 7th rib fracture. Thoracic spondylosis without focal lesions.

Hiatal hernia. No hepatic lesions or biliary dilatation within the visualized liver. Remaining organs of the upper abdomen are unremarkable.

IMPRESSION:
No pulmonary embolism.

Non-union of a lateral right 7th rib fracture.

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN: DOB: -, --,
ACCOUNT#: --- ORDER DATE: 12/22/2011

ORDER#:	EXAM DESCRIPTION:	ADM DIAGNOSIS:
900	CTA-CHEST	Elevated D-Dimer SOB

AP window, right paratracheal, and subcarinal shotty adenopathy suggestive of sarcoidosis.

This job has been electronically signed by: Max W Berry MD on 12/22/2011 at 4:16:00 PM (EST) Verification: 5223020920111222161600

Print CC:

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/22/2011 12:27 PM ET
T Date / Time: 12/22/2011 2:19 PM ET
R Date / Time:
S Job #: CGH52230209
D Job #: 4074
MT: 30061

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:	ROOM: 102		DOB:
ACCOUNT#:	BED: A		AGE: 61 Y
PATIENT TYPE: EOP	ORDER DATE: 12/22/2011		SEX: F

ORDER#	EXAM DESCRIPTION	ADM DIAGNOSIS
600	CH-CHEST 2V	SOB

DICTATED BY: MAX BERRY, MD
ORDERING PHYSICIAN: CONNELL, FOY
ATTENDING PHYSICIAN: CONNELL, FOY D
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 2 VIEWS:

INDICATION:
Dyspnea.

COMPARISON:
None.

TECHNIQUE:
PA and lateral radiographs of the chest.

FINDINGS:
Cardiomediastinal silhouette is within normal limits. Lungs are clear. Osseous structures are intact.

No acute cardiopulmonary disease.

This job has been electronically signed by: Max W Berry MD on 12/23/2011 at 3:08:00 PM (EST) Verification: 52261966201112231508OO

Print CC:

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/23/2011 12:22 PM ET
T Date / Time: 12/23/2011 1:28 PM ET
R Date / Time:
S Job #: CGH52261966
D Job #: 4109

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#:

DOB:
ORDER DATE: 12/22/2011

ORDER#:	EXAM DESCRIPTION:	ADM DIAGNOSIS:
600	CH-CHEST 2V	SOB

MT: 30059

Print date: 9/24/14 12:32 CUMULATIVE REPORT Page 1
Printed by: KWATSO01 Selected Encounters

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB:
MR# : AGE: SEX: F

PCP: HAMMETT ROCHELLE

COAGULATION

			REFERENCE LOW - HIGH	UNITS
COLLECT	YR	2011		
	DT	12/22		
	TM	09:10		
DDIMQT		474 HC	0 - 400	ng/ml
REPORTED	DT	12/22/11		
	TM	09:50		

CRITICAL VALUE RESPONSE:
12/22/11 9:49 DDIMQT GLENDA HOWARD notified sherry on 12/22/11 at 09:49

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE
MR# :

DOB:
AGE: SEX: F

PCP: HAMMETT ROCHELLE

HEMATOLOGY

COLLECT YR	2011	2011	2011	REFERENCE	
DT	12/25	12/24	12/23	LOW - HIGH	UNITS
TM	05:00	06:00	05:10		
WBC	8.5	15.3 H	7.0	3.6 - 11.1	K/MM3
RBC	3.84	4.19	3.99	3.69 - 4.9	m/mmm3
HGB	10.6 L	11.7	11.4	11.4 - 14.4	G/DL
HCT	32.6 L	35.5	33.6	33.3 - 41.4	%
MCV	84.8	84.6	84.3	79.3 - 94.8	FL
MCH	27.5	27.9	28.5	26.8 - 33.2	PG
MCHC	32.5 L	32.9 L	33.9	33.5 - 35.5	G/DL
RDW	14.9	14.7	14.4	12.0 - 15.1	%
PLT	172	225	183	150 - 400	k/mm3
MPV	10.3	10.3	10.2	7.5 - 10.7	fl
NEU#	7.8 H	14.3 H	6.3	1.9 - 7.2	k/mm3
LYM#	0.5 L	0.7 L	0.6 L	1.1 - 2.7	k/mm3
MON#	0.2 L	0.3	0.1 L	0.3 - 0.8	k/mm3
EOS#	0.0	0.0	0.0	0 - 0.5	K/mm3
BAS#	0.0	0.0	0.0	0.0 - 1.1	K/MM3
NEU%	91.6 H	93.1 H	90.0 H	43.3 - 71.9	%
LYM%	5.5 L	4.7 L	8.1 L	16.8 - 43.5	%
MON%	2.8 L	1.8 L	1.6 L	4.6 - 12.4	%
EOS%	0.0	0.1	0.0	0 - 7.8	%
BAS%	0.1	0.3	0.3	0.0 - 1.1	%
REPORTED DT	12/25/11	12/24/11	12/21/11		
TM	05:35	07:38	06:27		

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE
MR# :

DOB:
AGE: 1 SEX: F

PCP: HAMMETT ROCHELLE

HEMATOLOGY

COLLECT	YR	2011			
	DT	12/22			
	TM	09:10		REFERENCE LOW - HIGH	UNITS
WBC		5.0		3.6 - 11.1	X/MM3
RBC		4.41		3.69 - 4.9	m/mmm3
HGB		12.1		11.4 - 14.4	G/DL
HCT		37.0		33.3 - 41.4	%
MCV		84.0		79.3 - 94.8	FL
MCH		27.5		26.8 - 33.2	PG
MCHC		32.8	L	33.5 - 35.5	G/DL
RDW		14.2		12.0 - 15.1	%
PLT		192		150 - 400	k/mm3
MPV		9.6		7.5 - 10.7	fl
NEU#		3.4		1.9 - 7.2	k/mm3
LYM#		0.7	L	1.1 - 2.7	k/mm3
MON#		0.3		0.3 - 0.8	k/mm3
EOS#		0.7	H	0 - 0.5	K/mm3
BAS#		0.0		0.0 - 1.1	K/MM3
NEU%		67		43.3 - 71.9	%
LYM%		13	L	16.8 - 43.5	%
MON%		5		4.6 - 12.4	%
EOS%		14	H	0 - 7.8	%
BNP		10.9		5 - 100	PG/ML
BAS%		0		0.0 - 1.1	%
BAND		1		0 - 3	%
REPORTED	DT	12/22/11			
	TM	09:47			

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE
MR# :

DOB:
AGE: 64 SEX: F

PCP: HAMMETT ROCHELLE

CHEMISTRY

COLLECT YR	2011	2011	2011		
DT	12/25	12/24	12/23	REFERENCE	
TM	05:00	06:00	06:10	LOW - HIGH	UNITS
NA	141	142	140	136 - 145	MMOL/L
K	3.6	3.8	4.1	3.5 - 5.1	MMOL/L
CL	106	107	106	101 - 111	MMOL/L
CO2	24	28	27	22 - 28	MMOL/L
CREA	0.7	0.8	0.9	0.6 - 1.3	MG/DL
GFR	>60	>60	>60		ml/min/1.73 n^2
ANIONGAP	14.6	10.8	11.1	7 - 16	
GLU	114 H	124 H	151 H	70 - 105	MG/DL
BUN	14	14	10	7 - 18	MG/DL
CA	9.1	9.6	9.6	8.4 - 10.2	MG/DL
REPORTED DT	12/25/11	12/24/11	12/23/11		
TM	09:02	08:11	06:58		

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANXAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: SEX: F

CHEMISTRY

COLLECT YR	2011		REFERENCE LOW - HIGH	UNITS
DT	12/22			
TM	09:10			
NA	140		136 - 145	MMOL/L
K	3.4	L	3.5 - 5.1	MMOL/L
CL	102		101 - 111	MMOL/L
CO2	29	H	22 - 28	MMOL/L
CREA	1.0		0.6 - 1.3	MG/DL
GFR	>60			ml/min/1.73 m^2
ANIONGAP	12.4		7 - 16	
GLU	112	H	70 - 105	MG/DL
BUN	9		7 - 18	MG/DL
CA	9.7		8.4 - 10.2	MG/DL
CORR CA	9.2		8.4 - 10.2	mg/dl
AST	21		10 - 42	IU/L
ALT	14		10 - 40	IU/L
ALP	80		32 - 92	IU/L
BILT	0.7		0.2 - 1	MG/DL
ALB	4.6		3.5 - 5.0	G/DL
TPROTQT	7.4		6.0 - 7.9	g/dl

REPORTED DT 12/21/11
TM 09:48

GFR is a calculation based on Ethnicity of Patient (African American or Non-African American), age and sex from the patient registration.
Reference Ranges:
Average GFR for Healthy Adults: >60 ml/min/1.73 m^2
Chronic Kidney Disease: 15-60 ml/min/1.73 m^2
Kidney Failure: <15 ml/min/1.73 m^2
Reference ranges are not available for patients <18 or >70 years old and will be resulted with TNP (test not performed).

RN:

12/22/2011 09:22:17
DOB 61 years

SOWELL, GENNETTE
Black Female

Chesterfield Hospital
Dept -1
Room ER5
Tech CH

Rx:
Dx:

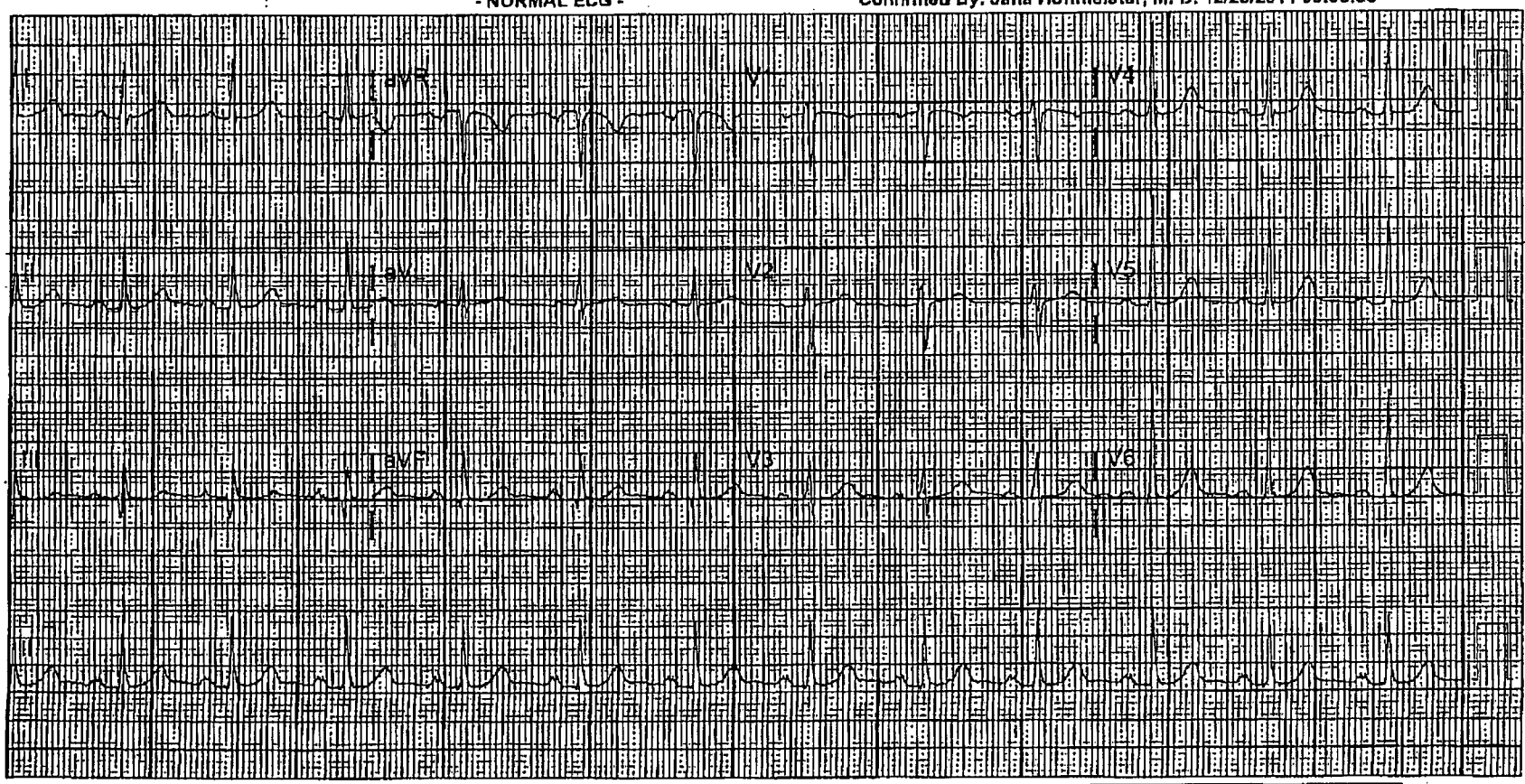
Rate	76	Normal sinus rhythm
PR	180	Normal ECG
QRSD	86	No previous EKG available for comparison
QT	398	
QTc	447	
--AXIS--		
P	58	
QRS	37	
T	37	

Req MD: CONNELL
2nd MD:

350

- NORMAL ECG -

Confirmed By: Jana Hoffmeister, M. D. 12/23/2011 08:06:33



25 mm/sec 10 mm/mV .15 - 150 Hz

P.187

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

ADMIT DATE: 06/11/2011
DISCHARGE DATE: 06/14/2011
DISCHARGE DIAGNOSES:
1. Bronchitis with bronchospasm, improving.
2. Hypertension.

DISPOSITION: The patient is being discharged home. She was instructed to follow with her regular physician at Cheraw Medical Group in the next 1-2 weeks or sooner if any problems arise.

DISCHARGE MEDICATIONS: Discharge medications will include her pre-admit medications of hydrochlorothiazide 25 mg daily. New medication will be Biaxin 500 mg b.i.d., #20, Combivent metered dose inhaler 2 puffs q.4 hours for wheezing, #1, one refill, prednisone tapering dose over the next 12 days, starting at 40 mg a day.

HOSPITAL SUMMARY: The patient is a 61-year-old black woman who had been followed previously by Dr. Mohammed Soliman for medical problem of hypertension. She was brought to the emergency department on the day of admission by family with complaints of being sick over the last 2 weeks with suspected bronchitis. The patient had ongoing cough and chest congestion. The cough was productive of discolored sputum. She also noticed some wheezing and shortness of breath. Her symptoms had worsened over the last several days. She had been treated previously with 1 round of antibiotics that she completed prior to this admission. She denied any fever or chills. In the emergency department, she was noted to have temperature 98.1 degrees, pulse 100, respiratory rate 24, blood pressure 185/103, O2 saturation on room air of 95%. She was evaluated in the emergency department and noted to have a significant amount of wheezing on chest examination as well as increased respiratory rate. Chest exam did not reveal any significant infiltrate. It was felt that she was having bronchitis with associated bronchospasm, failing to respond to outpatient therapy. Thus I was called at this time for admission for same.

For past medical history, past surgical history, details of examination, see history and physical.

LABORATORY DATA: On admission, mycoplasma IgM antibody negative. Comprehensive metabolic profile with the following abnormalities: Potassium 3.4. The remainder of the CMP was within normal limits. BNP was normal at 13. WBC 6500, hemoglobin 12.5, hematocrit 36.1, and platelet count 214,000. The differential on WBC included 76.5% neutrophils, 16.8% lymphocytes 2.4% monocytes, 3.9% eosinophils. Urinalysis revealed urine leukocytes 1+, nitrite negative, pH 5.0. Chemistry on the urine was negative. Microscopic examination of the urine was fairly stable with 0-5 WBCs, 0-5 epithelial cells.

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and

Patient Name: SOWELL GENNETTE (MRN:
Result Name: DS
Result Status: F

was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Electronically Signed by John McLeod, III, M.D. on 07/10/2011 at 22:17:24

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, Iii, M.D.

DISCHARGE SUMMARY
Preliminary Unless Signed
Page #page of

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, III, M.D.

4

GENNETTE SOWELL
DOB:
ID: , MRN 1

Date of service: 11/03/2015 10:08 am

BLACK CREEK MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Vitals

BP: 120/74 **Pulse:** 78 **SpO2:** 98% **Temp:** 97.5

CC

This is a 65 year old Female with "Allergic Rhinitis (hx)" [Source: Patient]

HPI

The Patient reports the complaint of Allergic Rhinitis (hx)
4 year(s) ago.

dr mendez - primary

patient here to check on allergies. still very sensitive to smells and cleaning chemicals. does well on shots.

sensitive to chemical smells.

Constant.

3/10 at its most intense.

coughing, phlegm. Worse in the morning.

patient states she has to stay on shots and cymbicort, flonase, singulair.

Medication

- albuterol sulfate 2.5 mg/3ml solution for neb
- atorvastatin 40 mg tablet
- benazepril 10 mg hydrochlorothiazide 12.5 mg tablet
- Duoneb 0.5 mg - 3 mg solution for neb
- epiPen 2Pak 0.3mg auto injector
- flucticasone 50 mcg
- Hydrochlorothiazide 25 mg tab
- klor-con m20 meq tab extended release
- nexium 40 mg capsule
- predisone 10 mg tab
- Proair hfa 90 mcg/actuation aerosol inhaler
- Singulair 10 MG
- symbicort 160 mcg aerosol inhaler
- xolair 150 mg subcutaneous solution

Reconciled by: Andrea Knight, Dr. Orville Dyce

Allergies

- Zyrtec (*severe* Hives)

Reconciled by: Andrea Knight, Dr. Orville Dyce

P. 191a



Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Medical History

- Mixed Hyperlipidemia [E78.2] (Active)
- Hypokalemia (Active)
- Obesity (Active)
- Eosinophil Count Raised (Active)
- Hypersonmia (Active)
- Obs Sleep Apnea Syndrome (Active)
- Htn (Active)
- Asthma (Active)
- Gastroesophageal Reflux (Active)
- Dizziness (Active)
- Syspnea (Active)
- Dypsnea On Exertion (Active)

Reconciled by: Sandra June

Surgical History

- Hysterectomy

Reconciled by: Sandra June

Social History

- Marital Status: Widowed
- Consumption: Tobacco (Never Smoker - 4)
- Living Arrangement: Own
- Consumption: Alcohol (Never User)

Reconciled by: Sandra June

Family History

- Diabetes Mellitus: Mother
- Asthma, Coronary Arteriosclerosis: Father

Reconciled by: Sandra June

P. 191b

BLACK CREEK MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

ROS

Constitutional: *denies* chills, fevers, fatigue, sleepiness, night sweats, weight loss
Eyes: *denies* itching, vision changes, double vision, blindness, watery eyes.
comments:
wears glasses

Ears: *denies* Popping in ears, Ringing in ears, Difficulty Hearing, Drainage, Ear Pain, Itching
Nose: *denies* Nosebleeds, Nasal Stuffiness, Sinus Pressure, Sneezing , Allergies
Throat: *denies* Snoring, Trouble Eating, Mouth or Throat Pain; ***positive*** **for Hoarseness, Frequent Sore Throats**
Gastrointestinal: *denies* Trouble Swallowing, Heartburn, Sour Taste in Mouth, Nausea, Choking on foods/liquids
Pulmonary: ***positive*** **for coughing, wheezing, shortness of breath**
Cardiac: *denies* Chest Pain, Exercise Intolerance, Unable to climb stairs, Difficulty laying flat, Palpitations
Neurologic: *denies* Passing out, Dizziness, Change of smell/taste, Headaches, Weakness on one side
Psychiatric: *denies* Depression, Hallucinations, Anger, Difficulty sleeping, Restless sleeping, Anxiety
Endocrine: *denies* Thyroid Problems, Mood Swings, Heavy Periods
Hematologic: *denies* Bleeding Problems, Blood Clots, Swollen lymph nodes
Allergic/Immuno: *denies* History of throat/lip swelling; ***positive*** **for Abnormal Allergic Reactions**
Integument: *denies* Skin rashes, Skin itching, Bleeding patches or growth, Skin cancer

PE

General: Normal: Yes;
Neuro/Psych: Normal: Yes;
Eyes: Normal : Right, Left;
wears glasses
Ears: Normal: Right, Left;
Nose: Normal: Right;
Chest/Lungs: Normal: Yes;
COR: Normal: Yes;
Abdomen: Normal: Yes;
Extremities: Normal: Yes;

Results

None.

Assessment

1. Allergic Rhinitis - Unspecified [J30.9] - *established diagnosis, uncontrolled*
2. Dyspnea - Unspecified [R06.00] - *established diagnosis, uncontrolled*
3. Nasal Congestion [R09.81] - *established diagnosis, uncontrolled*
4. Moderate Persistent Asthma With (acute) Exacerbation [J45.41] - *established diagnosis, uncontrolled*
5. Gastro-esophageal Reflux Disease With Esophagitis [K21.0]

P. 191c

GENNETTE SOWELL
DOB:
ID: MRN:

Date of service: 11/03/2015 10:08 am

BLACK CREEK
MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Plan

1. Allergic Rhinitis - Unspecified [J30.9]
    - Advice:
        - *education/instructions*: In office Immunotherapy measures implemented and instructions given verbally as well as in writing with a patient information form. Patient appeared to understand.

          Will initiate a skin test at this time
2. Nasal Congestion [R09.81]
    - Advice:
        - *education/instructions*: continue Flonase
3. Moderate Persistent Asthma With (acute) Exacerbation [J45.41]
    - Advice:
        - *education/instructions*: continue Xolair, Symbicort
4. Gastro-esophageal Reflux Disease With Esophagitis [K21.0]
    - Advice:
        - *education/instructions*: Anti-Reflux Therapy implemented and instructions given verbally as well as in writing with a patient information form. Patient appeared to understand. Anti-reflux medications given as below

Report generated by: One Touch EMR Software (www.onetouchemr.com)

P. 191d

Name: Gennette Sowell Date of Visit: 5/26/15
DOB: [redacted] PCP: Hammett

Vitals: BP 136/67 Pulse 74 Resp 95 Temp 98° Wt 132 Ht 5'4

1. **HISTORY:** Include all of the following:

CHIEF COMPLAINT: Patient is here for re-evaluation on allergies as has had chest congestion and nasal drainage and stuffiness since last visit. Complains. Still using Symbicort.

HISTORY OF PRSENT ILLNESS: (four elements)
Location-quality-severity-duration-timing-context-modifying factors-associated symptoms
or ~~DENIES~~ chills, fevers, drainage outside, cough, Flu vax, Pneumovax, Breathing better overall

Status of at least three chronic conditions:
1. AR 2. HTN 3. asthma 4. wheezing

PAST HISTORY: (one item) **Medical** Asthma HTN HChol **Family** DM CVA DZ **Social** (-) Tob use

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)
EARS normal B/L
NOSE mod inflamed
THROAT erythema, PND
NECK/LYMPH: Ø masses palpated on exam
Neuro: + glasses
Pulm: + Occas exp wheezing, dyspnea on exertion
COR RRR
Integumen/Skin: Ø lesions

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R____ L____
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

DX
HR
asthma
wheezing
nasal congs

Plan
→ Immunotherapy. Reinject once on maintenance level
→ Symbicort
→ skin test

Follow up in: ____ Days ____ Weeks 3 Months

Scribed By: [redacted] Date

Approved By: [redacted]

Name: Jennette Sowell Orville Dyce M.D.,FAAOA Chart# 1023-2298
DOB: Foods Date
MGT Skin Testing Panel

#	ANTIGEN	Prk. Wheal	I.D. Wheal Dil. 2	I.D. Wheal Dil. 5	End Point	Treatment
1	Apple					
2	Banana	5				
3	Navy Bean					
4	String Bean					
5	Carrot					
6	Corn	6				
7	Cucumber					
8	Cantelope					
9	Mushroom					
10	Onion					
11	Egg,Whole					
12	Milk					
13	Coffee					
14	Cinnamon					
15	Orange					
16	Peanut					
17	Pecan					
18	Pineapple					
19	Potato,White					
20	Soybean					
21	Squash	6				
22	Strawberry					
23	Tomato					
24	Wheat,Whole					
25	Chocolate,Cocoa					
26	Beef					
27	Chicken					
28	Pork					
29	Shrimp					
30	Tuna					
31	Lemon	6				
32	Nettle					
33	Positive (+)	8				
34	Negative (-)					
35	Sweetgum	6				
36	Horse	6				
37	Feathers	6				
38	Cattle	7+				
39	Guinea Pig	7+				
40	Rabbit					

RECEIVED NOV 11 2015

P. 191f

Name: Gennette Sowell
DOB: [redacted]

Orville Dyce M.D.,FAAOA
Inhalants
MGT Skin Testing Panel

~~Chart#~~ 623-2298
Date

#	ANTIGEN	Prk. Wheal	I.D. Wheal Dil. 2	I.D. Wheal Dil. 5	End Point	Treatment
1	Ash,White					
2	Birch,Red	5				
3	Box Elder					
4	Cedar,Red	5				
5	Cottonwood					
6	Elm,American					
7	Hickory,White					
8	Oak,White					
9	Pine,White	5				
10	Sycamore					
11	Lamb's Quarter					
12	Marsh Elder					
13	Mugwort					
14	Pigweed,Rough					
15	Plantain,English					
16	Ragweed,Short					
17	Sheep Sorrel					
18	Bahia					
19	Bermuda					
20	Johnson	5				
21	Timothy					
22	Alternaria					
23	Aureobasidium					
24	Candida albicans	6				
25	Cladsosporium					
26	Epidermophyton					
27	Fusarium Mix					
28	Aspergillus Mix					
29	Mucor Mix	6				
30	Penicillium Mix					
31	Stemphylium	6				
32	Trichophyton	5				
33	Cockroach Mix					
34	Mite D.F.	5				
35	Mite D.Pt.	5				
36	(+) Positive Con	9				
37	Dog	5				
38	Cat					
39	Fire Ant					
40	(-) Negative Con					

P. 191 a

Name: Gonnothe Sowell Date of Visit: 2-24-15

DOB: PCP:

Vitals: BP 151/93 Pulse 78 Resp 95% Temp 98.2 Wt 139 Ht 5'4"

1. HISTORY: Include all of the following:

CHIEF COMPLAINT: I am here today to f/u on my allergies. I am done with my allergy shots - I am not having any large reactions - My nasal sx, PND, sneezing, itchy watery eyes + SOB are better since starting shots. I feel like I need an ABX because my chest feels tight. I have no fevers, chills or discolored nasal drainage

HISTORY OF PRSENT ILLNESS: (four elements) Location-quality-severity-duration-timing-context-modifying factors-associated symptoms

Chest congestion x 1 wk, productive cough, ↑ SOB, ⊖ fevers.

or

Status of at least three chronic conditions:

1. AR 2. nasal OD 3. Asthma 4.

PAST HISTORY: (one item) Medical Asthma, HTN, ↑ chol. Family DM, heart stroke Social ⊖ tob use

REVIEW OF ~~SYSTEMS:~~ (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. EXAM: inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

EARS Normal bilat.

NOSE mod. ITN bl.

THROAT erythem. Freid IV

NECK/LYMPH: ⊖ masses palpated on exam

Neuro: ⊕ grossly

Pulm: ⓓ biphasic wheezing

COR RRR

Integumen/Skin: ⊖ lesions

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R___ L Exp. Oto15
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R___ L___

Neb Tx today
Xopenex
LOT S13F037

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required

New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required

Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required

One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx
AR
nasal OD
Asthma
Wheezing

Plan
⇒ Immunotherapy
- Depo + Decadron injection 80mg. 10mg.
- Symbicort

Follow up in: ___ Days ___ Weeks 3 Months

Scribed By: Approved By:

P.191 ct (323-511-10

Name: Gennette Sowell Date of Visit: 11-18-14

DOB: PCP:

Vitals: BP 124/78 Pulse 90 Resp 99 Temp 98.3 Wt 142 Ht 5'4"

1. **HISTORY:** Include all of the following:
CHIEF COMPLAINT: I am here today to Flu on my nasal ob, shortness of breath and post nasal drainage. For the past week with the cold weather my symptoms have increased.

HISTORY OF PRSENT ILLNESS: (four elements)

Location-quality-severity-duration-timing-context-modifying factors-associated symptoms

doing well. ~~Θ large reaction to shots~~ ↑ nasal ob, PND, SOB ε weather change. or Asthma is controlled.

Status of at least three chronic conditions:

1. AR. 2. nasal ob 3. Asthma 4.

PAST HISTORY: (one item) Medical Asthma HTN ↑chol Family DM Stroke Heart Social Θ tob. use

REVIEW OF SYSTEMS: (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	~~Breathing thru nose~~	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

EARS normal bilO.
NOSE widely patent bilO.
THROAT edem.
NECK/LYMPH: Θ masses palpated
Neuro: Θ
Pulm: CTA
COR RRR
Integumen/Skin: Θ

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R____ L____
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx: AR nasal ob Asthma

Plan:
- Start Immunotherapy (must wait full 30 min ε ever Shot due to Asthma).
⇒ Flonase + Singulair

Follow up in: ____ Days ____ Weeks 3 Months

Scribed By: Approved By:

Chronic Medication List
CVS Cheraw

Unapproved Abbreviations: DO NOT Use						
ALWAYS Use Leading 0's; DO NOT Use Trailing 0's						
AD	AU	MS	MgSO4	QOD	µg	u
AS	IU	MSO4	QD	TIW	U	X3d

Patient Name: Gennette Sowell Chart #:

Health Care Provider: Hammett DOB:

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE
NKDA		

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE

Date Med Started (If known)	Medication (Prescribed, OTC or Herbal Supplement)	Dosage	Frequency	Discontinued
	Combivent		PRN	
DC	Advair		BID	
	Singulair	10mg	QHS	
	Flonase			
	Nefiura	40mg	daily	
	updated	5/13/14		
	Prednisone	10mg	daily	
	Symbicort	160	BID	
	HCTZ	25mg.		
	Daliresp	500mg.		

Updated

Date	Initial	✓ When list given to patient
11/18/14	AW	

Encounter form for Backup Athena ENT
Enter data when production athenaNet is available.

INTAKE

APPOINTMENT INFORMATION

Date of Service: 08/18/2014 Appointment Time: Visit Type: EP Physicians: Hammett

ENCOUNTER REASON/HISTORY OF PRESENT ILLNESS

Patient is here to followup on allergies and to go over her allergy bloodwork.

Cont 4o C/o allergies & SOB

VITALS

Wt: 144 lbs	**BP:** 160/82 sitting L arm	**BP Cuff Size:** adult
Pulse: 67 bpm regular	**O2Sat:** 99% Room Air at Rest	**T:** 98 F° oral
Ht: 5 ft 4 in	**BMI:** 24.7	

REVIEW OF SYSTEMS: (TWO SYSTEMS)

~~Allergies/Sinus~~ Sleeping Snoring Breathing at Night Swallowing Lump in Throat Reflux Coughing
~~Hoarseness~~ ~~Breathing thru nose~~ Thyroid Itchy Eyes Hearing Loss Dizziness Headaches
Chest Pain ~~Tinnitus~~ Fatigue Masses/Skin Lesion

EXAM: INC. FIVE ORGAN SYSTEMS. (AFFECTED BODY AREA AND AT LEAST FOUR OTHER SYMPTOMATIC-RELATED ORGAN SYSTEMS)

Dx:

AR

nasalob

Asthma

Plan:

- Start Immunotherapy (each shot she needs to stay around for 30min)

EARS normal bil

NOSE Mod. severe ITH bil

THROAT edem.

NECK/LYMPH Ø masses

Neuro Ø

Pulm Ø

COR Ø

Integumen/Skin Ø

F/U 3mo

SOWELL, GENNETTE
08/18/2014 - 10:30AM - TMG_Hartsville ENT

* 31035968w4693 E-ProgNote

FAMILY HISTORY

Reviewed Athena Documentation

Reviewed Family History

Mother
- Diabetes mellitus (died age: 86)
  - previously recorded as Diabetes

Father
- Asthma
- Coronary arteriosclerosis (died age: 84)
  - previously recorded as Coronary Artery Disease

SURGICAL HISTORY

Reviewed Athena Documentation

Reviewed Surgical History
- Hysterectomy

PAST MEDICAL HISTORY

Reviewed Athena Documentation

Allergies	Y	GERD/Reflux	Y
Asthma	Y		

Physician Signature: _____

Orville Dyce MD

SOWELL, GENNETTI
08/18/2014 - 10:30AM - TMG_Hartsville ENT

*3103596[illegible]4693 E-ProgNote

MEDICATIONS

Reviewed Athena Documentation

Reviewed Medications

Name	Date
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	07/26/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/13/14 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	08/13/14 filled
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	07/30/14 filled
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	07/26/14 filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	06/28/14 filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	08/13/14 filled
simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler INHALE 2 PUFFS BY MOUTH TWICE DAILY	08/12/14 filled
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

ALLERGIES

Reviewed Athena Documentation

Reviewed Allergies
ZYRTEC: Hives

SOCIAL HISTORY

Reviewed Athena Documentation

eviewed Social History
NT and General IM
Occupation: employed deli piggly wiggly.
Smoking Status: Never smoker.
Alcohol intake: None.
Marital status:
exposed to smoke at work; has lived at present home for 25) dogs; (-) birds; (-) molds, tubs

Name: Gerette Sawtee
DOB: ~~~
Date of Visit: 7-29-14
PCP: Hummet

Vitals BP 187/97 Pulse 87 Resp 94 Temp 96.5 Wt 145.8 Ht 5'4"

1. **HISTORY:** Include all of the following:
CHIEF COMPLAINT:

HISTORY OF PRSENT ILLNESS: (four elements)
Location-quality-severity-duration-timing-context-modifying factors-associated symptoms
↑ Cough ↑ SOB ↓↓ ↑↑ mens ⊖ 4/0 Asthma
or
Status of at least three chronic conditions:

PAST HISTORY: (one item) 1. 2. **Medical** Asthma HTN ↑chol asthma 3. **Family** DM ♡ Disease stroke 4. **Social** ⊖ Tob

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)
EARS
NOSE
THROAT
NECK/LYMPH:
Neuro:
Pulm: ⊕ wheezing ⊕ rhonchi
COR
Integumen/Skin:

All lest — Rt TM U.to.
Rt ↓ long Dcanal
— Defer SO
— Xopenex nebs

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R___ L___
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R___ L___

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Rec Defer All test 2/2 ↑ Asthma D/C ↓↓ mens

Follow up in: ___ Days ___ Weeks ___ Months

Scribed By: Approved By:

Dexamethasone J21977 2/17 Decadron 10mg L004160 9/14 P.197 deltoid RT

Xopenex TX 512D002

Name: Annette Sowe Date of Visit: 5/13/14
DOB: PCP: Hammett

Vitals: BP 154/79 Pulse 79 Resp 98 Temp 97.4 Wt 144 Ht 5'4"

HISTORY: Include all of the following:

CHIEF COMPLAINT: I am here to go over my allergy labwork + steel have some sinus drainage.

HISTORY OF PRSENT ILLNESS: (four elements)
Location-quality-severity-duration-timing-context-modifying factors-associated symptoms
Previously x Nasal Sprays

or
Status of at least three chronic conditions: taking Prednisone QD SOB better

1. AR 2. Asthma 3. nasal ob 4. SOB

PAST HISTORY: (one item) **Medical** HTN ↑ High Chol. Asthma **Family** DM ♡ Disease stroke **Social** -Tob.

REVIEW OF SYSTEMS: (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	~~Breathing thru nose~~	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems) Review

EARS normal bil.
NOSE mod. DT+ InC.
THROAT -
NECK/LYMPH: - masses
Neuro: -
Pulm: -
COR -
Integumen/Skin: -

Invetro Allergy test (4-22-14)
Total. IgE 185
dust II
Shrimp II
Bermuda 0/I
cockroach 0/I

PROCEDURE
Nasal Endoscopy
Fiberoptic Laryngoscopy

Other
Nasal Endoscopy with Control of Epistaxis R____ L____
BinocMicro with EAC Debridement R____ L____

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx
AR
Asthma
nasal ob

Plan:
- Allergy test (take out dust, Shrimp, Bermuda + cockroach (have Epi ready when testing)

Follow up in: ____ Days ____ Weeks ____ Months

Scribed By: Angel Kelly

Approved By:

Hartsville ENT

Dr. Oi Dyce, FAAOA

ENT, Allergy, & Sleep Medicine

Medical History and Problems

Name Gennette Sowell Age: 64 Date: 4-28-14

Family or Referring Physician: Dr. Hennett Pharmacy: CVS

Please state the problem or reason you are being seen for: Asthma - I'm here to talk about having an allergy test. I have alot of wheezing + SOB. Its been like I'm not working.

List any doctors, test, treatments or hospitalizations you have had for this problem: around smoke + Chemica

Dr. R. Hennett DR J DDS

Out of work since Jan. 2014 and allergies are somebetter

Have you had any of the following done for the above problems: (check all that apply) (+) AM @ nasal sb using Flonase taking Singulair

___ X-Rays ___ MRI ✓ CT Scan ___ Nerve Conduction Study

If so, where? Chesterfield General

Vitals: BP 171/80 Pulse 84 Resp 98 Temp 98.1 Wt 145 Ht 5'4"

Hx: Asthma last ER visit was 6.2011 cont. to c/o SOB & walking to car.

(+) SOB (+) wheezing despite Asthma medicine.

(+) sneezing, runny nose, itchy watery eyes

PAST MEDICAL HISTORY

1. List all of your medications, including over the counter medicines (dose and how many times a day)

1. Singulair
2. Symbicort
3. HCTZ
4. Albuterol neb.
5. Nexium
6. Flonase
7. Prednisone
8. ___

ALLERGIC TO ANY MEDICATIONS OR MEDICINE THAT YOU CAN NOT TAKE: (please circle all the apply)

Anesthetics, Aspirin, Barbituates, Codeine, Demerol, Penicillin, Morphine, Sulfa, Other: Zetex - (severe rash)

List any surgery you have had and the year the surgery was done:

1. ___
2. ___
3. ___
4. ___
5. ___
6. ___
7. ___
8. ___

Any other medical problems, please list: ___

Do you have pacemaker: YES / (NO)

Are you taking any blood thinners? YES / (NO) Plavix, Coumadine or Aspirin? How often? ___

Scribed by ___ Reviewed By Physician ___

Review of Systems

Please Circle all symptoms that pertain to patient: Name Jeanette Sowell Date 4/22/14

Allergies/Sinus ✓
Itchy Eyes ✓
Watery Eyes ✓
Hearing Loss
Hearing Noises in Ear
Ringing in Ears
Pain in Ear(s)
Drainage from Ear
Runny Nose ✓
Sneezing ✓
Bleeding from Nose
Stopped up Nose ✓
Itchy Nose
Pain in Nose
Problems Breathing thru Nose
Spinning Room
Dizziness when turning Head Left or Right
Dizziness when lying down
Dizziness when bending over
Dizziness when sitting up

Trouble Swallowing
Sore Throat
Lump in Throat
Hoarseness
Mucus in Throat ✓
Coughing ✓
Tickle in Throat ✓
Coughing when lying down ✓
Coughing when Hot or Cold ✓
Coughing after Eating ✓
Mucus in Chest ✓
Feeling Hot or Cold
Lump in Neck
Feeling Tired
Headaches

SLEEP PATTERN QUESTIONAIRE

Choking
Irregular Breathing Pattern
Extreme Sleepiness
Irritability
Moodiness
Morning Headaches
Facial Abnormalities
Snoring
Feeling Tired
Trouble Breathing at Night
Trouble Staying Asleep
Trouble Sleeping
Gasping for Breath

*****If you are having trouble with your ear(s) please circle Right Left or Both***

*****If you are having trouble with your nose please circle which side Right or Left***

Reviewed by Physician: RECEIVED

Revised 6/7/13

Name: Gennette Sowell F C of Visit: 5/29/12

DOB: [illegible] PCP: Hammett

Vitals: BP 110/72 Pulse ____ Resp ____ Temp 96.5 Wt 142 Ht 5'4" BMI ____

1. **HISTORY:** Include all of the following:

CHIEF COMPLAINT: Flu Reflux, had flare up over the weekend, c/o to have hoarseness

HISTORY OF PRSENT ILLNESS: (four elements)

Location-quality-severity-duration-timing-context-modifying factors-associated symptoms

↑ in hoarseness + cough. Seen Dr. Jona which placed her on nasal sprays. or treated c antibiotics + steroids for a productive cough. She is taking Advair 250/50.

Status of at least three chronic conditions:

1. hoarseness 2. Reflux 3. Cough 4. Wheezing

PAST HISTORY: (one item) Medical ↑Chol Family DM, Cancer Social ♀ tobacco

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ syster

EARS ↓

NOSE ↓

THROAT ↓

NECK/LYMPH: ↓

Neuro: ↓

Pulm: wheezing bil

COR ↓

Integumen/Skin: ↓

(8-18-12) (IR) Chest CT Scan - thickening of esophageal wall. Sm. nodule adjacent to esophagus.

Chest CT (12-22-11) AP window, right paratracheal, subcarinal shotty adenopathy suggestive to sarcoidosis

PROCEDURE Other

Nasal Endoscopy

Fiberoptic Laryngoscopy

Nasal Endoscopy with Control of Epistaxis R____ L____

BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required

New problem, additional work-up planned=4 pts

New problem, no work-up planned=3 points

Established problem, worsening=2 points

Established problem, stable=1 point

DATA: 3 points required

Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pt

Order/ review blood work = 1 point

Order/review X-Ray = 1 point

Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point

Review and summarize old records or discuss case with another provider – 2 p

RISK: one of the following required

One chronic illness with mild exacerbation: Dx. hoarseness, Reflux, cough, wheezing

Two stable chronic illnesses

Previously undiagnosed new problem of uncertain prognosis

Acute complicated injury

Plan:

Follow up in: ____ Days - F/U c Dr. Jona

____ Weeks - ↑ Advair to

2 Months 500/50

[illegible]

Name: Gennette Sowell
DOB

Date of Visit 4/17/12
PCP Hammett

BP 132/78
P 94
WT 143
HT 5'4"
Temp 97.2

1. HISTORY: Include all of the following:

I CHIEF COMPLAINT: F/U Reflux. "Doing Better"

I HISTORY OF PRESENT ILLNESS: (Four elements)
location-quality- severity-duration-timing-context-modifying factors-associated symptoms

Breathing better, nose more open, still cough better, still hoarseness, still reflux, maximum OM made cough worse in the past. currently taking Advair + Combivent.

Wake ↑ @ night + get Dicarbi treatment

or

Status of at least three chronic conditions

1 Reflux 2 Cough 3 hoarseness 4

underwent PFT's CT chest x 2 + Spirometry @ CGH

I PAST HISTORY: One item

medical ↑ chol family DM cancer social ↓ tob use

I REVIEW OF SYSTEMS: (two systems)

~~Allergies/Sinus~~
Swallowing
~~Hoarseness~~
Hearing Loss Dizziness
Sleeping
Lump in Throat
Breathing thru nose
Headaches
Snoring
Reflux
Thyroid
Breathing at Night
Coughing

2. EXAM: Inc five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

Ears ⊘
Nose ⊘
Throat ⊘
( )k/ Lymph ⊘
Neuro: ⊘
Pulm: ⊘
COR: ⊘
Integument/Skin ⊘

Procedure Other

Nasal Endoscopy:
BinocMicro with EAC Debridement R__L__

Nasal Endoscopy with Control of Epistaxis R__L__
Fiberoptic Laryngoscopy:

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

I DIAGNOSIS: 3 points required
- New problem, additional work-up planned = 4 points
- New problem, no work-up planned = 3 points
- Established problem, worsening = 2 points
- Established problem, stable = 1 point

Dx: Reflux
Cough
hoarseness

I DATA: 3 points required
Independent. Review of X-ray, ECG or blood work, Allergy Test, Sleep Study = 2 points
Order or review blood work = 1 point
Order or review X-ray = 1 point
Order or review procedural test (e.g., Allergy test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider = 2 points

Plan: cont Nexium + Nasonex
review CT chest PFT's + Spirometry results from CGH.
F/U 6 wks
TC PH Probe Study

RISK: One of the following required
One chronic illness with mild exacerbation
T[illegible]lable chronic illnesses
P[illegible]ously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dr. Orville H. Dyce, FAAOA
ENT, Allergy, Sleep Medicine
MEDICAL HISTORY AND PROBLEMS

NAME: Genette Sowell AGE: 61 DATE: 3/6/12

Please state the problem or reason you are being seen for: Nose Ear 1yr because my mental Can't blow nose drains in Lungs Cough - Sinus
List any doctors, test,treatments, or hospitalization you've had for this problem: Breathing Coughing Asthma order to have
Have you had any of the following: x-rays, MRI,CAT scans, Nerve Conduction study, done for the above problem: YES/NO If yes, where? Chesterfield General Hospital ENT x 2 ct bronchitis
Family or referring Doctor: Dr. Hammell Weight: 143 Height: 5'4"
Pharmacy Name: CVS B/P: 122/66 Pulse: 72 Asthma

Dec blow nose & cures cut

PAST MEDICAL HISTORY

1: List all you medications including over the counter drugs (dose and how many times a day you take each).

1. Combivent when needed
2. Advair Twice a day
3. Flonase
4. Singulair
5. ____
6. ____
7. ____
8. ____

↑ Cough Burning Itchy Body

115

↓ Emerg Dec heartburn

ALLERGIC TO ANY MEDICATIONS OR THAT YOU CAN NOT TAKE:

ANESTHETICS ____ ASPIRIN ____ BARBITUATES ____
CODEINE No DEMEROL No PENICILLIN No Gut
MORPHINE ____ SULFA ____ OTHER: ____

LIST ANY SURGERY (OPERATION) YOU HAVE HAD AND THE YEAR THEY WERE DONE):

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____

(D)

CHECK ANY OF THE MEDICAL PROBLEMS THAT YOU OR YOUR FAMILY MAY HAVE:

MEDICAL PROBLEM	SELF	FATHER	MOTHER	BROTHER	SISTER
AIDES/HIV					
ARTHRITIS					
BLOOD DISORDER					
CANCER/TYPE/AREA			mother		
DIABETIS			mother		
HIGH CHOLESTEROL			Self		
HIGH BP/Heart Disease					
KIDNEY DZ(DIALYSIS,STONES)					
LUNG DISEASE					
NEUROLIGICAL(SEIZURE,PARKINSON'S)					
STOMACH (ULCER, ACID REFLUX)					
STROKE					

Thyroid Problems

Any other medical problem, please list"_____

_____

Do you have a pacemaker? YES/NO Are you taking blood thinners? YES/NO
PLAVIX, COUMADINE OR ASPIRIN? HOW MUCH? _____

REVIEW OF SYSTEMS

Please circle any of the following symptoms you have had in the past months:

Coughing,Morning Hoarseness,Dizziness,Ringing in the ears,Snoring, Daytime Fatigue or sleepiness,Thyroid Problems,Rashes,Face/Neck Lumps/Growths,Night Sweats Sinus or Allergies,Hearing Loss,Lump feeling in throat when swallowing,Sour Taste in back of throat, Post Nasal Drainage,Trouble breathing through nose

SOCIAL HISTORY

MARITAL STATUS: MARRIED/WIDOW/DIVORCED/SEPERATED
EMPLOYMENT: WORKING/RETIRED/DISABLED/UNEMPLOYED
If working, what position, title,or job discription: Deli manager
Are you a student? YES/NO What school_____ What grade_____
List any hobbies,acitvies or sports you participate in: None
Tobacco Use: Ciggarettes/Cigars/Pipes/Snuff How much p How long:
Alcohol Use: Beer/Liquor/Wine How much per week: None
Recreational Drugs: Marijuana/Cocaine/Heroin/Crack How much: How Often:

THE STATEMENTS ABOVE ARE TRUE AND TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: Kenneth Davis **DATE:** 3/6/12

FEB 01 2012 03:13:38

Physical Exam:

Temp: ___ Weight: 143 Height: 5'4" BP: 122/68 P- 72 (Regular).

General	Abnormal	Normal
Psychiatric	Abnormal	Normal
Mental Status		Awake, Alert Oriented
Mood		Engaging, no obvious depression
		No mood instability
Cranial Nerves:	Abnormal	Normal
		No reported problems
	I	Vision grossly intact
	II	EOMI
	IV	EOMI
	V	Facial Sensation intact
	VI	
	VII	Facial Movement intact, symmetric
	VIII	No nystagmus, head tilt
	IX	Gag intact
	X	Normal voice, breathing
	XI	Shoulder Strength in tact
	XII	Tongue mobility/ strength intact
		No slurred words
Eyes	Abnormal	Normal
Position		normal forward gaze
Movement		no motion limitation
Vision (Gross)		intact
Sclera		nonicteric
Pupils		equal/ Symmetric
Conjunctiva		non-injected, no inflammation
Ears	Abnormal	Normal
Pinna, Auricle		no abnormal lesions, deformities
EAC		minimal cerumen, no lesions
Tympanic Membrane		intact, good position, mobile
Pneumo- otoscopy		+/ mobility
Middle Ear		no fluid, no masses
Tuning Fork		

Weber		midline
Rinne		Air> Bone
Speech Threshold		communicate in nl tone of voice
Nose	**Abnormal**	~~Normal~~
External Skin		~~no lesions~~
Vestibule		no lesions, no inflammation
Dorsum		no significant deformity
Mucosa		pink, non edematous, not inflamed
Turbinates		pink, non edematous, not inflamed
Septum		no significant deformity
Sinus Percussion		non tender
Mouth	**Abnormal**	~~Normal~~
Odor		non-noxious
Lips		~~no lesions~~, deformities
Gingiva		no lesions, deformities
Dentition		majority in tact, good condition
Tongue		no lesions, deformities
Mucosa		no lesions, deformities, moist
Floor of Mouth		no lesions, deformities
Hard Palate		~~no lesions~~, deformities
Pharynx/ Throat	**Abnormal**	**Normal**
Soft Palate		no lesions, deformities, nl length
Trigone		no lesions, deformities
R L tonsil		no lesions, deformities
Base of tongue		no lesions, deformities
Papilla		pink, no lesions, deformities
Posterior Pharyngeal Wall		visible, no lesions, deformities
~~Neck~~/ Thyroid/Saliva Glands	**Abnormal**	**Normal**
R L Parotid		no visible/ palpable lesions
R L Submandibular		no visible/ palpable lesions
R L Sublingual		no visible/ palpable lesions
Minor Salivary		no visible/ palpable lesions
R L Thyroid		no visible/ palpable lesions
R L Neck		no visible/ palpable lesions
R L Carotid		no visible/ palpable lesions, nl pulse
Skin/ Integument	**Abnormal**	**Normal**
R L Scalp		no visible/ palpable lesions
R L Nasal Dorsum		no visible/ palpable lesions
R L Forehead		no visible/ palpable lesions

R L	Temple	no visible/ palpable lesions
R L	Cheek	no visible/ palpable lesions
R L	Neck	no visible/ palpable lesions
R L	Jaw	no visible/ palpable lesions
R L	Periorbital	no visible/ palpable lesions
R L	Posterior Neck	no visible/ palpable lesions

Musculoskeletal	**Abnormal**	**Normal**
Temporomandibular Joint		non tender, no crepitus
R L Mandible		no visible/ palpable deformities
R L Maxilla		no visible/ palpable deformities
R L Orbital Bones		no visible/ palpable deformities
Cervico-mental Angle		not too shallow/ obtuse
Malar Prominence		no visible/ palpable deformities

Organ Systems	**Abnormal**	**Normal**
Lungs		symmetric, non labored respirations
Heart		regular rate and rhythm
Abdomen		non tender, non distended
Extremities/ Circulation		warm pink extremities

Nasal Endoscopy*	**Abnormal**	**Normal**
R L Mucosa		pink, non edematous, not inflamed
R L Inferior Turbinates		pink, non edematous, not inflamed
R L Middle Turbinates		pink, non edematous, not inflamed
R L Middle Meatus		pink, no purulence/ masses
R L Posterior Recess		pink, no purulence/ masses
Septum		

Nasopharyngoscopy*	**Abnormal**	**Normal**
R L Fossa of Rosenmuller		no masses, no inflammation
R L Eustachian Tube		patent, no infection, no masses
R L Adenoid pad		non inflamed, non obstructing
R L Choanae		patent

Fiberoptic Laryngoscopy*	**Abnormal**	**Normal**
R L True Vocal Cord		normal mobility, no lesions, moist
R L Ventricular Fold		pink, moist, no lesions
R L Ventricles		pink, moist, no lesions
R L Subglottis		moist, no lesions, non obstructed

Petiole		pink, moist, no lesions
[illegible]	Epiglottis	pink, moist, no lesions
[illegible]	Vallecula	pink, moist, no lesions
[illegible]	Base of Tongue	[illegible] lymphoid tissue, no lesions
[illegible]	Posterior Pharyngeal Wall	[illegible] lymphoid tissue, no lesions
[illegible]	Arytenoic	pink, moist, no lesions
[illegible]	Aryepiglottic Fold	pink, moist, no lesions
[illegible]	Pharyngoepiglottic Fold	pink, moist, no lesions
[illegible]	Piriform Sinus	pink, moist, no lesions

Prior to endoscopy, the nasal cavity was topically anesthetized and decongested with 6% Lidocaine and Phenylephrine. A fiberoptic scope was passed through the nasal cavity and used to evaluate the nasal and/or laryngopharyngeal structures.

Sleep Study Results:

NPSG

CPAP titration

MSLT

MWT

Radiology Results:

Independent Review Yes No

Laboratory Results:

Allergy Testing Results:

Hartsville ENT

Dr. Orv... yce, FAAOA

ENT, Allergy, & Sleep Medicine

Medical History and Problems

Circle any of the medical problems that you or your family may have:

AIDS/HIV	Self	Mother	Father	Brother	Sister
Arthritis	Self	Mother	Father	Brother	Sister
Blood Disorder	Self	Mother	Father	Brother	Sister
Cancer/Type/Area	Self	Mother	Father	Brother	Sister
Diabetes	Self	(Mother)	Father	Brother	Sister
High Cholesterol	(Self)	Mother	Father	Brother	Sister
High Blood Pressure	(Self)	Mother	Father	Brother	Sister
Heart Disease	Self	Mother	(Father)	Brother	Sister
Kidney Disease	Self	Mother	Father	Brother	Sister
Lung Disease	Self	Mother	Father	Brother	Sister
Neurological (seizures, Etc)	Self	Mother	Father	Brother	Sister
Stomach (Ulcer, Reflux, Etc)	Self	Mother	Father	Brother	Sister
Stroke	Self	Mother	(Father)	Brother	Sister

REVIEW OF SYSTEMS

Please circle any of the following symptoms you have has in the past few months:

(Cough) Snoring Rashes Sour Taste (Itchy Eyes)

Morning hoarseness Daytime Fatigue Night Sweats Post Nasal Drainage Chest Pain

Dizziness Sleepiness (Sinus/Allergies) Hearing Loss Trouble Breathing through Nose

Ringing in the ears Thyroid Problems Face/Neck Lumps/Growth Lump in Throat Swallowing

SOCIAL HISTORY

Marital Status: Married/(Widow)/(Divorced)/Separated

Employment: Working/Retired/(Disabled)/Unemployed

If working, what position, title or job description: _____

_____

Are you a student? YES / (NO) What school? _____ What grade? _____

List any hobbies, activities or sports you participate in: _____

Tobacco Use: YES / (NO) Cigarettes/Cigars/Pipes/Snuff How much _____ How long _____

Recreational Drugs: Marijuana/Cocaine/Herion/Crack How much _____ How long _____

The statements above are true to the best of my knowledge:

Signature: _____ Date: _____

Reviewed By Physician _____

Physical Exam

Temp:_____Weight:_____Height:_____BP:__/__Pulse:_____

General	**Abnormal**	**Normal**
Psychiatric	**Abnormal**	**Normal**
Mental Status		Awake,Oriented,Alert
Mood		Engaging, No obvious depression
		No Mood Instability
Cranial Nerves	**Abnormal**	**Normal**
R L I		No Reported Problems
R L II		Vision Grossly Intact
R L III		EOMI
R L IV		EOMI
R L V		Facial Sensation Intact
R L VI		Facial movement intact,symmetric
R L VII		No nystagmus, head tilt
R L VIII		Gag intact
R L IX		Normal voice,breathing
R L X		Shoulder strength in tact
R L XI		Tongue mobility/strength intact
R L XII		No slurred words
Eyes	**Abnormal**	**Normal**
Position		Normal forward gaze
Movement		No motion limitation
Vision (Gross)		Intact
Sclera		Nonicteric
Pupils		Equal/Symmertric
Conjunctiva		Non injected,no inflammation
Ears	**Abnormal**	**Normal**
Pinna,Auricle		No normal lesions,deformities
EAC		minimul cerum,no lesions
Tympanic Membrane		Intact,good position,mobile
Pneumo-otoscopy		Normal mobility
Middle Ear		No fluid,no masses
Tuning Fork		
Weber		Midline
Rinne		Alt>Bone
Speech Threshold		Communicates in nl tone of voice

Scribe: [signature]

Physician [signature]

	Abnormal	Normal
Nose		
External Skin		No lesions
Vestibule		No lesions,No inflammation
Dorsum		No significant deformity
Mucosa	mod-ITH bil	Pink,non edematous,not inflamed
Turbinates		Pink,non edematous,not inflamed
Septum		No significant deformity
Sinus Percussion		Non tender
Mouth	**Abnormal**	**Normal**
Odor		Non-noxious
Lips		No lesions / deformities
Gingiva		No lesions / deformities
Dentition		Majority intact,good condition
Tongue		No lesions / deformities
Mucosa		No lesions / deformities,moist
Mouth (floor)		No lesions / deformities
Hard Palate		No lesions / deformities
Pharynx/Throat	**Abnormal**	**Normal**
Soft Palate		No lesions/deformities/ Nl length
Trigone		Nolesions/deformities
R L Tonsil		No lesions/deformities
Tongue (base)		No lesions/deformities
Papilla		Pink, No lesions/deformities
Pharyngeal Wall(posterior)		Visible, No lesions/deformities
Neck/ Thyroid/ Saliva Glands	**Abnormal**	**Normal**
R L Parotid		No visible/palpable lesions
R L Submandibular		No visible/palpable lesions
R L Sublingual		No visible/palpable lesions
Minor Salivary		No visible/palpable lesions
R L Thyroid		No visible/palpable lesions
R L Neck		No visible/palpable lesions
R L Cartoid		No visible/palpable lesions
		NL Pulse
Skin/Integument	**Abnormal**	**Normal**
R L Scalp		No visible/palpable lesions
R L Nasal Dorsum		No visible/palpable lesions
R L Forehead		No visible/palpable lesions

Scribed: _____ Physician _____

kin/Integument(con't)	Abnormal	Normal
R L Temple		No visible/palpable lesions
R L Cheek		No visible/palpable lesions
R L Neck		No visible/palpable lesions
R L Jaw		No visible/palpable lesions
R L Periorbital		No visible/palpable lesions
R L Neck(posterior)		No visible/palpable lesions

Musculoskeletal	Abnormal	Normal
Temporomandibular Joint		Non tender, No crepitus
R L Mandible		No visible/palpable deformities
R L Maxilla		No visible/palpable deformities
R L Orbital Bones		No visible/palpable deformities
Cervico-mental angle		Not too shallow/obtuse
Malar Prominence		No visible/palpable deformities

Organ Systems	Abnormal	Normal
Lungs	Expiratory Wheezing	Symmetric,non labored resp
Heart		Regular Rhythm/Rate
Abdomen		Non tender/Distended
Extremities/Circulation		Warm pink extremities

Nasal Endoscopy	Abnormal	Normal
R L Mucosa		Pink.non edematous,not inflamed
R L Inferior Turbnates		Pink.non edematous,not inflamed
R L Middle Turbinates		Pink.non edematous,not inflamed
R L Middle Meatus		Pink.non edematous,not inflamed
R L Posterior Recess Septum		Pink.no purulence/masses

Nasopharyngoscopy	Abnormal	Normal
R L Fossa of Rosenmuller		No masses/inflammation
R L Eustachian Tube		Patent/no infection/masses
R L Adenoid Pad		Non inflamed/obstructing
R L Choanae		Patent

Fiberoptic Laryngoscopy	Abnormal	Normal
R L True Vocal Cord		Nl mobility,no lesions,moist
R L Ventricular Fold		Pink,moist,no lesions
R L Ventricles		Pink,moist,no lesions
R L Subglottis		Moist,no lesions,non obstructed

Scribed: [signature] 03/13/08

Physician: [signature]

pression

AR

Nasal sb

Asthma

SOB

Plan:

-Investo Allergy test due to Asthma.

-Nasal endo next visit

n:

F/u 3mths.

unseling/Patient education form given: Yes___ No___

pe:

gnature



P.213

Scribed by

Impression:

1) Acute Sinus

2) Hoarseness

3) Chronic Cough

4)

5)

Plan:

1) Nasacort

2) Nexium

Ciprofloxacin

Bactrim

3)

4)

5)

Counseling/ Patient Education Form Given: Yes __ No___

Type

Signature

Orville H. Dyce MD. FAAOA

RECEIVED MAY 03 2010

LabCorp
LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#

N5310171/OP
DYCE

FASTING: N
DOB:

CLINICAL INFORMATION
CD-20120937454

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

TEST	RESULT		LIMITS	LAB
Allergens w/Total IgE Area 3				
Class Description				01
Levels of Specific IgE	Class	Description of Class		
< 0.10	0	Negative		
0.10 - 0.31	0/I	Equivocal/Low		
0.32 - 0.55	I	Low		
0.56 - 1.40	II	Moderate		
1.41 - 3.90	III	High		
3.91 - 19.00	IV	Very High		
19.01 - 100.00	V	Very High		
>100.00	VI	Very High		
> Immunoglobulin E, Total	248 H	IU/mL	0 - 100	01
> D001-IgE D pteronyssinus	0.39>	kU/L	ClassI	01
> D002-IgE D farinae	0.27>	kU/L	Class0/I	01
E001-IgE Cat Dander	<0.10	kU/L	Class0	01
E005-IgE Dog Dander	<0.10	kU/L	Class0	01
> G002-IgE Bermuda Grass	0.18>	kU/L	Class0/I	01
G017-IgE Bahia Grass	<0.10	kU/L	Class0	01
G006-IgE Timothy Grass	<0.10	kU/L	Class0	01
> [redacted] G006-IgE Cockroach, German	0.12>	kU/L	Class0/I	01
M001-IgE Penicillium chrysoge	<0.10	kU/L	Class0	01
M002-IgE Cladosporium herbaru	<0.10	kU/L	Class0	01
M003-IgE Aspergillus fumigatu	<0.10	kU/L	Class0	01
M006-IgE Alternaria alternata	<0.10	kU/L	Class0	01
T001-IgE Maple/Box Elder	<0.10	kU/L	Class0	01
T003-IgE Common Silver Birch	<0.10	kU/L	Class0	01
T006-IgE Cedar, Mountain	<0.10	kU/L	Class0	01
T007-IgE Oak, White	<0.10	kU/L	Class0	01
T008-IgE Elm, American	<0.10	kU/L	Class0	01
T022-IgE Pecan, Hickory	<0.10	kU/L	Class0	01
W001-IgE Ragweed, Short	<0.10	kU/L	Class0	01
W014-IgE Pigweed, Rough	<0.10	kU/L	Class0	01
W018-IgE Sheep Sorrel	<0.10	kU/L	Class0	01
W020-IgE Nettle	<0.10	kU/L	Class0	01
Allergen Profile, Vegetable II				
F012-IgE Green Pea	<0.10	kU/L	Class0	01
F014-IgE Soybean	<0.10	kU/L	Class0	01
F025-IgE Tomato	<0.10	kU/L	Class0	01
F031-IgE Carrot	<0.10	kU/L	Class0	01

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 3

ADDITIONAL INFORMATION SS#:

N5310171/OP
DYCE

FASTING: N
DOB:

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

CLINICAL INFORMATION
CD-20120937454

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

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

TEST	RESULT		LIMITS	LAB
*F302-IgE Tangerine	<0.10	kU/L	Class0	01
Allergen Profile, Food-Fruit				
F259-IgE Grape	<0.10	kU/L	Class0	01
F049-IgE Apple	<0.10	kU/L	Class0	01
F095-IgE Peach	<0.10	kU/L	Class0	01
F094-IgE Pear	<0.10	kU/L	Class0	01
F092-IgE Banana	<0.10	kU/L	Class0	01
Allergen Panel, Food-Berry				
F044-IgE Strawberry	<0.10	kU/L	Class0	01
*F288-IgE Blueberry	<0.10	kU/L	Class0	01
*F343-IgE Raspberry	<0.10	kU/L	Class0	01
Allergen Profile, Food-Legume				
F235-IgE Lentil	<0.10	kU/L	Class0	01
Allergen Profile, Food-Meat				
F026-IgE Pork	<0.10	kU/L	Class0	01
F027-IgE Beef	<0.10	kU/L	Class0	01
F083-IgE Chicken	<0.10	kU/L	Class0	01
F093-IgE Chocolate/Cacao	<0.10	kU/L	Class0	01
F079-IgE Gluten	<0.10	kU/L	Class0	01
F047-IgE Garlic	<0.10	kU/L	Class0	01
F086-IgE Parsley	<0.10	kU/L	Class0	01
*F220-IgE Cinnamon	<0.10	kU/L	Class0	01
*F221-IgE Coffee	<0.10	kU/L	Class0	01
*F222-IgE Tea	<0.10	kU/L	Class0	01
*F247-IgE Honey	<0.10	kU/L	Class0	01
*F269-IgE Basil	<0.10	kU/L	Class0	01
F280-IgE Black Pepper	<0.10	kU/L	Class0	01
*F283-IgE Oregano	<0.10	kU/L	Class0	01
T016-IgE Pine, White	<0.10	kU/L	Class0	01

*

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp
LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page#: 2

ADDITIONAL INFORMATION

N5310171/OP
DYCE
FASTING: N
DOB:

PATIENT NAME	SEX	AGE(YR./MOS.)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

CLINICAL INFORMATION
CD-20120937454

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

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

TEST	RESULT		LIMITS	LAB
F035-IgE Potato, White	<0.10	kU/L	Class0	01
*F315-IgE Green Bean	<0.10	kU/L	Class0	01
F048-IgE Onion	<0.10	kU/L	Class0	01
*F287-IgE Kidney Bean	<0.10	kU/L	Class0	01
*F225-IgE Pumpkin	<0.10	kU/L	Class0	01
Allergen Profile, Vegetable I				
F214-IgE Spinach	<0.10	kU/L	Class0	01
*F291-IgE Cauliflower	<0.10	kU/L	Class0	01
F085-IgE Celery	<0.10	kU/L	Class0	01
F215-IgE Lettuce	<0.10	kU/L	Class0	01
F260-IgE Broccoli	<0.10	kU/L	Class0	01
F216-IgE Cabbage	<0.10	kU/L	Class0	01
F244-IgE Cucumber	<0.10	kU/L	Class0	01
Allergens(7)				
F013-IgE Peanut	<0.10	kU/L	Class0	01
F017-IgE Filbert	<0.10	kU/L	Class0	01
F018-IgE Brazil Nut	<0.10	kU/L	Class0	01
F020-IgE Almond	<0.10	kU/L	Class0	01
F201-IgE Pecan Nut	<0.10	kU/L	Class0	01
F202-IgE Cashew Nut	<0.10	kU/L	Class0	01
F256-IgE Walnut	<0.10	kU/L	Class0	01
Allergen Profile, Food-Grain				
F004-IgE Wheat	<0.10	kU/L	Class0	01
F005-IgE Rye	<0.10	kU/L	Class0	01
F006-IgE Barley	<0.10	kU/L	Class0	01
F007-IgE Oat	<0.10	kU/L	Class0	01
F008-IgE Corn	<0.10	kU/L	Class0	01
F009-IgE Rice	<0.10	kU/L	Class0	01
Allergen Profile, Food-Milk				
F002-IgE Milk	<0.10	kU/L	Class0	01
F076-IgE Alpha Lactalbumin	<0.10	kU/L	Class0	01
F077-IgE Beta Lactoglobulin	<0.10	kU/L	Class0	01
F078-IgE Casein	<0.10	kU/L	Class0	01
F081-IgE Cheese, Cheddar Type	<0.10	kU/L	Class0	01
F082-IgE Cheese, Mold Type	<0.10	kU/L	Class0	01
Allergen Profile, Food-Citrus				
F033-IgE Orange	<0.10	kU/L	Class0	01
F209-IgE Grapefruit	<0.10	kU/L	Class0	01
F208-IgE Lemon	<0.10	kU/L	Class0	01
*F306-IgE Lime	<0.10	kU/L	Class0	01

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-735-4087

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#.

L8110203/OP/DYCE FASTING: N

DOB:

CLINICAL INFORMATION
CD-20120935161

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	62 / 11

PT. ADD.:

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
2/11/2013	15:54	2/12/2013	2/13/2013	23:35	6890

TEST	RESULT		LIMITS	LAB
B pertussis IgG/IgM Ab				
B pertussis IgG Ab	5	U/mL	0 - 9	01
			Negative <10	
			Positive 10 - 49	
			High positive >49	
B pertussis IgM Ab	<1.0	index	0.0 - 0.9	01
			Negative <1.0	
			Borderline 1.0 - 1.1	
			Positive >1.1	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: SOWELL,GENNETTE | Pat ID: | Spec #: | Seq #:

5

Upstate Occ Medicine
1241 Boiling Springs Hwy. · Spartanburg, SC 29303
Sptbg. (864) 591 0992, Fax 591 0776, Grnvl 275 5137
gearly@usa.net

Gordon Early, MD, MPH, FACOEM
Board Certified/Eligible
Occ/Env M
Toxicology

File Review on Gennette Sowell
12-17-15

I was asked by Pret McDaniel, JD to review the medical file on Ms Sowell and submit an opinion concerning attribution issues and her asthma. I reviewed records from:

- Dr Hammett, 2010 to present
- Dr De Dios from 2013 onwards
- Her local hospital where she was admitted in 2011

Discussion

Ms Sowell gives a history consistent with OCCUPATIONAL ASTHMA. She has been diagnosed with asthma. She did not have an antecedent history of asthma or atopy. She became symptomatic in her adult life after exposure to a bronchial irritant. She gave a history of increasing symptoms over time with relief when away from the exposure. She has had relative improvement in her symptoms since she has left the workforce.

I would like to reference her deposition in going through the occupational asthma history. On pages 81 to 92 Ms. Sowell outlines her work history. She indicates that:

- She had the onset of shortness of breath and cough at work particularly after cleaning out the drain or applying cleaning products at work.
- She had relief of respiratory symptoms away from work in the evening and overnight.
- She had relief of symptoms over the weekend and when on holiday.
- She had relief of symptoms when taken out of work by her physician for medical reasons.
- She had worsening of symptoms when the oven was turned on causing the temperature to rise. This would cause volatilization of the asthmagen.

Notes from Dr Hammett and Dr De Dios also document many of these elements of the history. The notes from Dr Hammett are more detailed in this respect and document how work worsened her respiratory symptoms.

In Ms. Sowell's deposition, she mentioned how Dr Hammett gave her an instrument that sounds like a peak flow meter. This was used to obtain readings at home and at work. These readings are not a part of the medical record. They would be helpful if they could be found and introduced as medical evidence.

The exact cause of the asthma is unknown. There are a number of possible asthmagens that could have irritated Ms Sowell. Multiple products were used to clean the deli area

and to unclog the plumbing line between 2011-2014. These included but were not limited to:

- Drano
- Bleach
- Mr. Muscle
- Spit Fly
- Pine Sol

The American Occupation and Environmental Clinics (AOEC) has developed a database of known asthmagens that have been established as having caused or aggravated OCCUPATIONAL ASTHMA. AOEC lists the following products as known asthmagens. Bleach: this was used to clean up the floor and push the refuse into the drains. Sodium hypochlorite is the active ingredient in bleach and it is a known bronchial irritant. Surfactant specific amines in Pine Sol (ethoxylates) can cause asthma. Monoethanolamine in Mr. Muscle oven cleaner is a known asthmagen.

The decaying organic material in the drain most likely was contaminated by mold. It is likely that there was a mold problem present in the deli in the 2011-14 time period.

The exact asthmagen may never be known. However, the history is clear. Ms Sowell developed adult asthma that was exacerbated by something at work and was relieved while away from work. This meets the criteria for OCCUPATIONAL ASTHMA.

I think that it is more likely than not that Ms Sowell developed OCCUPATIONAL ASTHMA due to her exposures at Piggly Wiggly in 2010-2011. I hold this medical opinion to a reasonable degree of medical certainty. Please contact me if you would like to discuss this issue further.

Sincerely,

Gordon Early 12/7/15

Gordon Early, MD, MPH
Board Certified in Medical Toxicology
Board Certified in Occupational Medicine
Adjunct Clinical Professor at Via College of Osteopathic Medicine, Spartanburg, SC
Fellow in the American College of Occupational and Environmental Medicine
MPH in Epidemiology

Wellness Family Medicine
1241 Boiling Springs Hwy
Spartanburg SC 293032258
Phone: 864-591-0992 Fax: 864-591-0776

Visit Note

Provider: GORDON EARLY, MD,MPH
Encounter Date: Mar 24, 2016

Patient: Sowell, Gennette
Sex: Female DOB: [redacted] Age: 66 year
Address: [redacted]

Complaint:
The patient is being seen at the request of their Workers' comp lawyer to assess issues of attribution. Outside medical records are reviewed; they include the following:

- Dr Hammett, 2010 to present
- Dr De Dios from 2013 to present
- Her local hospital--admitted in 2011

Ms. Sowell denies having any allergies, asthma or eczema prior to 2010. In 2010 she was working at Piggly Wiggly as a senior employee in the deli. Please see the outside records concerning the problem with me Drainage system in the deli. The deli would regularly have a drainage system blockage. The Drain would block, get unclogged then get clogged again days or weeks later. This was evidently due to a problem with the Drainage pipes running under the refrigerator/cooler and having the Drainage develop obstruction when cooled by the lower temperature under the refrigerator. It was specific to the deli drainage system only. A number of different products were used by the deli staff to try to clean out the Drainage system. These are inclusive but not limited to the following:
Drano
Bleach
Mr Muscle
Drain clearing product

In 2010 Ms. Sowell started developing lower respiratory symptoms and shortness of breath. She never had upper respiratory symptoms. These symptoms were very closely related to work. They would improve when she was away from work on holidays and weekends. A number of other co-workers had problems at work with a cough when around the drain unclogging chemicals. They related their symptoms to the Drain clearing chemicals which were applied; their symptoms were temporary and only for a few minutes after the Drain clearing chemicals were applied. The patient had symptoms for a much longer period of time and into the evening after her dayshift ended.

393
220 a

Ms. Sowell's symptoms continued to progress. In 2011 she was admitted to her local hospital for shortness breath. She was diagnosed with pneumonia. In follow-up, her primary care physician identified that there was a work relationship to her asthma. He began to assess her for occupational asthma. He referred her to the local pulmonologist. In an attempt to get information he used a peak flow meter to see how work affected her breathing efficiency. However, this information is not included in the outside medical records that I reviewed. Ms. Sowell doesn't know where this data is (that she collected from her Peak flow meter). She doesn't recall the results of the peak flow monitoring. Her asthma continued to worsen despite being placed on inhaled steroids and leukotriene inhibitors. She was referred to another pulmonologist. She was treated with maximum medical therapy. Despite this, her asthma was difficult to control. She continued to have difficulty doing her job and to have more trouble at work than at home. In 2013 she left work. After leaving work, her symptoms stopped accelerating. Her asthma abated slightly and it has become easier to control.

Ms. Sowell indicates that she is not aware of having any other provoking factors for her asthma. Since 2010 she has not had any of the following.

- Any animals in the house,
- Any mold problems in her home
- construction in her home
- Done any farm work.

From the late nineties up until 2013 she did run a home based catering business. In this catering business she did do a great deal of frying of food. However, she did the frying of food with an overhead vent present.

The patient was awarded Social Security disability in 2014 due to her asthma.

Current Medication:
1 Albuterol 0.083% Inhal Soln SIG: 1 vial prn
2 Atorvastatin 10 Mg Tablet SIG: 1 qd
3 Benazepril Hcl 20 Mg Tablet SIG: 1 qd
4 Nexium Dr 20 Mg Capsule SIG: 1 qd
5 Potassium Cl Er 10 Meq Capsule SIG: 1 qd
6 Prednisone 10 Mg Tablet SIG: prn
7 Singulair 10 Mg Tablet SIG: 1 qd
8 Symbicort 160-4.5 Mcg Inhaler Mcg/actuation SIG: 2 puffs moning and night
9 Zo
xolair injections q 2 wks.

ROS:
See the hand written forms and HPI.

Medical History:
s/p TAH 1990
HTN
high cholesterol

RECEIVED

GERD-on nexium x 3 yrs. On no Rx prior to 2013.

Family History:
Dad had RAD-not this severe.
She has siblings x 6 and kids x 7. None have asthma, or allergies.
See hand written forms.

Social History:
Never smoked.
She denies alcohol use.
Patient is single.
The patient is currently unemployed. The patient has been disabled.
The patient completed high school.
The patient does not do any form of exercise.
She follows a non restricted diet. Lives in the mid-state in Chesterfield. Has 7 children.
Was driven here today by a her son.

Allergy:
Antihistamines, Antihistamines - Piperazine

Examination:
Respiratory: Lungs are clear to auscultation. Normal AP diameter.
Skin: No malignant lesions noted. Benign lesions discussed with the patient.
Eyes: Pupils (+) PERRLA. No abnormalities in sclera. Normal ocular motility exam bilaterally.
ENT:
Ears: TM's and EAC's are clear.
Mouth & pharynx: no notable oral lesions. No pharyngeal erythema or exudate. Tonsils not enlarged.
Cardiovascular: Regular rate and rhythm. No murmur, gallop or pitting edema.
Lymphatic: No lymph node enlargement or tenderness noted. There is no evidence of acute lymphedema.
Psychiatric: No abnormal involuntary movements are noticed in the patient. She is cooperative with the exam. Eye contact is maintained and appropriate. Patient looks anxious. She is worried.

Diagnosis:
J45.50 Severe persistent asthma, uncomplicated
Z77.120 Contact with and (suspected) exposure to mold (toxic)
Discussion
Ms Sowell gives a history consistent with OCCUPATIONAL ASTHMA. She has been diagnosed with asthma. She did not have an antecedent history of asthma or atopy. She became symptomatic in her adult life after exposure to a bronchial irritant. She gives a history of increasing symptoms over time with relief of symptoms when away from the exposure. She has had some improvement in her symptoms since she has left the workforce.

She indicates that:

- She had the onset of shortness of breath and cough at work particularly after cleaning out the drain or applying cleaning products at work.
- She had relief of respiratory symptoms away from work in the evening and overnight.
- She had relief of symptoms over the weekend and when on holiday.
- She had relief of symptoms when taken out of work by her physician for medical reasons.
- She had worsening of symptoms when the oven was turned on causing the temperature to rise. This would cause volatilization of the proposed asthmagen.

Notes from Dr Hammett and Dr De Dios also document many of these elements of the history. The notes from Dr Hammett are more detailed in this respect and document how work worsened her respiratory symptoms.

The patient describes what sounds like a peak flow meter. This was used to obtain readings at home and at work. These readings are not a part of the medical record. They would be helpful if they could be found

The exact cause of the asthma is unknown. There are a number of possible asthmagens that could have irritated Ms Sowell. Multiple products were used to clean the deli area and to unclog the plumbing line between 2011-2014. These included but were not limited to:

- Drano
- Bleach
- Mr. Muscle
- Spit Fly
- Pine Sol

The American Occupation and Environmental Clinics (AOEC) has developed a database of known asthmagens that have been established as having caused or aggravated OCCUPATIONAL ASTHMA. AOEC lists the following products as known asthmagens.

Bleach: this was used to clean up the floor and push the refuse into the drains. Sodium hypochlorite is the active ingredient in bleach and it is a known bronchial irritant. Surfactant specific amines in Pine Sol (ethoxylates) can cause asthma. Monoethanolamine in Mr. Muscle oven cleaner is a known asthmagen.

The decaying organic material in the drain most likely was contaminated by mold. It is likely that there was a mold problem present in the deli in the 2011-14 time period.

The exact asthmagen may never be known. However, the history is clear. Ms Sowell developed adult onset asthma that was exacerbated by something at work and was relieved while away from work. This meets the criteria for OCCUPATIONAL ASTHMA.

RECEIVED MAR 30 2016

226 d

I think that it is more likely than not that Ms Sowell developed OCCUPATIONAL ASTHMA due to her exposures at Piggly Wiggly in 2010-2011. I hold this medical opinion to a reasonable degree of medical certainty. Please contact me if you would like to discuss this issue further.

Procedures:
FEV1 56%
FEF 25-75 36%.

Vital Signs:

Height:	5' 4"
Weight:	131 lbs
BP:	152/86
Pulse:	81
Respiration:	21
Oxygen:	98(Room air)
BMI:	22.48
BSA:	1.64

Plan:
EDUCATION/COUNSELING/DISCUSSION:
Weight management and follow-up discussed.
The questions accompanying the records have been answered to the best of my knowledge.

3/25/16

220 2

6

To: Dr. Yolanda Mendez
The Medical Group

RE: Gennette Sowell
DOB:

We have an upcoming hearing in Ms. Sowell's case and we asked Ms. Sowell to take this note to you to get a confirmation from you as to whether she is disabled from work. I have attached and asked her to bring to you a copy of the Statement from Dr. Rochelle D. Hammett, who has since left your practice, and it is my understanding that you have taken over her care from a family practice standpoint. You will note from the Statement that Dr. Hammett took her out of work on January 6, 2014 and in her opinion, Ms. Sowell continued to be disabled from work as of September 29, 2014 when Dr. Hammett complete the Questionnaire. I simply need to know your opinion as to whether she remains disabled from gainful employment, in a full-time occupation due to her condition, and particularly her occupational asthma, and would appreciate your answer and opinion to the following question:

Based on a review of Ms. Sowell's treatment records, the opinions previously expressed by Dr. Hammett and your treatment of Ms. Sowell since taking over her care, in your opinion stated to a reasonable degree of certainty, is Ms. Sowell disabled from gainful employment and is her condition permanent?

✓
Yes

No

Dr. Yolanda Mendez

Yolanda Mendez
Printed Name

2/4/16
Date:

CERTIFICATE OF SERVICE

Gennette Sowell v. Piggly Wiggly

WCC File No.

I HEREBY CERTIFY that on this date:

I mailed a copy of the **Amended Notice of Witnesses only** to:

VIA eCASE
Commissioner Melody L. James
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the **Amended Notice of Witnesses and Written Reports(s)/Physician or other Evidence, and APA Submissions with enclosures** to:

VIA FIRST CLASS MAIL
Kenya C. Miller, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
15th day of April, 2016.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 2-27-24

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 15, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

Enclosed please find our Pre-Hearing Brief and Notice of Witnesses and Written Medical Report's, for filing in the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name:	Genette Sowell	Employer's Name:	Piggly Wiggly Central, Inc.
Address:		Address:	415 North Salem Street
City:	State: Zip:	City:	Sumter State: SC Zip: 29150
Home Phone:	Work Phone:	Carrier:	Auto Owners Insurance Company
Preparer's Name:	Kenya C. Miller	Preparer's Phone #:	(803) 285-0034

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

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
6. Unusual aspects: See Attachment
7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist. and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony;
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

☒ 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.

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.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to
Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 15th day of April, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____ Email: **KMILLER@DMCLAW.COM**

Date of hearing: April 25, 2016 Time needed for hearing: 1 HOUR

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
5	Chesterfield General Hospital		06/03/11 - 11/12/12	219-238
6	Carolinas Physicians Group		01/08/10 – 03/19/13	239-268
7	Hartsville Medical Group		04/08/12 & 09/24/14	269-302
8	Orville H. Dyce, MD	ENT, Allergy and Sleep Medicine	04/09/12	303
9	Francis Dayrit, MD	Center for Lung and Sleep Medicine	12/19/12 – 03/14/13	304-319

10	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Diagnostic Polysomnographic Interpretation**	05/09/13	320-341
11	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Therapeutic Polysomnographic Interpretation**	06/13/13	342-360
12	Mohammad Soliman, MD			TBS
13	McLeod Pulmonary & Critical Care			TBS
14	Palmetto Infusion Services			TBS
15	CVS Pharmacy Prescription Medications			TBS
16	IME of Dr. John Mitchell			TBS
17	IME of Allergy, Asthma & Sinus			TBS

EXHIBITS

Exhibit #	EXHIBIT	DATES	PAGES
A	Claimant's application for supplemental security income	12/12/13	361-367
B	Initial Disability Claims	08/29/14 & 09/18/14	368-369
C	Correspondence from Preston McDaniel to Dr. Rochelle Hammett	05/23/14 – 09/26/14	370-394
D	Deposition of Claimant		TBS
E	Deposition of Dr. Francis Dayrit		TBS
F	Deposition of Dr. Gordon Early		TBS
G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	Dr. Robert Bennett – Toxicology Report		TBS
J	Portions of the Claimant's Personnel/Wage Information		TBS

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Mary Quick, Haddie Haley, *Robert Bennett, MD (Toxicologist), Claimant's supervisor and/or other representatives of the Employer/Carrier.

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

April 15, 2016
Lancaster, South Carolina

Dickie McCamey

ADDENDUM

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

The Claimant maintains that she sustained occupational asthma as well as injuries to her lungs, pulmonary system and autoimmune system as the result of her employment with Piggly Wiggly. More specifically, the Claimant, who worked as a manager in the Deli department for Piggly Wiggly from 2001 to January 6, 2014, maintains that her regular job responsibilities includes cleaning and dish infected the deli department, equipment and work areas. Accordingly, the Claimant maintains that she was regularly exposed to grease and cooking oils, bacteria, mold, as well as commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. Furthermore, in addition to her normal and usual consistent exposures, the Claimant alleges that in March or April, 2011, the deli department experienced an issue with the waste disposal drains, which resulted in the Claimant having to mop and push sewage and waste disposal water into one drain. The Claimant further alleges that the severe back up in the drainage system during this time period created a horrible smell and had a greasy, oily and slimy appearance. During this period, the Claimant maintains that she was required to use degreasers even more regularly in order to help prevent back-ups while the insured worked to resolve the drainage issue.

In response the Defendants have denied this case in its entirety. More specifically, the Claimant's employer was not informed of the Claimant's allegations that her employment caused and/or exacerbated her condition until on or about March 28, 2014. That being said, the medical note of the Claimant's primary care physician, Dr. Hammett, dated March 19, 2013 suggest that the Claimant's employment at least exacerbated her symptoms and thus the Claimant was advised to cease working. However, the Claimant continued to work as a deli manager for nearly one year subsequent to the physician's recommendations without disclosing this information to her employer. Accordingly, the Defendants maintain that the Claimant's case should be barred pursuant to Section 42-15-20.

Furthermore, the medical evidence suggests that the Claimant initially failed to contribute her problems to her employment when she first sought treatment for breathing problems in June of 2011. The initial diagnostic reports are indicative of possible sarcoidosis versus rhinitis and asthma. Although prior defense counsel informed of additional discovery needs in this case, it was agreed by the parties that mediation would

take place prior to discovery. However, this is a medically complicated case. Accordingly, the Defendants would like to revisit mediation following additional discovery to include: 1) the depositions of the Claimant's treating physicians; 2) an IME with Allergy, Asthma and Sinus Center of Florence, South Carolina; 3) and IME with pulmonologist, Dr. Mitchell of Charleston Pulmonologist Associates; 4) Toxicologist investigation of the work site and possibly Claimant's home to explore causation and whether or not the company can provide further employment; and 5) obtain updated medical records, Claimant's tax records and Claimant's social security application information.

Moreover, the additional discovery is both necessary and relevant given the fact that the Claimant has alleged an autoimmune disorder, but has failed to provide medical evidence from an Allergist/Immunologist to confirm same. Furthermore, the Claimant has presented a letter of causation from Dr. Early, but it is apparent from the IME report that Dr. Early did not have the benefit of all medical records nor did Dr. Early actually evaluate the Claimant or work site. Furthermore, there is no indication the Claimant's primary care physicians constitute qualified experts to rendered opinions on causation in such a medically complex case.

For the reasons stated above the Defendants will move this Commission for an order to postpone the hearing in order to allow additional time for discovery as set forth above, as well as an order to re-mediate the case following a meaningful discovery process.

Respectfully submitted,

Kenya C. Miller

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: Form 58 (Pre Hearing Brief)

DATE OF MAILING: April 15, 2016

Tamra Carver
Paralegal to Kenya C. Miller, Esquire

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 20, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

Enclosed please find our **SUPPLEMENTAL** Pre-Hearing Brief and Notice of Witnesses and Written Medical Report's, for filing in the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

SUPPLEMENTAL PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name:	Genette Sowell	Employer's Name:	Piggly Wiggly Central, Inc.
Address:		Address:	415 North Salem Street
City:	State: Zip:	City:	Sumter State: SC Zip: 29150
Home Phone:	Work Phone:	Carrier:	Auto Owners Insurance Company
Preparer's Name:	Kenya C. Miller	Preparer's Phone #:	(803) 285-0034

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

☒ Injury ☒ Illness ☒ Repetitive Trauma

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
6. Unusual aspects: See Attachment
7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist, **Marie Steele**, and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): **Records from Claimant's employment file (consisting of 5 pages) ; Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case (consisting of 6 pages).** Portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

☒ 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 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.

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 that I have served this document pursuant to R.67-211 by delivering a copy to
Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 20th day of April, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____

Email: KMILLER@DMCLAW.COM

Date of hearing: April 25, 2016

Time needed for hearing: 1 HOUR

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: **SUPPLEMENTAL** Form 58 (Pre Hearing Brief)

DATE OF MAILING: April 20, 2016

Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: '

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY

Carrier,

Defendants.

SUPPLEMENTAL NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
5	Chesterfield General Hospital		06/03/11 - 11/12/12	219-238
6	Carolinas Physicians Group		01/08/10 – 03/19/13	239-268
7	Hartsville Medical Group		04/08/12 & 09/24/14	269-302
8	Orville H. Dyce, MD	ENT, Allergy and Sleep Medicine	04/09/12	303
9	Francis Dayrit, MD	Center for Lung and Sleep Medicine	12/19/12 – 03/14/13	304-319

10	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Diagnostic Polysomnographic Interpretation**	05/09/13	320-341
11	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Therapeutic Polysomnographic Interpretation**	06/13/13	342-360
12	Mohammad Soliman, MD			TBS
13	McLeod Pulmonary & Critical Care			TBS
14	Palmetto Infusion Services			TBS
15	CVS Pharmacy Prescription Medications			TBS
16	IME of Dr. John Mitchell			TBS
17	IME of Allergy, Asthma & Sinus			TBS
18	**Records from Claimant's Employment File**			**395-399**
19	**Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case**			**400-405**

EXHIBITS

Exhibit #	EXHIBIT	DATES	PAGES
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D	Deposition of Claimant		TBS
E	Deposition of Dr. Francis Dayrit		TBS
F	Deposition of Dr. Gordon Early		TBS

G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	Dr. Robert Bennett – Toxicology Report		TBS
J	Portions of the Claimant's Personnel/Wage Information		TBS

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Mary Quick, Haddie Haley, *Robert Bennett, MD (Toxicologist), **Marie Steele**, Claimant's supervisor and/or other representatives of the Employer/Carrier.

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

April 20, 2016
Lancaster, South Carolina

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

June 13, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

As you are aware, this matter has been scheduled to be heard before you on June 22, 2016. Pursuant to an extensive pre-trial conference, the Defendants are relying on the medical evidence as previously submitted. Additionally, pursuant to your ruling, the Defendants are providing a Supplemental Brief, for which we are providing a copy of same to the Claimant's attorney, Preston McDaniel, Esq. If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

SUPPLEMENTAL PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name: Genette Sowell
Address:
City: State: Zip:
Home Phone: Work Phone:
Preparer's Name. Kenya C. Miller

Employer's Name: Piggly Wiggly Central, Inc.
Address: 415 North Salem Street
City: Sumter State: SC Zip: 29150
Carrier: Auto Owners Insurance Company
Preparer's Phone #: (803) 285-0034

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

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
6. Unusual aspects: See Attachment
7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist, **Marie Steele**, and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): Records from Claimant's employment file (consisting of 5 pages) ; **Claimant's 2014 and 2015 tax returns, DHEC Records, E-mail from OSHA representative, Patricia Yeary regarding Freedom of Information Act Request.** Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case (consisting of 6 pages). Portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to
Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 13th day of June, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Kristian Bell for KSM

Email: KMILLER@DMCLAW.COM

Date of hearing: June 22, 2016

Time needed for hearing: 1 HOUR

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WCC Form # 58
Revised 7/13

58

SUPPLEMENTAL PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY
Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

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F	**Deposition of Dr. Gordon Early**		**TBS**
G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	**Dr. Robert Bennett – Toxicology Report-TBS and testified to at the Hearing on June 22, 2016**		**TBS**
J	Portions of the Claimant's Personnel/Wage Information		TBS

K	**Claimant's 2014 and 2015 Tax Records**		**395-459**
L	**DHEC Records**		**460-522**
M	**Deposition of Dr. Mendez**		**TBS**
N	**E-mail from OSHA representative Patricia Yeary regarding Freedom of Information Act Request**		**523**

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

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Kristen Bell
for

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

June 13, 2016
Lancaster, South Carolina

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: Supplemental Form 58 (Pre Hearing Brief)

DATE OF MAILING: June 13, 2016.

Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

Genette Sowell vs. Piggly Wiggly
WCC FILE NO.: 1408826
APA INDEX – HEARINGS: June 22, 2016 Continued on July 21, 2016

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Exhibit A	Claimant's Social Security Administration Application			361 – 367
Exhibit B	Initial Disability Claim Form Physician's Statement			368 - 369
Exhibit C	Initial Disability Claim Form Employer's Statement			395 – 399
Exhibit D	Defendant's Motion to Postpone			400 – 405
Exhibit E	Claimant's 2014 & 2015 Tax Records			406 – 471
Exhibit F	Employer DHEC Records			472 – 534
Exhibit G	Correspondence From OSHA FOIA Reques			535

INITIAL ASSESSMENT FORM

Chesterfield General Hospital

PRIORITY: 3

Urgent

DATE 06/03/2011

Patient: SOWELL, GENNETTE
DOB: AGE: 61YRS Sex: F
EDP: HOLDREDGE, TIMOTHY
PCP: OOT PHYSICIAN

Pt#:
MR#:
Worker's Comp:
Emp. Referred:

Presentation Time: 02:51 Triage Time: 02:57 Arrival Mode: AMBULATORY

Height: 5 ' 4 " Weight: 142 lbs. 0 oz. 64.55 kgs. LMP: Last Tetanus: Acc By: DAughter

Chief Complaint: COUGH/CHEST CONGESTION

Brief Assessment: PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK.... HAS TAKEN MUSINEX WITHOUT RELIEF...

Vital Signs

T:	98.7	PO
P:	82	regular
R:	22	unlabored
BP:	108/080	
O2:	99 % RA	

Pain Intensity Scale: 5 / 10
Pain Location: multiple areas

NIGHT SWEATS	NO	HEMOPTYSIS	NO
WEIGHT LOSS	NO	FEVER	NO
ANOREXIA	NO		

DOMESTIC VIOLENCE	NO
SIGNS OF ABUSE	NO
PNEUMONIA VACCINE W/I 5YRS	NO
BEST NUMBER TO CALL	YES
PRODUCTIVE COUGH	YES

Sudden Onset.

Pre-Hospital Treatment:

Pediatric Assessment: N/A

Past Medical History: HTN, HYSTERECTOMY

Allergies: NKA

Medicines: HCTZ 25MG PO DAILY,

Nurse Signature: _____ MWP

Additional Notes:

Rev 07/30/09

URI / Cough 2 of 2 — **Chesterfield General Hospital**

Name: SOWELL, GENNETTE | Date In: 06/03/2011 | MR#:) | Pt#:

Physical Exam: cont. Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

Neck: NL* ~~JVD negative~~ ~~no adenopathy~~ ~~supple~~ ~~thyroid NL~~ ~~non-tender~~ ~~ROM NL~~ ~~trachea midline~~ ~~carotids NL~~
JVD R / L adenopathy meningismus thyromegaly vertebral tenderness spasm ROM: limited / painful other:

Chest: NL* ~~Chest wall non-tender~~ ~~NL excursion / expansion~~ ~~no retractions~~ ~~breasts NL~~
tender to palpation: R / L chest wall sternum retractions breast R / L mass / tenderness other:

CV: NL* ~~RRR~~ ~~no murmur~~ ~~no gallop~~ ~~PMI NL~~ ~~pulses NL~~
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur /6 systole/diastole other:

Respiratory: NL* ~~no respiratory distress~~ ~~breath sounds NL~~ ~~effortless~~
unequal / decreased sounds crackles wheezes rales rhonchi labored stridor retractions other:

Abdomen: NL* ~~appearance NL~~ ~~BS NL~~ ~~soft~~ ~~non-tender~~ ~~rectal NL~~ ~~guiac negative~~ ~~no organomegaly~~
obese rigid tender BS: hyper / hypo / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ~~ROM NL~~ ~~no CVAT tenderness~~
decreased ROM spasm vertebral tenderness: dorsal lumbar sacral coccyx

Extremities: NL* ~~non-tender~~ ~~full ROM~~ ~~no edema~~
erythema / edema dec ROM RUE RLE LUE LLE other:

Skin: NL* ~~warm~~ ~~dry~~ ~~color NL~~ ~~no rash~~
hot cold diaphoretic cyanotic rash edema ecchymosis other:

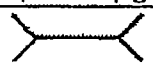
Neuro: NL* ~~AA&Ox3~~ ~~CN's NL (2-12)~~ ~~motor / sensory NL~~ ~~cerebellar NL~~ ~~DTRs NL~~
altered LOC disoriented to: time / place / person CN deficit #: weakness parathesia
cerebellar dysfunction DTR: diminished / absent other:

Psych: NL* ~~affect NL~~ ~~behavior NL~~
anxious tearful hostile avoids eye contact flat affect depressed hostile other

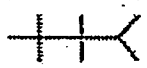
GU: ~~NL*~~ ~~ext genitalia NL~~ ~~no lesion~~ ~~no edema~~ ~~circ. / uncirc.~~ ~~inguinal canals NL~~ ~~deferred~~
external gen: sores / ulcerations / herpes like bleeding erythema edema indwelling foley hernia

Medical Decision Making:

NL / except



NL / except



ALT____ Amy____ Trop____ PT____
AST____ Lipase____ CKMB____ INR____

UA: NL / except
WBC____ LE____
RBC____ Blood____
Nitrites____ Bacteria____

Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos____

EKG: Interpreted by EDP NSR
other.
CXR: Interpreted by EDP NAD
NAI Infiltrate
Abd: NSBGP obstruction
Other / US / CT:

Other / Procedures:

Consultation:

Time: ____. Disc with Dr. ____
will see patient in office admit see in consult
Time: ____. Disc with Dr. ____
will see patient in office admit see in consult

Clinical Course & Re-evaluation:

Meds: Time: ____ Improved / Worse / Unchanged
Time: ____ Improved / Worse / Unchanged
IVF: ☐ Patient re-examined
☐ Critical care: 30-74 minutes / 75-104 minutes ☐ See procedure note ☐ See addendum

Clinical Impression:

1. Acute bronchitis
2.
3.
4.
5.

Disposition:

Time: 0328
Discharge: Home NH Psych Fac Jail
Admit: Floor ICU PCU Obs OR Tele Psych Peds ☐ Orders written
Transfer: Facility: ____ Rev Physician: ____
AMA LWOT DOA Expired ☐ Transfer forms competed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions:

Follow up with:
☐ PMD
☐ Doctor ____
☐ ED
☐ Other ____
In ____ day(s) ☐ AM

☐ Prescription(s) given:
Zmax
Prednisone
Robitussin AC

Follow up care discussed with: patient family spouse other:
Additional Instructions: Call your PCP tomorrow to arrange f/u

Signatures: ____ PA/ARNP ____ 6/3 0328 MD/DO

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information) Rev 06/25/07

URI / Cough 1 of 2 — **Chesterfield General Hospital**

Demographics and Triage:

Date In: 06/03/2011 Pres Time: 02:51 Pt#: MR#

Name: SOWELL, GENNETTE Arrival Mode: AMBULATORY

Age: 61YRS DOB: Sex: F Wt/lbs: 142 kgs: 64.5

PCP: OOT PHYSICIAN

EDP: HOLDREDGE, TIMOTHY

Chief Complaint: COUGH/CHEST CONGESTION

Triage Time: 02:57
T: 98.7 PO
P: 82 regular
R: 22 unlabored
BP: 108/080
O2 Sat: 99 % NL / hypo
Pain / Location: 5/multiple areas

Triage Note:
PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK.... HAS TAKEN MUSINEX WITHOUT RELIEF...

CC / HPI:

Level 1-3 = 1-3 elements Level 4 = 4 elements Level 5 = 5 elements

Time Seen: 10 9 6 ☐ Translator ☐ Nursing Notes Reviewed Additional History:

Hx Source: patient family spouse EMS pcp. home other:

Hx Ltd By: ALOC poor historian dementia severity hearing intoxication

Onset: indeterminate ___ min ___ hrs ___ days 1 wks ___ mths ago – sudden / gradual

Duration: constant / intermittent Lasted: 1 secs / mins / hrs / days (1/52)

Timing (currently): Present / absent decreased / increased wax-wane

Severity: mild / mod / sev / 6 /10 current 8 /10 max denies pain.

Current Sxs: sore throat cough: dry sputum: white yellow green brown bloody runny nose congestion: nose sinus chest sinus pain / drainage earache R / L

Exacerbated By: nothing cold exercise med. non-compliance mucus

Relieved By: nothing OTC meds prescribed meds rest

Associated S&S: chills myalgias N / V wheeze chest pain: with cough only

Context: sick contacts on meds currently seen recently by:

ROS:

Level 1-3 = 1 system Level 4 = 2-9 systems Level 5 = 10+ systems

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills weight loss General Weakness Polyuria Polydipsia	Visual Changes Redness Dryness Diplopia Itching	Sore Throat Hoarse Voice Epistaxis ↓ Auditory Acuity Nasal Drain/Cong.	Shortness of Breath Cough Congestion Hemoptysis	Chest Pain Palpitations PND Orthopnea DOE	Nausea / Vomiting Diarrhea Constipation Rectal Bleeding Black Stool	Dysuria Frequency Vaginal Bleeding Vaginal Discharge Penile Discharge

Musculoskeletal	Neurological	Psychological	Skin	Immunological	All Systems Reviewed
Joint Pain Joint Swelling Neck Pain Back Pain Myalgias	Syncope Headache Focal Weakness Paresthesia Confusion.	Anxiety Depression Hallucination Insomnia Stress	Rash Pruritis Lesions Bruising. Bleeding	Recurrent Hives HIV / AIDS Anaphylactic Rxn	All other systems negative Unable to obtain due to: acuity ALOC chronic dementia poor historian Intoxication

Past Family Social Hx:

Level 1-3 = none Level 4 = 1 section Level 5 = 2-3 sections

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular / Irregular / Post-partum / Pre-menarch
Last Tetanus:

Additional PMH: none asthma CAD / MI CHF DM CA CVA COPD HTN pneumonia bronchitis seizures TIA
Other:
Past Surgical History: none CABG Appy Choly T&H/BSO
Other:
Family History: negative CAD / MI DM CA CVA
Other:
Social History: Tobacco: N ___ # PPD X ___ years Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y : _____
Occupation: _____ Living: M S D alone

Physical Exam:

Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 6+ systems NL* indicates system examined and negative

General: NL* Distress: NAD mild moderate severe well nourished no evidence of trauma
anxious cachetic obese disheveled dehydrated chronic ill nsg. home pt malnourished other:

HENT: NL* NC / AT pharynx NL ears NL
nasal congestion sinus tenderness: maxillary: R / L frontal: R / L rhinnorrhea: clear / purulent ear canal: R / L erythema / obscured
TM: R / L erythema / bulging pharyngeal: exudate erythema abscess oral ulcers:

Eyes: NL* PERRL EOMI conjunctiva NL NL fundus
R pupil ___ mm L pupil ___ mm conjunctiva: pale / injected / exudate / icterus other:

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information) Rev 06/26/07

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:
Age: 61YRS DOB: Sex: F MR#:
Date In: 6/3/2011 Time: 0322
EDP: HOLDREDGE, TIMOTHY PCP: OOT PHYSICIAN

Laboratory Tests				Other Diagnostic Tests			
Order Time		Order Sent	By	Order Time	Radiology	Order Sent	By
	CBC				CXR (PA/LAT - Portable)		
	BMP CMP						
					Spiral CT Chest w/contrast-PE Protocol		
	BNP						
					VQ Scan		
	Theophylline Level						
					Cardiopulmonary		
	Cardiac Profile				EKG		
					Nebulizer Treatment		
	UA				ABG		
					Peak Flows		
					O2 LPM		
	Misc. Orders				Medical Necessity Information:		
	Previous Medical Records						
	Physical Therapy - Eval & Tx						

Weight:
lbs: 142
kgs: 64.5

Allergies: NKA

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	Ampicillin 500 mg IV	☐		0307				☐ Improved ☐ Worse ☐ Unchanged		
6/3 0322	Mepergan 1/2 amp IM	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0322	Azithromycin 500 mg PO	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0322	Decadron 10mg IVP	☐	MWP	0326	6-3	IVP		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0322	Prednisone 40mg	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		

Order Time	IV / Solution / Added Medication	Start Time	Device / Size	Location	# Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
	☐ KVO Device:									
	☐ IV Fluid:									

Procedures / Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm____	☐ Chest Tube Insertion	
☐ NIBP Monitor	☐ Central Line Placement	
☐ Pulse Oximetry	☐ CVP Monitoring	
☐ Endotracheal Intubation	☐ O2	

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:
PA/ARNP: Mauricio Wyatt Rothwang		Physician's Signature: 6/3 0322	

Rev. 09/14/04

Adult Assessment 06/03/2011 05:23 MWP

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 03:00. Time of primary assessment: 03:00.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is not at risk for fall as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age. Patient is not at risk for skin breakdown as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age.

Pain: Patient rates pain as 5 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the MULTIPLE LOCATIONS.

Brief Assessment: Patient is alert and oriented x 3. Respirations are unlabored. Skin is warm and dry, vascular status intact.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is unlabored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and has a moist cough and with a scant amount of sputum, yellow-colored sputum. Pulse oximetry attached to patient with a reading of 100. PT. COMPLAINING OF COUGH CONGESTION X 1 WEEK

Gastrointestinal: Abdomen is soft, flat, non-tender. Bowel sounds present. Patient denies pain, vomiting, or diarrhea.

Genitourinary: Denies dysuria, frequency, or burning with urination. Denies discharge from genitalia.

Musculoskeletal: Denies musculoskeletal pain, numbness or tingling. No swelling or deformity noted. Distal pulses intact. Full ROM of extremities. No ecchymosis noted.

Integumentary: Skin is warm, dry, and intact without lesions, rashes or wounds. Turgor is normal.

Reassessment: 06/03/2011 05:27 MWP

Physician: Physician was at the bedside at 03:22. Physician seeing patient was HOLDREDGE, TIMOTHY.

Illness/Injury & Medicine Topics

BRONCHITIS (English)
DECADRON (dexamethasone) (English)
PREDNISONE (English)
ZITHROMAX (azithromycin) (English)
NORCO (hydrocodone/acetaminophen) (English)

Special Instructions

FOLLOW UP WITH PRIMARY CARE MD IN THE MORNING TO ARRANGE FOLLOW UP .....
TAKE MEDICATION AS DIRECTED.... RETURN TO THE ED FOR ANY EMERGENCIES....

Referred to:

OOT PHYSICIAN

Your emergency care provider today was: **HOLDREDGE, TIMOTHY**

Acknowledgement

I have received and I understand the instructions as described above.

Gennette Sowell _____
Patient or Guardian Staff

_____ _____
Date Time

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 85 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 16, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MS1260/5404361
JOB#: 952675

cc: John Mcleod, III, M.D.

Oct. 1. 2014 5:34PM Chesterfield Family Medicine No. 8004 P. 39
1 843 320 3483 Medical Records 7 p.m. 06-21-2011 3/13

SOB – Asthma

Chesterfield General Hospital

Oct. 13. 2014 10:28AM Chesterfield Family Medicine No. 8049 P. 12/26

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL GENNETTE (MRN:
Result Name: PORTABLE CHEST
Result Status: F

EXAMINATION: Portable chest.

HISTORY: Pain.

TECHNIQUE: AP view of the chest was obtained.

FINDINGS: The cardiac silhouette is normal in size. No focal airspace disease, pleural effusion, or pneumothorax is seen. The aorta is mildly ectatic. Osseous structures are unremarkable.

IMPRESSION: No evidence of acute cardiopulmonary disease.

Electronically Signed by Matthew L. Stephenson, MD on 06/13/2011 at 09:48:42

Matthew L. Stephenson, MD

DD: 06/12/2011 11:00:54 EST
DT: 06/12/2011 11:29:06 EST/MIS1039/5396077
JOB#: 283006

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL,GENNETTE
Phys: Vaughn,Wallisa
DOB: (Age: 61 Sex: F
Acct: Loc: RAD
Exam Date: 08/01/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000171086	RAD/CHEST 2 VIEWS	

EXAMINATION: Chest, 08/01/2011.

COMPARISON: Prior study of 06/11/2011.

HISTORY: Cough.

FINDINGS: PA and lateral views of the chest were submitted for interpretation. Cardiac silhouette and pulmonary vasculature within normal limits. Some linear atelectasis or scarring at the right base. Lungs otherwise clear. No effusion.

IMPRESSION: Linear scarring or atelectasis at the right base. No focal infiltrates.

Electronically Signed by Steven B. Glassman, M.D. on 08/02/2011 at 21:23:50

Steven B. Glassman, M.D.

DD: 08/02/2011 14:37:08 EST
DT: 08/02/2011 14:51:02 EST/MIS1039/5548558
JOB#: 287267

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/02/2011 **
Reported By: STEVEN B. GLASSMAN M.D.

CC: Ash,Ezra; Vaughn,Wallisa

Technologist: GOODWIN,KELLY
Transcribed Date/Time: 08/02/2011 (2127)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 08/02/2011 (2128)

8-18

Echocardiogram Report

VidiStar

Chesterfield General Hospital

Chesterfield General Hospital
711 Chesterfield Hwy.
Cheraw, SC 29520
843-537-7881

Patient name: sowell,gennette		Patient ID:	
DOB:	Chart#: 001	Referred by:	vaughn,wallisa
Age:	Inpt/Outpt: Outpatient		
Sex:	Equipment: Cypress	Sonographer:	smb
Weight: 142 lbs	B/P: /	Interpreting physician:	Jana Hoffmeister, MD, FACC
Height: 64 in	HR:	Location:	
BSA: 1.71 m2	Rhythm: Normal sinus rhythm	Examination date:	08/18/2011

Indications/History: Palpitations. **Study quality:** Fair

Comments:

Diagnosis/CPT Transthoracic echocardiogram report (000409), TTE - 2D w/or w/out M-Mode Complete (93306),

Echo dimensions

	M-Mode	2D	Range
AoR	2.39 cm		(2.0-3.7)
LA	2.71 cm		(1.9-4.0)
IVS (D)	1.23 cm		(0.6-1.1)
LVPW (D)	1.23 cm		(0.6-1.1)
LV (D)	3.3 cm		(3.5-5.6)
LV (S)	1.87 cm		(2.1-4.0)
LA Vol Idx			<29

	M-Mode	2D	Range
Asc Ao			<39
RV (D)	2.46 cm		(2.2-4.4)
LVOT			(1.8-2.2)
AV opening	1.81 cm		(1.5-2.6)
EF	82 %		(50-90)
Fractional Shortening			(25-46)
RVSP (Doppler)		17 mmHg	(15-30)

Findings

Left Ventricle There are no wall motion abnormalities.

Aortic Valve There is no aortic valve stenosis.

Mitral Valve The mitral valve is structurally normal. There is mild thickening of mitral valve anterior leaflet. There is no mitral stenosis. There is mild central mitral regurgitation.

Tricuspid Valve There is mild central tricuspid regurgitation. Estimated RVSP is 17 mmHg.

Pulmonary Valve There is no pulmonic stenosis.

Impressions

- No left ventricular wall motion abnormalities
- Preserved left ventricular systolic function
- LVEF (normal): >75%
- Normal right ventricular size and function

DRAFT REPORT
08/29/2011 4:00 PM

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL, GENNETTE
Phys: Vaughn Wallisa
DOB: Age: 61 Sex: F
Acct: Loc: CT
Exam Date: 08/18/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000172069	CT/CT CHEST WITH	

EXAMINATION: CT chest performed on 8/18/2011.

HISTORY: Bronchitis. Heart palpitations.

TECHNIQUE: CT of the chest was performed with 2 mm scans obtained from the lung apices down to the level of the adrenal glands. 100 mL of Isovue 300 IV contrast was given. Soft tissue and lung windows were evaluated.

FINDINGS: Evaluation of the mediastinum shows some small shotty nodes in the right paratracheal region and in the AP window. These are of doubtful significance but could represent some reactive adenopathy. There also appears to be some small lymph nodes or granulation tissue in the perihilar regions bilaterally. Once again, this could represent reactive adenopathy or possible granulomatous disease. Evaluation of the lung windows shows the lungs to be clear with no focal infiltrates identified. No obvious pulmonary masses. There is some scarring or atelectasis out laterally in the inferior aspect of the lingular segment of the left upper lobe down towards the left lung base. Some dependent atelectasis is seen at the bases bilaterally with a small 4 mm pleural-based nodular density posteriorly on the left which is of doubtful significance but most likely represents a scar or granuloma. The lungs are otherwise clear. Visualized portions of the upper abdomen show what appears to be a cyst on the cortex of the right kidney, otherwise the upper abdomen is unremarkable.

IMPRESSION: Small shotty lymph nodes in the mediastinum with small lymph nodes or granulation tissue in the perihilar regions bilaterally. This is of uncertain etiology but could represent some reactive adenopathy or possible granulomatous disease. Follow-up study could be performed to assess the stability of this finding. The lungs themselves are clear with no focal infiltrates or pulmonary nodules identified. Some dependent atelectasis or scarring seen at the bases. A single small 4 mm nodular density is seen along the pleura posteriorly at the left base which is of doubtful significance.

Electronically Signed by Steven B. Glassman, M.D. on 08/18/2011 at 21:13:17

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL,GENNETTE
Phys: Vaughn,Wallisa
DOB: [redacted] Age: 61 Sex: F
Acct: [redacted] Loc: CT
Exam Date: 08/18/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000172069	CT/CT CHEST WITH	

<Continued>

Steven B. Glassman, M.D.

DD: 08/18/2011 15:44:23 EST
DT: 08/18/2011 16:10:02 EST/MIS1094/5601597
JOB#: 288693

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/18/2011 **
Reported By: STEVEN B. GLASSMAN M.D.

CC: Vaughn,Wallisa

Technologist: DRIGGERS,JERRY
Transcribed Date/Time: 08/18/2011 (2116)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 08/19/2011 (0614)

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7381

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Patient Demographics

Date of Service: 11/12/2012

Patient Name: SOWELL, GENNETTE Age: 62 years Sex: Female Acct #:
Payor Type: Med Rec #:

ED Provider: MOOREHEAD, ROBERT B
Primary Physician: HAMMETT, ROCHELL
Supervising Physician:

Triage Information

Chief Complaint: SHORTNESS OF BREATH--HX OF ASTHMA/COPD

Triage Notes:
PT WAS SENT OVER BY DR. HAMMETT TO BE EVALUATED BY A DOCTOR.

Temp:	98 PO
Pulse:	86 regular
Resp:	22 unlabored
BP:	000/000
O2Sat:	95 FcO2:RA
Pain:	2 multiple areas

Chief Complaint/History of Present Illness

RMD 11/12/2012 15:22
SOWELL, GENNETTE is a 62 year old F that presented to the Emergency Department at 13:37 by WHEELCHAIR . The patient was triaged at 13:37 with the following vital signs: T: 98 PO , P: 86 regular , R: 22 unlabored , , SPO2: 95 Amt:RA , Pain: 2 multiple areas . The patient's primary care physician is HAMMETT, ROCHELL .
Chief Complaint -- SHORTNESS OF BREATH--HX OF ASTHMA/COPD Exam Time: 14:52. History obtained from: patient, family. History limited by: N/A. Emergency room bed #3. A 62-year-old female with onset of asthma at approximately 60 to 61st year. Her father had severe asthma, and was essentially a patient withATOPY. The patient has not find any allergies specifically, she thinks that at work there may be a cleaning compound which she does not handle directly which may aggravate her she also thinks there may be some aggravation as does her physician from the fumes from COOKING She has not identified specific foods however on questioning she has complete aversion to finish because of the strange sensation within her mouth, she has not eaten scallops, she has not been bothered by shrimp. We do not walk R Way through all foods for this, but as we begin see that there may be a food component here certainly there may be an environmental component. She has excellent heat, electrical heat pump, and we talked about how to cleanse the air and one specific room using a HEPA ELETRONIC PARTICLE PRECIPITATOR and where to get such a device, and they can even be put in line in their heating after she finds that it does work using a small one room unit. Her children are folats of asthma, however her grandchildren who have asthma. She does not recall having had testing for IGE Symptoms are present now. Symptoms are constant. RMD 11/12/2012 15:22 SOWELL, GENNETTE is a 62 year old F that presented to the Emergency Department at 13:37 by WHEELCHAIR . The patient was triaged at 13:37 with the following vital signs: T: 98 PO , P: 86 regular , R: 22 unlabored , , SPO2: 95 Amt:RA , Pain: 2 multiple areas . The patient's primary care physician is HAMMETT, ROCHELL .
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11/13/12

Chesterfield General Hospital
PO Box 157, Cheraw, SC 29520
843-537-7887

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Chief Complaint/History of Present Illness

using a small one room unit. Her children are folate of asthma, however her grandchildren who have asthma. She does not recall having had testing for IGE Symptoms are present now. Symptoms are constant.

Review of Systems

No items documented.

Past Medical and Surgical History

No items documented.

Family and Social Histories

No items documented.

Allergies

No items documented.

Medications

No items documented.

Physical Examination

No items documented.

Physician Orders

(1) L BASIC MET PANEL [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) L CBC W/DIFF [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) L CBC W/DIFF [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) ***IV Insertion [RMD] ordered at 11/12/2012 13:45 [Verbal JDA]
(1) Venipuncture via IV [RMD] ordered at 11/12/2012 13:45 [Verbal JDA]
(1) Breathing TX Initial Duoneb UD [RMD] ordered at 11/12/2012 14:35 [Verbal JDA]
(1) Chest 1 View [RMD] ordered at 11/12/2012 15:23
(1) Chest 1 View [RMD] ordered at 11/12/2012 15:23
(1) BMP [RMD] ordered at 11/12/2012 15:24
(1) BNP [RMD] ordered at 11/12/2012 15:24
(1) Respiratory EKG [RMD] ordered at 11/12/2012 15:24
(1) Sed Rate [RMD] ordered at 11/12/2012 15:24
(1) D-dimer [RMD] ordered at 11/12/2012 15:24
(1) PO Zithromax 500 mg [RMD] ordered at 11/12/2012 15:35
(1) PO Prednisone 60 mg [RMD] ordered at 11/12/2012 15:35
(1) PO Potassium Chloride 20 mEq [RMD] ordered at 11/12/2012 16:23

Procedures

No items documented.

Clinical Impression

RMD 11/12/2012 16:28 CLINICAL IMPRESSION: 1.POST INFECTIOUS ASTHMA; RECRUDESENCE 2. OTHERWSIE HERIDITARY/IDIOPATHIC DIATHESIS 3. MARGINAL CARDIOMEGALY 4. HYPOKALEMIA 5. HYPOCHLOREMIA 6. ADVAIR USE; 7. HYPOKALEMIA; RMD 11/12/2012 16:28 CLINICAL IMPRESSION: 1.POST INFECTIOUS ASTHMA; RECRUDESENCE 2. OTHERWSIE HERIDITARY/IDIOPATHIC DIATHESIS 3. MARGINAL CARDIOMEGALY 4. HYPOKALEMIA 5. HYPOCHLOREMIA 6. ADVAIR USE; 7. HYPOKALEMIA

11/13/12 JDA

SOWELL, GENNETTE M (id , dob

Oct. 2. 2014 8:37AM Chesterfield Family Medicine PAGE 4/004 No. 3007 P. 30/48

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7581

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Disposition

RMD 11/12/2012 16:40 Disposition: Patient discharged to home. Condition: satisfactory. Certified Med Emerg: Patient's condition represents a certified medical emergency. Disposition date/time: 11/12/2012 16:40. Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

Instructions

RMD 11/12/2012 16:40 Prescription(s) written for:Prednisone generic 10 mg: 1 pill by mouth four times daily for 10 days ; Quantity: 40 ; Refills: 0 (zero) || Azithromycin 250 mg: 4 for infection ; Quantity: 4 (four) ; Refills: 0(zero) || K-Dur 20 mEq: 1 (one) by mouth once daily ; Quantity: 20 (twenty) ; Refills: 0(zero)

User Added Documentation

11/12/2012 15:30 by RMD The signal Lavinia was an upper expiratory infection with mucopurulent discharge, turning to discolored mucus, and finally culminating in episodes of wheezing.

She is no past history of DVT or thromboses, and as far as she knows has never smoked, no exposure to dust or vapor, and is bothered greatly by some of the fumes at work.
11/12/2012 15:31 by RMD Serially there is an increase in heart size, although I see no vascular plethora, nor did the hila seemed enlarged as would be common with pulmonary hypertension.

The physical examination is as follows.

Chief complaint I got so I couldn""t breathe and I""m coughing a lot

History of present illness: About 4 days duration, of increasing cough, largely dry, occurring in spasms. Almost nonproductive. No fever. I would now having different color U, I cannot settle whether this is a yellow or green.

A nasopharyngeal pressure is almost nothing, sinuses appears to be pressure near the glabella.

She has had no unusual foul taste in her mouth.

She is not awakened with any dyspnea, has no orthopnea, and there is no paroxysmal nocturnal dyspnea.

We will talk to her and again especially regarding pill of changes
11/12/2012 16:35 by RMD CHEST XR SHOWS NO PARENCHYMAL IPF AND NO CLEAR ALVEOLAR PATTERN, MODEST AIR TRAPPING

Addenda

No items documented.

11/13/12
GDS

Oct. 2. 2014 8:37AM Chesterfield Family Medicine No. 3007 P. 31/48

Oct. 13. 2014 10:12AM Chesterfield Family Medicine No. 8046 P. 66

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:	ER05	DOB:	
Account #:		Bed #:	A	Age:	61 Y
Patient Type:	EOP	Exam Date/Time:	12/22/2011 11:54	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
900	7083391000900	CTA-CHEST	Elevated D-Dimer SOB

Dictated By: BERRY, MAX W MD
Ordering Physician: CONNELL, FOY D
Attending Physician: CONNELL, FOY D
Primary Care Physician: HAMMETT, ROCHELLE

FINAL REPORT

CTA OF THE CHEST

INDICATION:
Elevated D-dimer and dyspnea x several months.

COMPARISON:
None.

TECHNIQUE:
Axial images through the thorax after the administration of IV contrast. Multiplaner reformatting was performed. Maximum intensity projections were reviewed.

FINDINGS:
Heart is normal in size. No pericardial effusion or thickening. Ascending aorta measures 3.5 cm, pulmonary trunk measures 3.1 cm. No pulmonary emboli. Left AP window, precarinal, and subcarinal shotty adenopathy. No axillary adenopathy.

No focal airspace disease, pneumothorex, or pleural effusions.

Non-healed right lateral 7th rib fracture. Thoracic spondylosis without focal lesions.

Hiatal hernia. No hepatic lesions or biliary dilatation within the visualized liver. Remaining organs of the upper abdomen are unremarkable.

IMPRESSION:
No pulmonary embolism.

12/27/11

IMAGING REPORT

Name:	SOWELL, GENNETTE		
MRN:		Exam Date/Time:	12/22/2011 11:54 DOB:
Account #:			

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
900	70063S10D00900	CTA-CHEST	Elevated D-Dimer SOB

Non-union of a lateral right 7th rib fracture.

AP window, right paratracheal, and subcarinal shotty adenopathy suggestive of sarcoidosis.

This job has been electronically signed by: Max W Berry MD on 12/22/2011 at 4:16:00 PM (EST)
Verification: 522302092071112221616O0

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 12/22/2011 12:27 PM ET
T Date / Time: 12/22/2011 2:19 PM ET
R Date / Time:
S Job #: CGH52230209
D Job #: 4074
MT: 30061

12/27/11

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:	102	DOB:	
Account #:		Bed #:	A	Age:	61 Y
Patient Type:	EOP	Exam Date/Time:	12/22/2011 09:16	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
600	70053910000600	CH-CHEST 2V	SOB

Dictated By: BERRY, MAX W MD
Ordering Physician: CONNELL, FOY D
Attending Physician: CONNELL, FOY D
Primary Care Physician: HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 2 VIEWS:

INDICATION:
Dyspnea.

COMPARISON:
None.

TECHNIQUE:
PA and lateral radiographs of the chest.

FINDINGS:
Cardiomediastinal silhouette is within normal limits. Lungs are clear. Osseous structures are intact.

No acute cardiopulmonary disease.

This job has been electronically signed by: Max W Berry MD on 12/23/2011 at 3:08:00 PM (EST)
Verification: 522619662011122315060O

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 12/23/2011 12:22 PM ET
T Date / Time: 12/23/2011 1:28 PM ET
R Date / Time:
S Job #: CGH52261966
D Job #: 4109
MT: 30059

12/27/11

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:		DOB:	
Account #:		Bed #:		Age:	61 Y
Patient Type:	RAD	Exam Date/Time:	01/19/2012 15:21	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
300	70084580000300	CT-BONE DENSTY AXIAL	osteoporosis rib fracture

Dictated By:	GLASSMAN, STEVEN B MD
Ordering Physician:	HAMMETT, ROCHELLE
Attending Physician:	HAMMETT, ROCHELLE
Primary Care Physician:	HAMMETT, ROCHELLE

FINAL REPORT

CT BONE DENSITY, 1/19/2012

HISTORY:
Osteoporosis, rib fracture.

CT bone densitometry was performed on the lumbar spine. Total density for L2 through L4 was 128.5 mg/cc with a T score of negative 1.7.

IMPRESSION:
Findings consistent with osteopenia. T score was negative 1.7, which indicates a density which is 1.7 standard deviations below the mean and shows a moderately increased fracture risk when compared to the normal young population.

This job has been electronically signed by: Steven B Glassman MD on 01/21/2012 at 7:05:00 PM (EST) Verification. 5301503920120121190500

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 01/20/2012 12:33 PM ET
T Date / Time: 01/20/2012 2:56 PM ET
R Date / Time:
S Job #: CGH53015039
D Job #: 5566
MT: 30073

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:		DOB:	
Account #:		Bed #:		Age:	62 Y
Patient Type:	EOP	Order Date/Time:	11/12/2012 15:10	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
500	70334400000500	CH-CHEST 1V	SOB

Dictated By: GLASSMAN, STEVEN B MD
Ordering Physician: MOOREHEAD, ROBERT B JR
Attending Physician: MOOREHEAD, ROBERT B JR
Primary Care Physician: HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 11/12/2012

HISTORY:
Shortness of breath. Comparison made to the prior study of December 22, 2011.

A single AP view of the chest was submitted for interpretation. Cardiac silhouette and pulmonary vasculature within normal limits. There is some increased density in the retrocardiac region on the left which could represent some atelectasis or scarring. Another possibility would be a hiatal hernia in the retrocardiac region. Lungs otherwise clear.

IMPRESSION:
Density in the left retrocardiac region which could represent some atelectasis or scarring at the left base versus possible hiatal hernia in the retrocardiac region. Lungs otherwise clear with no focal infiltrates identified.

This job has been electronically signed by: Steven B Glassman MD on 11/13/2012 at 4:00:00 PM (EST) Verification: 607771292012111316000O

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 11/13/2012 2:07 PM ET
T Date / Time: 11/13/2012 2:37 PM ET
R Date / Time:
S Job #: CGH60777129
D Job #: 19728
MT: 30073

OWELL, GENNETTE M (id: dob:

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: CHRISTOPHER DAVIS, M.D.
Date: 01/08/2010

OFFICE NOTE

SUBJECTIVE: Here today to follow up on hypertension, runny nose, congestion, and watery eyes, mild-to-moderate in severity, without modifying factors.

OBJECTIVE: Lungs: Clear. Cardiovascular: Regular rate. Abdomen: Benign. Soft and nontender.

ASSESSMENT AND PLAN:
1. Upper respiratory infection. Treat symptomatically with Hycodan cough syrup.
2. Hypertension. Refill hydrochlorothiazide.

Electronically Signed by Christopher Davis, M.D. on 01/14/2010 at 08:08:58

Christopher Davis, M.D.

DD: 01/11/2010 09:22:05 EST
DT: 01/11/2010 11:10:49 EST/MIS1061/1318616
JOB#: 606265

cc: Christopher Davis, M.D.

CAROLINA PHYSICIANS GROUP
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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JANET GENNETTE Date of Birth:
Patient Number:
Originator Name: RAINA KARANJEET, MD
Date: 06/06/2011

OFFICE NOTE

CHIEF COMPLAINT: Followup of the ER visit and nausea.

HISTORY OF PRESENT ILLNESS: This is a 60-year-old female with history of hypertension and hyperlipidemia, reported to ER on Friday because of shortness of breath, was found to have acute bronchitis and started on Z-Pak and prednisone. She is here for followup stating that her breathing is better but her nausea is getting worse and she does not have any appetite. She had gone back to work today but was not able to do anything, so presented for this visit. She does not have any fever. She stated that initially she started with nasal stuffiness and started having severe cough with shortness of breath, and some soreness over the chest because of the cough. Currently, shortness of breath has improved a lot with prednisone and antibiotics. Still making some phlegm which is yellow and thick. Denies having any fever or any abdominal pain. Nausea is present but no vomiting. No urinary complaints.

REVIEW OF SYSTEMS: Otherwise negative.

PHYSICAL EXAMINATION: Vital Signs: Temperature 98, blood pressure 110/76, heart rate 72, respiratory rate 18. General Appearance: Old female, in no distress. Head and neck: Normocephalic. Pupils are equal, reactive to light. No pallor. Anicteric. No JVD. No carotid bruit. Lungs: Bilaterally clear to auscultation. Heart: S1, S2. Regular. Abdomen: Bowel sounds are present. Soft, nontender. Extremities: No pedal edema.

ASSESSMENT AND PLAN:
1. Acute bronchitis, resolving. Continue antibiotics and prednisone as recommended. No change in management required at this time.
2. Gastritis. Most likely from the prednisone and with the bronchitis going on. Has a little soreness in

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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOXWELL, ~~JANET~~ GENNETTE Date of Birth:
Patient Number:
Originator Name: RAINA KARANJEET, MD
Date: 06/06/2011

OFFICE NOTE

the epigastrium, so I would just advise to continue to Zantac over-the-counter once per day. If this does get worse, then advised to follow up with us next visit. Regular followup with Dr. Ash.

Electronically Signed by Raina Karanjeet, MD on 06/13/2011 at 09:57:57

Raina Karanjeet, MD

DD: 06/06/2011 13:08:29 EST
DT: 06/06/2011 18:01:10 EST/MIS1230/5376213
JOB#: 951403

CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/01/2011

OFFICE NOTE

CHIEF COMPLAINT: cough.

HISTORY: Ms. Sowell is a 61-year-old African American female who presents today with complaint of cough. It has been worsening progressively worsening for 2 weeks. Initially started off as dry, is now productive green sputum. She has had decreased sleep as well as shortness of breath. The patient has been using Combivent at an unknown frequency. She is a lifelong nonsmoker who had her most recent bout of bronchitis in June 2011. From what I gather, she had really gotten over that episode when it seems that this episode started.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.6, pulse 92, respirations 17, blood pressure 142/80, weight 147 pounds.
GENERAL: She is in no acute distress, appears younger than her stated age.
HEART: Regular.
LUNGS: There are scattered wheezes bilaterally, crackles at the left lung base.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. I am going to treat her with Levaquin 750 mg 1 p.o. daily for 1 week. She also has prednisone and Combivent inhaler. I have given her Hycodan and Diflucan for p.r.n. use. I would like her to go to get a 2-view chest x-ray for comparison and see us back in followup on 8/4/11.

Electronically Signed by Wallisa Vaughn, MD on 08/08/2011 at 12:36:25

Wallisa Vaughn, MD

DD: 08/01/2011 17:05:17 EST
DT: 08/01/2011 17:07:37 EST/MIS1260/5545384
JOB#: 141556

Oct. 1. 2014 5:34PM Chesterfield Family Medicine No. 8004 P. 36
CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

OFFICE NOTE

CHIEF COMPLAINT: Followup of pneumonia.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female, who presents today for close followup. We last saw the patient on 04/01/2011. At that time, she presented with complaint of cough that has been progressively worsening x2 weeks. She had lungs sounds that indicated that she had clinical pneumonia. I started her on Levaquin 750 mg as well as prednisone and a Combivent inhaler. She is doing well with the antibiotic and is about halfway through her course of therapy. She also got a chest x-ray and it did not show any focal infiltrates. There was some linear scarring noted at the right base. The patient reports that her shortness of breath is improved. She says that she has some more nasal type symptoms. She is still a bit fatigued; but, she is getting a lot of production of phlegm from her cough.

PHYSICAL EXAMINATION:
VITAL SIGNS: Today, temperature is 98, pulse 80, respirations 16, blood pressure is 147/88, weight 143 pounds.
GENERAL: She is in no acute distress. Appears younger than her stated age.
HEART: Regular.
LUNGS: She has got rhonchi throughout the bilateral lung fields, both anteriorly and posteriorly. No frank crackles.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: Clinically appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. She has improved. She is going to continue with antibiotic regimen and see us back in followup on 08/11/2011. She is given a work excuse

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth: (
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

OFFICE NOTE

until next Monday. At her followup appointment we do need to go ahead and arrange consultation with pulmonology at McLeod for the indication of recurrent bronchitis.

Electronically Signed by Wallisa Vaughn, MD on 08/09/2011 at 12:35:55

Wallisa Vaughn, MD

DD: 08/04/2011 10:20:15 EST
DT: 08/04/2011 10:22:38 EST/MIS1359/5554913
JOB#: 144804

CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

OFFICE NOTE

CHIEF COMPLAINT: Cough and heart palpitations.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today with a new complaint of heart palpitations. The patient reports that around 12 a.m., her phone rang. This startled her and awakened her from sleep. About an hour later, she noticed that her heart was still racing. She drifted off to sleep and woke about 5 minutes to 6 this morning. At that time, she states she noticed that her heart was still racing. During the course of the day, there has been a somewhat of a waxing and waning feeling of heart racing and palpitations. She has felt generally panicky, short of breath and fatigued. She was able to rest and take a nap earlier this afternoon prior to her appointment. She feels a bit better since the nap. She has had a recent bout of bronchitis and continues to have a good bit of a productive cough. She is using her rescue inhaler 2-3 times daily.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient is afebrile, pulse 80, respirations 16, blood pressure 139/89, weight 147 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular. No audible murmurs, rubs, or gallops.
LUNGS: Generally clear with the exception of the anterior aspect of the right upper lung. There is some focal wheezing there.
SKIN: Warm, dry, and intact.
NEUROLOGIC: Nonfocal.
PSYCHIATRIC: Patient is clinically appropriate.

ASSESSMENT AND PLAN: Recurrent bronchitis and heart palpitations.

I have started the patient on Flovent with hope that this will help to keep her airways open a bit more and we are going to get several exams including an EKG, CT of the chest with contrast, and an

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 8004 P. 32

CAROLINA PHYSICIANS GROUP

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(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth: (...
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

OFFICE NOTE

echocardiogram. I am going to refer the patient to McLeod Pulmonology per her previous request. I would like to see the patient back in 2 weeks for laboratory review.

Electronically Signed by Wallisa Vaughn, MD on 08/16/2011 at 17:28:24

Wallisa Vaughn, MD

DD: 08/11/2011 16:42:33 EST
DT: 08/11/2011 16:44:53 EST/MIS1260/5579634
JOB#: 153596

cc: McLeod Pulmonology

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 3004 P. 33

CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth: [illegible]
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: This is a 61-year-old African American female who is here today for followup secondary to the hospitalization recently from June 11th to June 14th bronchitis with bronchospasm. She states that she is improving. She still feels tired. She has an occasional cough. Sometimes she has a funny sensation in her stomach. She still has medication and is on tapering dose of prednisone and on antibiotic, Biaxin, and has Combivent inhaler which she uses as needed. She has not had any fevers or chills. Overall she feels better.

PAST MEDICAL HISTORY: Hypertension. Abnormal mammogram. Mildly elevated hyperlipidemia.

MEDICATIONS: Hydrochlorothiazide 25 mg p.o. daily. She is currently on Combivent and Biaxin.

PHYSICAL EXAMINATION:
Vitals: Temperature 98.2 degrees, BP 134/71, pulse 75, respiratory rate 18, weight 147 pounds. General: This is a pleasant, nontoxic-appearing female in no apparent distress. HEENT: Sclerae anicteric. Extraocular movements intact. Oropharynx moist without exudate. Neck: Supple. No lymphadenopathy. No bruits or thyromegaly. Lungs: Clear to auscultation bilaterally. No wheezes or rhonchi. Heart: Regular rate and rhythm, S1, S2. No murmur. Abdomen: Soft. Bowel sounds present. Nontender. Extremities: Without edema.

CLINICAL IMPRESSION:
1. Resolving bronchitis.
2. Hypertension.
3. Hyperlipidemia.
4. Abnormal mammogram.

PLAN:
1. Recommend to continue course of steroids and antibiotics. Follow up if symptoms persist or worsen.

Oct. 1. 2014 5:34PM Chesterfield Family Medicine No. 8004 P. 37
CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

OFFICE NOTE

2. Patient is to return for followup visit in August which will her in routine followup visit and at that time, is to have a repeat mammogram scheduled and follow up on her hyperlipidemia and hypertension.

Electronically Signed by Monica A. Ansani, MD on 06/21/2011 at 16:32:00

Monica A. Ansani, MD

DD: 06/21/2011 14:25:05 EST
DT: 06/21/2011 14:24:59 EST/MIS1262/6424272
JOB#: 953794

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

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Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

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CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

CAROLINA PHYSICIANS GROUP
Chesterfield Family Medicine
No. 8049 P. 4/26
Oct. 13. 2014 10:27AM

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

CAROLINA PHYSICIANS GROUP
Oct. 13. 2014 10:34AM Chesterfield Family Medicine No. 8050 P. 4/53

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

CHIEF COMPLAINT: Cough and congestion.

HPI: The patient is a 61-year-old African American female who presents today with complaint of cough and congestion x 5-6 days. The weather changed overnight, last Thursday evening; and the patient reports that since the weekend she has had a productive cough and congestion as well as nasal drainage. Yesterday, while working, she became acutely short of breath and fatigued. She has had some subjective fever and chills. No nausea or vomiting. She has a diagnosis of recurrent bronchitis.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: She is a nonsmoker.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 98.6, pulse 88, respirations 18, blood pressure is 139/83, weight 143 pounds.
GENERAL: She is not acutely distressed, but does appear to be ill.
HEENT: Mucous membranes are moist.
NECK: Supple.
HEART: Regular.
LUNGS: Rhonchorous throughout, anteriorly and posteriorly. She almost has audible wheezing without a stethoscope.
SKIN: Warm, dry, and intact without rash.
NEUROLOGICAL: Nonfocal.
PSYCHIATRIC: She is clinically appropriate.

ASSESSMENT AND PLAN: Patient with acute bronchitis. Last time, she was treated with Levaquin. This time we are going to treat her with Bactrim DS 1 p.o. b.i.d. x1 week. She was given a shot of Depo-Medrol today; and she will do a prednisone burst. She will have Diflucan, Combivent, and Hycodan for p.r.n. use. She sees the pulmonologist on this coming Monday, so we would like to hearing

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 8004 P. 28

CAROLINA PHYSICIANS GROUP Chesterfield Family Medicine Oct. 13. 2014 10:25AM No. 8047 P. 13/13

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously schedufed.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

CAROLINA PHYSICIANS GROUP

Oct. 13. 2014 10:26AM Chesterfield Family Medicine No. 8049 P. 2/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously scheduled.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 8004 P. 29

CAROLINA PHYSICIANS GROUP

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/06/2011

DOB:
Age: 61 Y
Sex:

Dictated By: Hammatt, Rochelle MD

CHIEF COMPLAINT: Sick visit. Has been coughing green mucus x2 weeks.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black female with a past medical history of chronic bronchitis and allergic rhinitis. The patient had previously seen ENT who had given her Flonase and an anti-inflammatory, but she consistently and progressively got worse with the coughing and wheezing. The patient also denies any fever, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hyperlipidemia and leukopenia.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.1, blood pressure is 144/91, pulse is 90, respiratory rate is 16, height is 5 feet 4 inches, weight is 146 with a BMI of 25.1, and pulse ox is 97%.
General: A well-developed female.
HEENT: Normal. No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze but no rales and no rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No distention. No tenderness. No guarding. No rebound.
Skin: Well hydrated.

ASSESSMENT AND PLAN:
1. The patient has acute on chronic bronchitis. We will prescribe her nebulizer machine as well as give her a treatment here in the office. We will also give her a Z-Pak and Medrol Dosepak.
2. As far as her hypertension, our goal is to get her less than 140 and less than 90. When she comes

CLINIC NOTE

Name: SOWEL, GENNETTE

MRN: DOB:
Account #: DOS: 12/06/2011

back, we will get a CMP and FLP.
3. Leukopenia. We will try and get a CBC as well. The patient is to follow up in 2 to 3 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 12/23/2011 at 8:25:00 AM (EST) Verification: 519557822011223082500 .

Print CC:
Fax CC:

D Date / Time: 12/13/2011 04:25 PM ET
T Date / Time: 12/14/2011 04:38 AM ET
R Date / Time:
S Job #: CGH51955782
D Job #: 4612
MT: 161022

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENETTE

MRN:
Account #:
DOS: 12/27/2011

DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Hospital followup on acute asthma exacerbation.

HISTORY OF PRESENT ILLNESS: The patient was previously seen on December 21, 2011, with status asthmaticus, and she was hospitalized for approximately 4 days. The patient is a 61-year-old female here after hospitalization for acute asthma exacerbation. The patient denies any smoking.

PERTINENT PAST MEDICAL HISTORY: The patient did not have the symptoms until approximately 4 to 6 months ago.

REVIEW OF SYSTEMS: The patient has some mild fatigue and some dyspnea on exertion, but no shortness of breath at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.9, blood pressure is 137/81, pulse is 74, respiratory rate is 16, height is 5 foot 4 inches, weight is 144, BMI is 24.7, and oxygen is 98%.
General: The patient appears thin, but otherwise in no apparent distress.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Light wheeze, but no rales and no rhonchi.
Cardiovascular: Shows regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient carries a diagnosis of asthma, but may actually have sarcoidosis which is in the differential, and she does have a pulmonary referral from the hospital. The plan is that she will continue with the prednisone 20 mg two p.o. daily, Singulair 10 mg p.o. daily, Advair 250/50 one puff twice a day, Ventolin HFA 90 mcg q.4 h., and naproxen 500 mg p.o. twice daily. The patient and her

Oct. 1. 2014 5:32PM Chesterfield Family Medicine No. 3004 P. 19
CLINIC NOTE

CLINIC NOTE

Name: SOWELL, GENETTE

MRN: DOB:
Account #: DOS: 12/27/2011

daughter were advised to ask them about doing an angiotensin-converting enzyme test, and suggest that her mom possibly may have sarcoidosis as opposed to asthma.

This job has been electronically signed by: Rochelle Hammett MD on 02/24/2012 at 2:55:00 PM (EST) Verification: 526017852012022414550O .

Print CC:
Fax CC:

D Date / Time: 01/06/2012 02:51 PM ET
T Date / Time: 01/07/2012 07:01 AM ET
R Date / Time:
S Job #: CGH52601785
D Job #: 5852
MT: 161022

Patient Encounter Form
Date: 12-27-11

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 01/12/2012

DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Needs a note to go back to work, feeling better.

HISTORY OF PRESENT ILLNESS: This patient is a 61-year-old African American female here with a chronic cough and wheeze status post hospitalization. The patient was given IV Solu-Medrol while in the hospital and treated appropriately for her cough and wheeze.

PERTINENT PAST MEDICAL HISTORY: ALLERGIC RHINITIS.

REVIEW OF SYSTEMS: The patient does have slight dyspnea on exertion, but currently no shortness of breath or wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98. Blood pressure is 147/79. Pulse is 93. Respiratory rate is 12. Height is 5 feet 4 inches. Weight is 144. BMI is 24.7.
General: Well-developed female in no apparent distress.
HEENT: Normal except for she wears glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory Exam: Clear to auscultation bilaterally. No wheezes. No rales. No rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs. No rubs. No gallops.
GI: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has a cough that is now resolving. She is eligible for the flu vaccine and Pneumovax today.
2. The rib fracture is healing and almost completely resolved. The patient mentions no history of trauma except a lot of coughing.
3. The patient was also prescribed Os-Cal vitamin D 600 mg p.o. twice daily secondary to decreased p.o.

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account#: DOS: 01/12/2012

intake of calcium and low vitamin D levels.
4. The patient is to follow up with me in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/09/2012 at 2:14:00 PM (EST) Verification: 5318298120120509141400 .

Print CC:
Fax CC:

D Date / Time: 01/26/2012 09:38 AM ET
T Date / Time: 01/26/2012 03:55 PM ET
R Date / Time:
S Job #: CGH53182981
D Job #: 7001
MT: 415595

Patient Encounter Form Date: 1-12-12

Oct 13. 2014 10:24AM Chesterfield Family Medicine SOWELL No. 8047 P. 61/73

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/09/2012

DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Four-week followup on cough, rib fracture, went out in the wind and now congested, cough, just getting worse x2 to 3 days.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with the above chief complaint. She reports a nonproductive cough. She denies fevers, chills, sweats.

PERTINENT PAST MEDICAL HISTORY: Allergic rhinitis.

REVIEW OF SYSTEMS: Just coughing.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98, BP is 143/98, pulse is 100, respiratory rate is 16, height is 5 feet 4 inches, weight is 143, BMI is 24.5, SpO2 is 96%.
General: A well-developed female, in no apparent distress.
HEENT: Mild nasal edema.
Neck: Supple. No masses. No retractions.
Respiratory: Slight scattered wheeze, but no rales, no rhonchi.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops. No carotid bruit.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient is to take albuterol nebulized solution every 3 hours and cromolyn sodium every 6 hours x3 to 4 days for her asthma exacerbation, and she is to follow up with me on Tuesday.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:43:00 AM (EST) Verification: 542235702012041608430O .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:48 PM ET
T Date / Time: 03/01/2012 11:39 AM ET
R Date / Time:
S Job #: CGH54223570
D Job #: 3001304
MT: 161022 /133798

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:		DOB:	
Account #:		Age:	61 Y
DOS:	02/14/2012	Sex:	

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup on coughing. Has alot of drainage in the back of her throat, and she thinks it is coming from her nasal cavity. Flonase and Singulair are not working.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of rhinitis and asthma versus sarcoidosis. She is here for the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: Asthma.

REVIEW OF SYSTEMS: The patient denies any nausea, vomiting, or diarrhea. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 97.8, blood pressure is 147/82, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, and BMI is 24.9.
General: A well-developed female.
HEENT: The patient is wearing glasses. She has severe nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has rhinitis. She will take Mucinex.
2. As far as her asthma versus sarcoidosis, she seems to be doing well in that respect, and she will

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:

Account #: DOS: 02/14/2012

continue as is. The patient has been referred to Dr. Dyce for her chronic rhinitis, and will follow up with me in 2 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:44:00 AM (EST) Verification: 54223589201204160844O0 .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:42 PM ET
T Date / Time: 03/01/2012 08:49 AM ET
R Date / Time:
S Job #: CGH54223589
D Job #: 3001303
MT: 161022

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: Age: 62 Y
DOS: 03/27/2012 Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Wheezing, coughing x3 weeks, feels like something is in her throat. The phlegm has been clear.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of obstructive lung disease. The patient also has a history of elevated blood pressures.

PERTINENT PAST MEDICAL HISTORY AND FAMILY HISTORY: As noted above.

REVIEW OF SYSTEMS: Also, as noted above in the history of present illness.

PAST SOCIAL HISTORY: Negative for smoking.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.1, blood pressure is 153/95, pulse is 72, respiratory rate is 18. Height is 5 feet 4 inches, weight is 146, BMI is 25.1. SpO2 93% to 94%.
General: Well-developed female, mild distress.
HEENT: No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient has obstructive/restrictive lung disease, or combination of both.

The patient will be given:
1. Advair.
2. Singulair.
3. DuoNeb solution.

SOWELL, GENNETTE M (id , dob:

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account#: DOS: 03/27/2012

4. Medrol Dosepak

She is to follow up with me in 4 to 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/11/2012 at 2:41:00 PM (EST) Verification: 552205872012051114410O .

Print CC:
Fax CC:

D Date / Time: 04/03/2012 01:15 PM ET
T Date / Time: 04/03/2012 07:34 PM ET
R Date / Time:
S Job #: CGH55220587
D Job #: 3001921
MT: 574332

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 05/08/2012

DOB:
Age: 62 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup. Needs refill on hydrochlorothiazide.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female who has obstructive restrictive lung disease, here with a cough productive of yellow phlegm. The patient denies any fevers, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: No nausea. No vomiting. No diarrhea.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.3. BP is 141/80. Pulse is 62. Respiratory rate is 18. Height is 5 feet 4 inches. Weight is 144. BMI of 24.7.
General: A well-developed female in no apparent distress.
HEENT: Nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Exam shows a few scattered wheezes. Regular rate and rhythm on cardiovascular exam. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN:
1. The patient has hypertension. We will give her hydrochlorothiazide 25 mg p.o. daily.
2. Asthma with acute bronchitis. A Z-Pak and Medrol Dosepak.
3. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 05/17/2012 at 10:36:00 AM (EST) Verification: 562771952012051710360O .

Print CC:
Fax CC:

D Date / Time: 05/11/2012 02:12 PM ET
T Date / Time: 05/12/2012 09:55 AM ET
R Date / Time:
S Job #: CGH55277195
D Job #: 3002591
MT: 415595

Oct. 1. 2014 5:31PM (Chesterfield Family Medicine No. 8004 P. 5

No. 8047 P. 50/73 Chesterfield Family Medicine Oct. 13. 2014 10:22AM

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 03/19/2013

DOB:
Age: 63 Y
Sex: F

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Coughing, wheezing, getting stuck in throat and upper chest x1 week, just getting worse.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old female with the above chief complaint. She has a history of chronic asthma exacerbation that was determined to be work-related and was suggested that she removed herself from the job, which she has not yet. The patient is going to work this morning and came at the end of the day to the clinic to be assessed.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: As noted above. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.3, blood pressure is 132/80, pulse is 73, respiratory rate is 18, height is 5 feet 4 inches, weight is 156, BMI is 26.8, and pulse ox is 97%.
General: A well-developed female, audibly wheezing.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Diffuse scattered wheezes. She was given a nebulizer treatment.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: Asthma exacerbation, hypertension, and acute bronchitis. The patient was given a Z-Pak and Medrol Dosepak. She was also warned that if she is to again have these symptoms, that she is to come to the clinic right away and not go to work and she agreed. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/09/2013 at 1:04:00 PM (EST) Verification: 638482592013040913040O .

Print CC:
Fax CC:

D Date / Time: 03/25/2013 02:24 PM ET
T Date / Time: 03/26/2013 08:07 AM ET
R Date / Time:
S Job #: CGH63848259
D Job #: 3007821
MT: 1088567

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SOWELL, GENNETTE (id dob:

Provider JOSE DEDIOS MD

Insurance Med Primary

Insurance #:

Prescription: CMX - Member is eligible.

Chief Complaint

New Consult, asthma, cough

HPI

Pt has no history of childhood asthma. Started being SOB a couple of years now. SOB has gotten worse the past year. She bronchitis several yrs ago and since that time she has been wheezing and been SOB daily. She was diagnosed with asthm previous lung doctor. Her triggers include pollen, dust. She was placed on Symbicort BID. She was also placed on Prednis from Nov 2012 until Jan 2013 and she completely felt fine but her BP increased. Since being off steroids, she has been mis SOB. She has daily and nighly symptoms.

No recent change in the environment. Non smoker but was exposed to people who smoked. Has pet dogs but she is not all No other pets. Denies molds.

Problems

- Asthma, unspecified (493.90)
- Unspecified allergic alveolitis and pneumonitis (495.9)
- Acute bronchospasm (519.11)
- Esophageal reflux (530.81)
- Hypersomnia, unspecified (780.54)

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION Inhale 3 mL twice a day by inhalation route.	04/08/13 prescribed
ALLEGRA 180 MG TABLET Take 1 tablet(s) every day by oral route.	04/08/13 entered
BROVANA 15 MCG/2 ML NEB SOLUTION Inhale 2 mL every day by inhalation route.	04/08/13 entered
CALCIUM 500	04/08/13 entered
EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR Inject 1 injector(s) by intramuscular route.	04/08/13 prescribed
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE Take 1 capsule(s) every day by oral route.	04/08/13 entered
IPRATROPIUM BROMIDE 0.02 % SOLN FOR INHALATION Inhale 2.5 mL every 6 hours by inhalation route., a	04/08/13 entered
K-DUR 20 MEQ TABLET,EXTENDED RELEASE Take 1 tablet(s) every day by oral route.	04/08/13 entered
MAGNESIUM take 1 tab	04/08/13 entered

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SOWELL, GENNETTE (id : dob:

NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) twice a day by oral route.	04/08/13	prescribed
PREDNISONE 10 MG TABLET Take 1 tablet(s) every day by oral route.	04/08/13	prescribed
SINGULAIR 10 MG TABLET Take 1 tablet(s) every day by oral route.	04/05/13	entered
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER Inhale 2 puff(s) twice a day by inhalation route.	04/08/13	prescribed
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/08/13	prescribed
XOLAIR 150 MG SUB-Q SOLN Inject 375 mg every 2 weeks by subcutaneous route.	04/08/13	prescribed

Social History

Reviewed Social History
General IM
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes (died age: 86)
Father - Coronary Artery Disease (died age: 84)
- Asthma

Document Review

Discussed the following orders:
- XOLAIR 150 MG SUB-Q SOLN - 04/08/13
- VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER - 04/08/13
- ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION - 04/08/13
- SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER - 04/08/13
- CULTURE, SPUTUM - 04/08/13
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE - 04/08/13
- EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR - 04/08/13
- PREDNISONE 10 MG TABLET - 04/08/13
- TWO VIEW- X-RAY, CHEST - 04/08/13

Vitals

Ht: 5 ft 4 in	Wt: 152 lbs	BMI: 26.1
BP: 163/83	Pulse: 76 bpm	RR: 22
O2Sat: 99%	T: 97.3 F°	Age: 63

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

ROS

Patient reports **cough, wheezing, shortness of breath, sputum production, and chest tightness; daily and nightly sin** She reports no depression; **would wake up gasping or choking related to SOB.** She reports no fever, no significant weig fatigue, no generalized weakness, and no pallor. She reports no chest pain on exertion, no palpitations, no edema, and no t nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no edema. **Additionally reports: A full ROS was done and everything else is negative**
ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: **mild distress.** Ambulation: ambulating normall

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Nose: nares patent and no septal deviation. Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropha mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: **dyspneic.** Percussion: **hyperresonance.** Auscultation: **decreased breath sounds, inspiratory and expiratory wheezing; able to speak sentences w/o being SOB.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and R vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal:: Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **ASTHMA, UNSPECIFIED** (493.90) - Patient likely has adult onset asthma for which she is very symptomatic daily and ni allergic to pollen and dust. She is steroid dependent. She has been off steroids since Jan because of her elevated BP. a lower prednisone dose. I will try to get her to have Xolair. D/W pt asthma plan. Told her she should get an epi pen. Sl a bronchitis -- I will order CXR. I will hold off on antibiotics for now.
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - TWO VIEW- X-RAY, CHEST
   - PREDNISONE 10 MG TABLET - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
   - EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR - Inject 1 injector(s) by intramuscular route. Qty: 1 injec Refills: 0 Pharmacy: CVS/PHARMACY #3565
   - CULTURE, SPUTUM
   - SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER - Inhale 2 puff(s) twice a day by inhalation r unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use this.
   - ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION - Inhale 3 mL twice a day by inhalation route. Qty: 180 mL Pharmacy: CVS/PHARMACY #3565
   - VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER - Inhale 2 puff(s) every 4 hours by inhalation route as nee unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
   - XOLAIR 150 MG SUB-Q SOLN - Inject 375 mg every 2 weeks by subcutaneous route. Qty: 750 mg Refills: 1 Pl CVS/PHARMACY #3565

2. **ESOPHAGEAL REFLUX** (530.81) - She has GERD which likely is not optimally controlled and this can make asthma ha Will increase her Nexium to BID.
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
   - NEXIUM 40 MG CAPSULE,DELAYED RELEASE - Take 1 capsule(s) twice a day by oral route. Qty: 60 capsule(s)

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Encounter Summary - Progress Note
Date Printed: 05/22/2013

INHALATION	
ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
BUDESONIDE 0.5 MG/2 ML NEB SUSPENSION	12/19/12 filled
CALCIUM 500	04/08/13 entered
CROMOLYN 20 MG/2 ML NEB SOLUTION	11/20/12 filled
EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR Inject 1 injector(s) by intramuscular route.	04/23/13 prescribed
HYDROCHLOROTHIAZIDE 25 MG TABLET	04/29/13 filed
IPRATROPIUM BROMIDE 0.02 % SOLN FOR INHALATION Inhale 2.5 mL every 6 hours by inhalation route. a	04/08/13 entered
K-DUR 20 MEQ TABLET,EXTENDED RELEASE Take 1 tablet(s) every day by oral route.	04/08/13 entered
MAGNESIUM take 1 tab	04/08/13 entered
MONTELUKAST 10 MG TABLET	04/24/13 filled
NASONEX 50 MCG/ACTUATION SPRAY	01/16/13 filled
NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) twice a day by oral route.	04/23/13 prescribed
PREDNISONE 10 MG TABLET Take 1 tablet(s) every day by oral route.	05/22/13 prescribed
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER Inhale 2 puff(s) twice a day by inhalation route.	04/23/13 prescribed
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
XOLAIR 150 MG SUB-Q SOLN Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Family History	Discussed Family History Mother - Diabetes (died age: 86) Father - Coronary Artery Disease (died age: 84) - Asthma
Past Medical History	ENT: [illegible] Y [illegible] Y GERD/ROS Y
Vaccine History	None recorded.

SOWELL, GENNETTE M (id # dob: (

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Electronically Signed by: JOSE DEDIOS MD

5/29/13

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Patient	Sowell, Genette (63 YR, F)
DOB	[redacted]

Patient Demographics:

Address	Home Phone
	Work Phone

Encounter Notes:

Encounter Reason/Date	f/u asthma very poor asthma flaring up. 01/07/2014 - 09:30AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been stable until 3 weeks ago. She started coughing = yellow sputum. More SOB. wheeze. (-) fevers, chills. She took ZPAK which made her feel better for a bit but her sx got worse. She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now. Last xolair was dec 31. she gets xolair q 2 weeks. She is working on getting disability. (-) hemoptysis. Has nightly sx. (-) sick contacts. She got the flu shot in 2013.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, sputum production, painful respiration, and chest tightness but reports no coughing up blood and no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI

Vitals	01/07/2014 10:04 am					
	Wt:	139 lbs	BP:	167/87	Pulse:	99 bpm
	RR:	22	O2Sat:	99%	T:	97.1 F*
	Ht:	5 ft 4 in	BMI:	23.9		

Procedure	None recorded.
Results/Interpretations	None recorded.

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Encounter Summary - Progress Note
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Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: mild distress. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; more wheezing compare to last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Exacerbation of asthma - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.

CXR today was reveiwed and did not show infiltrates.
Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma worse. If her asthma is still not controlled despite being on disability, will pursue consulting MUSC for bronchial thermoplasty. I discussed this plab with the pt and she is in agreement.
493.92: Asthma, unspecified type, with (acute) exacerbation

- ASTHMA ACTION PLAN: AFTER YOUR VISIT
- Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now Sample dispensed. Sample Qty: 1
- DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization route as needed. Sample dispensed. Sample Qty: 120 3 mL blist pack(s)

2. Asthma -

to pollen and dust. She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it in July 1, 2013. cont Bactrim for PCP prophylaxis.
Asthma is worse during winter.
Pt will wean off dalliresp 2 to psych issues.
Will need PFT and chest ct scan on f/u prior to BT.
Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
Will consider BT consult at MUSC on F/U.

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Encounter Summary - Progress Note
Date Printed: 01/07/2014

493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime.
  Qty: 1 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 8. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. Bronchitis - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW X-RAY, CHEST
- levofloxacin 750 mg tablet -
  Pharmacy: CVS/PHARMACY #3565

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds,

of symptoms. If the patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her PCP's clinic or go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and tendinitis and patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Patient Medical History:

HARTSVILLE MEDICAL GROUP LLC - 701 Med. Ctr. Park Dr. Hartsville SC 29550-4778

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Encounter Summary - Progress Note
Date Printed: 01/07/2014

Allergies List	Reviewed Allergies ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	08/04/12 filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled	Caremark
Calcium 500	04/08/13 entered	Donna Catoe
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled	Caremark
Daliresp 500 mcg tablet	10/10/13 filled	Caremark
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now	01/07/14 sample given	Jose Dedios, MD
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duoneb now	01/07/14 sample given	Jose Dedios, MD
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 injection(s) by intramuscular route.	04/23/13 prescribed	Jose Dedios, MD
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14 prescribed	Jose Dedios, MD
hydrochlorothiazide 25 mg tablet	12/28/13 filled	Caremark
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: x	04/08/13 entered	Donna Catoe
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13 entered	Donna Catoe
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days. stop 01/14/2014	01/07/14 prescribed	Jose Dedios, MD

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magnesium take 1 tab	04/08/13	entered	Donna Catoe
methylprednisolone 4 mg tablets in a dose pack	11/27/13	filled	Caremark
NaSonex 50 mcg/actuation Spray	12/07/13	filled	Caremark
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE	12/07/13	filled	Caremark
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14	prescribed	Jose Dediot, MD
Singulair 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime	01/07/14	prescribed	Jose Dediot, MD
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	11/03/13	filled	Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 1 puff(s) twice a day by inhalation route.	12/06/13	filled	Caremark
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed	Jose Dediot, MD
Xolair 150 mg subcutaneous solution Inject 225 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed	Jose Dediot, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) + previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) + previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

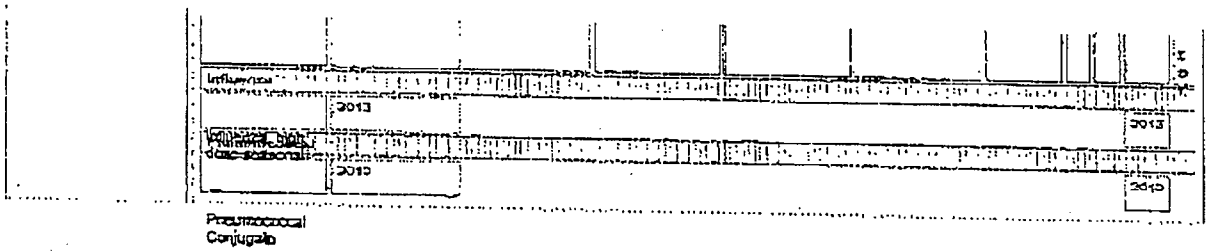
Vaccine History

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Dose #	VIS Date	Vaccine Type

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Electronically Signed by: JOSE DEDIOS MD

SOWELL, GENNETTE (id dob:

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Patient	Sowell, Genette (63 YR, F)
DOB	

Patient Demographics:

Address		Home Phone	
		Work Phone	

Encounter Notes:

Encounter Reason/Date	f/u for asthma 02/04/2014 - 09:00AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been better since she has been on medical leave. (-) wheeze. Less SOB. (-) cough, cp, fevers, chills Still gets Xolair q 2 weeks.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor, less SOB and wheeze. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI
Vitals	02/04/2014 09:04 am Wt: 142 lbs BP: 157/95 Pulse: 84 bpm RR: 18 O2Sat: 99% T: 96.8 F
Procedure	None recorded.
Results/Interpretations	None recorded.
Physical Exam	Patient is a 63-year-old female. Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally. Head: Head: normocephalic and atraumatic. Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

HARTSVILLE MEDICAL GROUP LLC · 701 MEDICAL PARK DR, HARTSVILLE SC 29550-4778

SOWELL, GENETTE (id# , dob:
HARTSVILLE MEDICAL GROUP LLC
701 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 02/04/2014

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezing since last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 85%.
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks, Started it in July 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off dalliresp 2 to psych issues.
   Cont symbicort, singulair, flonase, xolair.
   Will consider BT consult at MUSC if asthma gets worse again.
   Plan to dec symbicort to 1P BID. Dec pred to 5 mg daily for 1 month then 5 mg EOD. Has been on pred for at least 1 yr.
   Need PFT.
   Plan is for pt to be on med leave until April then resume work then.
   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her asthma worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - ABG (ARTERIAL STICK ONLY)
   - COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY

2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
   530.81: Other specified disorders of esophagus; esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30, CPAP of 9. Did not tolerate CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on fu.
   327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

4. Obesity - Lost 6 lbs.

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 04/03/2014 at 08:30 AM

Patient Medical History:

Allergies List	Reviewed Allergies ZYRTEC: Hives

Medications — Reviewed Medications

Name	Date		Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 mL suspension for nebulization	12/18/12	filled	Caremark
Calcium 500	04/08/13	entered	Donna Calos
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled	surescripts
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled	Caremark
Dulcolax 500 mcg tablet	10/10/13	filled	Caremark
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by	01/07/14	sample given	Jose Dedios, MD

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

Nebulization route as needed. Internal Note: pt give duonebs now			
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	filled	Caremark
hydrochlorothiazide 25 mg tablet	01/27/14	filled	Caremark
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13	entered	Donna Calce
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered	Donna Calce
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days.	01/07/14	filled	Caremark
magnesium take 1 tab	04/08/13	entered	Donna Calce
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled	Caremark
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	02/03/14	filled	Caremark
Nasonex 50 mcg/actuation Spray	12/07/13	filled	Caremark
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE	12/07/13	filled	Caremark
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14	filled	Caremark
simvastatin 40 mg tablet	01/09/14	filled	Caremark
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	11/03/13	filled	Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	01/12/14	filled	eurescripts
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed	Jose Dedios, MD

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

	Xolair 150 mg subcutaneous solution 04/23/13 prescribed Inject 300 mg every 2 weeks by subcutaneous route.	Jose Dedios, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) - previously recorded as: Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 64) - previously recorded as: Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Vaccine History

Reviewed Vaccines

Vaccine Type	Dose	Amt	Route	Site	Lot #	Mfr	Exp Date	Disease	Vfc Give n	Vaccine Info.
Influenza, high dose seasonal	2013								2013	Y
Pneumococcal Conjugate	2010								2013	

Electronically Signed by: JOSE DEDIOS MD

No. 8053 P. 33/49
Unesterfield Family Medicine
Feb. 2014 10:49AM

Health Management Associates
The Medical Group Suite 302 303
701 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191, Fax: (843) 383-4142

Date: 04/03/2014

RE: Genette Sowell, DOB: PT ID:

Dear Rochelle D Hammett MD,

I would like to thank you for referring Genette Sowell to our practice for consultation and evaluation of f/u asthma/pt file worker com/not working at this time/feeling great . on 04/03/2014. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: JOSE DEDIOS MD

ENCOUNTER REASON/DATE

f/u asthma/pt file worker com/not working at this time/feeling great
04/03/2014 - 08:30AM - TMG_The Medical Group Suite 302 303

PROBLEMS:

Problems not reviewed (last reviewed 02/04/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

ALLERGIES:

Reviewed Allergies
ZYRTEC: Hives

MEDICATIONS:

Reviewed Medications

Name	Date
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfate 0.83 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
Bactrim DS 800 mg-160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	04/03/14 prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/25/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled

Deliresp 500 mcg tablet	10/10/13 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duonebs now.	01/07/14 sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route as directed for 30 days.	04/03/14 prescribed
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	03/26/14 filled
hydrochlorothiazide 25 mg tablet	03/23/14 filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13 entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13 entered
magnesium take 1 tab	04/08/13 entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	03/08/14 filled
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	03/12/14 filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	03/27/14 filled
prednisone 2.5 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	04/03/14 prescribed
simvastatin 40 mg tablet	03/05/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14 changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Family History:

Reviewed Family History

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Social History:

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work has lived at present home for 25 yrs: (-) dogs; (-) birds; (-) molds, mbs

Surgical History

Reviewed Surgical History
- Hysterectomy

Additional History

None recorded.

Oct. 13. 2014 10:48AM Chesterfield Family Medicine No. 8053 P. 24/49

286

492

HISTORY OF PRESENT ILLNESS:

Pt is here for fu on her asthma and SOB.
Since last seen, she states that she has been getting xolair q 2 weeks. Has not missed a dose.
She has filed workmans comp.
She has not gone back to work and has felt better and asthma is better since not being back to work.
She was able to drop predsnisone to 5 mg/d for a month now but had to inc to 10 mg/d since last week 2 to spring.
Her sx are not as bad as when she was working though.
She is OK with 10 mg/d.
Almost daily wheeze.
On and off cough.
SOB with more than ADLs.
Hs woken up 2 nights 2 to wheeze last week.
(-) fevers, chills, cp.

Has not been admitted to the hospital nor has been sick since last seen.

She is happy with the way her asthma is right now.

REVIEW OF SYSTEMS:

Patient reports weight gain (4lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor, less SOB and wheeze compared to mos ago.. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

PHYSICAL EXAM

Patient is a 64-year-old female.

Constitutional:
General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head:
Head: normocephalic and atraumatic.

Eyes:
Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT:
Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck:
Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs:
Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezing since last seen.

Cardiovascular:
Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen:
Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal::
Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic:
Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin:
Inspection and palpation: no rash or lesions. Nails: no clubbing.

PROCEDURE DOCUMENTATION

None recorded.

ASSESSMENT/PLAN

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nightly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 1-2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it in July 1, 2013. Has not been working since Jan 2014.
Cont Bactrim for PCP prophylaxis.
Asthma is worse during winter/spring/season changes.
Plan to dec symbicort to 1P BID once present flare is better.
She is on Pred 10 mg/d now. Once asthma is better, she will dec pred to 5 mg/d, then 2.5 mg/day, then EOD then dc if at all possible.
Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her asthma worse.
493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- Bactrim DS 800 mg-160 mg tablet - Take 1 tablet(s) 3 times a week by oral route for 30 days. Qty: 12.86 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- prednisone 2.5 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector - Take 1 auto(s) as needed by injection route as directed for 30 days. Qty: 1 auto(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. Gastroesophageal reflux disease - Reflux is stable, cont nexium BID.
530.81: Esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolerate CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
She wants to hold off on cpap. Will force the issue if BP remains a problem.
327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
Will observe.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

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SOWELL, GENETTE (id : dob: (

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Obstructive Sleep Apnea (OSA). I discussed with the patient that untreated OSA is a cardiovascular risk factor, risk factor for arrhythmias and stroke. Untreated OSA would make it more difficult to control pulmonary problems such as asthma or COPD. Patient understands.

Return to Office
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 07/03/2014
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM

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SOWELL, GENNETTE (id dob:

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/18/2014 at 7:07pm

Encounter Date: 07/07/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt Date/Time	07/07/2014 09:00AM
DOB		Service Dept	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: insurance # : Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u for asthma / pt to receive injections. patient is here for dyspnea as well.

HPI

patient is here for followup on her asthma. Since last seen, she had to change insurance and because of that, she was not cc infusion Center for her Xolair. She has not received Xolair since April. Since being off it, she has more dyspnea, wheezing, cc had to be on prednisone at 20 mg a day to control her asthma since April.

Patient also had an accident where in she blanked out while driving. This was started July. Her potassium was low. She takes

Asthma seems stable with high dose of prednisone.

Patient has not been admitted nor has been an antibiotic since last seen.

Problems

Reviewed Problems
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14 filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled
Daliresp 500 mcg tablet	10/10/13 filled

SOWELL, GENNETTE (id fob: (

DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1;000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.

SOWELL, GENNETTE (id dob:

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- BASIC METABOLIC PANEL - 07/07/14

Discussed the following results:
- Clinical Document - 06/30/14
- Clinical Document - BRIOVARX - CORNELIA GA - BRIOVARX - CORNELIA GA - 06/24/14
- Clinical Document - 05/09/14

Vitals

07/07/2014 09:06 am

Wt:	145 lbs	BP:	168/88	Pulse:	80 bpm
RR:	20	O2Sat:	97%	T:	96.9 F°
Ht:	5 ft 4 in	BMI:	24.9		

ROS

Patient reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no strid painful respiration; Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI.. She reports no fever, no significa loss, no fatigue, no generalized weakness, and no pallor. She reports no dry eyes and no vision change. She reports no diffic She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no parox nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinenc difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. Sh increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no e varicose veins, and no pain.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and

Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezi last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
   patient was all was worse off xolair. Patient to take medication today.
   Plan to be on xolair q. 2 weeks.
   We need to call the company so she can get a discounted price. She P. $69 a month. She was being 1000 dollars when getting it in Florence.
   Continue xoliar. feels better on it.
   Plan to wean off prednisone for the next month. Decrease to 10 mg a day for 2 weeks then 5 mg a day for 2 weeks until I
   Cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter/spring/season changes.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   Will discuss sleep apnea in followup.
   327.23: Obstructive sleep apnea (adult)(pediatric)

4. **Obesity**
   278.00: Obesity, unspecified
   - STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
   - ADVISED TO LOSE WEIGHT

5. **Hypokalemia** - patient had hypokalemia causing her to black out start of July.
   She is on a higher dose of potassium.
   We'll talk about sleep apnea in 2 weeks.
   276.8: Hypopotassemia
   - BASIC METABOLIC PANEL

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 07/21/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID	Appt. Date/Time	07/21/2014 01:30PM
DOB		Service Dept.	TMG_The Medical Group Suite :
Provider	MICHELLE-ANNE K IVERSON DO		

Insurance

Med Primary:
Insurance # :
Policy/Group # :
Employer Name : UNKNOWN
Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu
Prescription: ESI1 - Member is eligible. details

Chief Complaint

here for injections

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14 filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled
Daliresp 500 mcg tablet	10/10/13 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duioneb now.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14 renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14 filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route.	04/08/13 entered

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JOWELL, GENNETTE (id [redacted], dob: [redacted]

Internal Note: a

K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma

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SOWELL, GENNETTE (id [illegible]6, dob:

- Coronary arteriosclerosis (died age: 84)
  - previously recorded as Coronary Artery Disease

GYN History

Reviewed GYN History

Surgical History

Reviewed Surgical History
- Hysterectomy

Vitals

07/21/2014 12:57 pm

Wt:	148 lbs	BP:	160/89	Pulse:	87 bpm
RR:	22	O2Sat:	97%	T:	97.8 F°
Ht:	5 ft 4 in	BMI:	25.4		

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 07/22/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 07/22/2014 at 11:08am

Encounter Date: 07/17/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt. Date/Time	07/17/2014 01:00PM
DOB		Service Dept.	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # Policy/Group # : Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

None recorded.

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id: , dob:

Allergies

Allergies not reviewed (last reviewed 07/07/2014)
ZYRTEC: Hives

Medications

Medications not reviewed (last reviewed 07/07/2014)

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed

SOWELL, GENNETTE (id , dob:

Xolair 150 mg subcutaneous solution
Inject 300 mg every 2 weeks by subcutaneous route. 04/23/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 07/07/2014)

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Social History not reviewed (last reviewed 07/07/2014)
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Past Medical History not reviewed (last reviewed 07/07/2014)
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Surgical History not reviewed (last reviewed 07/07/2014)
- Hysterectomy

Family History

Family History not reviewed (last reviewed 07/07/2014)
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.
Return to Office
- Michelle-Anne K Iverson, DO for Injection 15 at TMG_The Medical Group Suite 302 303 on 07/21/2014 at 01:30 PM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 07/18/2014.

HARTSVILLE MEDICAL GROUP LLC - 701 Medical Park Dr Hartsville SC 29550-4778

SOWELL, GENNETTE (id , dob:

HARTSVILLE MEDICAL GROUP LLC
701 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 09/22/2014

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

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Patient	Sowell, Gennette (64 YR, F)
DOB	

Patient Demographics:

Address		Home Phone	
		Work Phone	

Encounter Notes:

Encounter Reason/Date	f/u for asthma and SOB. 09/22/2014 - 01:30PM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states her asthma generally has been doing OK. Little flare with the recent weather change. Was off pred for3 weeks -- she was doing great. Now on 2.5 mg EOD for a week. Has not been admitted nor has been on Abx since last seen.
Review of Systems	Patient reports weight loss (3 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no stridor, and no painful respiration; Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI, Better wheeze,cough.. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no edema, no varicose veins, and no pain. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI
Vitals	09/22/2014 01:03 pm

Wt:	145 lbs	BP:	158/83	Pulse:	80 bpm
RR:	22	O2Sat:	93%	T:	97.8 F
Ht:	5 ft 4 in	BMI:	24.9		

Procedure	None recorded.
Results/Interpretations	None recorded.
Physical Exam	Patient is a 64-year-old female.

Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Scleras: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and decreased breath sounds and diminished air movement; (-) egophony.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43. 75
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2 weeks. Started it inJuly 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q. 2 weeks.
   Asthma is better since being back on xolair.
   Continue xolair. feels better on it.
   Cont Bactrim for PCP prophylaxis. Plan to wean off once off pred.
   Asthma is worse during winter/spring/season changes.
   Pt had a flare off pred for a week while she was on xolair and not working.
   will wean off pred --on 2.5 mg EOD.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #5565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. thanks.
   - albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization - Inhale 2 mL every 4 hours by nebulization route as needed for 30 days. Qty: 120 3 mL vial(s) Refills: 3 Pharmacy: CVS/PHARMACY #5565

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   Try to dec Nexium to daily.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
   - Nexium 40 mg capsule,delayed release - Take 1 capsule(s) twice a day by oral route at bedtime for 30 days. Qty: 60 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #5565

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30, CPAP of 9. Did not tolerate CPAP. Had asthma flare.

Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
She wants to hold off on cpap. Will force the issue if BP remains a problem.
Will discuss sleep apnea in followup.
327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Essential hypertension - Told pt to observe in the next days.
If BP remains high, need to discuss re: CPAP.
401.9: Unspecified essential hypertension

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 11/03/2014
- Orville Dyce, MD for Established Patient 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Patient Medical History:

Allergies List	Reviewed Allergies ZYRTEC: Hives
Medications	Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization Inhale 2 mL every 4 hours by nebulization route as needed for 30 days.	09/22/14 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	09/09/14 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pt give duoneb now.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	09/09/14 filled
hydrochlorothiazide 25 mg tablet	08/25/14 filled

Oct. 13. 2014 10:39AM Chesterfield Family Medicine No. 8050 P. 35/53

	TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	
	Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
	montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	08/25/14 renewed
	Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route at bedtime for 30 days.	09/22/14 prescribed
	prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	09/12/14 renewed
	simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
	Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	09/22/14 prescribed
	Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
	Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) - previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Vaccine History

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date VIS Given	Vaccinator
Influenza									
Influenza, high dose seasonal	2013							2013	
Pneumococcal									
Pneumococcal Conjugate	2010							2010	

Electronically Signed by: JOSE DEDIOS MD

OCT. 13. 2014 10:40AM Chesterfield Family Medicine NO. 8050 P. 36/53

Orville H. Dyce, M.D., FAAOA
ENT, Allergy and Sleep Medicine
701 Medical Park Drive
Suite 203
Hartsville, SC 29550
843-383-5312 Office
843-472-8010 Mobile
843-656-1213 Fax

April 9, 2012

Rochelle Hammett, M.D.
Carolina Physicians Group
715 South Doctors Drive, Suite B
Cheraw, SC 29520

RE: SOWELL, GENETTE
DOB:
DOS: 03/06/2012

Dear Dr. Hammett:

I had the pleasure of seeing Genette Sowell in the ENT clinic on 03/06/12. They reported the following symptoms: hoarseness with cough.

The remainder of the history and physical exam seemed to be most consistent with the following diagnoses: acute sinusitis, hoarseness, chronic rhinitis and cough.

I have recommended a combination of Nasonex, Nexium and ciprofloxacin. We will reassess in approximately 6 weeks.

Sincerely,

Orville H. Dyce, M.D., FAAOA
OHD/tmh

FAXED

CENTER FOR LUNG AND SLEEP MEDICINE

Francis M. Dayrit , M.D., FCCP
701 Medical Park Drive, Suite 110
Hartsville, SC 29550
843-332-6016 Phone
843-332-6181 Fax
SC 20232 DEA BD6225735

12/19/2012

Rochelle Hammett MD
715 South Doctors Drive
Cheraw, SC 29520

Re: Gennette Sowell

Dear Rochelle,

This is a 62.8 year old female presenting for initial evaluation.

Ms. Sowell has been complaining of shortness of breath for the past 2 years. She states that she has had wheezing on and off over this time period. Shehas had frequent diagnoses of bronchitis over this time. She has never had persistent daily phlegm production for 3 months straight.

She has not pets at home. She works in a deli at the Piggly-Wiggly at Bennetsville and has been doing this for the past 12 years. She did not have similar symptoms prior to her current problem.

She has been wheezing for over a month.

She had a PFT done earlier this year which I reviewed personally. This showed that she had an essentially normal PFT with no bronchodilator response but with a reduced diffusion capacity.

She does not recall having any sputum testing being sent.

She has never had asthma in the past. She has never had any allergies either.

She denies having any significant exposures to smoke or animal at home. At work, it is a different story. She gets exposed to cleaning chemical eventhough she is using a mask. If she gets exposed tot he fumes of the floor wax or other cleaners that are used. She appears to be using a substandard mask. It has one elastic attached to it.

Symptoms: chest pain/pleuritic, cough, dyspnea, fatigue, GERD symptoms, nasal allergy symptoms, phlegm production, wheezing
Denies: fever, smoking

Review of Systems:
Constitutional: Well nourished, normal stature and habitus for stated age, no significant weight change or fevers.

EYES: Normal vision, no hx of glaucoma or cataracts.
EARS: Hearing OK, no loss, no tinitis.
SINUSES: No PND, no pain, no pressure.
ENDOCRINE: No thyroid disorders, nl hormonal functions.
PULMONARY: No asthma, no chronic lung disorders, no cough, no SOB.
CARDIOVASCULAR: No murmur, no orthopnea, no SOB o exertion, no chest pain, no peripheral

edema. POS high blood pressure
GI: No persistant diarrhea, no constipation, no major bowel change, no blood in stools, no ulcers, no hx of hepatitis.
GU: No kidney infections, no stones, no incontinance, no hesitancy, no nocturia, no discharge.
MUSCULOSKELETAL: No serious injuries, no deformities, no loss of strength, no joint pains.
SKIN: No lesions, no unusual moles, no chronic irritations.
HEMATOLOGIC: No anemias, no hx of adenopathy, no bleeding tendencies.
PSYCHIATRIC: no hx of depression, no anxiety, no suicidal tendencies.
NEUROLOGIC: no hx of weakness, no numbness, no headaches.

Current Conditions:
ASTHMA W STATUS ASTHMAT 493.91
BRONCHOSPASM 519.1
Unspecified allergic alveolitis and pneumonitis 495.8

Surgical History:
TAH

Current Medications:
Spiriva (tiotropium): 18 mcg. One inhaled daily
Prednisone: 20mgOne tablet PO Daily
Singulair: One tablet PO qd
HCTZ: 1 PO qd
Albuterol Sol: One inhaled q 4-6 hrs and as needed

Family History: A review is NEG for: Ca of the Prostate; A review is POS for: DM: Mother HEART DZ: Father
Social History: A review finds: Neg for EtOH abuse Neg for sexual or mental abuse Neg for smoking, She has no second hand smoke exposures. Neg for STD's. Neg for substance abuse Pets. She has an 18 year history of Biomass Fuel exposure. They used wood in a wood heater. She does not use any space heaters in the past or in the present.
Allergies: NKA.

Medical Status

Physical exam:
Sys 156 Dia 99 T 97.2 P 70 RR 15 Hgt 63" Wgt 148.5 BMI 26.3

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
Eyes: • Conjunctivae pink and lids normal, anicteric sclera • PERLA
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits• Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative

Musculoskeletal: • Digits and nails: normal • Gait and Station: normal • ROM: normal • Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact

Impression:
ASTHMA W STATUS ASTHMAT 493.91
BRONCHOSPASM 519.1
Unspecified allergic alveolitis and pneumonitis 495.9

Counseling:
The differential her is whether she has hypersensitivity pneumonitis or occupational asthma. I do not know what chemicals she is exposed to and for how long she has been exposed to these chemicals. I would like to do a CT scan of her chest to determine if she has parenchymal opacities since this may help differentiate the two. I tend to favor hypersensitivity pneumonitis because of the presence of an elevated eosinophil count.

It appears that Ms. Sowell has a sensitivity to some chemicals that she is exposed to at work.It is not clear which one. But there appears to be a temporal relationship with her symptoms. What is bothersome is that she continues to have significant wheezing despite being on systemic steroids. This is not a good situation. She may have to try to get away from work for at least 2 weeks to get herself better. She was also advised to get a respirator mask to use at work. If she still continues to have issues of wheezing, then she may not have any choice but to change jobs.

My goal at this time is to get her to stop her wheezing and be taken off steroids so that we can repeat her IgE and eosinophil count. I would like to know if she is a candidate for medications such as omalizumab.

Sincerely,

Francis Dayrit M.D.

Prescriptions provided:
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.
Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised
Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.
Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID Refills: 4.
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.

Results: Saturation at rest 99% on ra

Name: Sowell, Gennette ID: [redacted]

Comments:

VERY GOOD PATIENT EFFORT DURING PRE/POST TESTING. PT DID HAVE SOME TROUBLE WITH LOCKED JAW ON LEFT SIDE. (LEFT JAW PAIN). PT HAD MINIMAL TROUBLE WITH PLETHYSMOGHRAPHY TESTING, BUT GOOD EFFORT. HHN GIVEN WITH ALBUTEROL 2.5 MG BFEORE POST TESTING. PT EXPERIENCED SOME SHORTNESS OF BREATH WITH MINIMAL COUGHING NOTED DURING POST TESTING. NO RESPIRATORY DISTRESS NOTED DURING TESTING.

Intepretation:

1/20/12

Mahmood Soliman, MD

Gennette Sowell 1/3/2013

ID# *DOB:*

by: FD
Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.8 year old female presenting for follow up.

Her cough is now controlled but she is still on systemic steroids of 20 mg per day. She has not issues with the inhaled medications. She has not had any sinus issues either. She had returned to work and has not had any exacerbations of her symptoms since she returned to work.

Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd
Albuterol Sol: One inhaled q 4-6 hrs and as needed
Nexium: 40. One PO Daily
Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised
Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush
4 refills.
Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID
Refills: 4.
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills. Prednisone: 20 mg.
Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.

Symptoms: cough, dyspnea, GERD symptoms, phlegm production, wheezing
Denies: chest pain/pleuritic, fatigue, fever, nasal allergy symptoms, smoking
O: Sys 146 Dia 90 T 97.5 P 75 RR 15 Hgt 63" Wgt 147.5 BMI 26.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits• Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact
A: ASTHMA W STATUS ASTHMAT 493.91 • improved BRONCHOSPASM 519.1 • Improved
D: I will start to shift her to a inhaled combination medication and repeat her PFT testing. maintain current dose of Prednisone at 20 mg and start a tapr in 2 weeks.

Prescriptions provided:
Symbicort : 160/4.5. Dispense # 1. Sig: One Inhaleation PO BID No Refills.

Ordered today:
Pulmonary Function Test Peak flow - Home records Peak flow - Training

Gennette Sowell
ID# *DOB*

1/3/2013

by: FD
Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.8 year old female presenting for follow up.

Her cough is now controlled but she is still on systemic steroids of 20 mg per day. She has not issues with the inhaled medications. She has not had any sinus issues either. Shehad returned to work and has not had any exacerbations of her symptoms since she returned to work.

Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd
Albuterol Sol: One inhaled q 4-6 hrs and as needed
Nexium: 40. One PO Daily
Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised
Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush
4 refills.
Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg inhaled BID
Refills: 4.
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills. Prednisone: 20 mg.
Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding.
May take with food. Stop if you develop black or bloody stools. May cause increase
in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and
hypertension, inform your doctor if these occur.No Refills.

Symptoms: cough, dyspnea, GERD symptoms, phlegm production, wheezing
Denies: chest pain/pleuritic, fatigue, fever, nasal allergy symptoms, smoking
O: Sys 146 Dia 90 T 97.5 P 75 RR 15 Hgt 63" Wgt 147.5 BMI 26.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums
normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation
absent, no nasal discharge • Oropharynx normal, adequate in opening,
oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent,
tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no
tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal
retractions • No wheezing with forced maneuvers • Percussion of chest normal •
Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits• Pedal pulses: pulse
amplitude ni • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities:
no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size,
no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space •
No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: Intact
A: ASTHMA W STATUS ASTHMAT 493.91 • improved BRONCHOSPASM 519.1 •
improved
D: I will start to shift her to a inhaled combination medication and repeat her PFT
testing. maintain current dose of Prednisone at 20 mg and start a tapr in 2 weeks.

Prescriptions provided:
Symbicort : 160/4.5. Dispense # 1. Sig: One inhaleation PO BID No Refills.

Ordered today:
Pulmonary Function Test Peak flow - Home records Peak flow - Training

Results:
Saturation at rest 95% RA

Gennette Sowell
ID# [redacted] *DOB:*

1/16/2013

by: **FD**
Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.9 year old female presenting for follow up.

She states that her breathing is better with steroids but everything else is worse. She is coughing only a little. She is still on a good dose of the Prdenisone. She is coughing occasinally in her sleep. She is seldom using her rescue inhalers.

Symbicort : 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.
Nexium: 40. One PO Daily
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.
Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd

Symptoms: cough, dyspnea, phlegm production
Denies: chest pain/pleuritic, fatigue, fever, GERD symptoms, nasal allergy symptoms, smoking, wheezing
O: Sys 156 Dia 94 T 96.3 P 79 RR 15 Hgt 63" Wgt 150.5 BMI 26.7

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits- Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: Intact • DTR's: intact • Sensation: intact
A: ASTHMA W STATUS ASTHMAT 493.91
BRONCHOSPASM 519.1
D: Based on the PFT, Ms. Sowell basically has extrinsic astham. I would like ot be able to test her for her IgE levels once her prednisone is tapered to off. I would consider starting her on Xolair if her allergies were to recur down the line. At this time. She will taper the prednisone over the next month. I will see her back in 6 weeks.

The patient was given advise regarding the proper way to use the inhalers and spacer that were prescribed: Instructions regarding rinsing and gargling was also given. Method on how to determine if canister is empty was also given.

Prescriptions provided:
Nasonex: Dispense # one. Sig: one puff per nostril per day Nasally

Gennette Sowell
ID# *DOB:*

1/16/2013

by: **FD**
Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.9 year old female presenting for follow up.

She states that her breathing is better with steroids but everything else is worse. She is coughing only a little. She is still on a good dose of the Prdenisone. She is coughing occasinally in her sleep. She is seldom using her rescue inhalers.

Symbicort : 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.
Nexium: 40. One PO Daily
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.
Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd

Symptoms: cough, dyspnea, phlegm production
Denies: chest pain/pleuritic, fatigue, fever, GERD symptoms, nasal allergy symptoms, smoking, wheezing
O: Sys 156 Dia 94 T 96.3 P 79 RR 15 Hgt 63" Wgt 150.5 BMI 26.7

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits- Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact
A: ASTHMA W STATUS ASTHMAT 493.91
BRONCHOSPASM 519.1
D: Based on the PFT, Ms. Sowell basically has extrinsic astham. I would like ot be able to test her for her IgE levels once her prednisone is tapered to off. I would consider starting her on Xolair if her allergies were to recur down the line. At this time. She will taper the prednisone over the next month. I will see her back in 6 weeks.

The patient was given advise regarding the proper way to use the inhalers and spacer that were prescribed. Instructions regarding rinsing and gargling was also given. Method on how to determine if canister is empty was also given.

Prescriptions provided:
Nasonex: Dispense # one. Sig: one puff per nostril per day Nasally

Instructions/Precautions: spray towards the side of the nose to avoid complicationsRefills: 4.

Ordered today:
IgE total

Pending results:
Peak flow - Home records

Results:
Saturation at rest 99% on ra Inhaler Teaching done Pulmonary Function Test see report Peak flow - Training done

Gennette Sowell
ID# *DOB:*

2/11/2013

by: **FD**
Francis Daydt M.D.
printed: 3/14/2013

S: This is a 62.9 year old female presenting for follow up.

She has been off Prednisone for the past 2 weeks now. She feels that her breathing is still bad although she seems to feel better because she does not have the symptoms in her head when she is on prednisone. This is despite being on symbicort.

Previous CT scan that we were able to obtain showed that she had lymphadenopathy. She has not had any biopsies to verify or negate this finding. She apparently had repeat CT scans and she was told that she did not have any lymphnode issues. I do not have copies of those follow up CT scans.

Symptoms: cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing
Denies: chest pain/pleuritic, fever, GERD symptoms, smoking

Symbicort : 160/4.5. Dispense # 1. Sig: One inhalation PO BID No Refills.
Nexium: 40. One PO Daily
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.
Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd

O: Sys 165 Dia 87 T 97.0 P 82 RR 15 Hgt 63" Wgt 152.5 BMI 27

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits• Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention, • Palpation: normal PMI, size, no thrills. Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No hepato-splenomegaly, intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact
A: ALLERGIC RHINITIS NOS 477.9
LYMPHADENOPATHY 785.6
P: At this point, she appears to have asthma and allergies that needs to be addressed.

I would like to ensure that her lymphadenopathy has truly cleared. We will try to get copies of her follow up CT scans.

Ordered today:
IgE total CT - Chest, obtain result, follow ups Bordatella IgM and IgG (EIA)
Bordatella Pertusis Nasal Swab

Pending results:
Peak flow - Home records

Results:
Saturation at rest 98% RA IgE total not done

Gennette Sowell
ID# *DOB:*

2/11/2013

by: FD

Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 62.9 year old female presenting for follow up.

She has been off Prednisone for the past 2 weeks now. She feels that her breathing is still bad although she seems to feel better because she does not have the symptoms in her head when she is on prednisone. This is despite being on symbicort.

Previous CT scan that we were able to obtain showed that she had lymphadenopathy. She has not had any biopsies to verify or negate this finding. She apparently had repeat CT scans and she was told that she did not have any lymphnode issues. I do not have copies of those follow up CT scans.

Symptoms: cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing
Denies: chest pain/pleuritic, fever, GERD symptoms, smoking

Symbicort : 160/4.5. Dispense # 1. Sig: One inhaleation PO BID No Refills.
Nexium: 40. One PO Daily
Allegra: 180 mg. Dispense # 30. Sig: 1 po QD No refills.
Prednisone: 20 mg. Dispense # 60. Sig: Two tablet PO Daily
Instructions/Precautions: May cause abdominal pain and Gastrointestinal bleeding. May take with food. Stop if you develop black or bloody stools. May cause increase in blood sugar, monitor glucose levels if diabetic. May cause fluid retention and hypertension, inform your doctor if these occur.No Refills.
Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd

O: Sys 165 Dia 87 T 97.0 P 82 RR 15 Hgt 63" Wgt 152.5 BMI 27

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing s deficit • Lips normal , teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony . • No intercostal retractions • No wheezing with forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits• Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2 , no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills. Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegaly. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
Musculoskeletal: Stability: normal • Strength and tone: normal
Neurologic: • Cranial nerves: intact • DTR's: intact • Sensation: intact
A: ALLERGIC RHINITIS NOS 477.9
LYMPHADENOPATHY 785.6
D: At this point, she appears to have asthma and allergies that needs to be addressed.

I would like to ensure that her lymphadenopathy has truly cleared. We will try to get copies of her follow up CT scans.

Ordered today:
IgE total CT - Chest, obtain result, follow ups Bordatella IgM and IgG (EIA)
Bordatella Pertusis Nasal Swab

Pending results:
Peak flow - Home records

Results:
Saturation at rest 98% RA IgE total not done

Gennette Sowell **2/26/2013**
ID# *DOB*
by: **FD**
Francis Dayrit M.D.
printed: 3/14/2013

S: This is a 63 year old female presenting for follow up.

Ms. Sowell feels that her SOB is the same as it was 2 weeks ago. She ranout of prednisone about 2 weeks ago.

She has no pets at home. She denies having any issues with water leaks or issues with fungus or other infestations. She lives out in the country so she has a lot of birds around her property.

IgE level off the prednisone is 480. She has not had allergy testing done in the past.

Symbicort : 160/4.5. Dispense # 1. Sig: One inhaleation PO BID No Refills.
Nexium: 40. One PO Daily
Spiriva (tiotropium): 18 mcg. One inhaled daily
HCTZ: 1 PO qd
Brovana (arformeterol): 15 mcg/2 ml. Dispense # 60. Sig: 15 mcg Inhaled BID Refills: 4.
Budesonide: 0.50 mg. Dispense # 30. Sig: Once a day inhaled/nebulised Instructions/Precautions: Rinse and gargle after every use. May cause oral thrush 4 refills.
Albuterol Sol: One inhaled q 4-6 hrs and as needed

Symptoms: chest pain/pleuritic, cough, dyspnea, fatigue, nasal allergy symptoms, phlegm production, wheezing
Denies: fever, GERD symptoms, smoking
O: Sys 136 Dia 78 T 97.6 P 72 RR 15 Hgt 63" Wgt 153 BMI 27.1

Constitutional: • No distress, well developed, obese. Awake, alert and oriented
ENT: • EAC and TM's clear • Hearing is deficit • Lips normal, teeth normal, gums normal • Nose normal mass or lesions. Nasal mucosa is normal. Septal deviation absent, no nasal discharge • Oropharynx normal, adequate in opening, oropharyngeal orofice is not deep, uvula not enlongated, tonsils not prominent, tongue is not prominent
Neck: • Symmetric, no tracheal deviation or crepitus. • Thyroid normal size, no tenderness or mass. No cervical lymphadenopathy.
Respiratory: • Auscultation clear, no rales or rhonchi • No egophony • No intercostal retractions • DIFFUSE wheezing with TIDAL BREATHING AND forced maneuvers • Percussion of chest normal • Respiratory effort normal. Equal chest expansion, Not barrel Chested
Cardiovascular: • Abdominal aorta: normal size, no bruits • Pedal pulses: pulse amplitude nl • Auscultation: Distinct heart sounds S1, S2, no murmurs • Extremities: no edema or varicosities • no Jugular venous distention. • Palpation: normal PMI, size, no thrills, Precordium is quiet • Regular rate and Rhythm
Gastrointestinal: • Hernia absent, • No Hepato-splenomegally. Intact Traube's space • No masses or tenderness • Normoactive bowel sounds
Lymphatic: • Neck: negative
A: ASTHMA W STATUS ASTHMAT 493.91 BRONCHOSPASM 518.1 LYMPHADENOPATHY 785.6
D: I would consider starting her on Omalizumab if it is an option for her. It appears that chronic steroids is not an option for her at this point because she has been on this for a few months now. The issue will be how it will be administered. She will have to try to get to a facility that will administer the medications for her. I do not know if her PCP in Cheraw, Dr. Hammett will be willing to administed the medication to her. Her calculated dose for Omalizumab is 30 mg every 2 weeks.

She know that we are closing this office and we will try to get her set up with

another physician. T

Prescriptions provided:
Singulair: 10mg. Dispense # 30. Sig: One tablet PO qd 4 Refills.
Zyrtec: 10mg. Dispense # 30. Sig: one po Once a day 4 refills.
Xolair (Omalizumab): 150 . Dispense # 2. Sig: 300 mg SC every 2 weeks 4 refills.

Pending results:
CT - Chest, obtain result, follow ups Bordatella IgM and IgG (EIA) Bordatella Pertusis Nasal Swab

Results:
Saturation at rest 98% on ra IgE total 480 Peak flow - Home records done

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Sowell, Gennette M. **Date: 5/9/2013** **Medical Record#:**

AGE: 63 Referring Physician: Dr. Angelo De Dios Patient Account #:

Sex: Female Ht (inches): 64 Weight (lbs): 152

Body Mass Index (kg/m2): 26 (BMI > 28 is considered obese)

Study Technologist: Jason Commander Scoring Technologist: Janice Oeltjenbruns

Indication
excessive daytime sleepiness, snoring, gasping

Current Medications Include
Singulair 40mcg, HCTZ 25mg, Nexium 40mg, Magnesium OTC, Calcium OTC, Prednisone 10mg, Ventolin HFA 90mcg, Klor-Con M20, Allegra 180mg, Symbicort 90mcg, Brovana, Ipratropium, Albuterol Inhaler.

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 426.5 minutes. The patient demonstrated a sleep latency of .5 minutes and a sleep efficiency of 97%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (2%), Stage 2 (78%), Slow Wave Sleep (9.8%), and REM (10%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 5.5, in the setting of a respiratory disturbance index of 5.5. The REM apnea/hypopnea index was found to be 30.0, and the supine apnea/hypopnea index was found to be 7. The patient had 30 obstructive, 0 mixed, and 0 central apneas. The patient had 9 hypopneas, and 0 flow limitation events (RERA). The duration of the apneas ranged between 10-30 seconds with and average duration of 16.0 seconds. The duration of the hypopneas ranged between 13-27 seconds with an average of 20.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 78%. The patient's average oxygen saturation during wakefulness was 95%. The patient spent 1% of Total Sleep Time under 88% during this study.

Sleep Fragmentation Summary
The patient was found to have a total of 34 periodic limb movements, yielding a periodic limb movement index of 5. 0 of these periodic limb movements were associated with arousals.
There were a total of 11 arousals, 2 of which were respiratory in nature. The respiratory arousal index was found to be 0.

SOWELL GENNETTE
Acct MR# D Z
DEDIOS, ANGELO
Adm:05/09/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER

Patient: Sowell, Gennette M. Date: 5/9/2013 Medical Record#:
Patient Account #:

Snoring Report

The patient was found to have 16 snoring episodes, yielding a snoring index of 2.3

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 60. There were no significant dysrhythmias noted.

Impressions

1. **Obstructive Sleep Apnea (OSA), mild, worse during REM sleep.** Patient's AHI is 5.5, supine AHI is 7, REM AHI is 30.0, REM and supine AHI is 48.0, non supine AHI is 3.6. Patient had a sleep latency of .5 minutes and sleep efficiency of 97%. Patient had a combination of mostly obstructive apneas and hypopneas. Patient had REM supine sleep during this study. Patient slept mostly supine. Lowest O2 saturation was 78%, related to a respiratory event during REM sleep. No arrhythmias noted.

Recommendations

1. Patient will need a Continuous Positive Airway Pressure (CPAP) titration study to determine the best pressure for OSA. I will order.
2. Avoid laying supine.
3. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
4. Avoid alcohol and sedatives.
5. Maintain lean body weight. Goal is for normal BMI.
6. **Educate patient on good sleep hygiene.** Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
7. Follow up with Dr. de Dios as scheduled.

I personally reviewed the sleep study, epoch by epoch. If further assistance is needed, please do not hesitate to call me (843 383 3634) or if needed, I would be happy to see this patient in my office for further evaluation.

Jose Angelo A. De Dios, MD
Pulmonary, Critical Care, and Sleep Medicine Specialist
The Medical Group, affiliated with Carolina Pines Regional Medical Center

Cc: Dr. Angelo De Dios
Cc: Dr. Rochelle Hammett

Dictation Date May 29, 2013

Patient: Sowell, Gennette M. Date: 5/9/2013 Medical Record#:
Patient Account #

DIAGNOSTIC POLYSOMNOGRAPHIC REPORT

Sleep Architecture

Lights Out Time: 22:08	Lights On Time: 05:28
Total Recording Time (Min.): 440	REM Percent of Total Sleep Time: 10%

	Time (min.)	% of Total Sleep Time	Normal %
Stage 1 (Drowse)	8.5	2	5-10%
Stage 2 (Mod. Depth)	334	78	45-55%
Slow Wave Sleep	9.8	0	15-21%
REM (Dream)	42	10	17-28%
Total Sleep Time (Min.)	426.5	100%	>360 Min.
Latency to Sleep Onset	.5		<30 Min.
Latency to Stage 2	4		<10Min. from onset
Latency to REM Sleep	114		80-110 Min. (approx)
Wake After Sleep Onset	12.5		
Sleep Efficiency*	96.9		>85-90%

Respiratory Summary

	By Sleep Stage		By Position		
	NREM	REM	Supine	Non-Supine	TOTAL
Sleep Time (Min.)	384.5	42	256	170.5	426.5
APNEA					
Obstructive	16	14	21	9	30
Mixed	0	0	0.0	0.0	0
Central	0	0	0.0	0.0	0
Total Apnea	16.0	14	21	9	30
Apnea Index	3	20	5	3	4
HYPOPNEA	2	7	8	1	9
Total Apneas and Hypopneas	18.0	21	29	10	39
AHI*	3	30	7	4	6
Flow Limitation Events (RERA)	0	0	0	0	0
RDI	[redacted]	[redacted]	[redacted]	[redacted]	6

*AHI denotes the average number of apneas and hypopneas per sleep hour. RDI denotes the average number of respiratory events per hour of sleep. Hypopnea is defined as a significant reduction in airflow for a duration of >10 seconds with at least a 4% SAO2 desaturation. Flow Limitation Event (RERA) is defined as a significant reduction in airflow for a duration of >10 seconds with an arousal in the EEG, and a SAO2 desaturation of< 4%.

Saturation Levels

Time Between	NREM	REM	Total (Sleep)
90+%	[redacted]	[redacted]	99
80-89%	[redacted]	[redacted]	1
70-79%	[redacted]	[redacted]	0

Event Durations

	Average	Event Range
Obs. Apneas	16	10-30
Mixed Apnes	0	0
Central Apneas	0	0

3

Patient: Sowell, Gennette M. Date: 5/9/2013 Medical Record#:
Patient Account #:

60-69%	[redacted]	[redacted]	0
<60%	[redacted]	[redacted]	0
SaO2@ Nadir	86%	78%	78%

Obs. Hypopneas	20	13-27

PLM Summary

	TOTAL
Total Number of Limb Movements	34
Periodic Limb Movement Index	5
Arousals Due to Limb Movements	0
Limb Movements Arousal Index	0

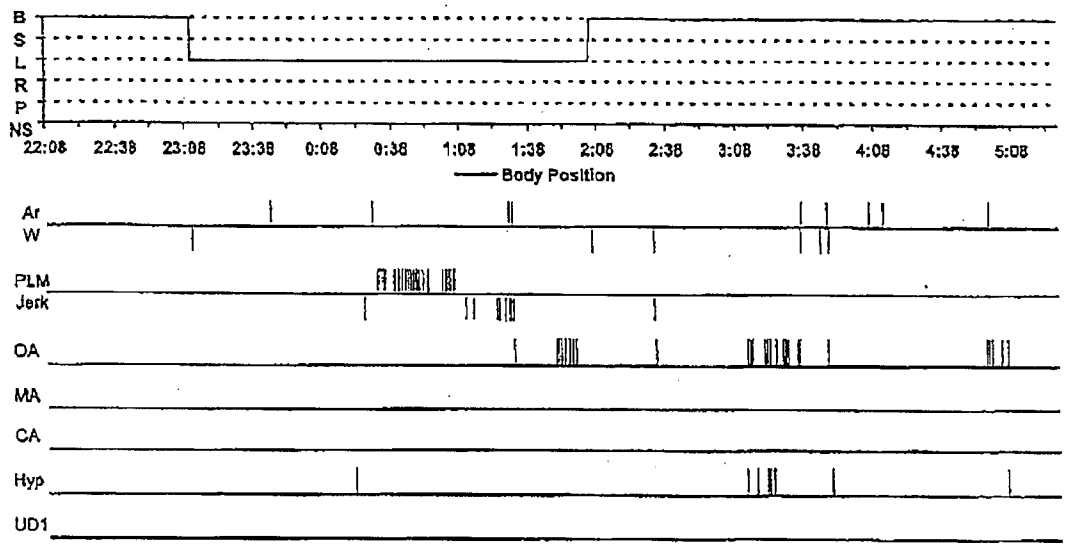
Sleep Fragmentation Summary

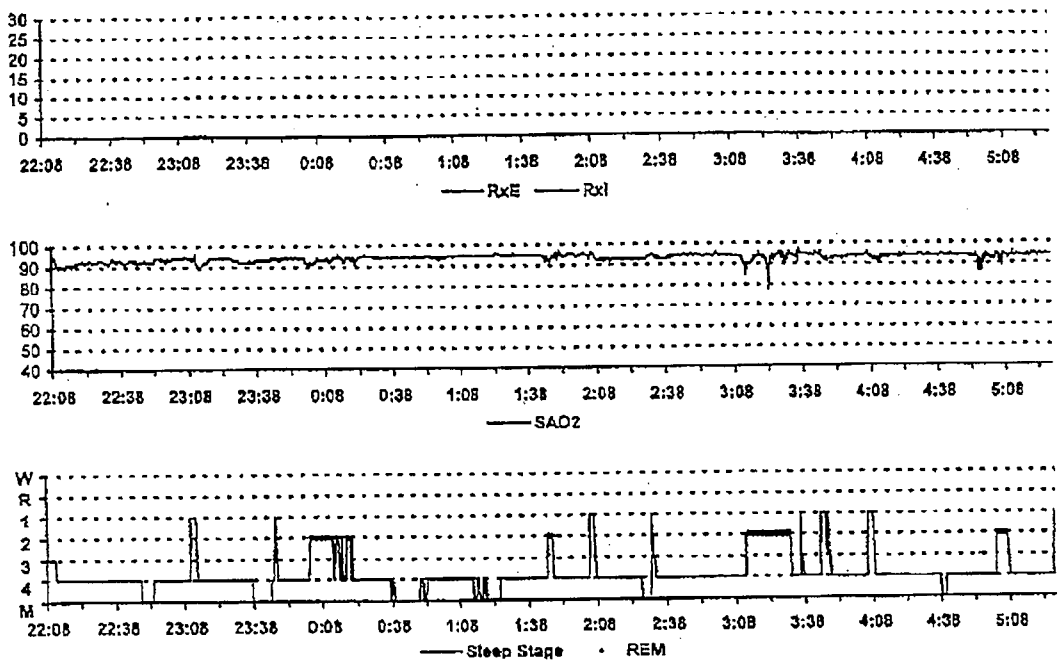
	# of Arousals	Arousal Index
Respiratory Arousals	2	0
Limb Movement Arousals	2	0
Spontaneous Arousals	5	.7
Total Arousals	11	2
Number of Awakenings	6	

Snore Summary

# of Snores during sleep time	16
Snore Index	2

DIAGNOSTIC POLYSOMNOGRAPHIC HISTOGRAM




30
25
20
15
10
5
0
22:08 22:38 23:08 23:38 0:08 0:38 1:08 1:38 2:08 2:38 3:08 3:38 4:08 4:38 5:08
RxE RxI
100
90
80
70
60
50
40
22:08 22:38 23:08 23:38 0:08 0:38 1:08 1:38 2:08 2:38 3:08 3:38 4:08 4:38 5:08
SAO2
W
R
1
2
3
4
M
22:08 22:38 23:08 23:38 0:08 0:38 1:08 1:38 2:08 2:38 3:08 3:38 4:08 4:38 5:08
Sleep Stage • REM

Diagnostic Study

SOWELL GENNETTE
Acct MR: 0000- 2
DEDIOS, ANGELO
Adm:05/09/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report

Demographics and Medical History

Name:	Sowell, Gennette M.	Age:	63	BMI:	26.	Interp Physician:	Dr. Angelo De Dios
DOB:		Ht-IN:	64	CM:	163	Referred By:	Dr. Angelo De Dios
Pt. #:	248928291	Wt-LB:	152	KG:	69	Tested By:	Jason Commander
Pt. Tag:	H8291	Sex:	Female			Scored By:	Janice Oeltjenbruns

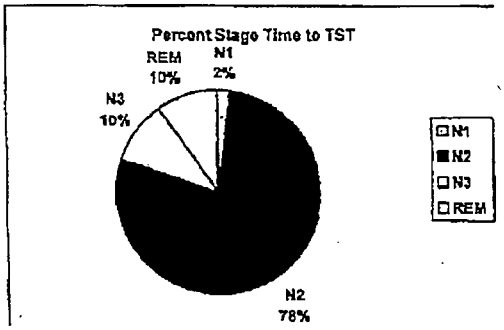
Indication for PS: Possible Sleep Apnea

Lights Out: 22:08 Lights On: 05:28

Sleep Summary

Sleep Time Statistics	Minutes	Hours
Time in Bed	440	7.3
Total Sleep Time	426.5	7.1
Total Sleep Time NREM	384.5	6.4
Total Sleep Time REM	42	0.7
Sleep Onset	.5	0.0
Wake After Sleep Onset	12.5	0.2
Wake After Sleep Period	.5	0.0
Latency Persistent Sleep	.5	0.0
Sleep Efficiency	96.9	Percent

Sleep Disruption Events	Count	Index
Arousals	11	1.5
Awakenings	6	.8
Arousals + Awakenings	17	2.4
REM Awakenings	0	0.0
Respiratory Arousals	2	.3
RERAs	0	0
Snore Arousals	2	.3



Sleep Stage Statistics	Wake	N1	N2	N3	REM	
Percent Stage to SPT	2.8	1.9	76.1	9.6	9.6	Percent
Sleep Period Time in Stage	12.5	8.5	334	42	42	Minutes
Latency to Stage		.5	4	40.5	114	Minutes
Percent Stage to TST		2.	78.3	9.8	9.8	Percent

Oxygenation Summary

Oximetry Statistics	Non REM	REM	Total
SpO2, Mean Wake, Percent			95
SpO2, Minimum, Percent	86	78	78
SpO2, Maximum, Percent	97	96	97
SpO2, Mean, Percent	94	93	94
Desaturations	0	0	0
Desaturation Index	0.0	0.0	0.0
SpO2 ≤ 88% (Time in Minutes)	3.0		

EKG Summary

EKG Statistics					
Heart Rate, Wake	68	BPM	PAC Events	0	Count
Heart Rate, Steady Sleep Avg	60	BPM	PVC Events	219	Count

SOWELL GENNETTE
Acct. MR 0000- Z
DEDIUS, ANGELO
Adm:05/09/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report

Leg Movement Summary

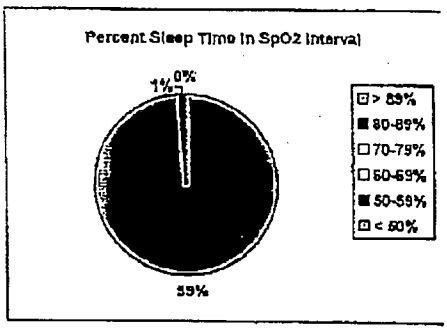
LM Counts	Non REM (Incl. Wake)			REM			Total			
	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	Total
Isolated	7	2	1	0	0	0	7	2	1	10
PLMS	34	0	0	0	0	0	34	0	0	34
Total	41	2	1	0	0	0	41	2	1	44

LM Statistics	PLMS		Total	
	Count	Index	Count	Index
LM	34	4.8	44	6.2
LM with Arousal	0	0	2	0.3

Respiration Summary

Event Statistics	Total		With Arousal		With Awakening	
	Count	Index	Count	Index	Count	Index
Apneas, Total	23	3.2	2	0.3	1	0.1
Hypopneas, Total	9	1.3	0	0.0	0	0.0
Events (Apneas + Hypopneas)	32	4.5	2	0.3	1	0.1
RERAs	0	0				
Apneas, Supine	17	4.				
Apneas, Non Supine	6	2.1				
Hypopneas, Supine	8	1.9				
Hypopneas, Non Supine	1	.4				
% Sleep Apnea	1.5	Percent				
% Sleep Hypopnea	.7	Percent				

Oximetry Statistics		
SpO2, Mean Wake	95	Percent
SpO2, Minimum	78	Percent
SpO2, Max	97	Percent
SpO2, Mean	94	Percent
Desaturation Index, REM	0.0	Index
Desaturation Index, NREM	0.0	Index
Desaturation Index, Total	0.0	Index



Technician Comments: 1. Lights Out @ 2209:33.
2. Frequent PVC's/arrythmias noted t/o study period by tech.
3. Frequent PLM's noted.
4. Moderate to Severe snoring noted continually w/ pt predominantly supine in its severity.
5. Lights On @ 0529:04.
Scorer's Note:
PLMs are seen. Clusters of mostly REM area resp. events seen. JO

SOWELL, GENNETTE
Acct/ MR/ 0000- Z
DEDIOS, ANGELO
Adm:05/09/2013 DOB:0... 063 F
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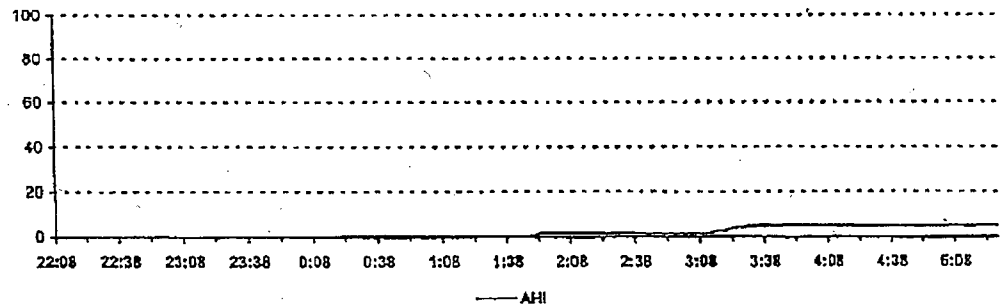
PSG Report

Respiration Summary

By Event Classification	Central			Mixed			Obstructive		
	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur
Apneas, NREM	0	0	0	0	0	0	11	18	11-26
Apneas, REM	0	0	0	0	0	0	12	17	11-30
Apneas, Total	0	0	0	0	0	0	23	17	11-30
Hypopneas, NREM	0	0	0	0	0	0	2	16	13-20
Hypopneas, REM	0	0	0	0	0	0	7	21	16-27
Hypopneas, Total	0	0	0	0	0	0	9	20	13-27
RERAs, Total	0	0							

SpO2 Intervals	> 89%	80-89%	70-79%	60-69%	50-59%	40-49%	30-39%	< 30%
Percent Sleep Time	99.1	.8	.1	0	0	0	0	0

By Body Position	N.Supine	Supine	Total		N.Supine	Supine	Total
Apnea Index, NREM	2.3	1.3	1.7	A+H Index, NREM	2.3	1.8	2.0
Apnea Index, REM	0	28.8	17.1	A+H Index, REM	3.5	43.2	27.1
Apnea Index, Total	2.1	4.	3.2	A+H Index, Total	2.5	5.9	4.5
Hypopnea Index, NREM	0	.5	.3	Sleep Time, Minutes	170.5	256	426.5
Hypopnea Index, REM	3.5	14.4	10				
Hypopnea Index, Total	.4	1.9	1.3				
RERA Index, Total	0	0	0				
# of Snores			16				
Snore Index, Total			2.3				

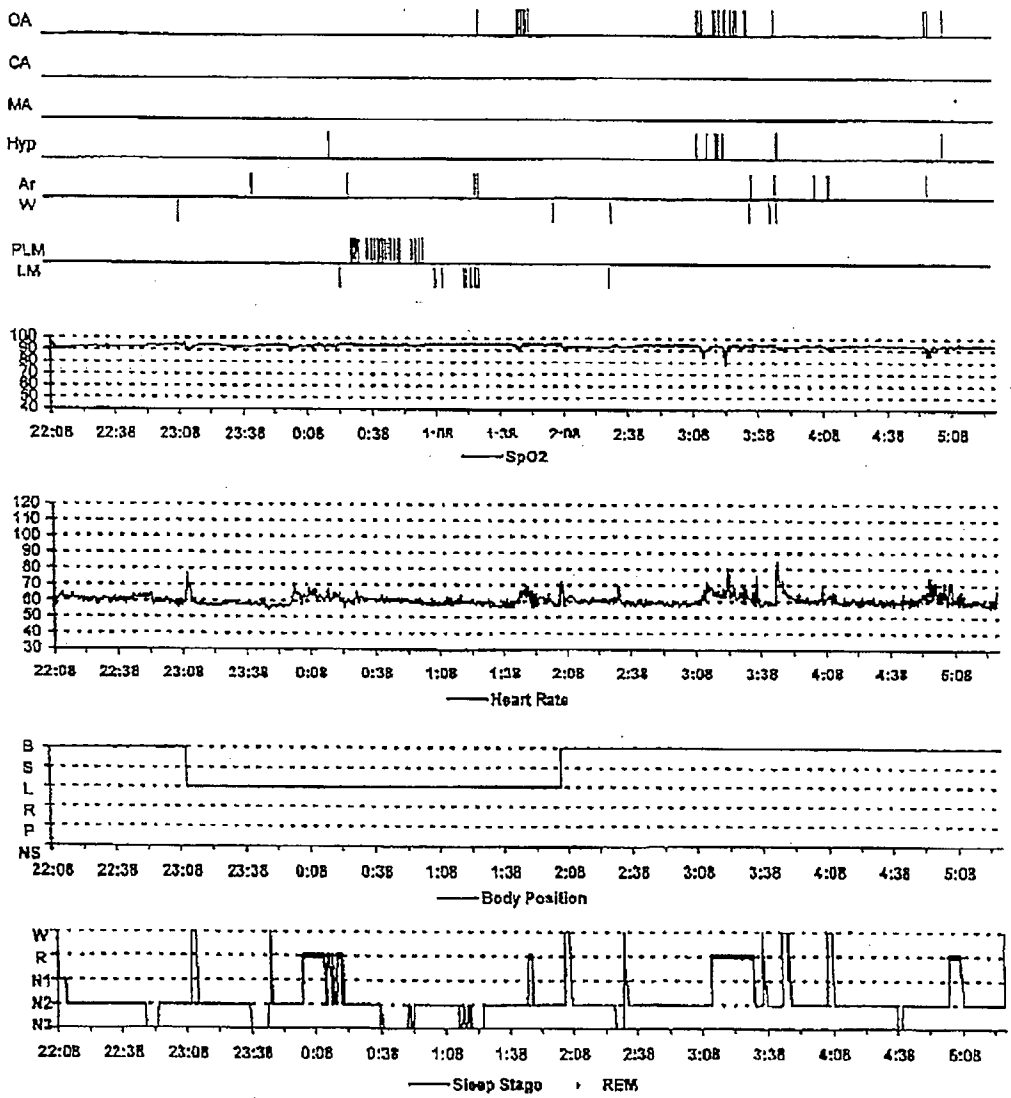


SOWELL, GENNETTE
MRN: 3 0000 2
Acct:
DEDIUS, ANGELO
Adm:05/09/2013 DOB 1 063 F
CAROLINA PINES REG MED CENTER

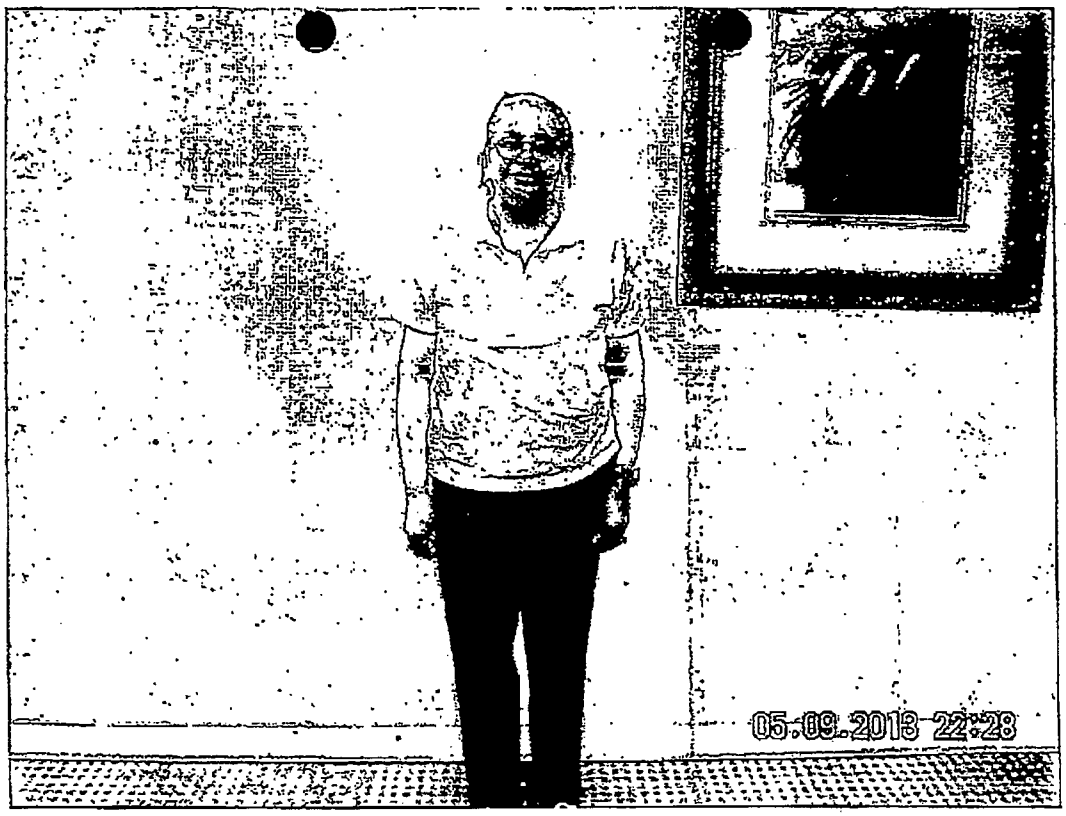
SleepElite, Inc.
11517 Village Avenue
Midwest City, OK 73130

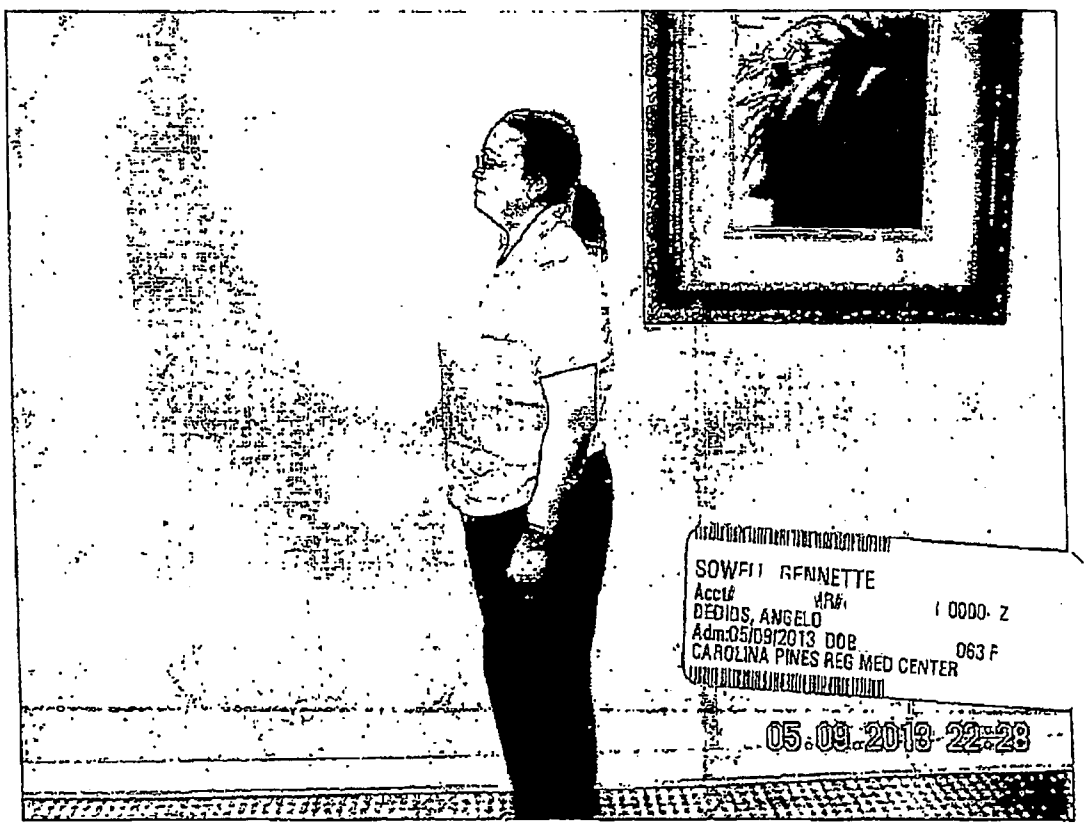
Patient Name: Sowell, Gennette M.
Study Date: 5/9/2013
Report Date/Time: 5/10/2013 3:09:00 PM

PSG Report



SOWELL GENNETTE
Acct MF 3 0000- Z
DEDIOS, ANGELO
Adm:05/09/2013 DOI 063 F
CAROLINA PINES REG MED CENTER


05.09.2013 22:28


SOWELL GENNETTE
DEDIOS, ANGELO
Adm:05/09/2013 DOB
CAROLINA PINES REG MED CENTER
05.09.2013 22:28

CAROLINA PINES REGIONAL MEDICAL CENTER SLEEP DIAGNOSTIC LABORATORY

HARTSVILLE, SC 29550
(843) 857-4303

PATIENT INFORMATION / SLEEP HISTORY
ADULT

Sowell Gennette
NAME: LAST FIRST MIDDLE SS#

ADDRESS: STREET CITY STATE / ZIP CODE

PHONE HOME WORK DATE OF BIRTH AGE 63

HEIGHT 5'4" WEIGHT 153 SEX ☐ M ☒ F MARITAL STATUS

SPOUSE AND / OR EMERGENCY CONTACT (S)

Amy Lowery Daughter
NAME PHONE RELATIONSHIP

& Kathy Hardison Daughter
NAME PHONE RELATIONSHIP

CASE NUMBER (IF SUPPLIED BY OFFICE) EDUC. LEVEL

EMPLOYER / OCCUPATION Piggly Wiggly Deli manager

INSURANCE CO. PHI INS. POLICY # 10237659

IF APPLICABLE: ☐ MEDICARE # ☐ MEDICAID #

REFERRING PHYSICIAN Dr Jose Angelo Dedios M. PHONE # 843 323-3689

ADDRESS CITY STATE / ZIP CODE
Dr Rochell Hammett Cheraw S.C.
FAMILY PHYSICIAN PHONE

NAME OF PERSON COMPLETING QUESTIONNAIRE, IF OTHER THAN PATIENT

NAME PHONE RELATIONSHIP TO PATIENT

CHIEF COMPLAINTS

What are your major complaints related to sleep and wakefulness and how long have you had them?

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Sleep History

I. SLEEPINESS		YES	NO
1.	Are you excessively sleepy during the day?	____	✓
2.	Do you fall asleep or have to fight sleep under the following conditions? a. Sitting quietly	____	✓
	b. Driving a car	____	✓
	c. Riding in a car	____	✓
	d. Talking in person	____	✓
	e. Eating	____	✓
	f. Standing	____	✓
	g. Talking on the phone	____	✓
3.	Do you take scheduled naps during the day?	____	✓

II. SYMPTOMS DURING SLEEP

1. Circle any of the following symptoms that you currently have when sleeping or trying to sleep.

(Toss & Turn)	Fall out of bed	Bed wetting
Heartburn	Sour belches	Pain
Regurgitation	Night sweats	Teeth grinding
Cold feet	Sleep walking	Sleep talking
Nightmares	Irresistible urge to move legs	Legs jerking

2. Circle any of the following that you experience during sleep.

Choking	(Making whistling sounds) wheezing	Gasping for air
Loud Snoring	Struggling to breathe	Stop breathing
Sleeping with open mouth	Waking yourself with snoring	Snorting
Waking with dry mouth		

3. Do you snore in all positions? _____ If not, when? when work long hours

III. SLEEP HABITS

1. What time do you usually go to bed? 7:30 pm
2. How long does it usually take you to fall asleep? 30 min.
3. How many times do you awaken at night? once to use the bathroom
4. Why do you awaken at night? bathroom
5. Do you have trouble returning to sleep? No
6. What time do you usually wake up in the morning? 4:00 am to go to work
7. How do you wake up in the morning? (i.e., alarm clock, etc.) God and myself
8. What time do you usually get up in the morning? 4:00 am

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9. Do you usually sleep longer when you don't have to get up? Some times
How long? 2 hour until 6.00 am

10. How many hours of actual sleep time do you think you get each night on the average? 8 hour +

11. Upon awakening in the morning, do you feel: Completely rested? yes
Partially rested? when Asthma at its worse Not rested at all? _____

12. Do you frequently have a headache during the night or in the morning? NO

13. Do you take anything to help you sleep? no What? _____

IV. NARCOLEPSY

	YES	NO
1. As you fall asleep or wake up, do you have vivid or lifelike visions (people in the room, etc.)?	____	✓
2. When you are angry or excited, do you have sudden weakness or have any part of your body go limp (head drop, knees buckle, etc.)?	____	✓
3. As you are trying to go to sleep or wake up, do you ever have an inability to move?	____	✓
4. Have you ever driven or traveled somewhere and did not remember how you got there?	✓	✓

V. TREATMENT

Have you ever been treated for your sleep problems?	____	✓

Explain: _____

VI. PSYCHOLOGICAL

Circle any of the following symptoms that you have to an excessive degree:

Fatigue	Inability to concentrate	Memory impairment
Anxiety	Depression	Irritability
Suicidal thoughts	Family problems	Loss of appetite
Change in personality		

VII. SEXUALITY

	YES	NO
1. Is your sexual drive normal?	✓	____
2. Men: a) Are your erections normal?	____	____
b) Do you sometimes have erections when you wake up in the morning?	____	____

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VIII. ~~WEIGHT~~

1. What do you weigh now? 153

1. What did you weigh one year ago? 140

IX. MEDICAL HISTORY	YES	NO
1. Do you have high blood pressure?	✓	
1. Have you ever had problems with your tonsils, adenoids, nose or throat?		✓
If so what?		
3. Have you ever had surgery on your tonsils, adenoids, nose, or throat?		✓
If so what?		
4. Do you have sinus or allergy problems?	✓	
5. Have you seen an allergist or an ENT doctor? ____ Which doctor? Dr Dige md		
6. Do you have a thyroid condition?		✓
If so what?		
Have you had thyroid function studies?		✓

7. List any chronic medical condition that you have.
1. _____ 2. _____
2. _____ 4. _____
5. _____ 6. _____

4. List any surgery or injuries that you have had.
1. Car Rear 2. _____
3. Broke Ankle 4. _____
5. _____ 6. _____

5. List any drugs to which you are allergic. magnesium OTC Calcium OTC - Prednisone 10mg.
1. Singulair 40mg, Klor-Con M20. 2. Ventolin HFA 90mcg
3. HCTZ - 25mg, Allegra 180mg 4. Brovana - prn
5. Nexium 40mg, Symbicort 90mcg 6. Ipratropium-prn, Albuterol

0600

6. List any drugs that you take regularly. Include over-the-counter medications, hormones, birth control pills, etc.
1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

11. When was your last complete physical examination? _____
By whom? _____

	YES	NO
12. Did you have your most blood work done?	✓	

X.. SOCIAL AND FAMILY HISTORY

1. Do you smoke? No How long? _____

   Did you previously smoke? No How long? _____

2. Do you drink alcohol? No How long? _____

3. How much coffee or tea do you drink? none

4. What do you usually do at work? on load truck, cook, clean, Wait on customer + Make Sure every one don't have work

5. What are your working hours? 5:30 am - 4.00 pm

6. How many people live in your home? 1 Relationships to you: Daughter

7. How many bedrooms do you have? 3

8. Does any family member (parent, brother, sister, child, etc.) have a sleep problem or snore loudly?

Daughter

XI. REVIEW OF SYMPTOMS

Do you have any of the following? (Circle)

Sore throat	Dry throat	~~Sinus trouble~~
~~Cough~~	~~Wheezing~~	Chest Pain
~~Shortness of breath~~	~~Heartburn~~	Indigestion
Sour belches	Swelling of legs	Frequent urination

List any other symptoms or problems that you may have that are not covered above. Elaborate on any symptom indicated above if necessary.

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Sleep enter

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale and circle the most appropriate number for each situation. Add the total of each circled number to get your score.

0= would never doze
1=slight chance of dozing
2=moderate chance of dozing
3=high chance of dozing

Sitting and reading

0 (1) 2 3

Watching TV

0 (1) 2 3

Sitting inactive in a public place (for example a theater or meeting)

(0) 1 2 3

As a passenger in a car for an hour without a break

(0) 1 2 3

Lying down to rest in the afternoon when circumstances permit

(0) 1 2 3

Sitting and talking to someone

(0) 1 2 3

Sitting quietly after lunch without alcohol

0 (1) 2 3

In a car, while stopped for a few minutes in traffic

(0) 1 2 3

Score:
1-6= Getting enough sleep or pushing the limits of proper sleep habits
7-8=Average score, consider placing more emphasis on better sleep habits
9 or above= Consult a physician about your sleep habits

(3)

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Sleep Insomnia Index

This is a test to assess how you are feeling, in general, about your sleep Answer the following questions rating how you feel about your sleep using a 0-4 point scale.

0 = ***No*** problem
1 = ***Slight*** problem with my sleep
2 = ***Moderate*** problem with my sleep
3 = ***Moderately severe*** problem with my sleep
4 = ***Big*** problem with my sleep affecting all parts of my life.

Please circle the best answer about your sleep for each question.

0 1 2 3 4

No Problem — Big Problem

1.	Overall describe your satisfaction with your sleep	(0)	1	2	3	4
2.	How easy is it for you to fall asleep?	(0)	1	2	3	4
3.	How worried are you that you won't be able to get to sleep?	0	(1)	2	3	4
4.	Are you easily awakened by sounds/noises in the night?	(0)	1	2	3	4
5.	When you sleep in a strange place or bed other than your own, how much trouble do you have trying to fall asleep?	0	1	(2)	3	4
6.	Is your sleep disturbed with frequent awakenings?	0	(1)	2	3	4
7.	Can you fall back asleep if you awaken during the night?	(0)	1	2	3	4
8.	Are you rested the next day after your night's sleep?	(0)	1	2	3	4
9.	Do you think you are getting enough hours of sleep each night?	(0)	1	2	3	4
10.	How much does the quality of the sleep affect your next day function, ie; fatigue, mood, irritability?	(0)	1	2	3	4

TOTAL SCORE = (4)

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POST-SLEEP QUESTIONNAIRE

Patient Name: GENNETTE SOWELL Date: 5/9/13

1. How long do you feel it took to fall asleep last night? 5 hours ___ minutes
   Compared to usual, was this? ___ longer ___ shorter __ same

2. Did you have difficulty falling asleep last night? ___ Yes ✓ No
   If yes, why? _____

3. Did you wake up during the night? ✓ Yes ___ No
   If yes, How many times? 2 times
   Compared to usual, was this? ___ more ___ less __ same

4. If you woke up during the night, did you have a difficult time going back to sleep? ___ Yes ✓ No
   If yes, Why? _____

5. How long do you feel you slept last night? 8 hours ___ minutes
   Compared to usual, was this? ___ longer ___ shorter __ same

6. Do you remember dreaming last night? ___ Yes ✓ No
   If yes, were your dreams: ___ pleasant ___ unpleasant ___ don't know

7. Compared to normal, how did you feel upon awakening? ___ More rested than usual
   ___ Less rested ✓ same

8. How refreshing was your sleep last night? __ Not at all __ A little ✓ Quite a bit __ Extremely

9. How tired do you feel right now? ✓ Not at all __ A little __ Quite a bit __ Extremely

10. How sleepy do you feel now? ✓ Not at all __ A little __ Quite a bit __ Extremely

11. How alert, or awake do you feel? __ Not at all __ A little __ Quite a bit ✓ Extremely

12. How did the quality of your sleep last night compare to a usual night?
    ___ Better ✓ Same ___ Worse

13. Do you feel sick or have any physical complaints? ___ Yes ✓ No
    If yes, please describe: _____

14. Could you have slept longer? ___ Yes ✓ No
    If yes, how much longer? _____

Please make any comments you would like your doctor to now about your sleep during the study, and if anything specifically bothered you, made you uncomfortable, or helped you, made you feel at ease.

_____

_____

_____

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J. 3 I feel that I am ugly or repulsive looking.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
1 I am worried that I am looking old or unattractive.
0 I don't feel that I look any worse than I used to.

K. 3 I can't do any work at all.
2 I have to push myself very hard to do anything.
1 It takes extra effort to get started at doing something.
0 I can work about as well as before.

L. 3 I get too tired to do anything.
2 I get tired from doing anything.
1 I get tired more easily than I used to.
0 I don't get any more tired than usual.

M. 3 I have no appetite at all anymore.
2 My appetite is much worse now.
1 My appetite is not as good as it used to be.
0 My appetite is no worse than usual.

Administrative Use Only

TOTAL:_____

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XIII. OTHER SYMPTOMS

The following items represent a number of different symptoms that people sometimes experience. Please indicate (by circling the number following each item) how much you have been bothered by each symptom over the past week.

Have you felt or experienced:	Number of times during past week					
1. Numbness or tingling	(0)	1	2	3	4	5+
2. Feeling hot	(0)	1	2	3	4	5+
3. Wobbliness in legs	(0)	1	2	3	4	5+
4. Unable to relax	(0)	1	2	3	4	5+
5. Fear of the worst happening	(0)	1	2	3	4	5+
6. Dizzy or light-headed	0	(1)	2	3	4	5+
7. Heart pounding or racing	(0)	1	2	3	4	5+
8. Unsteady	(0)	1	2	3	4	5+
9. Terrified	(0)	1	2	3	4	5+
10. Nervous	(0)	1	2	3	4	5+
11. Feelings of choking	(0)	1	2	3	4	5+
12. Hands trembling	(0)	1	2	3	4	5+
13. Shaky	(0)	1	2	3	4	5+
14. Fear of losing control	(0)	1	2	3	4	5+
15. Difficulty breathing	(0)	1	2	3	4	5+
16. Fear of dying	(0)	1	2	3	4	5+
17. Scared	(0)	1	2	3	4	5+
18. Indigestion or discomfort in abdomen	(0)	1	2	3	4	5+
19. Faint	(0)	1	2	3	4	5+
20. Face flushed	(0)	1	2	3	4	5+
21. Sweating (not due to heat)	(0)	1	2	3	4	5+

XIII. STATE OF MIND

Please read the entire group of statements below and read each group carefully. Then pick out the one statement which best describes the way you feel **today** for each group. Circle the number (3, 2, 1, or 0) beside the statement you have chosen. If more than one statement in the group seems to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

A.
3 I am so sad or unhappy that I can't stand it.
2 I am blue or sad all the time and I can't snap out of it.
1 I feel sad or blue.
(0) I do not feel sad.

B.
3 I feel that the future is hopeless and that things cannot improve.
2 I feel I have nothing to look forward to.
1 I feel discouraged about the future.
(0) I am not particularly pessimistic or discouraged about the future.

C.
3 I feel I am a complete failure as a person (i.e., parent, husband, wife).
2 As I look back on my life, all I can see is a lot of failures.
1 I feel I have failed more than the average person.
(0) I do not feel like a failure.

D.
3 I am dissatisfied with everything.
2 I don't get satisfied out of anything anymore.
1 I don't enjoy things the way I used to.
(0) I am not particularly dissatisfied.

E.
3 I feel as though I am very bad or worthless.
2 I feel quite guilty.
1 I feel bad or unworthy a good part of the time.
(0) I don't feel particularly guilty.

F.
3 I hate myself.
2 I am disgusted with myself.
1 I am disappointed in myself.
(0) I don't feel disappointed in myself.

G.
3 I would kill myself if I had the chance.
2 I have definite plans about committing suicide.
1 I feel I would be better off dead.
(0) I don't have any thoughts of harming myself.

H.
3 I have lost all interest in other people and don't care about them at all.
2 I have lost most of my interest in other people and have little feeling for them.
1 I am less interested in other people than I used to be.
(0) I have not lost interest in other people.

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I.
3 I can't make any decisions at all anymore.
2 I have great difficulty in making decisions.
1 I try to put off making decisions.

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

THERAPEUTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Sowell, Gennette Date: 6/13/2013 Medical Record#:

AGE: 63 Referring Physician: Dr. Angelo De Dios Patient Account #:

Sex: Female Ht (inches): 64 Weight (lbs): 152

Body Mass Index (kg/m2): 26 (BMI > 28 is considered obese)

Study Technologist: Jason Commander Scoring Technologist: Janice Oeltjenbruns, RPSGT

Indication

Patient had a baseline sleep study done on 5/9/13 which showed mild Obstructive Sleep Apnea, worse during REM sleep. Patient is here for CPAP titration study.

Current Medications Include

Singulair 40mcg, Klor-Con M20, HCTZ 25mg, Nexium 40mg, Allegra 180mg, Symbicort 90mcg, Calcium OTC, Prednisone 10mg, Ventolin HFA 90mcg, Brovana, Ipratropium, Albuterol Inhaler.

Study Parameters and Quality

The patient underwent a CPAP/BiPAP titration evaluation with total sleep time of 372 minutes. The patient demonstrated a sleep latency of 14 minutes and a sleep efficiency of 86%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (1%), Stage 2 (91%), Slow Wave Sleep (0.4%), and REM (8%).

CPAP Analysis

The patient was initiated at a setting of 5cmH2O and increased as indicated throughout the night. Optimal CPAP was obtained at a setting of 9 cmH2O. At this setting, the apnea/hypopnea index was found to be 2, and the lowest O2 saturation was found to be 90%. The patient had 22 minutes of REM sleep with this setting. Patient also had REM supine sleep with this setting. With this setting, the sleep architecture showed decreased arousals and awakenings.

Oxygen Saturation

The patient's lowest oxygen saturation during this study was 85%. The patient's average oxygen saturation during wakefulness was 96%. The patient spent 1.1% of Total Sleep Time under 88% during this study.

Periodic Limb Movement Analysis

The patient was found to have a total of 0 periodic limb movements, yielding a periodic limb movement index of 0. 0 of these periodic limb movements were associated with arousals.

Snoring Report

The Patient was found to have 1 snoring episodes, yielding a snoring index of .2.

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Sleep Study

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Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 57. There were no significant cardiac dysrhythmias noted.

Impressions

1. **Obstructive Sleep Apnea (OSA), mild, worse during REM sleep and supine sleep.** During the baseline study, patient's AHI was 5.5 , supine AHI was 7, REM AHI was 30, REM and supine AHI was 48. Optimal CPAP pressure based on this study is 9 cm H2O. The AHI improved to 2, with the lowest oxygen saturation of 90%. Patient had REM sleep (22 minutes) with this setting. With this setting sleep architecture showed decreased arousals and awakenings. No arrhythmias noted.

Recommendations

1. Optimal pressure for patient's OSA is **CPAP at 9 cm H2O with heated humidifier and a Fisher and Paykel Eson nasal mask (small). I will order. If patient does not tolerate CPAP at 9 cm H2O, may try CPAP of 5 cm H2O – AHI was 4.2, lowest O2 saturation was 87%, but he only had 7 minutes of REM sleep,**
2. Compliance has to be routinely checked to make sure patient's OSA is corrected.
3. Avoid laying supine.
4. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
5. Avoid alcohol and sedatives.
6. Maintain lean body weight. Goal is for normal BMI.
7. **Educate patient on good sleep hygiene.** Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
8. Follow up with Dr. de Dios as scheduled.

Jose Angelo A. De Dios, MD
Pulmonary, Critical Care, and Sleep Medicine Specialist
The Medical Group, affiliated with Carolina Pines Regional Medical Center

Cc: Dr. Angelo De Dios
Cc: Dr. Rochelle Hammett

Dictation Date July 2, 2013

THERAPEUTIC POLYSOMNOGRAPHIC REPORT

Patient: Sowell, Gennette Date: 6/13/2013 Medical Record#:

AGE: 63 Referring Physician: Dr. Angelo De Dios Patient Account #

Sex: Female Ht (inches): 64 Weight (lbs): 152

Body Mass Index (kg/m2): 26 (BMI > 28 is considered obese)

Study Technologist: Jason Commander Scoring Technologist: Janice Oeltjenbruns, RPSGT

Sleep Architecture

Lights Out Time: 22:17	Lights On Time: 05:27
Total Recording Time (Min.): 430.5	REM Percent of Total Sleep Time: 8%

	Time (min.)	% of Total Sleep Time	Normal %
Stage 1 (Drowse)	3	1	5-10%
Stage 2 (Mod. Depth)	338.5	91	45-55%
Slow Wave Sleep	0.4	0	15-21%
REM (Dream)	29	8	17-28%
Total Sleep Time (Min.)	372	100%	>360 Min.
Latency to Sleep Onset	14		<30 Min.
Latency to Stage 2	14.5		<10Min. from onset
Latency to REM Sleep	94		80-110 Min. (approx)
Wake After Sleep Onset	44		
Sleep Efficiency*	86.4		>85-90%

Respiratory Summary

	By Sleep Stage		By Position		
	NREM	REM	Supine	Non-Supine	TOTAL
Sleep Time (Min.)	343	29	340.5	32	372
APNEA					
Obstructive	0	0	0	0	0
Mixed	0	0	0	0	0
Central	4	0	4.0	0.0	4
Total Apnea	4.0	0	4	0	4
Apnea Index	1	0	1	0	1
HYPOPNEA	4	0	4	0	4
Total Apneas and Hypopneas	8	0	8	0	8
AHI*	1	0	1	0	1
Flow Limitation Events (RERA)	0	0	0	0	0
RDI	[redacted]				1

*AHI denotes the average number of apneas and hypopneas per sleep hour. RDI denotes the average number of respiratory events per hour of sleep. Hypopnea is defined as a significant reduction in airflow for a duration of >10 seconds with at least a 4% SA02 desaturation. Flow Limitation Event (RERA) is defined as a significant reduction in airflow for a duration of >10 seconds with an arousal in the EEG, and a SA02 desaturation of< 4%.

Patient: Sowell, Gennette Date: 6/13/2013 Medical Record#
Patient Account #

Saturation Levels

Time Between	NREM	REM	Total (Sleep)
90+%	[redacted]	[redacted]	100
80-89%	[redacted]	[redacted]	0
70-79%	[redacted]	[redacted]	0
60-69%	[redacted]	[redacted]	0
<60%	[redacted]	[redacted]	0
SaO2@ Nadir	87%	90%	85%

Event Durations

	Average	Event Range
Obs. Apneas	0	0
Mixed Apnes	0	0
Central Apneas	14	11-17
Obs. Hypopneas	18	16-22

PLM Summary

	TOTAL
Total Number of Limb Movements	0
Periodic Limb Movement Index	0
Arousals Due to Limb Movements	0
Limb Movements Arousal Index	0

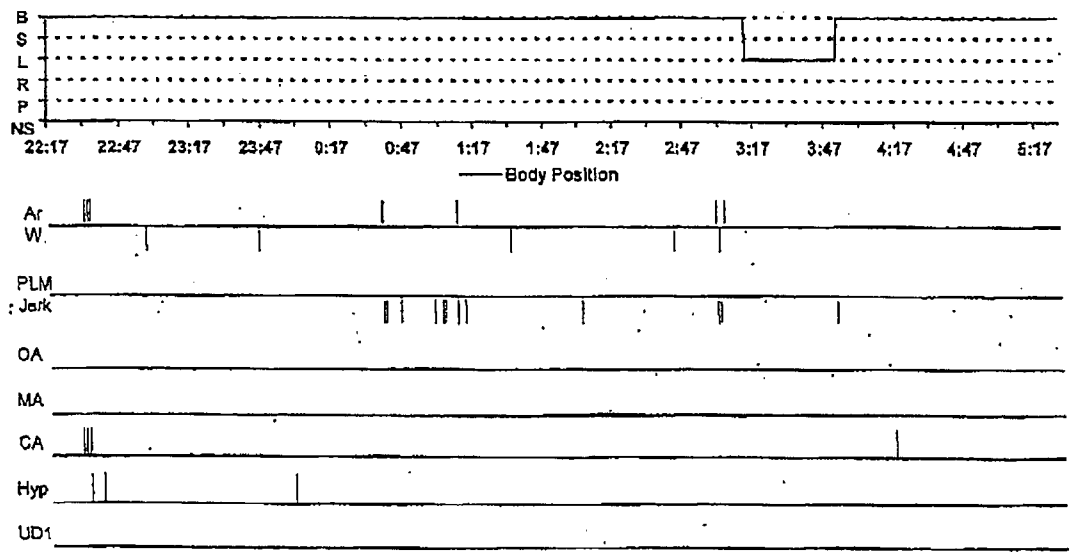
Sleep Fragmentation Summary

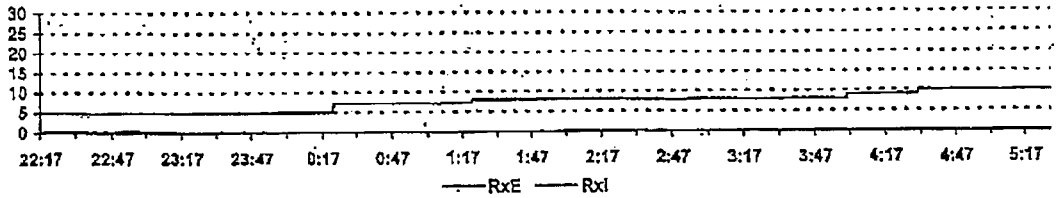
	# of Arousals	Arousal Index
Respiratory Arousals	1	0
Limb Movement Arousals	3	0
Spontaneous Arousals	4	.6
Total Arousals	9	2
Number of Awakenings	5	

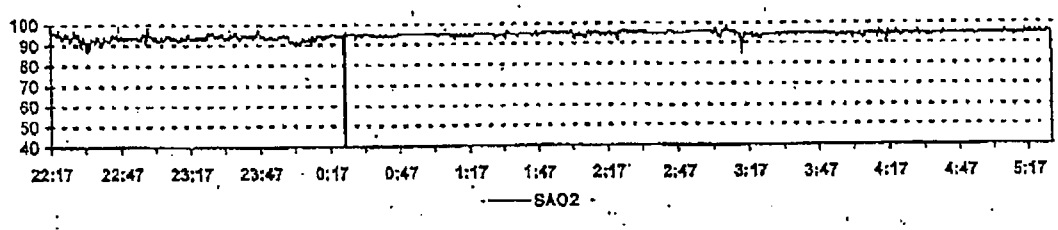
Snore Summary

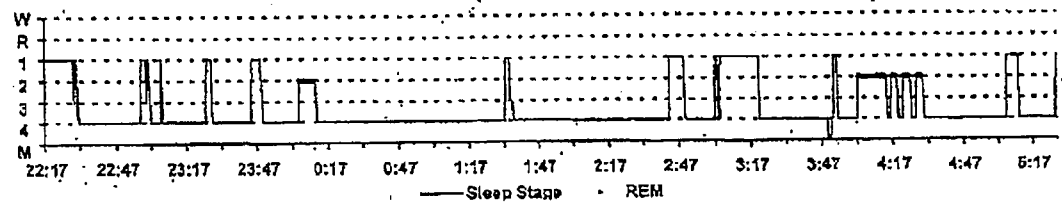
# of Snores during sleep time	1
Snore Index	0

THERAPEUTIC POLYSOMNOGRAPHIC HISTOGRAM





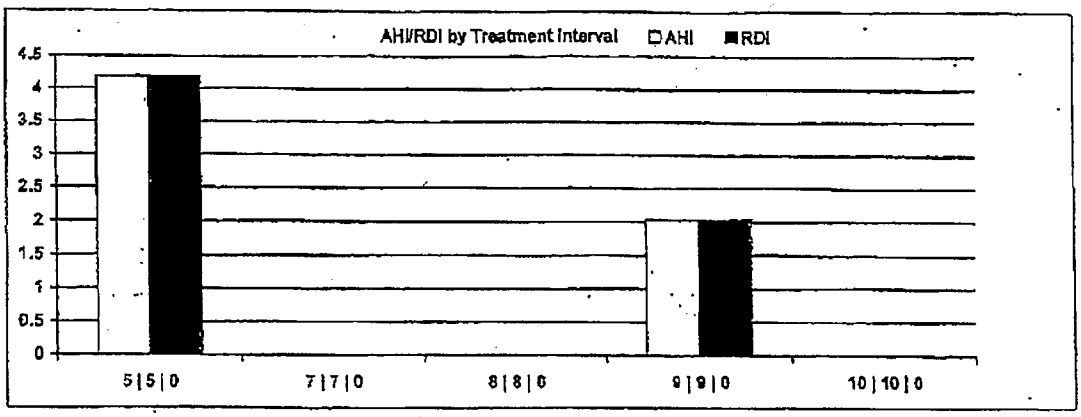




Treatment Interval Summary

Treatment Parameters and Results												
Treatment	TIB	TST	Slp Eff	Apneas		Hypopneas		AHI	RDI	Ar+Aw		Min
Rxl/RxE/RxO2	Minut	Minut	Percent	Count	Index	Count	Index	Index	Index	Count	Index	SaO2
5/5/0	124.5	100.5	80.7	3	1.8	4	2.4	4.2	4.2	7	4.2	87
7/7/0	59.5	59.5	100	0	0	0	0	0	0	2	2.	93
8/8/0	160	132	82.5	0	0	0	0	0	0	5	2.3	92
9/9/0	29.5	29.5	100	1	2.	0	0	2.	2.	0	0	90
10/10/0	57	51	89.5	0	0	0	0	0	0	0	0	94
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Patient: Sowell, Gennette Date: 6/13/2013 Medical Record#:
Patient Account #:



TITRATION

SOWELL, GENNETTE
Acct#
MR#
DEDIOS, ANGELO
Adm:06/13/2013 DOB:
CAROLINA PINES REG MED CENTER

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Demographics and Medical History

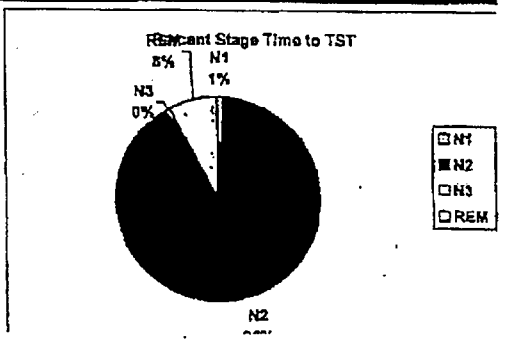
Name:	Sowell, Gennette	Age:	63	BMI:	26.	Interp Physician:	Dr. Angelo De Dios
DOB:		Ht-IN:	64	CM:	163	Referred By:	Dr. Angelo De Dios
Pt. #:	246928291-2	Wt-LB:	152	KG:	69	Tested By:	Jason Commander
Pt. Tag:	H8291	Sex:	Female			Scored By:	Janice Oeltjenbruns, RPSGT
Indication for PS:	Sleep Apnea						

Lights Out: 22:17 Lights On: 05:27

Sleep Summary

Sleep Time Statistics	Minutes	Hours
Time in Bed	430.5	7.2
Total Sleep Time	372	6.2
Total Sleep Time NREM	343	5.7
Total Sleep Time REM	29	0.5
Sleep Onset	14	0.2
Wake After Sleep Onset	44	0.7
Wake After Sleep Period	.5	0.0
Latency Persistent Sleep	14	0.2
Sleep Efficiency	86.4	Percent

Sleep Disruption Events	Count	Index
Arousals	9	1.5
Awakenings	5	.8
Arousals + Awakenings	14	2.3
REM Awakenings	0	0.0
Respiratory Arousals	1	.2
RERAs	0	0
Snore Arousals	1	.2



Sleep-Stage Statistics	Wake	N1	N2	N3	REM	
Percent Stage to SPT	10.6	0.7	81.4	0.4	7.0	Percent
Sleep Period Time in Stage	44	3	338.5	1.5	29	Minutes
Latency to Stage		12.5	14.5	318.5	94	Minutes
Percent Stage to TST		.8	91.	.4	7.8	Percent

Oxygenation Summary

Oximetry Statistics	Non REM	REM	Total
SpO2, Mean Wake, Percent			96
SpO2, Minimum, Percent	87	90	85
SpO2, Maximum, Percent	96	96	98
SpO2, Mean, Percent	94	94	94
Desaturations	0	0	0
Desaturation Index	0.0	0.0	0.0
SpO2 ≤ 88% (Time in Minutes)	1.1		

EKG Summary

EKG Statistics					
Heart Rate, Wake	59.5	BPM	PAC Events	0	Count
Heart Rate, Steady Sleep Avg	57	BPM	PVC Events	1	Count

SOWELL GENNETTE
Acct MR#0000134503 0000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOE 063 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Leg Movement Summary

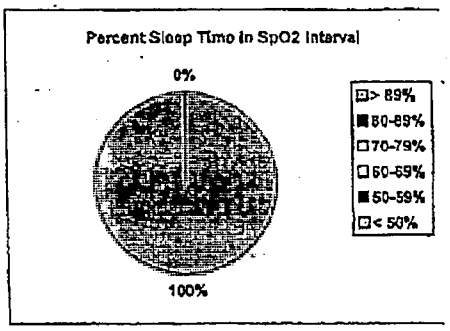
LM Counts	Non REM (Incl. Wake)			REM			Total			
	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	No Arousal	Arousal	Wake	Total
Isolated	10	3	1	0	0	0	10	3	1	14
PLMS	0	0	0	0	0	0	0	0	0	0
Total	10	3	1	0	0	0	10	3	1	14

LM Statistics	PLMS		Total	
	Count	Index	Count	Index
LM	0	0	14	2.3
LM with Arousal	0	0	3	0.5

Respiration Summary

Event Statistics	Total		With Arousal		With Awakening	
	Count	Index	Count	Index	Count	Index
Apneas, Total	4	.6	0	0.0	0	0.0
Hypopneas, Total	4	.6	1	0.2	0	0.0
Events (Apneas + Hypopneas)	8	1.3	1	0.2	0	0.0
RERAs	0	0				
Apneas, Supine	4	.7				
Apneas, Non Supine	0	0				
Hypopneas, Supine	4	.7				
Hypopneas, Non Supine	0	0				
% Sleep Apnea	.2	Percent				
% Sleep Hypopnea	.3	Percent				

Oximetry Statistics		
SpO2, Mean Wake	96	Percent
SpO2, Minimum	85	Percent
SpO2, Max	98	Percent
SpO2, Mean	94	Percent
Desaturation Index, REM	0.0	Index
Desaturation Index, NREM	0.0	Index
Desaturation Index, Total	0.0	Index



Technician Comments: 1. Lights Out @ 2217:46.
2. No cardiac seen.
3. Periodic leg movements/PLM's, none contiuous.
4. Soft to mild frequent residual snoring noted for majority of early portion of testing, but decreasingly noted w/ increases in CPAP pressures to very minimal/none by end of study procedure.
5. Fisher & Paykel Eson nasal mask (small size) used.
6. Patient appeared to be very tolerant to use of CPAP interface & type nasal mask used during study course, w/ only a few periods associated w/ DIMS (pt stated to tech upon awakening that she was awake for those periods due to her slight claustraphobia).
7. Tech performed a PAP trial w/ patient before initial 10/20 hook-up preparation for comfortability w/ using CPAP interface & mask type. Tech did so for patient benefit to help her decide which mask type she was better suited for by trialing both a Fisher & Paykel Eson nasal mask & a ResMed Swift FX nasal pillows mask. After trial was complete, patient stated that she preferred the nasal type mask over the nasal pillows mask due to the way that the CPAP pressure was introduced into her nose, as it felt much more comfortable to her. As a result, tech began study using the Fisher & Paykel Eson nasal mask for patient comfortability to help her attain more of a compliance w/ use of both CPAP pressure & mask type/style. Starting CPAP pressure was 5cm H2O w/ use of heated humidity in conjunction w/ CPAP. Final CPAP pressure achieved was 10cm H2O.

SOWELL, GENNETTE
Acct# MR#0000134503 0000- 2
DED[illegible], ANGELO
Adm:06/13/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

8. Lights On @ 0528:04.
Scorer's Note:
Rare resp. events seen. JO

SOWELL, GENNETTE
Acct #0000134503 0000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB: 3 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

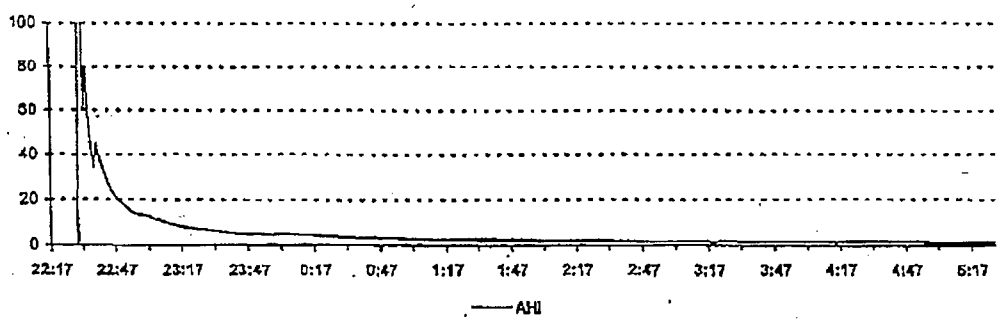
CPAP Report

Respiration Summary

By Event Classification	Central			Mixed			Obstructive		
	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur	Count	Mean Dur	Range Dur
Apneas, NREM	4	14	11-17	0	0	0	0	0	0
Apneas, REM	0	0	0	0	0	0	0	0	0
Apneas, Total	4	14	11-17	0	0	0	0	0	0
Hypopneas, NREM	0	0	0	0	0	0	4	18	16-22
Hypopneas, REM	0	0	0	0	0	0	0	0	0
Hypopneas, Total	0	0	0	0	0	0	4	18	16-22
RERAs, Total	0	0							

SpO2 Intervals	≥ 89%	80-89%	70-79%	60-69%	50-59%	40-49%	30-39%	< 30%
Percent Sleep Time	99.6	.3	0	0	0	0	0	0

By Body Position	N Supine	Supine	Total		N Supine	Supine	Total
Apnea Index, NREM	0	.8	.7	A+H Index, NREM	0.0	1.6	1.4
Apnea Index, REM	0	0	0	A+H Index, REM	0.0	0.0	0.0
Apnea Index, Total	0	.7	.6	A+H Index, Total	0.0	1.4	1.3
Hypopnea Index, NREM	0	.8	.7	Sleep Time, Minutes	31.5	340.5	372.0
Hypopnea Index, REM	0	0	0				
Hypopnea Index, Total	0	.7	.6				
RERA Index, Total	0	0	0				
# of Snores			1				
Snore Index, Total			.2				



SOWELL GENNETTE
Acc MR#0000134503 0000- Z
DEDIOS, ANGELO
Admc06/13/2013 DOB 1963 F
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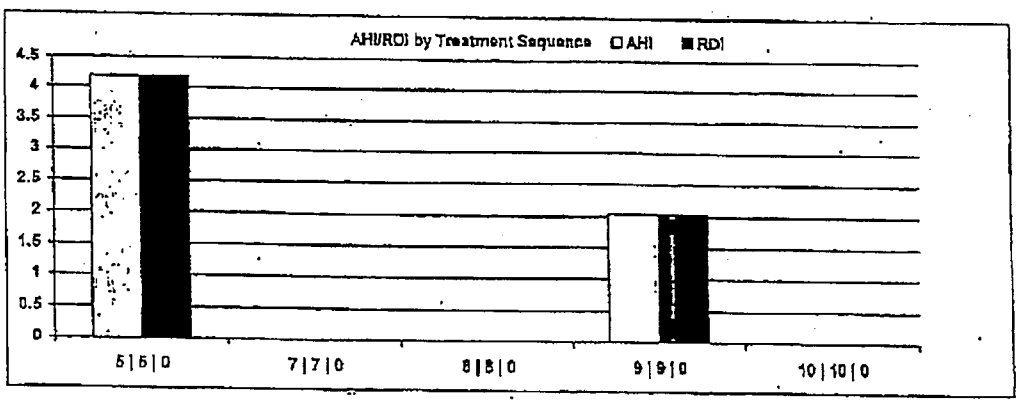
SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Sequence Statistics

Seq. Number	Treatment I/E/O2	TIB Minutes	TST Minutes	REM Minutes	Supine Minutes	Apneas #	Apneas Index	Hypopneas #	Hypopneas Index	AHI Index	Ar + Aw #	Ar + Aw Index	SpO2 Min
1	5/5/0	124.5	100.5	7	100.5	3	1.8	4	2.4	4.2	7	4.2	87
2	7/7/0	59.5	59.5	0	59.5	0	0	0	0	0	2	2	93
3	8/8/0	160	132	0	100.5	0	0	0	0	0	5	2.3	92
4	9/9/0	29.5	29.5	22	29.5	1	2.	0	0	2.	0	0	90
5	10/10/0	57	51	0	51	0	0	0	0	0	0	0	94
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SOW[illegible]NNETTE
Acct[illegible] MR#0000134503 0000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB:[illegible] 13 F
CAROLINA PINES REG MED CENTER

SleepElite, Inc
11517 Village Avenue
Midwest City, OK 73130

Patient Name: Sowell, Gennette
Study Date: 6/13/2013
Report Date/Time: 6/15/2013 5:17:00 PM

CPAP Report

Respiration Events – Post Treatment

Non-REM Post Rx Statistics	Non-Supine			Supine			
	Central	Mixed	Obstr	Central	Mixed	Obstr	
Apneas	0	0	0	4	0	0	Count
Apneas Percent of Total	0.0	0.0	0.0	100.0	0.0	0.0	Percent
Apnea Index	.8	0	0	.8	0	0	Index
Apnea Mean Duration	0	0	0	14	0	0	Seconds
Apnea, Shortest Duration	0	0	0	11	0	0	Seconds
Apnea, Longest Duration	0	0	0	17	0	0	Seconds
Apnea, Minimum SpO2	0	0	0	88	0	0	Percent
Apnea, Minimum HR	0	0	0	61	0	0	BPM
	Central	Mixed	Obstr	Central	Mixed	Obstr	
Hypopneas	0	0	0	0	0	4	Count
Hypopneas Percent of Total	0.0	0.0	0.0	0.0	0.0	100.0	Percent
Hypopnea Index	0	0	0	0	0	.8	Index
Hypopnea Mean Duration	0	0	0	0	0	18	Seconds
Hypopnea, Shortest Duration	0	0	0	0	0	16	Seconds
Hypopnea, Longest Duration	0	0	0	0	0	22	Seconds
Hypopnea, Minimum SpO2	0	0	0	0	0	88	Percent
Hypopnea, Minimum HR	0	0	0	0	0	56	BPM
Apnea + Hypopnea Index	0.0	0.0	0.0	0.8	0.0	0.8	Index

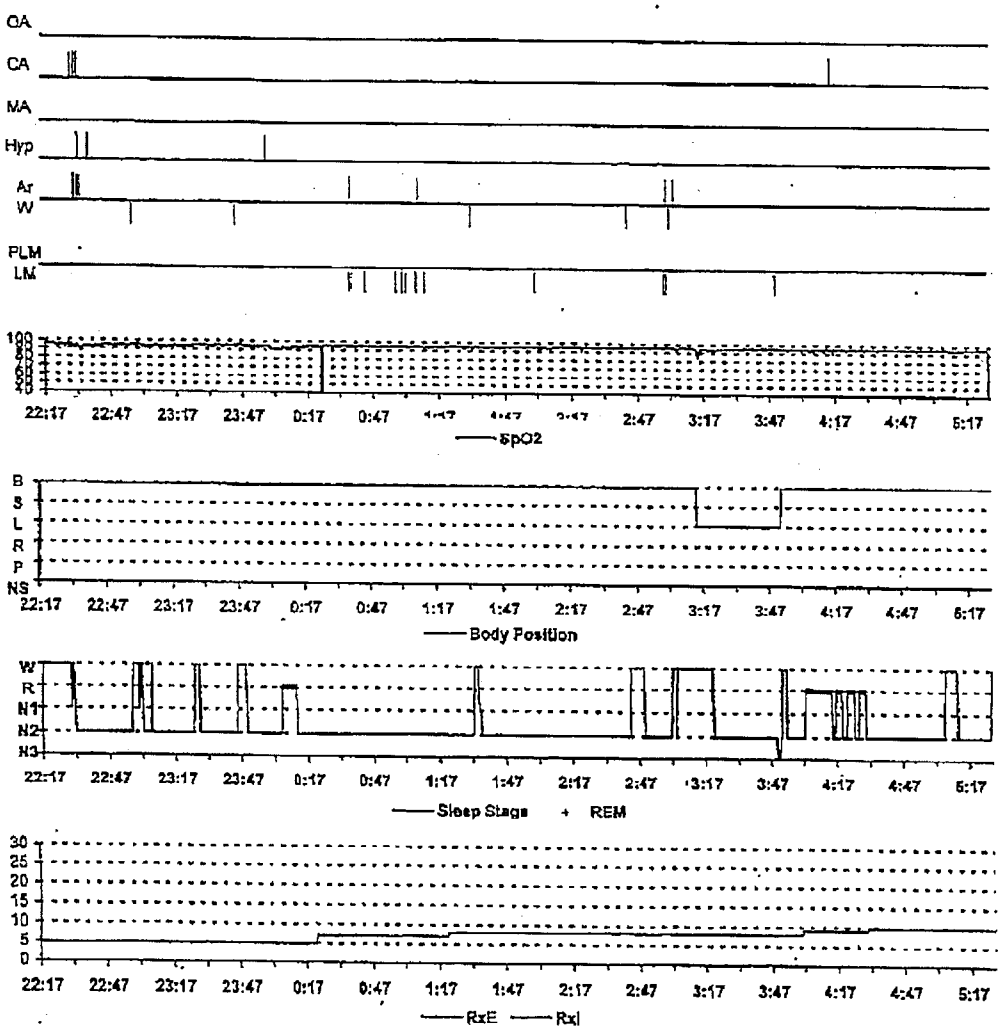
REM Post Rx Statistics	Non-Supine			Supine			
	Central	Mixed	Obstr	Central	Mixed	Obstr	
Apneas	0	0	0	0	0	0	Count
Apneas Percent of Total	0.0	0.0	0.0	0.0	0.0	0.0	Percent
Apnea Index	0	0	0	0	0	0	Index
Apnea Mean Duration	0	0	0	0	0	0	Seconds
Apnea, Shortest Duration	0	0	0	0	0	0	Seconds
Apnea, Longest Duration	0	0	0	0	0	0	Seconds
Apnea, Minimum SpO2	0	0	0	0	0	0	Percent
Apnea, Minimum HR	0	0	0	0	0	0	BPM
	Central	Mixed	Obstr	Central	Mixed	Obstr	
Hypopneas	0	0	0	0	0	0	Count
Hypopneas Percent of Total	0.0	0.0	0.0	0.0	0.0	0.0	Percent
Hypopnea Index	0	0	0	0	0	0	Index
Hypopnea Mean Duration	0	0	0	0	0	0	Seconds
Hypopnea, Shortest Duration	0	0	0	0	0	0	Seconds
Hypopnea, Longest Duration	0	0	0	0	0	0	Seconds
Hypopnea, Minimum SpO2	0	0	0	0	0	0	Percent
Hypopnea, Minimum HR	0	0	0	0	0	0	BPM
Apnea + Hypopnea Index	0.0	0.0	0.0	0.0	0.0	0.0	Index

SOWELL GENNETTE
Acct: M 000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB: 63 F
CAROLINA PINES REG MED CENTER

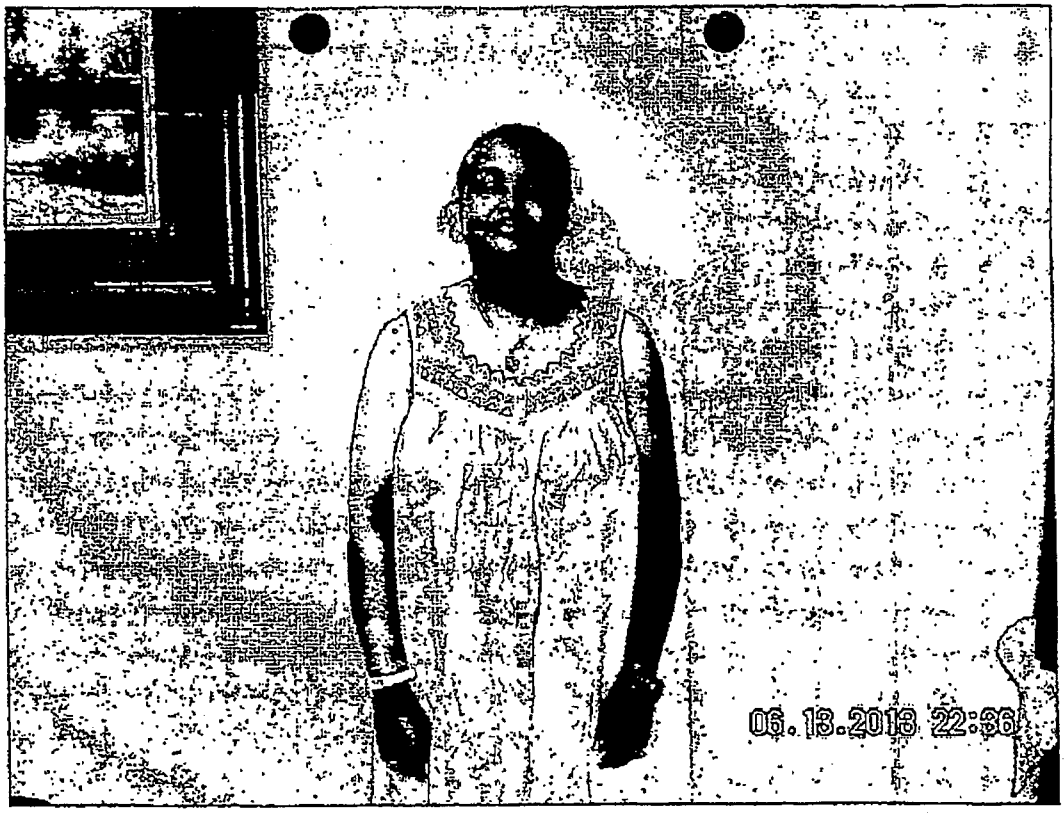
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Patient Name: Sowell, Gennette
Study Date: 6/13/2013
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CPAP Report



SOW[illegible] GEN[illegible]
Acct MR[illegible] 000- 2
DEDIOS, ANGELO
Adm:06/13/2013 DOB: 063 F
CAROLINA PINES REG MED CENTER


06.13.2013 22:36


SOWELL, GENNETTE
DEDIOS, ANGELO
CAROLINA PINES REG MED CENTER
06.13.2013 22:37

CAROLINA PINES REGIONAL MEDICAL CENTER
SLEEP DIAGNOSTIC CENTER

DIAGNOSTIC POLYSOMNOGRAPHIC INTERPRETATION

Patient: Sowell, Gennette M. Date: 5/9/2013 Medical Record#: 1

AGE: 63 Referring Physician: Dr. Angelo De Dios Patient Account #:

Sex: Female Ht (inches): 64 Weight (lbs): 152

Body Mass Index (kg/m2): 26 (BMI > 28 is considered obese)

Study Technologist: Jason Commander Scoring Technologist: Janice Oeltjenbruns

Indication
excessive daytime sleepiness, snoring, gasping

Current Medications Include
Singulair 40mcg, HCTZ 25mg, Nexium 40mg, Magnesium OTC, Calcium OTC, Prednisone 10mg, Ventolin HFA 90mcg, Klor-Con M20, Allegra 180mg, Symbicort 90mcg, Brovana, Ipratropium, Albuterol Inhaler.

Study Parameters and Quality
The patient underwent a nocturnal polysomnographic evaluation with total sleep time of 426.5 minutes. The patient demonstrated a sleep latency of .5 minutes and a sleep efficiency of 97%. The following parameters were monitored under normal testing condition: EOG, EMG, ECG, EEG, flow, body position, limb movement, SaO2, and snoring.

Patient slept in the following sleep stages: Stage 1 (2%), Stage 2 (78%), Slow Wave Sleep (9.8%), and REM (10%).

Respiratory Summary
Patient was found to have an apnea hypopnea index of 5.5, in the setting of a respiratory disturbance index of 5.5. The REM apnea/hypopnea index was found to be 30.0, and the supine apnea/hypopnea index was found to be 7. The patient had 30 obstructive, 0 mixed, and 0 central apneas. The patient had 9 hypopneas, and 0 flow limitation events (RERA). The duration of the apneas ranged between 10-30 seconds with and average duration of 16.0 seconds. The duration of the hypopneas ranged between 13-27 seconds with an average of 20.0 seconds.

Oxygen Saturation
The patient's lowest oxygen saturation during this study was 78%. The patient's average oxygen saturation during wakefulness was 95%. The patient spent 1% of Total Sleep Time under 88% during this study.

Sleep Fragmentation Summary
The patient was found to have a total of 34 periodic limb movements, yielding a periodic limb movement index of 5. 0 of these periodic limb movements were associated with arousals.
There were a total of 11 arousals, 2 of which were respiratory in nature. The respiratory arousal index was found to be 0.

SOWELL, GENNETTE
Acct ___ MR#0(0000- Z
DEDIOS, ANGELO
Adm:06/13/2013 DOB 063 F
CAROLINA PINES REG MED CENTER

Patient: Sowell, Gennette M. Date: 5/9/2013 Medical Record#: 134363
Patient Account #:

Snoring Report

The patient was found to have 16 snoring episodes, yielding a snoring index of 2.3

Electrocardiographic Analysis

Electrocardiographic monitoring revealed a mean heart rate of 60. There were no significant dysrhythmias noted.

Impressions

1. **Obstructive Sleep Apnea (OSA), mild, worse during REM sleep.** Patient's AHI is 5.5, supine AHI is 7, REM AHI is 30.0, REM and supine AHI is 48.0, non supine AHI is 3.6. Patient had a sleep latency of .5 minutes and sleep efficiency of 97%. Patient had a combination of mostly obstructive apneas and hypopneas. Patient had REM supine sleep during this study. Patient slept mostly supine. Lowest O2 saturation was 78%, related to a respiratory event during REM sleep. No arrhythmias noted.

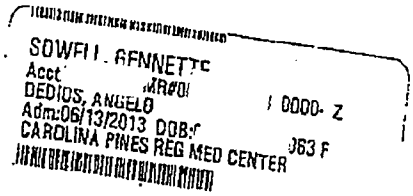
Recommendations

1. Patient will need a Continuous Positive Airway Pressure (CPAP) titration study to determine the best pressure for OSA. I will order.
2. Avoid laying supine.
3. Avoid engaging in activities requiring vigilance if sleepy. Do not drive if sleepy.
4. Avoid alcohol and sedatives.
5. Maintain lean body weight. Goal is for normal BMI.
6. **Educate patient on good sleep hygiene.** Go to bed and get up at regular times, do not eat or drink after 9pm, no TV or reading in bed, no caffeinated beverages after 6pm.
7. Follow up with Dr. de Dios as scheduled.

I personally reviewed the sleep study, epoch by epoch. If further assistance is needed, please do not hesitate to call me (843 383 3634) or if needed, I would be happy to see this patient in my office for further evaluation.

Jose Angelo A. De Dios, MD
Pulmonary, Critical Care, and Sleep Medicine Specialist
The Medical Group, affiliated with Carolina Pines Regional Medical Center

Cc: Dr. Angelo De Dios
Cc: Dr. Rochelle Hammett



Dictation Date June 13, 2013

December 12, 2013, 09:43

CLAIMANT: GENNETTE MCFARLIN SOWELL PAGE 1

KEEP FOR YOUR RECORDS

GENNETTE MCFARLIN SOWELL

APPLICATION SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

On December 12, 2013, you applied for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your application electronically in our records.

What You Need To Do

- Review this summary to ensure we recorded your statements correctly.
- If you agree with all your statements, you should keep this summary for your records.
- If you disagree with any of your statements, you should contact us within 10 days after receiving this summary to let us know.

o IDENTIFICATION

My name is GENNETTE MCFARLIN SOWELL. My social security number is

My date of birth is March 11, 1950.

I have not used any other social security number(s).

I have used the following name(s): GENNETTE MCFARLIN LOWERY, GENNETTE LOWERY and GENNETTE MCFARLIN.

I am not blind.

I am disabled. My disability began on December 12, 2013.

I was not disabled prior to age 22.

I never was married.

› FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

December 12, 2013, 09:43
PAGE 2

CLAIMANT: GENNETTE MCFARLIN SOWELL

The following statements describe my fugitive felon/parole or probation violator status as of December 12, 2013.

I have not been accused or convicted of a felony or an attempt to commit a felony.

I am not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

The following statements describe my living arrangements as of December 1, 2013.

I began living at 2590 ELMO MCFARLAND RD, CHESTERFIELD, SC 29709 on January 1, 2000.

I live in a house/apartment/mobile home/houseboat.

o INCOME

This report of income is valid for any and all SSI claims in which I am involved.

I receive or expect to receive the following income from December 1, 2013 to continuing:

Social Security:

Amount $1,479.00

From: December 2013 To: December 2013

Amount $1,501.00 monthly

From: January 2014 To: continuing

Social Security:

Amount $0.00

From: December 2013 To: December 2013

Wages:

Amount $1,844.00 monthly

From: December 2013 To: continuing

Date last paid: March 29, 2003

Employer name: PIGGLY WIGGLY

Contact: unknown

Phone: unknown

December 12, 2013, 09:34
PAGE 3

NH SG-SSA-16

SOCIAL SECURITY ADMINISTRATION
IMPORTANT INFORMATION

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

GENNETTE MCFARLIN SOWELL

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN __ DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

We are providing the attached application for your records.

We stored your application information electronically so there is no reason for us to retain a paper copy of your application.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

AFTER YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT WWW.SOCIALSECURITY.GOV.

What You Need To Do

- Review the summary to make sure we recorded your statements correctly.
- If you agree with all your statements, you may keep the information for your records.

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- If you disagree with any of your statements, please contact us within 10 days after receiving this notice to let us know.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

SOCIAL SECURITY CLAIM NO.

CLAIMANT
GENNETTE M SOWELL

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UNIT: VLWCEB

GENNETTE MCFARLIN SOWELL

APPLICATION SUMMARY FOR DISABILITY INSURANCE BENEFITS

On December 12, 2013, we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored this information electronically in our records. We are enclosing a summary of your statements.

I APPLY FOR A PERIOD OF DISABILITY AND/OR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II AND PART A OF TITLE XVIII OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS GENNETTE MCFARLIN SOWELL.

I HAVE USED THE FOLLOWING NAME(S):
GENNETTE MCFARLIN LOWERY
GENNETTE LOWERY
GENNETTE MCFARLIN

MY SOCIAL SECURITY NUMBER IS

MY DATE OF BIRTH IS

I AM A CITIZEN OF THE UNITED STATES.

I BECAME UNABLE TO WORK BECAUSE OF MY DISABLING CONDITION ON December 12, 2013.

I AM STILL DISABLED.

NO PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

I HAVE FILED OR INTEND TO FILE FOR SSI.

I HAVE NOT FILED NOR DO I INTEND TO FILE FOR ANY WORKERS' COMPENSATION, PUBLIC DISABILITY OR BLACK LUNG BENEFITS.

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

THE SOCIAL SECURITY ADMINISTRATION AND THE STATE AGENCY REVIEWING MY CLAIM DO

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NH

HAVE MY PERMISSION TO CONTACT MY EMPLOYER(S).

I AM NOT MARRIED NOW.

I WAS PREVIOUSLY MARRIED TO ARALEE SOWELL ON December 23, 1985 IN SC BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DEATH ON April 1, 2007 IN SC.

I DO NOT HAVE ANY CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY TELEPHONE NUMBER IS (

CLAIMANT: GENNETTE MCFARLIN SONELL

I do not receive any other type of income.

I do not have work expenses due to a disability.

o ELIGIBILITY FOR OTHER BENEFITS

I do not currently get food stamps.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service.

If you have a question or something to report, call 888-810-7617 and ask for MRS. WILLIAMSON. If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
1028 CHERAW ST
BENNETTSVILLE SC 29512

We will process this application for Supplemental Security Income as quickly as possible. You should hear from us within 90 to 120 days. If you do not hear from us by then, please get in touch with us.

Always give the Social Security number when writing or telephoning about this claim. If you have any questions about this claim, we will be glad to help you.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

CLAIMANT: GENNETTE MCFARLIN SOWELL

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide us will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information may keep us from making an accurate and timely decision on your claim, which in turn may result in loss of some payments.

We rarely use the information you supply for any purpose other than for determining eligibility for SSI. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0103, Supplemental Security Income Record and Special Veterans Benefits, and also in System of Records Notice 60-0089, Claims Folder Systems. The Notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

CLAIMANT: GENNETTE MCFARLIN SOWELL December 12, 2013, 09:43 PAGE 5

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 18-19 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

INITIAL DISABILITY CLAIM FORM - PHYSICIAN'S STATEMENT

*Policy Number: P H 4 7 3 3 2 2

Policyholder Information: This * denotes a required field.

*Last Name: Sowell | Suffix: | *First Name: Gennette | MI: M

*Date of Birth (mm/dd/yy):

Patient Information:

*Last Name: Sowell | *First Name: Gennette | *Date of Birth (mm/dd/yy):

Physician Information:

*Phone Number: [illegible] | *Fax Number: 843-537-1163

*Physician's Name: Rochelle Hammett

*Address: 715 Doctors Drive Suite B

*City: Cheraw | State: SC | Zip Code: 29520

- Primary diagnosis for disability and ICD code: Asthma J45.9 | Additional diagnoses:
- If due to an injury, please provide the date and details of the injury: / /
- Was this disability caused by an incident that occurred while performing the duties of his/her employment? ☑ No ☐ Yes
- Symptoms first occurred on: 01,08,10 | If diagnosed with cancer, date of initial diagnosis: / /
- Patient first consulted you for this condition on: 12,06,11
- Was the patient treated for the primary diagnosis by another physician? ☐ No ☑ Yes → 70 Medical Park Dr. Suite A Hartsville SC 29550
  If yes, physician's name: Dana Daniels | Phone Number: 854
  Treating physician's address:
  *If filing for disability within the first two years of the policy, medical records may be requested.
- Pregnancy claims: Date of delivery: N/A | ☐ Vaginal ☐ Cesarean
- If not delivered, expected delivery date: N/A
- Please advise of any complications: NA
- First date of disability: 12,06,11
- Date patient was last treated: 9/2/14
- Have you released the patient to return to work? ☑ No ☐ Yes (Date released: / /)
  Patient released to work: ☐ Full Time ☐ Part Time ☐ Light Duty
  If part time/light duty, please provide the date the patient is expected to return to full duty:
- If patient has not been released, please provide the next appointment date: / / Please also provide the date of expected release: N/A / /
- Is patient permanently disabled? ☐ No ☑ Yes (Medical records will be required if permanent disability is indicated; please provide medical records to patient.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

PHYSICIAN'S SIGNATURE | DATE 9/29/14 | TAX ID

American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department - 1932 Wynnton Road - Columbus, GA 31999
For information or to check claim status, visit aflac.com or call 1-800-99-AFLAC (1-800-992-3522)
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

OWELL, GENNETTE M (id dob:)

ATTENDING PHYSICIAN'S STATEMENT (PHYSICIAN)

Patient's Name: Granette Sowell Policy Number:

1. Diagnosis: Occupational Asthma
2. If condition is due to pregnancy, what is expected delivery date? Date / / MO/DA/YR
3. When did symptoms first appear or accident happen? Date 01/08/2010 MO/DA/YR
4. When did patient first consult you for this condition? Date 12/6/2011 MO/DA/YR
5. Has patient ever had same or similar condition? (If "yes," state when and describe.) ☐ Yes ☑ No
6. Describe any other diseases or infirmity affecting present condition. NONE
7. Nature of surgical or obstetrical procedure, if any (describe fully). NA
8. Is patient unable to perform job duties? ☑ Yes ☐ No If yes, from 12-6-2011 through Current
9a. What specific job duties is patient unable to perform? Any Exposure to Shortness of Breath Causing an ER visit
9b. Specific RESTRICTIONS (What the patient should not do and why. Please quantify in hours, weight, etc.) Wood Dust, Extremes in temps, exertion
9c. Specific LIMITATIONS (What the patient cannot do and why) Irritant Vapors, Dust, Extremes in Temp., Bending
10. If retired or unemployed which activities of daily living (ADLs) is patient unable to perform?
11. Date patient last examined by you: 8/21/2014 Frequency of visits: ☐ weekly ☐ monthly ☑ other: q 3 mos.
12. Is patient: ☑ ambulatory ☐ bed confined ☐ house confined ☐ other:
13. If patient is hospitalized, give name and address of hospital.
Hospital: City: State:
14a. Date admitted: / / MO/DA/YR Date discharged: / / MO/DA/YR
14b. When do you expect patient to resume partial duties? NONE MO/DA/YR Full duties? NONE MO/DA/YR
14c. If patient is unemployed or retired, on what date would you expect a person of like age, condition and good health to resume his/her normal and necessary activities? NA MO/DA/YR
15. Is condition due to injury or sickness arising out of patient's employment? ☑ Yes ☐ No
16. If "yes," explain. Occupational Asthma 2° to Dust, extremes in temp
17. Referring Physician: Phone: ( )
Mailing Address: See below

PHYSICIAN VERIFICATION

Signed: [signature] MD Date: 09/18/14 MO/DA/YR Phone: 843 537 5712
Street Address: 715 South Doctor Drive Suite B
City/Town: Cheraw
State/Province: SC Zip Code: 29520

Sep. 18. 2014 9:31AM Chesterfield Family Medicine No. 7905 P. 2
SEP. 18. 2014 10:40AM Chesterfield Family Medicine No. 8050 P. 38/53

INITIAL DISABILITY CLAIM FORM - EMPLOYER'S STATEMENT

***Policy Number:**

Policyholder Information: This * denotes a required field.

*Last Name: Sowell | Suffix: | *First Name: Genette | MI:

*Date of Birth (mm/dd/yy):

*Employee's Name (Last Name, Suffix, First Name, MI):

*Employer's Name/Account #: | *Employer's Phone Number:

*Employer's Address:

*City: | *State: | *Zip Code:

- First date of disability: 01/09/2014
- Was this disability caused by an incident that occurred while performing the duties of his/her employment? ☒ No ☐ Yes
- Prior to this disability, number of hours worked per week: _____
- Gross annual income prior to disability: _____ *Income is subject to verification at time of claim.
  Self-employed? ☐ No ☐ Yes (If yes, your gross annual income is the average of your net earnings for the past two years. Please submit tax records for the past two years.)
- Has the employee returned to work? ☒ No ☐ Yes
  - If no, expected return to work date: Unknown If yes, date returned to work: ___/___/___
- If the employee has returned to work is he or she working: ☐ Full-Time ☐ Part-Time ☐ Light Duty
  If working part time or light duty, please provide the number of working hours per week: _____
  If part-time/light duty, date expected to return to work to full-time: ___/___/___
  If part-time/light duty, is/was the employee earning at least 80% of his/her pre-disability salary? ☐ No ☐ Yes

Please complete this section only for W-2 Employees and/or Contract 1099. (Please contact payroll and/or check the policyholder's Salary Redirection Agreement/Premium Deduction Authorization card for the answer to these questions.)

- Are Disability Rider or Short-Term Disability premiums deducted from the policyholder's paycheck on a pre-tax basis? ☐ No ☐ Yes
- Does the employer pay a portion of the disability premium for the policyholder? ☐ No ☐ Yes (If yes, what percent? _____%)
- Policyholder is: (Check all that apply.) ☐ Exempt from Social Security ☐ Exempt from Medicare ☐ Subject to RRTA
- Date of hire: ___/___/___
- Is the person still employed? ☐ No ☒ Yes
  - If no, last date of employment: ___/___/___

Please note:

The employer is required to report disability benefits paid on pre-tax plans on Form 941 and the employee's Form W-2.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

*EMPLOYER'S SIGNATURE	EMPLOYER'S PRINTED NAME	TITLE	DIRECT PHONE NUMBER	DATE
[signature]	Mary Quick	Store Operator	843-454-0600	02/02/14

American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999
For information, call 1-800-99-AFLAC (1-800-992-3522) or visit aflac.com
To check claim status Aflac's Interactive Voice Response is available 24/7 at 1-877-353-9457 or visit aflac.com/smartclaim.
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

3/28/2014 11:38:31 AM (Page 5 of 6)
From: N/A
To: RelayFax via port COM3
Mar. 28. 2014 11:43AM
No. 5783 P. 5
02/14

#65

ACORD WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)	CARRIER / ADMINISTRATOR CLAIM NUMBER *	REPORT PURPOSE CODE *
Piggly Wiggly Central, Inc. [illegible] Salem Street Sumter, SC 29150 PH (803) 775-1334	JURISDICTION * / JURISDICTION LOG NUMBER *	
	INSURED REPORT NUMBER / OSHA CASE NUMBER	
INDUSTRY CODE / EMPLOYER FEIN: 57-0649361	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT): 231 Hwy 15 - 401 Bypass East, Bennettsville, SC 29512	LOCATION #: / PHONE #: (843)454-0600

CARRIER / CLAIMS ADMINISTRATOR

CARRIER (NAME AND ADDRESS)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME AND ADDRESS)
Owners Insurance Post Office Box 211909 Columbia, SC 29221	07/01/2010 TO 07/01/2011	
PHONE (A/C, No, Ext):	CHECK IF APPROPRIATE: ☐ SELF INSURANCE	PHONE (A/C, No, Ext):
CARRIER FEIN *	POLICY / SELF-INSURED NUMBER: 36039359	ADMINISTRATOR FEIN *
AGENT NAME: Bynum Insurance	AGENT CODE NUMBER: 160212	

EMPLOYEE / WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
Sowell Genette			05/25/2004	SC
ADDRESS (INCL ZIP)	SEX: ☐ MALE ☒ FEMALE ☐ UNKNOWN	MARITAL STATUS: ☐ UNMARRIED/SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED ☐ UNKNOWN	OCCUPATION / JOB TITLE: Deli Manager	
E-MAIL ADDRESS:			EMPLOYMENT STATUS: not working (out since December 2013)	
PHONE	# OF DEPENDENTS		NCCI CLASS CODE *	
RATE / PER: ☐ DAY ☒ WEEK ☐ MONTH ☐ OTHER:	AVERAGE WEEKLY WAGES	# DAYS WORKED / WEEK	FULL PAY FOR DAY OF INJURY? (Y / N) / DID SALARY CONTINUE? (Y / N)	

OCCURRENCE / TREATMENT

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
☐ AM ☐ PM	06/11/2011	☒ CANNOT BE DETERMINED ☐ AM ☐ PM	1-6-14	3-28-14	1-9-14
CONTACT NAME: Mary Quick, Store Operator	TYPE OF INJURY / ILLNESS: severe chronic asthma		PART OF BODY AFFECTED		
PHONE (A/C, No, Ext):					
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y / N): N	TYPE OF INJURY / ILLNESS CODE *		PART OF BODY AFFECTED CODE *		

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
unknown - not work related	N/A
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: unknown - not work related	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: unknown - not work related

INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY

unknown

CAUSE OF INJURY CODE *

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y / N) WERE THEY USED? (Y / N)

PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT
Rochelle D Hammett, MD 715 S Doctors Drive, Ste B Cheraw SC 29520	Chesterfield General Hospital Cheraw SC 29520	☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC / HOSP ☐ EMERGENCY CARE ☐ OVERNIGHT HOSPITALIZATION ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED
WITNESS NAME:	WITNESS NAME:	
PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext):	

ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME	TITLE	PHONE NUMBER
03/25/2014	03/25/2014	Mary Quick	Store Operator #65	(843)454-0600

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#65

ACORD® WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)	CARRIER / ADMINISTRATOR CLAIM NUMBER *	REPORT PURPOSE CODE *
Piggly Wiggly Central, Inc. 415 N. Salem Street Sumter, SC 29150 PH (803) 775-1334	JURISDICTION *	JURISDICTION LOG NUMBER *
	INSURED REPORT NUMBER	OSHA CASE NUMBER
INDUSTRY CODE / EMPLOYER FEIN: 57-0649361	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT): 231 Hwy 15 - 401 Bypass East, Bennettsville, SC 29512	LOCATION #: PHONE #: (843)454-0600

CARRIER / CLAIMS ADMINISTRATOR

CARRIER (NAME AND ADDRESS)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME AND ADDRESS)
Owners Insurance Post Office Box 211909 Columbia, SC 29221	07/01/2011 TO 07/01/2012	
PHONE (A/C, No, Ext):	CHECK IF APPROPRIATE: ☐ SELF INSURANCE	PHONE (A/C, No, Ext):
CARRIER FEIN *	POLICY / SELF-INSURED NUMBER: 38039359	ADMINISTRATOR FEIN *
AGENT NAME: Bynum Insurance	AGENT CODE NUMBER: 160212	

EMPLOYEE / WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
[illegible] Renee			5-24-04	SC
ADDRESS (INCL ZIP)	SEX: ☐ MALE ☑ FEMALE ☐ UNKNOWN	MARITAL STATUS: ☐ UNMARRIED/SINGLE/DIVORCED ☐ MARRIED ☐ SEPARATED ☐ UNKNOWN	OCCUPATION / JOB TITLE	
E-MAIL ADDRESS:			EMPLOYMENT STATUS	
PHONE	# OF DEPENDENTS		NCCI CLASS CODE *	

WAGE PER: ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER:	AVERAGE WEEKLY WAGES	# DAYS WORKED / WEEK	FULL PAY FOR DAY OF INJURY? (Y / N) DID SALARY CONTINUE? (Y / N)
[illegible]			

OCCURRENCE / TREATMENT

TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE ☐ CANNOT BE DETERMINED ☐ AM ☐ PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
	None				

CONTACT NAME	TYPE OF INJURY / ILLNESS	PART OF BODY AFFECTED
PHONE (A/C, No, Ext):		
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? (Y / N) ☐	TYPE OF INJURY / ILLNESS CODE *	PART OF BODY AFFECTED CODE *

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY

CAUSE OF INJURY CODE *

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? (Y / N) WERE THEY USED? (Y / N)

PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT
Next Page	Next page	☐ NO MEDICAL TREATMENT ☐ MINOR: BY EMPLOYER ☐ MINOR CLINIC / HOSP ☐ EMERGENCY CARE ☐ OVERNIGHT HOSPITALIZATION ☐ FUTURE MAJOR MEDICAL ☐ LOST TIME ANTICIPATED
WITNESS NAME:	WITNESS NAME:	
PHONE (A/C, No, Ext):	PHONE (A/C, No, Ext):	

ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME	TITLE	PHONE NUMBER
3/25/14	3/25/14	[illegible] Gerald	STORE OPERATOR	(843)454-0600

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...D. Hammett, M.D.
Internal Medicine

Carolina Physicians Group

EXCUSE SLIP

Carolina Physicians Group
715 S. Doctor's Drive, Ste B
Cheraw, South Carolina 29520
Ph: 843-537-5112 • Fax: 843-537-1163

Date 1-9-14

Please Excuse Henrietta Bowen

From: ☒ Work ☐ School ☐ P.E.
☐ Other

due To: ☐ Injury ☒ Illness
☐ Other

Remarks

from 1-9-14 to 4-9-14

Thank You,

Williams

6-4994 7/12

OWELL, GENNETTE M (id , dob:

Carolina Physicians Group

AROLINA PHYSICIANS GROUP
15 SOUTH DOCTOR DR
HERAW, SC 29520-7113
hone: (843) 537-5112, Fax: (843) 537-1163

Return to Work / School

Patient: SOWELL, GENNETTE M
DOB:
Address:

Date: 04/09/2014
Patient ID:

Note to Patient:

- ✓ Was Seen in my office on: 4-9-14
- ✓ May return to work/school on: 7-9-14
- ___ May Not return to work/school on: _____
- ___ Work limitations: _____
- ___ May Not participate in physical education: _____
- ___ May return to physical education: _____
- ___ Limitations for physical education: _____
- ___ May Not participate in jury duty: _____

Rochelle D. Hammett

Electronically Signed by: ROCHELLE HAMMETT, MD

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 19, 2016

VIA REGULAR MAIL
Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Ms. Bracy:

Enclosed please find **Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case** regarding the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

MOTION TO POSTPONE TO CONDUCT ADDITIONAL DISCOVERY AND MEDIATE CASE

Defendants respectively move this Commission, pursuant Regulation 67-613(B)(1)(c), for a continuance or in the alternative, the right to leave the record open, in order to afford the Defendants an opportunity to conduct additional discovery. Additionally, Defendants seek an order to mediate case pursuant to Regulation 67-1802.

The Claimant maintains that she sustained occupational asthma as well as injuries to her lungs, pulmonary system and autoimmune system as the result of her employment with Piggly Wiggly. More specifically, the Claimant, who worked as a manager in the Deli department for Piggly Wiggly from 2001 to January 6, 2014, maintains that her regular job responsibilities includes cleaning the deli department, equipment and work areas. Accordingly, the Claimant maintains that she was regularly exposed to grease and cooking oils, bacteria, mold, as well as commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. Furthermore, in addition to her normal and usual consistent exposures, the Claimant

alleges that in March or April, 2011, the deli department experienced an issue with the waste disposal drains, which resulted in the Claimant having to mop and push sewage and waste disposal water into one drain. The Claimant further alleges that the severe back up in the drainage system during this time period created a horrible smell and had a greasy, oily and slimy appearance. During this timeframe, the Claimant maintains that she was required to use degreasers even more regularly in order to help prevent back-ups while the insured worked to resolve the drainage issue.

In response the Defendants have denied this case in its entirety. Pursuant to the medical records provided in the Claimant's mediation packet of 200+ pages of medical records, the Claimant has alleged an autoimmune disorder, but has failed to provide medical evidence from an Allergist/Immunologist to confirm same. Furthermore, the Claimant has presented a letter of causation from Dr. Gordon Early, but it is apparent from the IME report that Dr. Early did not have the benefit of all medical records. Furthermore, there is no indication the Claimant's primary care physicians constitute qualified experts to rendered opinions on causation in such a medically complex case.

In short, in light of the complexities involved in this case, extensive discovery is necessary in order to confirm the Claimant's allegations, existence of the condition and to address causation and duration of the condition and/or disability. That being said, in January 2016 prior counsel informed opposing counsel that additional discovery needed to take place. Upon information and belief this was not the first request. However, opposing counsel refused to provide dates for depositions opting instead to proceed to mediation first. Accordingly, mediation took place on January 15, 2016. Needless to say, the mediation was not fruitful.

At this point, the Defendants wish to proceed with mediation and additional discovery

and seek an order allowing same. More specifically, the Defendants request that mediation be order following discovery to include: 1) the depositions of the Claimant's treating physicians; 2) an IME with Allergy, Asthma and Sinus Center of Florence, South Carolina; 3) and IME with pulmonologist, Dr. Mitchell of Charleston Pulmonologist Associates; and 4) Toxicologist investigation of the work site and possibly Claimant's home to explore causation and whether or not the company can provide further employment. Additionally, since the Claimant's initial symptoms occurred in 2011 and she ceased working in January 2014, updated medical records are needed to confirm that Claimant's disability has not ended. Moreover, pursuant to the Claimant's Pre-Hearing Brief, the Claimant's maintains that she is entitled to a higher compensation rate and alleges to have been rendered permanently and totally disabled. Accordingly, the Defendants request additional time to obtain the Claimant's tax records to confirm the Claimant's employment/wage status.

In order to influence continued movement of the case, the Defendants further propose a tentative scheduling order to address discovery and mediation.

For the reasons stated herein, the Defendants respectfully request a continuance of the hearing, or in the alternative, the right to leave the record open in order to obtain additional discovery. See Trotter (holding that the Commission abused its discretion by affirming the refusal to grant the employer's pretrial motion for a continuance in order to allow for the depositions of the claimant's supervisor and the claimant's doctor to be taken).

RESPECTFULLY SUBMITTED,

KENYA C. MILLER
Dickie, McCamey & Chilcote, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0004
Attorneys for the Employer/Carrier

Lancaster, South Carolina
April 19, 2016

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Amy C. Bracy, Judicial Director
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA REGULAR MAIL

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: Motion to Postpone to Conduct Additional Discovery and Mediate Case

DATE OF MAILING: April 19, 2016

Rebekah M. Cartrette

Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

1017

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2014 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/29/14)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2014, or fiscal tax year beginning 2014 and ending 2015

Print your first name and initial	Last name	Suff.
GENNETTE	SOWELL	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐ | Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions | County code

City | State | Zip | Area Code Daytime telephone

Check if address is outside US ☐ | Foreign country address including Postal code (see instructions)

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ▶ ☐

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ▶ ☐

Check this box if you have filed a federal or state extension ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2014 federal return ▶ 2
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014 ▶ 0
Enter the number of taxpayers age 65 or older, as of December 31, 2014 ▶ 0

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
DEONTA	BOWEN		Grandchild	

30751028

406
587

INCOME AND ADJUSTMENTS — 2014

				Dollars
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below		1	12,603 00
	ADDITIONS TO FEDERAL TAXABLE INCOME			
	a State tax addback, if itemizing on federal return (See instructions)	a		00
	b Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other	b		00
	c Expenses related to National Guard and Military Reserve income	c		00
	d Interest income on obligations of states and political subdivisions other than South Carolina	d	0	00
	e Other additions to income. Attach an explanation (See instructions)	e	0	00
2	Add lines a through e and enter the total here. These are your total additions		2	0 00
3	Add lines 1 and 2 and enter total here		3	12,603 00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME			Dollars
	f State tax refund, if included on your federal return	f	0	00
	g Total and permanent disability retirement income, if taxed on your federal return	g		00
	h Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	h		00
	i 44% of net capital gains held for more than one year (See instructions)	i		00
	j Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other	j		00
	k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k		00
	l Active Trade or Business Income deduction (See instructions)	l	0	00
	m Interest income from obligations of the US government	m	0	00
	n Certain nontaxable National Guard or Reserve Pay (See instructions)	n		00
	o Social security and/or railroad retirement, if taxed on your federal return	o	10,507	00
	p Caution: Retirement Deduction (See instructions)			
	p-1 Taxpayer: date of birth 1/	p-1	3,000	00
	p-2 Spouse: date of birth	p-2		00
	p-3 Surviving spouse #1: date of birth of deceased spouse	p-3		00
	p-4 Surviving spouse #2: date of birth of deceased spouse	p-4		00
	q Age 65 and older deduction (See instructions)			
	q-1 Taxpayer: date of birth	q-1		00
	q-2 Spouse: date of birth	q-2		00
	r Negative amount of federal taxable income	r	0	00
	s Subsistence allowance 0 days @ $8.00	s	0	00
	t Dependents under the age of 6 years on December 31 of the tax year	t		00
	u Consumer Protection Services	u	0	00
	v Other subtractions (See instructions)	v	0	00
4	Add lines f through v and enter here. These are your total subtractions		4	< 13,507 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX		5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0	00
7	TAX on Lump Sum Distribution (Attach SC4972)	7		00
8	TAX on Active Trade or Business Income (Attach I-335)	8	0	00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	0	00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX		10	0 00
11	Child and Dependent Care (See instructions)	11	0	00
12	Two Wage Earner Credit (See instructions)	12		00
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0	00
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here		14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here		15	0 00

30752026

2014

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC41)	249 00	20 Other SC withholding (Attach Form 1099)	0 00		
17 2014 estimated tax payments	0 00	21 Tuition tax credit (Attach I-319)	0 00		
18 Amount paid with extension	00	22 Other refundable credit(s)	0 00		
19 NR sale of real estate	00				

Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-360)

23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS	23	249	00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	249	00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25		00
26 USE TAX due on internet, mail-order or out-of-state purchases ▶ 26: 0 00			
Use tax is based on your county's sales tax rate. See instructions for more information.			
If you certify that no use tax is due, check here ▶ X			
27 Amount of line 24 to be credited to your 2015 Estimated Tax ▶ 27: 00			
28 Total Contributions for Check-offs (Attach I-330) ▶ 28: 00			
29 Add lines 26 through 28 and enter the total here.	29	0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) ▶ REFUND	30	249	00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ [X] Direct Deposit (30b required) ▶ ☐ Debit Card* ▶ ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America

30b Direct Deposit (for US Accounts Only) Type: [X] Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount.	31		00
32 Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here ▶	32	0	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐ ▶	33		00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC-1040-V with payment. BALANCE DUE ▶	34		00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)

Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ Preparer's printed name

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed ☐	PTIN
	Firm name (or yours if self-employed) and address and Zip Code			FEIN / Phone No.

MAIL TO:

REFUNDS OR ZERO TAX	SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE	Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

1017

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453
(Rev. 7/30/14)
3299

Please print or type.	Your first name and initial	Last name	Your social security number
	GENNETTE SOWELL		
	If joint return, spouse's first name and initial	Last name, if different	Spouse's social security number
	Home address (number and street, apt. number or RR)	Daytime telephone #	Tax Year
	City, town or post office, state and ZIP code		

DO NOT MAIL

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	12,603	00
2. Net SC Tax (SC1040, line 15)	2	0	00
3. Use Tax	3	0	00
4. Total Tax	4	0	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	249	00
6. Tuition Tax Credit (SC1040, line 21)	6	0	00
7. Refund (SC1040, line 30)	7	249	00
8. Amount you owe (SC1040, line 34)	8		00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE

9. Routing transit number (RTN) _____ The first two numbers of the RTN must be 01 through 12 or 21 through 32.
10. Bank account number (BAN) _____
11. Type of account: [X] Checking [ ] Savings
12. Withdrawal Date _____ Withdrawal Amount $ _____

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. [X] a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

[ ] b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. Under the items of this authorization, I can revoke this authorization by notifying the South Carolina Department of Revenue no later than two business days prior to the withdrawal (settlement) date by calling 803-898-1715.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

KEEP FOR YOUR RECORDS

Sign Here

Your signature _____ Date _____ Spouse's signature (if a joint, BOTH must sign) _____ Date _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature	Date	Check if also paid preparer [ ]	Check if self-employed [ ]	PTIN
	Firm name (or yours if self-employed) and address			FEIN	
				ZIP code	
Paid Preparer's Use Only	Preparer signature	Date		Check if self-employed [ ]	PTIN
	Firm name (or yours if self-employed) and address			FEIN	
				ZIP code	

409
590

e, accurate, Visit the IRS Web Site
ST! Use at www.irs.gov/efile

Employee Reference Copy

W-2 Wage and Tax Statement 2014

OMB No. 1545-0008

y C for employer's records

Control number	Dept.	Corp.	Employer use only
5600 CHAR/GY3	030000		T 62

er's name, address, and ZIP code

PIGGLY WIGGLY
OF BENNETTSVILLE INC
235 HWY 15-401
BENNETTSVILLE SC 29512

Batch #00546

Employee's name, address, and ZIP code

ENNETTE M SOWELL

Employer number	a Empl
Wages, tips, other comp. 4427.85	2 Federal income tax withheld 411.80
Social security wages 4549.84	4 Social security tax withheld 282.09
Medicare wages and tips 4549.84	6 Medicare tax withheld 65.97
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 D 121.99
Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
State Employer's state ID no. SC 25477041 2	16 State wages, tips, etc. 4427.85
State income tax 249.00	18 Local wages, tips, etc.
Local income tax	20 Locality name

2014 W-2 and EARNINGS SUMMARY

ADP

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	4549.84	Social Security Tax Withheld Box 4 of W-2	282.09	SC State Income Tax Box 17 of W-2	249.00
Fed. Income Tax Withheld Box 2 of W-2	411.80	Medicare Tax Withheld Box 6 of W-2	65.97	SUI/SDI Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	SC State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	4,549.84	4,549.84	4,549.84	4,549.84
Less 401(k) (D-Box 12)	121.99	N/A	N/A	121.99
Reported W-2 Wages	4,427.85	4,549.84	4,549.84	4,427.85

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

GENNETTE M SOWELL

Social Security Numbe
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 1
STATE: 1

© 2014 ADP LLC

Fold and Detach Here

tips, other comp. 4427.85 | 2 Federal income tax withheld 411.80
Social security wages 4549.84 | 4 Social security tax withheld 282.09
Medicare wages and tips 4549.84 | 6 Medicare tax withheld 65.97
Control number 55600 CHAR/GY3 | Dept. 030000 | Corp. | Employer use only T 62
Employer's name, address, and ZIP code
PIGGLY WIGGLY
OF BENNETTSVILLE INC
235 HWY 15-401
BENNETTSVILLE SC 29512
Social security tips | 8 Allocated tips
10 Dependent care benefits
Nonqualified plans | 12a See instructions for box 12 D 121.99
Other | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code
GENNETTE M SOWELL
State Employer's state ID no. 16 State wages, tips, etc. 4427.85
State income tax 249.00 | 18 Local wages, tips, etc.
Local income tax | 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement 2014

OMB No. 1545-0008

Copy B to be filed with employee's Federal income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 4427.85 | 2 Federal income tax withheld 411.80
3 Social security wages 4549.84 | 4 Social security tax withheld 282.09
5 Medicare wages and tips 4549.84 | 6 Medicare tax withheld 65.97
d Control number 155600 CHAR/GY3 | Dept. 030000 | Corp. | Employer use only T 62
c Employer's name, address, and ZIP code
PIGGLY WIGGLY
OF BENNETTSVILLE INC
235 HWY 15-401
BENNETTSVILLE SC 29512
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a D 121.99
14 Other | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code
GENNETTE M SOWELL
17 State income tax 249.00 | 18 State wages, tips, etc. 4427.85
19 Local income tax | 18 Local wages, tips, etc. | 20 Locality name

SC State Reference Copy

W-2 Wage and Tax Statement 2014

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 4427.85 | 2 Federal income tax withheld 411.80
3 Social security wages 4549.84 | 4 Social security tax withheld 282.09
5 Medicare wages and tips 4549.84 | 6 Medicare tax withheld 65.97
d Control number 155600 CHAR/GY3 | Dept. 030000 | Corp. | Employer use only T 62
c Employer's name, address, and ZIP code
PIGGLY WIGGLY
OF BENNETTSVILLE INC
235 HWY 15-401
BENNETTSVILLE SC 29512
b Employer's FED ID number | a Em SSA number
7 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a D 121.99
14 Other | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick X
e/f Employee's name, address and ZIP code
GENNETTE M SOWELL
State Employer's state ID no. 16 State wages, tips, etc. 4427.85
17 State income tax 249.00 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

SC State Filing Copy

W-2 Wage and Tax Statement 2014

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

410

591

HIS DOCUMENT ISSUED AS A 2014 TAX STATEMENT FOR A 1099 INFORMATION RETURN, 1098 MORTGAGE INTEREST TAX YEAR 2014
TATEMENT OR 1098-E STUDENT LOAN STATEMENT – READ CAREFULLY

FIRST CITIZENS BANK AND TRUST
COMPANY, INC
1314 PARK STREET
COLUMBIA SC 29201

E.I.N. 57-0115220

MON-FRI 7AM-10PM & SAT 9AM-4PM
888-612-4444

GENNETTE M SOWELL 310 051862

FOR TAX YEAR
2014

TAXPAYER ID NUMBER

2014 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

CERT OF DEP
BOX 1 INTEREST INCOME 89.50

TOTAL INTEREST 89.50

1099-INT 1099-OID 1099-DIV

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

*Form 1099-OID: Next to box 8 may not be the correct figure to report on your income tax return. See instructions on back.

1098-MORTGAGE

*Caution: The amount shown next to Box 1 may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

1098-E

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

1099-INT, Interest Income, OMB No. 1545-0112
1098, Mortgage Interest Statement, OMB No. 1545-0901
1099-DIV, Dividends and Distribution, OMB No. 1545-0110
1098-E, Student Loan Interest Statement, OMB No. 1545-1576
1099-OID, Original Issue Discount, OMB No. 1545-0117

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone number	Payer's RTN (optional)	OMB No 1545-0112
FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER, SC 29720-5608 (803) 289-5040		**2014** Form 1099-INT

Interest Income

PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income
		$ 18.24

RECIPIENT'S name, address (including apt. no.), city, state and ZIP code

[redacted]

29220

2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treas. obligations
$ 0.00	$ 0.00
4 Federal income tax withheld	**5 Investment expenses**
$ 0.00	$ 0.00
6 Foreign tax paid	**7 Foreign country or U.S. possession**
$ 0.00	
8 Tax-exempt interest	**9 Specified private activity bond interest**
$ 0.00	$ 0.00

Account number (see instructions)	10 Market discount	11 Bond premium	12 Tax-exempt bond CUSIP no. (see instructions)
	$ 0.00	$ 0.00	
	13 State	**14 State identification no**	**15 State tax withheld**
	South Carolina	46	$ 0.00

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported

Form **1099-INT** Substitute Form (Keep for your records.)

Department of the Treasury - Internal Revenue Service
www.irs.gov/form1099int

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization for the year or (2) a gross amount for both the interest paid to you and the premium amortization for the year. If you did notify your payer that you did not want to amortize the premium on a covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2014 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds. See the instructions above for a covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions above for a covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a covered security acquired at a premium.

Box 10. For a covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election, shows the market discount that accrued on the debt instrument during the year while held by you. Report this amount on your income tax return as directed in the instructions for Form 1040 or 1040A.

Box 11. For a covered security, shows the amount of premium amortization for the year, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B). If an amount is not reported in this box for a covered security acquired at a premium, the payer has reported a net amount of interest in boxes 1, 3, 8, or 9, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the covered security, please see Regulations section 1.171-2(a)(4).

Box 12. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid to you during the calendar year and reported in box 8. If blank, no CUSIP number was issued for the bond(s).

Boxes 13-15. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099int*.

Health Insurance Marketplace

Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

January 14, 2015

A6458-7L P-0004 T-0227 00048447 1 AT .406
GENNETTE SOWELL

Dear Gennette Sowell:

The Health Insurance Marketplace is required to provide you with important tax information you'll need to correctly fill out your federal income tax return. We're sending you this completed Form 1095-A (Health Insurance Marketplace Statement) because it includes this information. A copy of this information has also been given to the IRS. **Please keep this form for your records.**

Why Form 1095-A is important

Form 1095-A includes:

- information about you and any other members of your household who were enrolled in a Marketplace plan during 2014
- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that may have been paid to your health plan on your behalf in 2014

You must file a tax return

You must file a federal income tax return if you or another member of your household wants to claim the premium tax credit, or if advance payments of the premium tax credit were paid in 2014. When you file your tax return, you must complete and file Form 8962 (Premium Tax Credit). Use the information on Form 1095-A when you complete Form 8962. If you want more information about Form 1095-A, read the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit irs.gov.

Changes to your information

If you think information on your Form 1095-A is incorrect, visit HealthCare.gov/taxes/ to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the

Form **1095-A** | **Health Insurance Marketplace Statement** | OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

► Information about Form 1095-A and its separate instructions is at *www.irs.gov/form1095a*.

☐ CORRECTED

2014

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
	3817466	Consumers Choice Health Insurance Company

4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
Gennette Sowell		
7 Recipient's spouse's name	**8 Recipient's spouse's SSN**	**9 Recipient's spouse's date of birth**

10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
04/01/2014	12/31/2014	
13 City or town	**14 State or province**	**15 Country and ZIP or foreign postal code**

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 Gennette Sowell			04/01/2014	12/31/2014
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	693.14	669.51	617.00
25 May	693.14	669.51	617.00
26 June	693.14	669.51	617.00
27 July	693.14	669.51	617.00
28 August	693.14	669.51	617.00
29 September	693.14	669.51	617.00
30 October	693.14	669.51	617.00
31 November	693.14	669.51	617.00
32 December	693.14	669.51	617.00
33 Annual Totals	6,238.26	6,025.59	5,553.00

0048447

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form 1095-A (2014)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115	Miscellaneous Income
ST. JAMES AME ZION CHURCH P.O. BOX 344 CHESTERFIELD SC 29709 Rev., Vera M. Witherspoon	2 Royalties $	2014	
	3 Other income $	Form 1099-MISC FDEA0302 07/09/14	
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	4 Federal income tax withheld $	Copy B For Recipient
RECIPIENT'S name GENNETTE SOWELL	7 Nonemployee compensation $ 1828.00	6 Med & health care payments $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
Street address (including apartment number)	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ☐	8 Substitute payments in lieu of dividends or interest $	
City or town, state or province, country, and ZIP or foreign postal code	11	10 Crop insurance proceeds $	
Account number (see instructions)	13 Excess golden parachute payments $	12 14 Gross proceeds paid to an attorney	
15a Section 409A deferrals $	16 State tax withheld $	17 State/Payer's state no.	18 State income $
15b Section 409A income $	$		$

BAA Form 1099-MISC (Keep for your records.) www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of the fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099misc*.

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☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115	Miscellaneous Income
CHERAW BRANCH NAACP P.O. BOX 1146 CHERAW SC 29520	2 Royalties $	2014 Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy C For Payer
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Med & health care payments $	
RECIPIENT'S name GENNETTE SOWELL	7 Nonemployee compensation $ 2250.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.
Street address (including apartment number)	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City or town, state or province, country, and ZIP or foreign postal code	11	12	
Account number (see instructions) / 2nd T.I.N. not. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no	18 State income $ $

BAA Form 1099-MISC FDEA0302 07/09/14 www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Payer

To complete From 1099-MISC, use:
- the 2014 Genera Instructions for Certain Information Returns, and
- the 2014 Instructions for Form 1099-MISC.

To order these instructions and additional forms, go to *www.irs.gov/form1099misc* or call 1-800-TAX-FORM (1-800-829-3676).

Caution. Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due Dates. Furnish Copy B of this form to the recipient by February 2, 2015. The due date is extended to February 17, 2015 if you are reporting payments in boxes 8 or 14.

File Copy A of this form with the IRS by March 2, 2015. If you file electronically, the due date is March 31, 2015. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Electronic Filing of Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G. The IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).

300

Control

PAYER'S Federal Identification #

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04

2a Taxable amount: 2783.04

2b Taxable amount not determined ☐

Total distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee/Designated Roth contrib. or insurance premiums

6 Net unrealized appreciation in employer's securities

6 Other

% 9a Your percentage of total distribution %

9b Total employee contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth Contrib.

12 State tax withheld

13 State/Payer's state no.

14 State distribution: 2783.04

15 Local tax withheld

16 Name of locality

17 Local distribution

Account number (see instructions): RETIREMENT

7 Distribution code: 4

IRA/SEP/SIMPLE ☐

OMB No. 1545-0119
2014
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 1
For State, City, or Local Tax Department

Form 1099-R

Department of the Treasury - Internal Revenue Service

Control

PAYER'S Federal Identification #

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

This information is being furnished to the Internal Revenue Service.

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

W9T9RRDHAT 023031
GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04

2a Taxable amount: 2783.04

2b Taxable amount not determined ☐

Total distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee/Designated Roth contrib. or insurance premiums

6 Net unrealized appreciation in employer's securities

6 Other

% 9a Your percentage of total distribution %

9b Total employee contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth Contrib.

16 State

15 Local tax withheld

16 Name of locality

17 Local distribution

Account number (see instructions): RETIREMENT

7 Distribution code: 4

IRA/SEP/SIMPLE ☐

OMB No. 1545-0119
2014
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

Form 1099-R

Department of the Treasury - Internal Revenue Service

PAYER'S Federal Identification

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

This information is being furnished to the Internal Revenue Service.

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04

2a Taxable amount: 2783.04

2b Taxable amount not determined ☐

Total distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee/Designated Roth contrib. or insurance premiums

6 Net unrealized appreciation in employer's securities

6 Other

% 9a Your percentage of total distribution %

9b Total employee contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth Contrib.

12 State tax withheld

13 State/Payer's state no.

14 State distribution: 2783.04

15 Local tax withheld

16 Name of locality

17 Local distribution

Account number (see instructions): IREMENT

7 Distribution code: 4

IRA/SEP/SIMPLE ☐

OMB No. 1545-0119
2014
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
For Recipient's Records

Form 1099-R

Department of the Treasury - Internal Revenue Service

Control 0

PAYER'S Federal Identification #

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04

2a Taxable amount: 2783.04

2b Taxable amount not determined ☐

Total distribution ☐

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee/Designated Roth contrib. or insurance premiums

6 Net unrealized appreciation in employer's securities

6 Other

% 9a Your percentage of total distribution %

9b Total employee contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth Contrib.

12 State tax withheld

13 State/Payer's state no.

14 State distribution: 2783.04

15 Local tax withheld

16 Name of locality

17 Local distribution

Account number (see instructions): IREMENT

7 Distribution code: 4

IRA/SEP/SIMPLE ☐

OMB No. 1545-0119
2014
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

Form 1099-R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
DSPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
1-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

PAYER'S federal identification number	RECIPIENT'S identification number	1 Gross distribution $ 951.96	OMB No. 1545-0119 **2014** FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount $		
		2b Taxable amount not determined [X]	Total distribution ☐	**Copy B** Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.
		3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 0.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC	14 State distribution $
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
DSPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
1-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

PAYER'S federal identification number	RECIPIENT'S identification number	1 Gross distribution $ 951.96	OMB No. 1545-0119 **2014** FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount $		
		2b Taxable amount not determined [X]	Total distribution ☐	**Copy C** For Recipient's Records
		3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 0.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC	14 State distribution $
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R (Keep for your records) www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
STATE STREET RETIREE SERVICES FOR
DSPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
1-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

PAYER'S federal identification number	RECIPIENT'S identification number	1 Gross distribution $ 951.96	OMB No. 1545-0119 **2014** FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount $		
		2b Taxable amount not determined [X]	Total distribution ☐	**Copy 2** File this copy with your state, city, or local income tax return, when required.
		3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 0.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GENNETTE M SOWELL		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %	
		9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC	14 State distribution $
Account number (see instructions)		15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 506.38	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 506.38	2014 Form 1099-R	
2b Taxable amount not determined ☐ Total distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 101.28	
5 Employee contrib./Desig. Roth contrib. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $
11 1st year of desig. Roth contrib.		
12 State tax withheld $	13 State/Payer's state number SC	14 State distribution $ 506.38
15 Local tax withheld $	16 Name of locality	17 Local distribution $

This information is being furnished to the Internal Revenue Service.

www.irs.gov/form1099r

13046934-Payee-872

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 506.38	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 506.38	2014 Form 1099-R	
2b Taxable amount not determined ☐ Total distribution ☐		Copy C For Recipient's Records
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 101.28	
5 Employee contrib./Desig. Roth contrib. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $
11 1st year of desig. Roth contrib.		
12 State tax withheld $	13 State/Payer's state number SC	14 State distribution $ 506.38
15 Local tax withheld $	16 Name of locality	17 Local distribution $

This information is being furnished to the Internal Revenue Service.

(keep for your records) www.irs.gov/form1099r

Form 1099-R Department of the Treasury - Internal Revenue Service ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd.,
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 506.38	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 506.38	2014 Form 1099-R	
2b Taxable amount not determined ☐ Total distribution ☐		Copy 2 File this copy with your state, city, or local income tax return, when required
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 101.28	
5 Employee contrib./Desig. Roth contrib. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other $ %
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $
11 1st year of desig. Roth contrib.		
12 State tax withheld $	13 State/Payer's state number SC	14 State distribution $ 506.38
15 Local tax withheld $	16 Name of locality	17 Local distribution $

This information is being furnished to the Internal Revenue Service.

www.irs.gov/form1099r

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	OMB No. 1545-0115	Miscellaneous Income
TOWN OF CHERAW P.O. BOX 219 200 MARKET ST. CHERAW, SC 29520-0219	$	2014	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code SOWELL, GENNETTE	7 Nonemployee compensation 2510.00 $	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no	18 State income $ $

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury Internal Revenue Service

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☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
Valley of the Man Comm [illegible] Zip Leisure Dr. Oscoda, MI 5 641.342.1717	$ 2 Royalties $	2014 Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name Gennette S Wells Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	
WORD OF LIFE MINISTRIES, INC. PO BOX 400 481 TEC RD. CHERAW, SC 29520 843-537-4522	$	2014	Miscellaneous Income
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, address, ZIP/postal code & country Gennette M Sowell	7 Nonemployee compensation $ 1282.50	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
Account number (see instructions)	11	12	
	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records)

38-2099803
Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115	Miscellaneous Income
Pee Dee Union Baptist Church 92 Chestnut Street Cheraw, SC 29520 (843) 537-3151	2 Royalties $	2014 Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, address, ZIP/postal code & country Gennette Sowell	7 Nonemployee compensation $ 1,800.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no.	18 State income $

Form 1099-MISC (keep for your records) 38-2099803 Department of the Treasury - Internal Revenue Service

BMISREC XTF 2570401

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2014 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
GENNETTE M SOWELL	

Box 3. Benefits Paid in 2014	Box 4. Benefits Repaid to SSA in 2014	Box 5. Net Benefits for 2014 *(Box 3 minus Box 4)*
$10,507.00	NONE	$10,507.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$10,507.00	NONE
Benefits for 2014	$10,507.00	

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

GENNETTE M SOWELL

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-2015) DO NOT RETURN THIS FORM TO SSA OR IRS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2014 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name
GENNETTE M SOWELL

Box 2. Beneficiary's Social Security Number
[redacted]

Box 3. Benefits Paid in 2014	Box 4. Benefits Repaid to SSA in 2014	Box 5. Net Benefits for 2014 *(Box 3 minus Box 4)*
$7,610.00	$1,522.00	$6,088.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	$6,088.00	Deductions for work or other adjustments	$1,522.00
Deductions for work or other adjustments	$1,522.00	Benefits repaid to SSA in 2014	$1,522.00
Total Additions	$7,610.00		
Benefits for 2014	$7,610.00		

Box 6. Voluntary Federal Income Tax Withheld
NONE

Box 7. Address
GENNETTE M SOWELL
[redacted]

Box 8. Claim Number *(Use this number if you need to contact SSA.)*
[redacted]

Form SSA-1099-SM (1-2015) DO NOT RETURN THIS FORM TO SSA OR IRS

Allianz Life Insurance Company of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.1962
www.allianzlife.com

Allianz

Important Tax Information

#BWBBFYY
GENNETTE SOWELL

2014 Annual Summary of
Tax Information IRA Contribution

Annuitant
GENNETTE SOWELL

Contract number

Taxpayer ID

Allianz Federal ID

Plan type
Roth IRA

Taxpayer date of birth

Thank you for choosing Allianz as part of your financial planning strategy. We are pleased to provide you with this Annual Summary of Tax Information on your Allianz Life Annuity.

- This is your Form 5498 for tax year 2014 and contains values as of December 31, 2014.
- You will receive a revised Form 5498 in May only if you have additional tax year 2014 transactions.
- The back of this Summary contains detailed information explaining the Form 5498.
- Please consult your tax advisor with questions relating to specific tax issues.

We appreciate your business.

2014 Form 5498 - IRA Contribution Information — OMB No. 1545-0747

This information is being furnished to the Internal Revenue Service.

IRS box			IRS box		
1	IRA Contributions	$0.00	9	SIMPLE Contributions	$0.00
2	Rollover Contributions	$0.00	10	Roth IRA Contributions	$0.00
3	Roth IRA Conversion Amount	$0.00	11	If Checked, Required Minimum Distribution for 2015	☐
4	Recharacterization	$0.00			
5	Fair Market Value as of 12/31/2014	$21,999.16	12a	RMD Date	
			12b	RMD Amount	
6	Life Insurance Cost	$0.00	13a	Postponed Contribution	
7	Plan Type	Roth IRA	13b	Year	
8	SEP Contributions	$0.00	13c	Code	
			14a	Repayments	
			14b	Code	

Frequently asked questions for Form 5498

1. **What is the purpose of this statement? Why did I get this form?**
   Form 5498 is the federal form for reporting IRA contribution information, which is used to report contributions and rollovers to traditional IRAs, Roth IRAs, SEP IRAs, and Simple IRAs. Form 5498 also reports the year-end market value information for your annuity. This form is for your records only and does not need to be attached to your submitted tax form.

2. **I sent money from another IRA directly into this IRA at Allianz. Why does the Form 5498 show no contributions?**
   Money that was sent directly from one IRA into another IRA is considered a transfer. This amount is added into your fair market value in box 5. You should not receive a 1099-R from the previous company regarding this transaction.

3. **I took money from another IRA and later placed it into this IRA at Allianz. Where does this amount show on my Form 5498?**
   An IRA to IRA-indirect rollover occurs when money is taken from one IRA and re-deposited into another IRA within 60 days of receipt of the funds. You should receive a Form 1099-R from the distributing company. If any portion of this distribution is not re-deposited within 60 days, this portion will be considered taxable and no longer qualifies as a rollover contribution. Allianz reports the amount that it receives via this rollover in box 2. Generally, if you deposited the check to Allianz within 60 days of the day you received the money from the previous company, this Form 5498 will offset the other company's form 1099-R.

   Note: Effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA.

4. **My employer made contributions to a SEP IRA. Are these contributions stated on this form?**
   Any employer contributions will show as SEP IRA contributions. Employer IRA Contributions will be listed in box 8; personal contributions you make directly to the SEP IRA will be listed in box 1. Employer contributions are required to be shown on the form for the year the contributions are received – see question 7 below. Personal contributions are shown on the form for the year for which the contributions were made.

5. **What is the amount that I am allowed to contribute to my traditional IRA/Roth IRA for year 2014?**
   The general limit - the most that can be contributed to your traditional IRA/Roth IRA - is the lesser of the following amounts: $5,500.00 ($6,500.00 if you are 50 or older) or your taxable compensation for the year. Please see a tax advisor on specifics regarding contributions for traditional IRAs, Roth IRAs, SEP IRAs, and SIMPLE IRAs.

6. **What is the last date that I can make a contribution for tax year 2014 to my traditional IRA/Roth IRA?**
   If your traditional/Roth IRA contract allows for additional premium, your contribution to a company-approved mailing address must be postmarked no later than Wednesday, April 15th, 2015. If you have more than one Allianz contract, please verify that you have specified the correct contract. Note that Allianz does not accept starter checks. If you would like your contribution to be recorded for the 2014 tax year, please put "2014 contribution" on your check sent to our office. If "2014 contribution" is not on your check or the remittance form, we will apply the money as a 2015 contribution. If you are making a traditional IRA contribution for 2014 between January 1 and April 15, 2015, it will be shown on Form 5498, which will be sent to you by May 31, 2015.

7. **What if my employer is able to make a SEP IRA contribution after April 15, 2015 for 2014? Will my Form 5498 for 2014 reflect this contribution?**
   Per IRS guidelines, SEP IRA contributions the IRA issuer receives in 2015 will be reported on the 2015 Form 5498 even when the employer deducts the SEP contribution on their 2014 tax return. Please see a tax advisor for the best way to administer this extension.

Please consult a tax advisor for additional questions on Form 5498.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.5872
www.allianzlife.com

Allianz

Privacy and Security Statement 2015

Your privacy is a high priority for Allianz Life Insurance Company of North America (Allianz). Our pledge to protect your privacy is reflected in our Privacy and Security Statement. This statement outlines our principles for collecting, using, and protecting information that we maintain about you.

This statement applies to Allianz and its affiliated companies listed on the next page. The law allows us to share your information among our affiliates. The law does not allow you to prevent these disclosures.

Information about you that Allianz collects

Allianz collects information about you so that we can provide you with the products and services you have requested, maintain your account, improve our services, and inform you of additional products or services that may be of interest to you. We limit the amount of information collected to what we feel is needed for these purposes. We may collect your information from the following sources:

- From you, either directly or through your agent. This includes information on your insurance application or other information provided during the application process or while you hold a policy with us.
- From others, through the process of handling a claim. This may include information from medical or accident reports.
- From your doctor or health provider. This is medical information about you, gathered with your written authorization.
- From a consumer reporting agency such as a medical, credit, or motor vehicle report.
- From sources using the information you provide, in order to obtain updated or additional information. An example is the U.S. Postal Service, in order to validate your current mailing address so that we may maintain records to correspond with you.

Information about you that Allianz shares

Allianz does not share information about current or former customers with anyone, except as allowed by law. "Allowed by law" means that we may share your information as follows:

- With affiliates and service providers in order to administer or service your policy, and with research groups to conduct various studies. However, no individual is identified in any study or summary report. These companies sign a Privacy and Security Agreement requiring them to protect your information.
- With consumer reporting agencies to obtain a medical report, credit report, or motor vehicle report. These reports are used to determine eligibility for coverage or to process your requested transactions.
- With your insurance agent and their affiliates so that they can perform services for you.
- With medical professionals in order to process your claim.
- With a state Department of Insurance in order to examine our records or business practices.
- With state or federal law enforcement agencies, as required by law or to report suspected fraud activities.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
GENNETTE	SOWELL	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street) If you have a P.O. box, see instructions. Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse

Boxes checked on 6a and 6b: 1

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
DEONTA	BOWEN		Grandchild	X

No. of children on 6c who:
• lived with you: 1
• did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed: Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	0
8a	Taxable interest. Attach Schedule B if required		8a	95
b	Tax-exempt interest. Do not include on line 8a	8b 0		
9a	Ordinary dividends. Attach Schedule B if required		9a	0
b	Qualified dividends	9b 0		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	0
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	0
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	0
16a	Pensions and annuities 16a 37,432	b Taxable amount	16b	3,208
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	0
19	Unemployment compensation		19	
20a	Social security benefits 20a 14,026	b Taxable amount	20b	0
21	Other income. List type and amount NONEMPLOYEE COMP		21	7,580
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	10,883

Adjusted Gross Income

23	Educator expenses	23 0		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 0		
25	Health savings account deduction. Attach Form 8889	25 0		
26	Moving expenses. Attach Form 3903	26 0		
27	Deductible part of self-employment tax. Attach Schedule SE	27 0		
28	Self-employed SEP, SIMPLE, and qualified plans	28 0		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30 8		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32 0		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35 0		
36	Add lines 23 through 35		36	8
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	10,875

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	10,875
	39a	Check if: [X] You were born before January 2, 1951, [ ] Blind. [ ] Spouse was born before January 2, 1951, [ ] Blind. Total boxes checked ▶ 39a 1			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	10,800
	41	Subtract line 40 from line 38		41	75
	42	Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions		42	8,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0
	44	Tax (see instructions) Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	0
	45	Alternative minimum tax (see instructions). Attach Form 6251 ▶		45	0
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	144
	47	Add lines 44, 45, and 46		47	144
	48	Foreign tax credit. Attach Form 1116 if required	48 0		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51 0		
	52	Child tax credit. Attach Schedule 8812, if required	52 144		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54 0		
	55	Add lines 48 through 54. These are your total credits		55	144
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	0
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	0
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	43
	60a	Household employment taxes from Schedule H		60a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)		62	0
	63	Add lines 56 through 62. This is your total tax ▶		63	43
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64 85		
	65	2015 estimated tax payments and amount applied from 2014 return	65 0		
	66a	Earned income credit (EIC) NO	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71 0		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73 0		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	85
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	42
Direct deposit? See instructions.	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		76a	42
	▶ b	Routing number ▶ c Type: [X] Checking [ ] Savings			
	▶ d	Account number			
	77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77 0		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below [X] No
Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Joint return? See instructions. Keep a copy for your records.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		COOK	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

Form **5329**

Department of the Treasury
Internal Revenue Service (99)

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

► Attach to Form 1040 or Form 1040NR.

► Information about Form 5329 and its separate instructions is at *www.irs.gov/form5329.*

OMB No. 1545-0074

2015

Attachment Sequence No. 29

Name of individual subject to additional tax. If married filing jointly, see instructions.	Your social security number
GENNETTE SOWELL	

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).	If this is an amended return, check here ► ☐
Foreign country name / Foreign province/state/county / Foreign postal code	

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution before you reached age 59 1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	425
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	0
3	Amount subject to additional tax. Subtract line 2 from line 1	3	425
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	43

Caution: *If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).*

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account.

5	Distributions included in income from Coverdell ESA, a QTP, or an ABLE account	5	0
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	0
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	0

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2015 than is allowable or you had an amount on line 17 of your 2014 Form 5329.

9	Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15			9	
10	If your traditional IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10			
11	2015 traditional IRA distributions included in income (see instructions)	11			
12	2015 distributions of prior year excess contributions (see instructions)	12			
13	Add lines 10, 11, and 12			13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14	
15	Excess contributions for 2015 (see instructions)			15	0
16	Total excess contributions. Add lines 14 and 15			16	0
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57			17	0

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.

18	Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23			18	
19	If your Roth IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19			
20	2015 distributions from your Roth IRAs (see instructions)	20			
21	Add lines 19 and 20			21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22	
23	Excess contributions for 2015 (see instructions)			23	0
24	Total excess contributions. Add lines 22 and 23			24	0
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57			25	0

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2015 were more than is allowable or you had an amount on line 33 of your 2014 Form 5329.

26	Enter the excess contributions from line 32 of your 2014 Form 5329 (see instructions). If zero, go to line 31		26	
27	If the contributions to your Coverdell ESAs for 2015 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27		
28	2015 distributions from your Coverdell ESAs (see instructions)	28		
29	Add lines 27 and 28		29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-		30	
31	Excess contributions for 2015 (see instructions)		31	
32	Total excess contributions. Add lines 30 and 31		32	0
33	**Additional tax.** Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		33	0

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2015 than is allowable or you had an amount on line 41 of your 2014 Form 5329.

34	Enter the excess contributions from line 40 of your 2014 Form 5329 (see instructions). If zero, go to line 39		34	
35	If the contributions to your Archer MSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35		
36	2015 distributions from your Archer MSAs from Form 8853, line 8	36		
37	Add lines 35 and 36		37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-		38	
39	Excess contributions for 2015 (see instructions)		39	0
40	Total excess contributions. Add lines 38 and 39		40	0
41	**Additional tax.** Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		41	0

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2015 than is allowable or you had an amount on line 49 of your 2014 Form 5329.

42	Enter the excess contributions from line 48 of your 2014 Form 5329. If zero, go to line 47		42	
43	If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43		
44	2015 distributions from your HSAs from Form 8889, line 16	44		
45	Add lines 43 and 44		45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-		46	
47	Excess contributions for 2015 (see instructions)		47	
48	Total excess contributions. Add lines 46 and 47		48	0
49	**Additional tax.** Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		49	0

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2015 were more than is allowable.

50	Excess contributions for 2015 (see instructions)		50	
51	**Additional tax.** Enter 6% (.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57		51	0

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2015 (see instructions)		52	
53	Amount actually distributed to you in 2015		53	
54	Subtract line 53 from line 52. If zero or less, enter -0-		54	0
55	**Additional tax.** Enter 50% (.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57		55	0

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Your signature ▶ Date ▶

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

KIA

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040A, or 1040NR.
► Information about Form 8962 and its separate instructions is at *www.irs.gov/form8962.*

OMB No. 1545-0074

2015

Attachment Sequence No. 73

Name shown on your return: GENNETTE SOWELL

Your social security number:

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions) If you qualify, check the box. ☐

Part I: Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d				1	2
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	24,961	b Enter the total of your dependents' modified AGI (see instructions)	2b	0
3	Household income. Add the amounts on line 2a and 2b				3	24,961
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC				4	15,730
5	Household income as a percentage of federal poverty line (see instructions)				5	158 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) ☒ No. Continue to line 7. ☐ Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.					
7	Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions				7	0.0439
8a	Annual contribution amount. Multiply line 3 by line 7	8a	1,096	b Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount	8b	91

Part II: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage ☒ No. Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ Yes. Continue to line 11. Compute your annual PTC. Skip lines 12–23 and continue to line 24.
☒ No. Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	724	672	91	581	581	617
13 February	724	672	91	581	581	617
14 March	724	672	91	581	581	617
15 April	724	672	91	581	581	617
16 May	0	0	91	0	0	0
17 June	0	0	91	0	0	0
18 July	0	0	91	0	0	0
19 August	0	0	91	0	0	0
20 September	0	0	91	0	0	0
21 October	0	0	91	0	0	0
22 November	0	0	91	0	0	0
23 December	0	0	91	0	0	0

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	2,324
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	2,468
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III: Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	144
28	Repayment limitation (see instructions)	28	600
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	144

KIA For Paperwork Reduction Act Notice, see your tax return instructions. Form 8962 (2015)

Part IV: Shared Policy Allocation

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

Shared Policy Allocation 1

30 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 2

31 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 3

32 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Shared Policy Allocation 4

33 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed shared policy allocation information for all allocated Forms 1095-A?

☐ Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add allocated amounts across all allocated policies with amounts for non-allocated policies from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ No. See the instructions to report additional shared policy allocations.

Part V: Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

	(a) Alternative family size	(b) Monthly contribution	(c) Alternative start month	(d) Alternative stop month
35 Alternative entries for your SSN				
36 Alternative entries for your spouse's SSN				

1017

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2015 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/21/15)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2015, or fiscal tax year beginning 2015 and ending 2016

Print your first name and initial	Last name	Suff.
GENNETTE	SOWELL	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions	County code
		13

City	State	Zip	Area code Daytime telephone

Check if address is outside US ☐	Foreign country address including Postal code (see instructions)

Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ▶ ☐

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ▶ ☐

Check this box if you have filed a federal or state extension ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2015 federal return	▶ 2
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2015	▶ 0
Enter the number of taxpayers age 65 or older, as of December 31, 2015	▶ 1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
DEONTA	BOWEN		GRANDCHILD	

30751028

INCOME AND ADJUSTMENTS

2015

				Dollars
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below		1	0 00
	ADDITIONS TO FEDERAL TAXABLE INCOME			
	a State tax addback, if itemizing on federal return (See instructions)	a		00
	b Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other	b		00
	c Expenses related to National Guard and Military Reserve income	c		00
	d Interest income on obligations of states and political subdivisions other than South Carolina	d	0	00
	e Other additions to income. Attach an explanation (See instructions)	e	0	00
2	Add lines a through e and enter the total here. These are your total additions		2	0 00
3	Add lines 1 and 2 and enter the total here		3	0 00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME			Dollars
	f State tax refund, if included on your federal return	f	0	00
	g Total and permanent disability retirement income, if taxed on your federal retur	g		00
	h Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	h		00
	i 44% of net capital gains held for more than one year (See instructions)	i		00
	j Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other	j		00
	k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k		00
	l Active Trade or Business Income deduction (See instructions)	l	0	00
	m Interest income from obligations of the US government	m	0	00
	n Certain nontaxable National Guard or Reserve Pay (See instructions)	n		00
	o Social security and/or railroad retirement, if taxed on your federal return	o	0	00
	p Caution: Retirement Deduction (See instructions)			
	p-1 Taxpayer: date of birth _____	p-1	2,783	00
	p-2 Spouse: date of birth _____	p-2		00
	p-3 Surviving spouse #1: date of birth of deceased spouse _____	p-3		00
	p-4 Surviving spouse #2: date of birth of deceased spouse _____	p-4		00
	q Age 65 and older deduction (See instructions)			
	q-1 Taxpayer: date of birth _____	q-1	12,217	00
	q-2 Spouse: date of birth _____	q-2		00
	r Negative amount of federal taxable income	r	9,925	00
	s Subsistence allowance 0 days @ $8.00	s	0	00
	t Dependents under the age of 6 years on December 31 of the tax year	t		00
	u Consumer Protection Services	u	0	00
	v Other subtractions (See instructions)	v	0	00
4	Add lines f through v and enter here. These are your total subtractions		4	< 22,925 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX		5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0	00
7	TAX on Lump Sum Distribution (Attach SC4972)	7		00
8	TAX on Active Trade or Business Income (Attach I-335)	8	0	00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	0	00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX		10	0 00
11	Child and Dependent Care (See instructions)	11	0	00
12	Two Wage Earner Credit (See instructions)	12		00
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0	00
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here		14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here		15	0 00

30752026

436

617

2015

PAYMENTS AND REFUNDABLE CREDITS

16	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	0 00	20	Other SC withholding (Attach Form 1099)	0 00
17	2015 estimated tax payments	0 00	21	Tuition tax credit (Attach I-319)	0 00
18	Amount paid with extension	00	22	Other refundable credit(s)	0 00
19	NR sale of real estate	00			

Check Type:
- ☐ Anhydrous Ammonia (Attach I-333)
- ☐ Milk Credit (Attach I-334)
- ☐ Classroom Teacher Expenses (Attach I-360)
- ☐ Exceptional Needs Children Education (Attach I-361)

23	Add lines 16 through 22 and enter the total here. . . . . These are your TOTAL PAYMENTS	23	0	00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT.	24	0	00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25		00
26	USE TAX due on internet, mail-order or out-of-state purchases . . . . . ▶ 26 0 00			
	Use tax is based on your county's sales tax rate. See instructions for more information.			
	If you certify that no use tax is due, check here . . . . . ▶ X			
27	Amount of line 24 to be credited to your 2016 Estimated Tax . . . . . ▶ 27 00			
28	Total Contributions for Check-offs (Attach I-330) . . . . . ▶ 28 00			
29	Add lines 26 through 28 and enter the total here.	29	0	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) . . . . . REFUND ▶	30	0	00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ ☐ Direct Deposit (30b required) ▶ ☐ Debit Card* ▶ ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card Issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount .	31		00
32	Late filing and/or late payment: Penalties _____ Interest _____ (See instructions) Enter total here ▶	32	0	00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210) . . . . . (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐ ▶	33		00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC-1040-V with payment. . BALANCE DUE ▶	34	0	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2015 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)

Taxpayer's Email: SHQUICK@SHTC.NET

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ Preparer's printed name

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed ☐	PTIN
	Firm name (or yours if self-employed) and address and Zip Code			FEIN / Phone No

MAIL TO:

REFUNDS OR ZERO TAX	SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE	Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

Control | PAYER'S Federal identifica

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

RECIPIENT'S name, street address (including apt no.), city or town, state or province, country, and ZIP or foreign postal code
GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04
2a Taxable amount: 2783.04
2b Taxable amount not determined ☐
Total distribution ☐
3 Capital gain (included in box 2a)
4 Federal income tax withheld
5 Employee/Designated Roth contrib. or insurance premiums
6 Net unrealized appreciation in employer's securities
7 Distribution code: 4 | IRA/SEP/SIMPLE ☐
8 Other | %
9a Your percentage of total distribution %
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
12 State tax withheld
13 State/Payer's state no.
14 State distribution: 2783.04
15 Local tax withheld
16 Name of locality
17 Local distribution

Copy 1
For State, City, or Local Tax Department

OMB No. 1545-0119
2015
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Account number (see instructions): IREMENT

Form 1099-R — Department of the Treasury - Internal Revenue Service

---

Control | PAYER'S Federal identification

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

This information is being furnished to the Internal Revenue Service

RECIPIENT'S name, street address (including apt no.), city or town, state or province, country, and ZIP or foreign postal code
W9T9RRDHAZ 014863
GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

1 Gross distribution: 2783.04
2a Taxable amount: 2783.04
2b Taxable amount not determined ☐
Total distribution ☐
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6 Net unrealized appreciation in employer's securities
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9a Your percentage of total distribution %
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
12 State tax withheld
13 State/Payer's state no.
14 State distribution: 2783.04
15 Local tax withheld
16 Name of locality
17 Local distribution

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

OMB No. 1545-0119
2015
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Account number (see instructions): IREMENT

Form 1099-R — Department of the Treasury - Internal Revenue Service

---

PAYER'S Federal identification

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

This information is being furnished to the Internal Revenue Service.

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

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2b Taxable amount not determined ☐
Total distribution ☐
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6 Net unrealized appreciation in employer's securities
7 Distribution code: 4 | IRA/SEP/SIMPLE ☐
8 Other | %
9a Your percentage of total distribution %
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
12 State tax withheld
13 State/Payer's state no.
14 State distribution: 2783.04
15 Local tax withheld
16 Name of locality
17 Local distribution

Copy C
For Recipient's Records

OMB No. 1545-0119
2015
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Account number (see instructions): IREMENT

Form 1099-R — Department of the Treasury - Internal Revenue Service

---

Control | PAYER'S Federal identification

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
WELLS FARGO BANK, N.A.
CROWN
1 CROWN WAY PENSION DEPT
PHILADELPHIA, PA 19154
FOR QUESTIONS CALL 215-698-5352

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
GENNETTE SOWELL

☐ Corrected (if checked)
☐ Void (if checked)

RECIPIENT'S identification number

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2a Taxable amount: 2783.04
2b Taxable amount not determined ☐
Total distribution ☐
3 Capital gain (included in box 2a)
4 Federal income tax withheld
5 Employee/Designated Roth contrib. or insurance premiums
6 Net unrealized appreciation in employer's securities
7 Distribution code: 4 | IRA/SEP/SIMPLE ☐
8 Other | %
9a Your percentage of total distribution %
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
12 State tax withheld
13 State/Payer's state no.
14 State distribution: 2783.04
15 Local tax withheld
16 Name of locality
17 Local distribution

Copy 2
File this copy with your state, city, or local income tax return, when required.

OMB No. 1545-0119
2015
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Account number (see instructions): TIREMENT

Form 1099-R — Department of the Treasury - Internal Revenue Service

TATEMENT OR 1098-E STUDENT LOAN STATEMENT – READ CAREFULLY

FIRST-CITIZENS BANK & TRUST
COMPANY
P O BOX 27131
RALEIGH NC 27611-7131

E.I.N. 56-0223230

INQUIRIES 7AM-11PM DAILY
888-323-4732

GENNETTE M SOWELL 309 142544

FOR TAX YEAR
2015

TAXPAYER ID NUMBER

2015 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

CLOSED CD INT		
BOX 1	INTEREST INCOME	83.08
BOX 2	EARLY WITHDRAWAL PENALTY	8.30
TOTAL INTEREST		83.08

1099-INT 1099-OID 1099-DIV

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

*Form 1099-OID: Next to box 8 may not be the correct figure to report on your income tax return. See instructions on back.

1098-MORTGAGE

*Caution: The amount shown next to Box 1 may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

1098-E

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

1099-INT, Interest Income, OMB No. 1545-0112
1098-Mortgage Interest Statement, OMB No. 1545-0901
1099-Div, Dividends and Distribution, OMB No. 1545-0110
1098-E, Student Loan Interest Statement, OMB No. 1545-1576
1099-OID, Original Issue Discount, OMB No. 1545-0117

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone number	Payer's RTN (optional)	OMB No. 1545-0112	
FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER, SC 29720-5808 (803) 289-5040		2015 Form 1099-INT	Interest Income

PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income	Copy B For Recipient
		$ 11.81	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RECIPIENT'S name, address (including apt. no.), city, state and ZIP code	2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treas. obligations
GENNETTE M SOWELL 29585	$ 0.00	$ 0.00
	4 Federal income tax withheld $ 0.00	5 Investment expenses $ 0.00
	6 Foreign tax paid $ 0.00	7 Foreign country or U.S. possession
	8 Tax-exempt interest $ 0.00	9 Specified private activity bond interest $ 0.00

Account number (see instructions)	FATCA filing requirement	10 Market discount	11 Bond premium
	☐	$ 0.00	$ 0.00

12	13 Bond premium on tax-exempt bond	14 Tax-exempt bond CUSIP no. (see instructions)	15 St.	16 St. identification no.	17 State tax withheld
	$ 0.00		SC	45	$ 0.00
					$

Form 1099-INT Substitute Form (Keep for your records.)

Department of the Treasury - Internal Revenue Service
www.irs.gov/form1099int

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171 or for a tax-exempt covered security acquired at a premium, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2015 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election, shows the market discount that accrued on the debt instrument during the year while held by you. Report this amount on your income tax return as directed in the instructions for Form 1040 or 1040A. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security, shows the amount of premium amortization allocable to the interest payment(s) unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B). If an amount is not reported in this box for a taxable covered security acquired at a premium, the payer has reported a net amount of interest in box 1 or 2, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in this box is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099int.

☐ CORRECTED (IF CHECKED)

ER'S name, street address, city or town, state or province, country, and ZIP or ign postal code
TATE STREET RETIREE SERVICES FOR
SPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
-800-400-7242
O BOX 151750
LEXANDRIA, VA 22315-1750

1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
$ 951.96	2015	
2a Taxable amount	FORM 1099-R	
$		

2b Taxable amount not determined [X]	Total distribution [ ]	Copy B
3 Capital gain (included in box 2a)	4 Federal income tax withheld	Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.
$	$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
$	$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE [ ]	8 Other $ %
9a Your percentage of total distribution %	9b Total employee contributions $	This information is being furnished to the Internal Revenue Service.

Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC/	14 State distribution $
		15 Local tax withheld $	16 Name of locality	17 Local distribution $

ENNETTE M SOWELL

ount number (see instructions)

m 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

ER'S name, street address, city or town, state or province, country, and ZIP or ign postal code
TATE STREET RETIREE SERVICES FOR
SPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
-800-400-7242
O BOX 151750
LEXANDRIA, VA 22315-1750

1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
$ 951.96	2015	
2a Taxable amount	FORM 1099-R	
$		

2b Taxable amount not determined [X]	Total distribution [ ]	Copy C
3 Capital gain (included in box 2a)	4 Federal income tax withheld	For Recipient's Records
$	$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
$	$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE [ ]	8 Other $ %
9a Your percentage of total distribution %	9b Total employee contributions $	This information is being furnished to the Internal Revenue Service.

Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC/	14 State distribution $
		15 Local tax withheld $	16 Name of locality	17 Local distribution $

ENNETTE M SOWELL

ount number (see instructions)

m 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

ER'S name, street address, city or town, state or province, country, and ZIP or ign postal code
STATE STREET RETIREE SERVICES FOR
USPBGC- PILLOWTEX CORPORATION RETIREMENT PLAN FOR
1-800-400-7242
P O BOX 151750
ALEXANDRIA, VA 22315-1750

1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
$ 951.96	2015	
2a Taxable amount	FORM 1099-R	
$		

2b Taxable amount not determined [X]	Total distribution [ ]	Copy 2
3 Capital gain (included in box 2a)	4 Federal income tax withheld	File this copy with your state, city, or local income tax return, when required.
$	$ 0.00	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
$	$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE [ ]	8 Other $ %
9a Your percentage of total distribution %	9b Total employee contributions $	

Account allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld $ 0.00	13 State/Payer's state no. SC/	14 State distribution $
		15 Local tax withheld $	16 Name of locality	17 Local distribution $

IPIENT'S name, street address (including apt. no.), city or town, state or province, ntry, and ZIP or foreign postal code

CENNETTE M SOWELL

count number (see instructions)

RM 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

441

622

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd. Ste 201
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 424.62	OMB No 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 424.62		
2b Taxable amount not determined ☐ Total distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 84.92	
5 Employee contrbs./Desig. Roth contrbs. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	This information is being furnished to the Internal Revenue Service.
7 Distribution code(s) 2 IRA/SEP/SIMPLE ☐	8 Other $ %	
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $ / 11 1st year of desig Roth contrb.
12 State tax withheld $	13 State/Payer's state number	14 State distribution $
15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

160787O3 Payee-2764

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd. Ste 201
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 424.62	OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 424.62		
2b Taxable amount not determined ☐ Total distribution ☐		Copy C For Recipient's Records
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 84.92	
5 Employee contrbs./Desig. Roth contrbs. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	This information is being furnished to the Internal Revenue Service.
7 Distribution code(s) 2 IRA/SEP/SIMPLE ☐	8 Other $ %	
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $ / 11 1st year of desig Roth contrb.
12 State tax withheld $	13 State/Payer's state number	14 State distribution $
15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, and ZIP or foreign postal code
Piggly Wiggly Carolina Co. Employee Stock Ownership Plan
884 Johnnie Dodds Blvd. Ste 201
Mt. Pleasant, SC 29464

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code
GENNETTE M SOWELL

Account number (see instructions)

1 Gross distribution $ 424.62	OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 424.62		
2b Taxable amount not determined ☐ Total distribution ☐		Copy 2 File this copy with your state, city, or local income tax return, when required
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 84.92	
5 Employee contrbs./Desig. Roth contrbs. or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 2 IRA/SEP/SIMPLE ☐	8 Other $ %	
9a Your percentage of total dist. %	9b Total employee contributions $	10 Amount allocable to IRR within 5 years $ / 11 1st year of desig Roth contrb.
12 State tax withheld $	13 State/Payer's state number	14 State distribution $
15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

35104 1 AB 0.416 E0328 10656 01626879865 P3095301 0002:0002

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2015 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
GENNETTE M SOWELL	

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 *(Box 3 minus Box 4)*
$19,968.00	$5,882.00	$14,086.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	$12,371.00	Deductions for work or other adjustments	$5,882.00
Medicare Part B premiums deducted from your benefits	$1,049.00	Benefits repaid to SSA in 2015	$5,882.00
Medicare Advantage premiums (Part C) deducted from your benefits	$323.10		
Medicare Prescription Drug Premiums (Part D) deducted from your benefits	$312.90		
Deductions for work or other adjustments	$5,882.00		
Total Additions	$19,968.00		
Benefits for 2015	$19,968.00		

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

GENNETTE M SOWELL

Box 8 Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-2016) DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

LINCOLN NATIONAL LIFE INS CO
PO BOX 1110
FORT WAYNE, IN 46801

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

GENNETTE M SOWELL

IA-0003

1 Gross distribution $33,272.33		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $0.00		2015 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☒		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
3 Capital gain (included in box 2a)	4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums $28,000.00	6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 IRA / SEP / SIMPLE ☐	8 Other %		
9a Your percentage of total distribution %	9b Total employee contributions		
12 State tax withheld	13 State/Payer's state no	14 State distribution	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib	15 Local tax withheld	16 Name of locality	17 Local distribution

ee instructions)

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

LINCOLN NATIONAL LIFE INS CO
PO BOX 1110
FORT WAYNE, IN 46801

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

GENNETTE M SOWELL

IA-0003

1 Gross distribution $33,272.33		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $0.00		2015 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☒		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
3 Capital gain (included in box 2a)	4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums $28,000.00	6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 IRA / SEP / SIMPLE ☐	8 Other %		
9a Your percentage of total distribution %	9b Total employee contributions		
12 State tax withheld	13 State/Payer's state no	14 State distribution	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib	15 Local tax withheld	16 Name of locality	17 Local distribution

s instructions)

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

LINCOLN NATIONAL LIFE INS CO
PO BOX 1110
FORT WAYNE, IN 46801

PAYER'S federal identification number | RECIPIENT'S identification number

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

GENNETTE M SOWELL

IA-0003

1 Gross distribution $33,272.33		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $0.00		2015 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☒		Copy 2 File this copy with your state, city, or local income tax return, when required.
3 Capital gain (included in box 2a)	4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums $28,000.00	6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 6 IRA / SEP / SIMPLE ☐	8 Other %		
9a Your percentage of total distribution %	9b Total employee contributions		
12 State tax withheld	13 State/Payer's state no	14 State distribution	
Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib	15 Local tax withheld	16 Name of locality	17 Local distribution

structions)

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	OMB No 1545-0115	Miscellaneous Income
ST. JAMES AME ZION CHURCH P.O. BOX 344 CHESTERFIELD SC 29709 (803) 285-7720 Rev., Vera M. Witherspoon	$	2015	
	2 Royalties $	Form 1099-MISC	FDEA0302 03/09/15
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Med & health care payments $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name GENNETTE SOWELL	7 Nonemployee compensation $ 954.30	8 Substitute payments in lieu of dividends or interest $	
Street address (including apartment number)	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City or town, state or province, country, and ZIP or foreign postal code	11	12	
Account number (see instructions) / FATCA filing req. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

BAA Form 1099-MISC (Keep for your records.) www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN) or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099misc*.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
TOWN OF CHERAW P.O. BOX 219 200 MARKET ST. CHERAW, SC 29520-0219	$	2015	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code SOWELL, GENNETTE	7 Nonemployee compensation 2585.00 $	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC LMB (keep for your records) 5111 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (If checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no	1 Rents	OMB No. 1545-0115	
WORD OF LIFE MINISTRIES, INC. PO BOX 400 481 TEC RD. CHERAW, SC 29520 843-537-4522	$	2015	Miscellaneous Income
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, address, ZIP/postal code & country Gennette M Sowell	7 Nonemployee compensation $ 1290.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form 1099-MISC (keep for your records)

38-2099503
Department of the Treasury - Internal Revenue Service

BMISREC NTF 2578266

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
Valley of the Moon Commercial Poults 210 Lesiure Drive Osceola, IA 50213 (641) 342-1717	$	2015	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient

PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments
-- -		$	$

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
Gennette Sowell	$ 1680.00	$	
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) FATCA filing requirement ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	

15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
$	$	$ $		$ $

Form 1099-MISC LMB (Keep for your records) 5111 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

CORRECTED (If checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115	Miscellaneous Income
CHERAW BRANCH NAACP P.O. BOX 1146 CHERAW SC 29520 (864) 621-1875 STEEVENSON PIERRE	2 Royalties $	2015	
	3 Other income $	Form 1099-MISC FDEA0302 03/09/15	
PAYER'S federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	4 Federal income tax withheld $	Copy B For Recipient
RECIPIENT'S name GENNETTE SOWELL	7 Nonemployee compensation $ 2025.00	6 Med & health care payments $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apartment number)	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	8 Substitute payments in lieu of dividends or interest $	
City or town, state or province, country, and ZIP or foreign postal code	11	10 Crop insurance proceeds $	
Account number (see instructions) / FATCA filing req. ☐	13 Excess golden parachute payments $	12	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	14 Gross proceeds paid to an attorney	
		17 State/Payer's state no.	18 State income $ $

BAA Form 1099-MISC (Keep for your records.) www.irs.gov/form1099misc Department of the Treasury — Internal Revenue Service

Instructions for Recipient

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Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES. Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

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Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of the fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8).You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099misc*

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.1962
www.allianzlife.com

Allianz

Important Tax Information

#BWBBFYY
GENNETTE SOWELL

2015 Annual Summary of
Tax Information IRA Contribution

Contract number

Taxpayer ID

Allianz Federal ID

Plan type
Roth IRA

Thank you for choosing Allianz as part of your financial planning strategy. We are pleased to provide you with this Annual Summary of Tax Information on your Allianz Life Annuity.

- This is your Form 5498 for tax year 2015 and contains values as of December 31, 2015.
- You will receive a revised Form 5498 in May only if you have additional tax year 2015 transactions.
- The back of this Summary contains detailed information explaining the Form 5498.
- Please consult your tax advisor with questions relating to specific tax issues.

We appreciate your business.

2015 Form 5498 - IRA Contribution Information			OMB No. 1545-0747
This information is being furnished to the Internal Revenue Service.			
IRS box			IRS box
1	IRA Contributions	$0.00	11 If Checked, Required Minimum Distribution for 2016 ☐
2	Rollover Contributions	$0.00	
3	Roth IRA Conversion Amount	$0.00	12a RMD Date
4	Recharacterization	$0.00	12b RMD Amount
5	Fair Market Value as of 12/31/2015	$22,195.26	13a Postponed Contribution
			13b Year
6	Life Insurance Cost	$0.00	13c Code
7	Plan Type	Roth IRA	14a Repayments
8	SEP Contributions	$0.00	14b Code
9	Simple Contributions	$0.00	15a FMV of Certain Specified Assets
10	Roth IRA Contributions	$0.00	15b Code(s)

Frequently asked questions for Form 5498

1. **What is the purpose of this statement? Why did I get this form?**
   Form 5498 is the federal form for reporting IRA contribution information, which is used to report contributions and rollovers to traditional IRAs, Roth IRAs, SEP IRAs, and Simple IRAs. Form 5498 also reports the year-end market value information for your annuity. This form is for your records only and does not need to be attached to your submitted tax form.

2. **I sent money from another IRA directly into this IRA at Allianz. Why does the Form 5498 show no contributions?**
   Money that was sent directly from one IRA into another IRA is considered a transfer. This amount is added into your fair market value in box 5. You should not receive a 1099-R from the previous company regarding this transaction.

3. **I took money from another IRA and later placed it into this IRA at Allianz. Where does this amount show on my Form 5498?**
   An IRA to IRA indirect rollover occurs when money is taken from one IRA and re-deposited into another IRA within 60 days of receipt of the funds. You should receive a Form 1099-R from the distributing company. If any portion of this distribution is not re-deposited within 60 days, this portion will be considered taxable and no longer qualifies as a rollover contribution. Allianz reports the amount that it receives via this rollover in box 2. Generally, if you deposited the check to Allianz within 60 days of the day you received the money from the previous company, this Form 5498 will offset the other company's form 1099-R.

   Note: Effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA

4. **My employer made contributions to a SEP IRA. Are these contributions stated on this form?**
   Any employer contributions will show as SEP IRA contributions. Employer IRA Contributions will be listed in box 8; personal contributions you make directly to the SEP IRA will be listed in box 1. Employer contributions are required to be shown on the form for the year the contributions are received – see question 7 below. Personal contributions are shown on the form for the year for which the contributions were made.

5. **What is the amount that I am allowed to contribute to my traditional IRA/Roth IRA for year 2015?**
   The general limit - the most that can be contributed to your traditional IRA/Roth IRA - is the lesser of the following amounts: $5,500.00 ($6,500.00 if you are 50 or older) or your taxable compensation for the year. Please see a tax advisor on specifics regarding contributions for traditional IRAs, Roth IRAs, SEP IRAs, and SIMPLE IRAs.

6. **When is the due date (last date) to make a contribution for tax year 2015 to my traditional IRA/ Roth IRA?**
   If your traditional/Roth IRA contract allows for additional premium, your contribution must be sent to a company-approved mailing address and postmarked by the due date of April 18th. For taxpayers in Massachusetts and Maine, the due date is April 19th. If you have more than one Allianz contract, please verify that you have specified the correct contract. Note that Allianz does not accept starter checks. If you would like your contribution to be recorded for the 2015 tax year, please put "2015 contribution" on your check sent to our office. If "2015 contribution" is not on your check or the remittance form, we will apply the money as a 2016 contribution. If you are making a traditional IRA contribution for 2015 between January 1 and the due date, it will be shown on Form 5498, which will be sent to you by May 31, 2016.

7. **What if my employer is able to make a SEP IRA contribution after the due date?**
   Per IRS guidelines, SEP IRA contributions the IRA issuer receives in 2016 will be reported on the 2016 Form 5498 even when the employer deducts the SEP contribution on their 2015 tax return. Please see a tax advisor for the best way to administer this extension.

Please consult a tax advisor for additional questions on Form 5498.

Allianz Life Insurance Company of North America
PO Box 1344
Minneapolis, MN 55440-1344
800.328.5600

Privacy Notice

Your privacy is a high priority for Allianz ("we" or "our"). Our pledge to protect your privacy is reflected in our Privacy Notice. This notice outlines our principles for collecting, using and protecting information that we maintain about you.

Information about you that Allianz collects

We collect information about you so that we can process the insurance transactions you request. We limit the amount of your information collected to what we feel is needed to maintain your account. We may collect your information from the following sources:

- From you, either directly or through your agent. This may include information on your insurance application or other forms you may complete. The information we collect includes, but is not limited to, your name, social security number, address and telephone number.
- From others, through the process of handling a claim. This may include information from medical or accident reports.
- From your doctor or during a home visit by a health assessment professional. This may include medical information about you gathered with your written authorization.
- From your relationship with us, such as the number of years you have been a customer or the types of insurance products you purchased.
- From a consumer reporting agency such as a medical, credit, or motor vehicle report. The information in these reports may be kept by the agency and shared with others.

Information about you that Allianz shares

We do not share information about current or former customers with anyone, except as allowed by law. "Allowed by law" means that we may share your information, such as your name, address, and policy information, as follows:

- With affiliates and other third parties in order to administer or service your policy.
- With consumer reporting agencies to obtain a medical report, credit report, or motor vehicle report. These reports are used to determine eligibility for coverage or to process your requested transactions.
- With your insurance agent so that they can perform services for you.
- With medical professionals in order to process your claim.
- With a state Department of Insurance in order to examine our records or business practices.
- With state or federal law enforcement agency, as required by law or to report suspected fraud activities.
- With research groups to conduct studies on claims results. No individual is identified in any study or report.

We advise the vendors with whom we legally share your information of our privacy policy. We make every effort to use vendors whose privacy policy reflects our own.

Allianz does not sell your information to anyone

We do not sell your information to anyone for their own marketing purposes. For this reason, we are not required to obtain an "opt-in election," an "opt-out election" or an authorization from you.

Allianz policies and practices regarding security of your information

We limit access to your information to those employees, affiliates, and service providers who need it to administer or service your policy. We use computer hardware and software tools to maintain physical and electronic safeguards. These safeguards comply with applicable federal and state regulations. We use state of the art technology to secure our websites and protect the information that may be shared over these sites. We restrict access to information about you to those employees who need the information to service your policy.

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Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

► Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b.*

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

2015

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)
GENNETTE M SOWELL			
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): . . . . . ► C		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
Centers for Medicare & Medicaid Services			1-800-MEDICARE
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code
7500 Security Blvd.	Baltimore	MD	

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 GENNETTE M SOWELL	[redacted]		☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Get help & more information.

For more information, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The Centers for Medicare & Medicaid Services doesn't discriminate in its programs and activities. To request this notice in an alternative format, call 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form **1095-A** | **Health Insurance Marketplace Statement** | ☐ VOID ☐ CORRECTED | OMB No. 1545-2232 | **2015**

Department of the Treasury
Internal Revenue Service

► Information about Form 1095-A and its separate instructions is at *www.irs.gov/form1095a.*

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
SC	12656065	Consumers Choice Health Insurance Company

4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
Gennette Sowell		
7 Recipient's spouse's name	**8 Recipient's spouse's SSN**	**9 Recipient's spouse's date of birth**

10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
01/01/2015	04/30/2015	
13 City or town	**14 State or province**	**15 Country and ZIP or foreign postal code**

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Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Gennette Sowell			01/01/2015	04/30/2015
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	723.56	672.04	617.00
22 February	723.56	672.04	617.00
23 March	723.56	672.04	617.00
24 April	723.56	672.04	617.00
25 May	0.00	0.00	0.00
25 June	0.00	0.00	0.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	2,894.24	2,688.16	2,468.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No 60703O Form 1095-A (2015)

- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that we paid in 2015 to a health plan on your behalf or on behalf of other members of your household.

If there are zeroes printed in Part III, Column B during the months you had coverage

The attached form might include zeroes for the monthly premium amount for the second lowest cost Silver plan (SLCSP) available to you. If your Form 1095-A has zeroes in Part III column B for the months you had coverage, you should use the online tax tool on https://www.healthcare.gov/tax-tool/ to find the monthly premium for your 2015 second lowest cost Silver plan. Then either enter that information onto your Form 8962 for the months you had coverage, enter it into your tax software, or provide it to your tax preparer.


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Also, you should use the tax tool if you experienced certain changes in your family (for example, if you moved) during 2015 and didn't report them to the Marketplace. You can find more details about this in the Instructions for Form 8962.

Using the online tax tool to complete your taxes

You will need the following information to use the online tax tool located at https://www.healthcare.gov/tax-tool/

- ZIP code and county where you lived for each month of 2015 during which you had health coverage through the Marketplace
- Age of each household member enrolled in Marketplace coverage, for each month of 2015
- Months each household member was enrolled in Marketplace coverage *and* wasn't eligible for, or enrolled in, other coverage outside the Marketplace.

Use the monthly premium amount for your SLCSP from the online tax tool to complete Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit on Form 8962 (lines 9-26) for the months you had coverage. Your tax software or tax preparer can help you with this form too.

Changes to your Form 1095-A information

If you think information on the attached Form 1095-A is incorrect, call the Marketplace Call Center at the number below to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the information we originally provided to you. Be sure you use this corrected form when you complete Form 8962 and file your federal income tax return.

If you already filed your federal income tax return using information from a previous Form 1095-A we sent you, and you didn't resolve the incorrect information with the IRS, you may need to file an amended return. Visit irs.gov and enter the keywords "amended return" for more information on when to file an amended return.

Instructions for Recipient

You received this Form 1095-A because you or a family member enrolled in health insurance coverage through the Health Insurance Marketplace. This Form 1095-A provides information you need to complete Form 8962, Premium Tax Credit (PTC). **You must complete Form 8962 and file it with your tax return if any amount other than zero is shown in Part III, Column C of this Form 1095-A (meaning that you received premium assistance through advance credit payments) or if you want to take the premium tax credit.** The filing requirement applies whether or not you're otherwise required to file a tax return. The Marketplace has also reported the information on this form to the IRS. If you or your family members enrolled at the Marketplace in more than one qualified health plan policy, you will receive a Form 1095-A for each policy. Check the information on this form carefully. Please contact your Marketplace if you have questions concerning its accuracy. If you or your family members were enrolled in a Marketplace catastrophic health plan or separate dental policy, you aren't entitled to take a premium tax credit for this coverage when you file your return, even if you received a Form 1095-A for this coverage.

VOID box. If the "VOID" box is checked at the top of the form, you previously received a Form 1095-A for the policy described in Part I. That Form 1095-A was sent in error. You shouldn't have received a Form 1095-A for this policy. Don't use the information on this or the previously received Form 1095-A to figure your premium tax credit on Form 8962.

CORRECTED box. If the "CORRECTED" box is checked at the top of the form, use the information on this Form 1095-A to figure the premium tax credit and reconcile any advance credit payments on Form 8962. Don't use the information on the original Form 1095-A you received for this policy.

Part I. Recipient Information, lines 1–15. Part I reports information about you, the insurance company that issued your policy, and the Marketplace where you enrolled in the coverage.

Line 1. This line identifies the state where you enrolled in coverage through the Marketplace.

Line 2. This line is the policy number assigned by the Marketplace to identify the policy in which you enrolled. If you are completing Part 4 of Form 8962, enter this number on line 30, 31, 32, or 33, box a.

Line 3. This is the name of the insurance company that issued your policy.

Line 4. You are the recipient because you are the person the Marketplace identified at enrollment who is expected to file a tax return and who, if qualified, would take the premium tax credit for the year of coverage.

Line 5. This is your social security number. For your protection, this form may show only the last four digits. However, the Marketplace has reported your complete social security number to the IRS.

Line 6. A date of birth will be entered if there is no social security number on line 5.

Lines 7, 8, and 9. Information about your spouse will be entered only if advance credit payments were made for your coverage. The date of birth will be entered on line 9 only if line 8 is blank.

Lines 10 and 11. These are the starting and ending dates of the policy.

Lines 12 through 15. Your address is entered on these lines.

Part II. Coverage Household, lines 16–20. Part II reports information about each individual who is covered under your policy. This information includes the name, social security number, date of birth, and the starting and ending dates of coverage for each covered individual. For each line, a date of birth is reported in column C only if an SSN isn't entered in column B.

If advance credit payments are made, only the individuals for whom you attested the intention to claim a personal exemption deduction (yourself, spouse, and dependents) to the Marketplace at enrollment will be listed on Form 1095-A. If you attested to the Marketplace at enrollment that one or more of the individuals who enrolled in the plan aren't individuals for whom you intend to claim a personal exemption deduction on your tax return, those individuals won't be listed on your Form 1095-A. For example, if you indicated to the Marketplace at enrollment that an individual enrolling in the policy is your adult child for whom you won't claim a personal exemption deduction, that child will receive a separate Form 1095-A and won't be listed in Part II on your Form 1095-A.

If advance credit payments weren't made and you didn't identify at enrollment the individuals for whom you intended to claim a personal exemption deduction, Form 1095-A will list all enrolled individuals in Part II on your Form 1095-A.

Part II also tells the IRS the months that the individuals identified are covered by health insurance and therefore have satisfied the individual shared responsibility provision.

If there are more than 5 individuals covered by a policy, you will receive one or more additional Forms 1095-A that continue Part II.

Part III. Coverage Information, lines 21–33. Part III reports information about your insurance coverage that you will need to complete Form 8962 to reconcile advance credit payments or to take the premium tax credit when you file your return.

Column A. This column is the monthly premiums for the plan in which you or family members were enrolled, including premiums that you paid and premiums that were paid through advance payments of the premium tax credit. If you or a family member enrolled in a separate dental plan with pediatric benefits, this column includes the portion of the dental plan premiums for the pediatric benefits. If your plan covered benefits that aren't essential health benefits, such as adult dental or vision benefits, the amount in this column will be reduced by the premiums for the non-essential benefits. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for these months regardless of whether advance credit payments were made for these months.

Column B. This column is the monthly premium for the second lowest cost silver plan (SLCSP) that the Marketplace has determined applies to members of your family enrolled in the coverage. The applicable SLCSP premium is used to compute your monthly advance credit payments and the premium tax credit you take on your return. See the Instructions for Form 8962, Part II, on how to use the information in this column or how to complete Form 8962 if there is no information entered. If the policy was terminated by your insurance company due to nonpayment of premiums for one or more months, then a -0- will appear in this column for the months, regardless of whether advance credit payments were made for these months.

Column C. This column is the monthly amount of advance credit payments that were made to your insurance company on your behalf to pay for all or part of the premiums for your coverage. If this is the only column in Part III that is filled in with an amount other than zero for a month, it means your policy was terminated by your insurance company due to nonpayment of premiums, and you aren't entitled to take the premium tax credit for that month when you file your tax return. You still must reconcile the entire advance payment that was paid on your behalf for that month using Form 8962. No information will be entered in this column if no advance credit payments were made.

Lines 21–33. The Marketplace will report the amounts in columns A, B, and C on lines 21–32 for each month and enter the totals on line 33. Use this information to complete Form 8962, line 11 or lines 12–23.

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If you have questions, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사의 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych.Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique e idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may ni alamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Hea th Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhang pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1 800 318 2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

اردو (Urdu)

اس نوٹس میں آپ کی درخواست کا Health Insurance Marketplace کے ذریعہ کوریج کے بارے میں اہم معلومات ہیں اس نوٹس میں اہم تاریخوں کو تلاش کریں۔ آپ کو اپنی صحت کا کوریج برقرار رکھنے کا لاگتوں میں مدد کے لئے مخصوص حتمی تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو کہ معلومات اور مدد بلاکار کسی لاگت کے اپنی زبان میں حاصل کرنے کا حق ہے۔ 1-800-318-2596 پر کال کریں اس کے شروع ہونے کا انتظار کریں۔ جب کوئی انٹرپٹ جواب دے تو، اپنی مطلوبہ زبان بتائیں اور آپ کو کسی مترجم کے ساتھ مربوط کردیا جائے گا۔

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin go 1 800 318 2596 và đợ nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nố với một thông dịch viên.

January 2015

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*Copy

Form **9465**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ Information about Form 9465 and its separate instructions is at *www.irs.gov/form9465.*
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** *Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise, see* Bankruptcy or offer-in-compromise, *in the instructions.*

Part I

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ and for tax year(s) (for example, 2012 and 2013) ▶

1a	Your first name and initial: Gennette	Last name: Sowell	Your social security number:
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Current [illegible]	ery, enter your box number.	Apt. number
	City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions)		
	Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . ▶ ☐

2 Name of your business (must be no longer operating) | Employer identification number (EIN)

3 Your home phone number | Best time for us to call

4 Your work phone number | Ext. | Best time for us to call

5 Name of your bank or other financial institution:
Address
City, state, and ZIP code

6 Your employer's name:
Address
City, state, and ZIP code

7	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7	3938 00
8	Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8	100 00
9	Subtract line 8 from line 7 and enter the result	9	3838 00
10	Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full. If no payment amount is listed on line 10, a payment will be determined for you by dividing the balance due by 72 months	10	100 00
11	Divide the amount on line 9 by 72 and enter the result	11	53 31

- If the amount on line 10 is less than the amount on line 11 and you are unable to increase your payment to the amount on line 11, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 10 is equal to or greater than the amount on line 11 but the amount you owe is greater than $25,000 but not more than $50,000, you must complete either line 13 or 14, if you do not wish to complete Form 433-F.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F, Collection Information Statement.

12 Enter the date you want to make your payment each month. Do not enter a date later than the 28th ▶ 15th

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

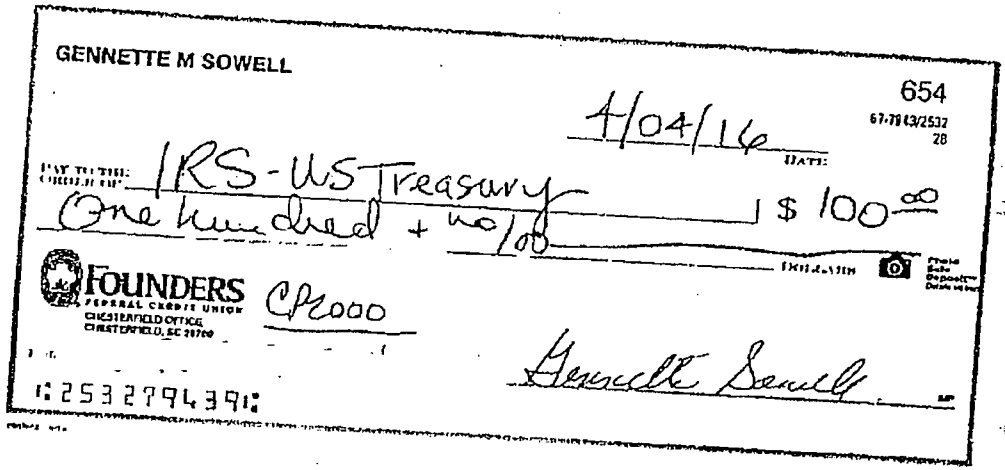
▶ a Routing number

▶ b Account number ☐

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159, Payroll Deduction Agreement . . . . . ☐

Your signature	Date	Spouse's signature. If a joint return, both must sign	Date
Gennette Sowell	4/04/16		


GENNETTE M SOWELL

654

67-7013/2532
28

4/04/16
DATE

PAY TO THE ORDER OF IRS - US Treasury

$ 100.00

One hundred + no/100

DOLLARS

FOUNDERS FEDERAL CREDIT UNION
CHESTERFIELD OFFICE
CHESTERFIELD, SC 29709

CP2000

Gennette Sowell

⑆253279439⑆

641 460

Department of Treasury
Internal Revenue Service
PO BOX 621505
ATLANTA GA 30362-1505

IRS

Notice	CP2000
Tax Year	2014
Notice date	March 28, 2016
Social Security numbe	
AUR control number	
To contact us	Phone 1-800 829-3009
	Fax 1-877 477-0967

248928291201 41

INTERNAL REVENUE SERVICE
PO BOX 621505
ATLANTA GA 30362-1505

Response form

Complete both sides of this form, and send it to us in the enclosed envelope so we receive it by April 27, 2016. If making a payment, use the provided voucher to ensure proper application of your payment. Be sure our address shows through the window.

To request more time to respond, call us at 1-800-829-3009. Remember: Additional interest will be charged during this period if the information in this notice is correct.

Provide your contact information

If your address has changed, please make the changes below.

GENNETTE SOWELL

Primary phone | Best time to call ☐ a.m. ☐ p.m. | Secondary phone | Best time to call ☐ a.m. ☐ p.m.

1. Indicate your agreement or disagreement

☐ I agree with all changes

I consent to the assessment of my 2014 income tax, and understand that:

- I owe $3,938 in additional tax, payment adjustments, and interest.
- The IRS is required by law to charge interest on taxes that weren't paid in full by April 15, 2015.
- The IRS will continue to charge interest until I've paid the tax in full. Certain penalties may also apply.
- I can challenge these changes in the U.S. Tax Court only if the IRS determines after the date I sign this form that I owe additional taxes for 2014.
- I can file for a refund at a later date.

Please sign and return this form with your payment.

Signature | Date

Spouse's Signature | Date

Continued on back...

Indicate your agreement or disagreement--Continued

☐ I don't agree with some or all of the changes
Please return this form and include a statement signed by you that explains what you don't agree with. Also include copies of any documents, such as corrected W-2, 1099, or missing forms that support your statement.

Note: You can fax documentation to 1-877-477-0967

2. Indicate your payment option

I am enclosing (check all that apply):

☐ Full payment of $3,938
☑ Partial payment of $ 100.00
☐ No payment
☑ A completed Installment Agreement Request (Form 9465)

- Write your Social Security number 248-92-8291, the tax year (2014), and the notice number (CP2000) on your payment and any correspondence.
- Make your check or money order payable to the United States Treasury.

3. Authorization optional

If you would like to authorize someone, in addition to you, to contact the IRS concerning this notice, please include the person's information, your signature, and the date.

The authority granted is limited as indicated by the statement above the signature line. The contact may not sign returns, enter into agreements, or otherwise represent you before the IRS. If you want to have a designee with expanded authorization, see IRS Publication 947, Practice Before the IRS and Power of Attorney.

Full name of authorized person

Address

City State Country Zip code

☐ a.m. ☐ p.m.

Primary phone Best time to call Secondary phone Best time to call ☐ a.m. ☐ p.m.

I authorize the person listed above to discuss and provide information to the IRS about this notice.

Signature Date

Spouse's Signature Date

IRS

Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security number

Social Security/Railroad Retirement

Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
SOCIAL SECURITY ADMINISTRATION		SSN Form 1099-SSA	-	$7,610	-
Social Security/Railroad Retirement Total			-	$18,117	-

Tax Withheld

Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
33632 MG TRUST COMPANY	717 17TH STREET SUITE 1300 DENVER CO 80202	SSN 2 Form 1099 R Distrib CD 7	-	$2,210	-
PIGGLY WIGGLY CAROLINA CO. EMPLOYEE STOCK OWNERSHIP PLAN	884 JOHNNIE DODDS BLVD MT PLEASANT SC 29464	SSN Form 1099 R Distrib CD 7	-	$101	
Tax Withheld Total			$1,624	$2,311	$687

Earned Income Credit

The allowable amount of earned income credit is based on your earned income and adjusted gross income (AGI), both of which must be less than:

- $14,590 with no qualifying child ($20,020 for married filing jointly),
- $38,511 with one qualifying child ($43,941 for married filing jointly) or
- $43,756 with two qualifying children ($49,186 for married filing jointly) or
- $46,997 with more than two qualifying children ($52,427 for married filing jointly).

Changes to your AGI will impact your allowable Earned Income Credit.

Underclaimed withholding

Our records indicate you may be entitled to a larger amount of withholding and/or Additional Medicare Tax withholding than claimed on your tax return. Please review the payer information provided in this notice with your records. If this payer information is incorrect, please provide a statement so that we can correct our records. If this payer information is correct, please respond to this notice so that we may make the necessary adjustments to your account.

Continued on back...

IRS

Notice CP2000
Tax Year 2014
Notice date March 28, 2016
Social Security numbe

133632

IRS

GENNETTE SOWELL

Notice CP2000
Notice date March 28, 2016
Social Security number

- Make your check or money order payable to the United States Treasury.
- Write your Social Security number the tax year (2014), and the notice number on your payment and any correspondence.

Payment

Internal Revenue Service

KANSAS CITY MO 64999-0204

Amount due by April 27, 2016

$3,938

248928291 CI SOWE 30 0 201412 640 00000393800

Department of Treasury
Internal Revenue Service
PO BOX 621505
ATLANTA GA 30362-1505

Notice	CP2000
Tax Year	2014
Notice date	March 28, 2016
Social Security numbe	
AUR control number	
To contact us	Phone 1-800-829-3009 Fax 1 877-477-0967
Page 1 of 9	

24892829120141

033632.649072.291173.31592 2 AB 0.416 1276

GENNETTE SOWELL

33632

Changes to your 2014 Form 1040

Proposed amount due: $3,938

The income and payment information we have on file from sources such as employers or financial institutions doesn't match the information you reported on your tax return. If our information is correct, you will owe $3,938 (including interest), which you need to pay by April 27, 2016.

Summary of proposed changes

Tax you owe	$4,065
Payments	$687
Negligence penalty	$442
Interest	$118
Amount due by April 27, 2016	**$3,938**

What you need to do immediately

Review this notice, and compare our changes to the information on your 2014 tax return.

If you agree with the changes we made

- Complete, sign and date the Response form on Page 7, and mail it to us along with your payment of $3,938 so we receive it by April 27, 2016.
- If you can't pay the amount due, pay as much as you can now, and make payment arrangements that allow you to pay off the rest over time. If you want to apply for an installment plan, send in your Response form AND a completed Installment Agreement Request (Form 9465). Download Form 9465 from www.irs.gov, or call 1-800-829-3676 to request a copy. You can also save time and money by applying online if you qualify. Visit www.irs.gov, and search for keyword: "tax payment options" for more information about:
  - Installment and payment agreements
  - Payroll deductions
  - Credit card payments

If you don't agree with the changes

Complete the Response form on Page 7, and send it to us along with a signed statement and any documentation that supports your claim so we receive it by April 27, 2016.

If we don't hear from you

If we don't receive your response by April 27, 2016, we will send you a Statutory Notice of Deficiency followed by a final bill for the proposed amount due. During this time, interest will increase and penalties may apply.

Continued on back...

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Southeastern Program Service Center
1200 Rev. Abraham Woods, Jr. Blvd.
Birmingham, AL 35285-0001
Date: July 7, 2014
Claim Number:

GENNETTE M SOWELL

You are entitled to monthly disability benefits beginning July 2014.

We are stopping the benefits you have been receiving as a widow on ARALEE SOWELL's Social Security record. This is because you are entitled to an equal or larger benefit on your own record.

The Date You Became Disabled

We found that you became disabled under our rules on January 6, 2014.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is July 2014.

What We Will Pay And When

- You will receive $1,522.00 for July 2014 around August 1, 2014.
- After that you will receive $1,522.00 on or about the third of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

Your Benefits

In your first payment, you will receive the difference between the benefits already paid and those now due.

Enclosure(s):
Pub 05-10153

C

See Next Page

Do You Disagree With The Decision?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-810-7617. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1028 CHERAW ST
BENNETTSVILLE SC 29512

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014 ending , 20 See separate instructions.

Your first name and initial: GENNETTE	Last name: SOWELL	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c Dependents:

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
DEONTA BOWEN		Grandchild	X

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
• lived with you: 1
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers on lines above ▶: 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	4,428
8a	Taxable interest. Attach Schedule B if required		8a	108
b	Tax-exempt interest. Do not include on line 8a	8b 0		
9a	Ordinary dividends. Attach Schedule B if required		9a	0
b	Qualified dividends	9b 0		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	0
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	0
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a b Taxable amount	15b	0
16a	Pensions and annuities	16a 4,241 b Taxable amount	16b	3,289
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	0
19	Unemployment compensation		19	
20a	Social security benefits LSE 20a 16,595 b Taxable amount		20b	10,507
21	Other income. List type and amount NONEMPLOYEE COMP		21	11,271
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	29,603

Adjusted Gross Income

23	Educator expenses	23 0		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 0		
25	Health savings account deduction. Attach Form 8889	25 0		
26	Moving expenses. Attach Form 3903	26 0		
27	Deductible part of self-employment tax. Attach Schedule SE	27 0		
28	Self-employed SEP, SIMPLE, and qualified plans	28 0		
29	Self-employed health insurance deduction	29 0		
30	Penalty on early withdrawal of savings	30 0		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32 0		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35 0		
36	Add lines 23 through 35		36	0
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	29,603

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	29,603
	39a	Check if: ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ▶ 39a 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,100
	41	Subtract line 40 from line 38	41	20,503
	42	Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions	42	7,900
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,603
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	1,263
	45	Alternative minimum tax (see instructions). Attach Form 6251 ▶	45	0
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	1,263
	48	Foreign tax credit. Attach Form 1116 if required — 48: 0		
	49	Credit for child and dependent care expenses. Attach Form 2441 — 49:		
	50	Education credits from Form 8863, line 19 — 50:		
	51	Retirement savings contributions credit. Attach Form 8880 — 51: 12		
	52	Child tax credit. Attach Schedule 8812, if required — 52: 1,000		
	53	Residential energy credits. Attach Form 5695 — 53:		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54: 0		
	55	Add lines 48 through 54. These are your total credits	55	1,012
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	251
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	0
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	0
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
	60a	Household employment taxes from Schedule H	60a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions, enter code(s)	62	0
	63	Add lines 56 through 62. This is your total tax ▶	63	251
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099 — 64: 2,035		
	65	2014 estimated tax payments and amount applied from 2013 return — 65: 0		
	66a	Earned income credit (EIC) — 66a: 1,420		
	b	Nontaxable combat pay election 66b 0		
	67	Additional child tax credit. Attach Schedule 8812 — 67:		
	68	American opportunity credit from Form 8863, line 8 — 68:		
	69	Net premium tax credit. Attach Form 8962 — 69:		
	70	Amount paid with request for extension to file — 70:		
	71	Excess social security and tier 1 RRTA tax withheld — 71: 0		
	72	Credit for federal tax on fuels. Attach Form 4136 — 72:		
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐ — 73: 0		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	3,455
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,204
Direct deposit? See instructions.	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	76a	3,204
	b	Routing number ▶ c Type: ☒ Checking ☐ Savings		
	d	Account number		
	77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77: 0		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions) 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below ☒ No
Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Joint return? See instructions. Keep a copy for your records.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		COCK	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit
Qualifying Child Information

► Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
► Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

1040A
1040
EIC

OMB No. 1545-0074

2014

Attachment Sequence No. 43

Name(s) shown on return

GENNETTE SOWELL

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION

- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name DEONTA BOWEN	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.			
3 Child's year of birth	Year 2000 *If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.*	Year *If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.*	Year *If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.*
4a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	☐ Yes. *Go to line 5.* ☐ No. *Go to line 4b.*	☐ Yes. *Go to line 5.* ☐ No. *Go to line 4b.*	☐ Yes. *Go to line 5.* ☐ No. *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2014?	☐ Yes. *Go to line 5.* ☐ No. The child is not a qualifying child.	☐ Yes. *Go to line 5.* ☐ No. The child is not a qualifying child.	☐ Yes. *Go to line 5.* ☐ No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Grandchild		
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12."	12 months *Do not enter more than 12 months.*	_____ months *Do not enter more than 12 months.*	_____ months *Do not enter more than 12 months.*

Form **8880** — **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury, Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at *www.irs.gov/form8880*.

OMB No. 1545-0074

2014

Attachment Sequence No. 54

Name(s) shown on return: GENNETTE SOWELL

Your social security number: 1

You cannot take this credit if either of the following applies.

CAUTION

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than $30,000 ($45,000 if head of household; $60,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1997, (b) is claimed as a dependent on someone else's 2014 tax return, or (c) was a student (see instructions).

		(a) You		(b) Your spouse
1	Traditional and Roth IRA contributions for 2014. Do not include rollover contributions	1	0	0
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2014 (see instructions)	2	122	0
3	Add lines 1 and 2	3	122	0
4	Certain distributions received after 2011 and before the due date (including extensions) of your 2014 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	4	0	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	122	0
6	In each column, enter the smaller of line 5 or $2,000	6	122	0
7	Add the amounts on line 6. If zero, stop; you cannot take this credit			7 122
8	Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37	8	29,603	
9	Enter the applicable decimal amount shown below:			9 X 0.1

If line 8 is— Over—	But not over—	And your filing status is— Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
		Enter on line 9—		
—	$18,000	.5	.5	.5
$18,000	$19,500	.5	.5	.2
$19,500	$27,000	.5	.5	.1
$27,000	$29,250	.5	.2	.1
$29,250	$30,000	.5	.1	.1
$30,000	$36,000	.5	.1	.0
$36,000	$39,000	.2	.1	.0
$39,000	$45,000	.1	.1	.0
$45,000	$60,000	.1	.0	.0
$60,000	—	.0	.0	.0

Note: *If line 9 is zero, stop; you cannot take this credit.*

10	Multiply line 7 by line 9	10	12
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	1,263
12	**Credit for qualified retirement savings contributions.** Enter the smaller of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48	12	12

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

INVOICE FOR SERVICES

Freedom of Information Center / Sims/Aycock Building
2600 Bull St, Columbia, SC 29201

Invoice Number: QO04013-9

Invoice Date: 5/25/2016

Bill To:
Ms. Kenya Miller
DICKIE, MCCAMEY & CHILCOTE
103 A-SOUTH CATAWBA ST
LANCASTER, SC 29720

Remit To:
S.C. DHEC
Attention: Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Date:	Terms:	Department Name:	Order Filled By:
5/25/2016	DUE UPON RECEIPT		WILLIAEK

Description of Services: 1605218 - PIGGLY WIGGLY
235 15-402 BYPASS EAST
MARLBORO, SC

Qnty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	RESEARCH AND CD COPYING	700	106010	534011		0000000	$30.00	$30.00
							Total	**$30.00**

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of Freedom of Information

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	27 Jan 2015 02:00 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	27 Jan 2015 03:00 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
95%

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

Item	Answer	Points Current	Points to Total
1. PIC Present, Demonstration - Certification by accredited program, and Performs duties.	Delayed Implementation	2	2
2. Management and food employee knowledge, and conditional employee; responsibilities and reporting.	In	2	2
3. Proper use of reporting, restriction and exclusion	In	2	2
4. Proper eating, tasting, drinking, or tobacco use	In	2	2
5. No discharge from eyes, nose, and mouth	In	2	2
6. Hands clean and properly washed	In	4	4
7. No bare hand contact with RTE foods	Not Observed	3	3
8. Handwashing sinks, properly supplied and accessible	In	2	2
9. Food obtained from approved source	In	2	2
10. Food received at proper temperature	Not Observed	2	2
11. Food in good condition, safe and unadulterated	In	2	2
12. Required records available: shellstock tags, parasite destruction	Not Observed	2	2
13. Food separated and protected	In	3	3
14. Food-contact surfaces: cleaned and sanitized	In	3	3
15. Proper disposition of returned, previously served, reconditioned, and unsafe food	In	2	2
16. Proper cooking time and temperatures	Not Applicable	3	3
17. Proper reheating procedures for hot holding	Not Applicable	3	3
18. Proper cooling time and temperatures	In	3	3
19. Proper hot holding temperatures	Not Applicable	3	3
20. Proper cold holding temperatures	In	3	3

21. Proper date marking and disposition	Not Observed	3	3
22. Time as a Public Health Control: procedures and records	Not Applicable	2	2
23. Consumer advisory provided for raw or undercooked foods	Not Applicable	1	1
24. Pasteurized foods used; prohibited foods not offered	Not Applicable	2	2
25. Food additives: approved and properly used	Not Applicable	2	2
26. Toxic substances properly identified, stored, and used **Comments** • *glass cleaner not properly stored.* • 7-201.11 - Separation-Storage (Priority Violation)	Correction During Inspection	1	2
27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	Not Applicable	2	2
28. Pasteurized eggs used where required	Not Applicable	1	1
29. Water and ice from approved source	In	2	2
30. Variance obtained for specialized processing methods	Not Applicable	1	1
31. Proper cooling methods used; adequate equipment for temperature control	In	1	1
32. Plant food properly cooked for hot holding	Not Applicable	1	1
33. Approved thawing methods used	Not Applicable	1	1
34.Thermometers provided and accurate	In	1	1
35. Food properly labeled: original container	In	1	1
36. Insects and rodents not present; no unauthorized animals	In	2	2
37. Contamination prevented during food preparation, storage and display	In	2	2
38. Personal cleanliness	In	2	2
39. Wiping cloths: properly used and stored **Comments** • *wiping cloths not properly stored.* • 3-304.14 - Wiping Cloths-Use Limitation	Out	0	1
40. Washing fruits and vegetables	In	1	1
41. In-use utensils: properly stored	In	1	1
42. Utensils, equipment and linens: properly stored, dried & handled	In	1	1
43. Single-use and single-service articles; properly stored and used **Comments** • *bathroom tissue stored on floor* • 4-903.11 (A&C) - Single-Service and Single-Use Articles-Storing	Out	0	1
44. Gloves used properly	In	1	1
45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	In	2	2
46. Warewashing facilities: installed, maintained and used; test strips	In	1	1
47. Non-food-contact surfaces clean **Comments**	Out	0	1

- *wrappings machines dirty ,need covers, meat met.*
- 4-601.11 (C) - Nonfood-Contact Surfaces-Clean

48. Hot and cold water available; adequate pressure	In	2	2
49. Plumbing installed; proper backflow devices	In	2	2
50. Sewage and waste water properly disposed	In	2	2
51. Toilet facilities: properly constructed, supplied and cleaned	In	1	1
52. Garbage and refuse properly disposed; facilities maintained	In	1	1
53. Physical facilities installed, maintained and clean Comments • *floors dirty ,trash (meat met)* • 6-501.12 - Cleaning Frequency and Restrictions	Out	0	1
54. Meets ventilation and lighting requirements; designated areas used	In	1	1
55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement	In	0	0
56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations	In	1	1
Totals		95	100

Temperature Observations

Item	Answer	Points Current	Points to Total
PRODUCT, PROCESS, LOCATION AND TEMPERATURE - Documented **Comments** • *walk in cooler 38 f*	Yes		
Totals			

Inspection Report Information

Item	Answer	Points Current	Points to Total
Facility Category	Category 2		
Grade Posted	A		
Is a Follow-Up required within 10 days?	No		
DHEC Contact Phone and Fax Number.	Pee Dee EQC Florence - (843)661-4825 Fax- (843)661-4858		
Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For additional information see. www.scdhec.gov/Agency/RegulationsAndUpdates /LawsAndRegulations/Food/	Notification	0	0
Totals			

Auditor Signature: Ronnie Herndon

Account Signature: Patricia Bethea

Ronnie Harnden	SEE ONEC 1702 H

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information

Permit Number: 34-211-00508
Facility Name: PIGGLY WIGGLY #65 MARKET
Address: 235 HIGHWAY 15/401 BYPASS
City/State/Zip: BENNETTSVILLE, SC 295120000
MARLBORO
Contact Name: Patricia Bethea

Audit Information

Audit Name: Retail Food Establishment Inspection Report
Audit Type: 10_Routine Inspection
Start Date: 27 Jan 2015 02:00 PM
End Date: 27 Jan 2015 03:00 PM
Inspector: Ronnie Herndon

Overall Score
95%

Foodborne Illness Risk Factors & Interventions and Good Retail Practices

Item	Answer	Points Current	Points to Total
1. PIC Present, Demonstration - Certification by accredited program, and Performs duties.	Delayed Implementation	2	2
2. Management and food employee knowledge, and conditional employee; responsibilities and reporting.	In	2	2
3. Proper use of reporting, restriction and exclusion	In	2	2
4. Proper eating, tasting, drinking, or tobacco use	In	2	2
5. No discharge from eyes, nose, and mouth	In	2	2
6. Hands clean and properly washed	In	4	4
7. No bare hand contact with RTE foods	Not Observed	3	3
8. Handwashing sinks, properly supplied and accessible	In	2	2
9. Food obtained from approved source	In	2	2
10. Food received at proper temperature	Not Observed	2	2
11. Food in good condition, safe and unadulterated	In	2	2
12. Required records available: shellstock tags, parasite destruction	Not Observed	2	2
13. Food separated and protected	In	3	3
14. Food-contact surfaces: cleaned and sanitized	In	3	3
15. Proper disposition of returned, previously served, reconditioned, and unsafe food	In	2	2
16. Proper cooking time and temperatures	Not Applicable	3	3
17. Proper reheating procedures for hot holding	Not Applicable	3	3
18. Proper cooling time and temperatures	In	3	3
19. Proper hot holding temperatures	Not Applicable	3	3
20. Proper cold holding temperatures	In	3	3

21. Proper date marking and disposition	Not Observed	3	3
22. Time as a Public Health Control: procedures and records	Not Applicable	2	2
23. Consumer advisory provided for raw or undercooked foods	Not Applicable	1	1
24. Pasteurized foods used; prohibited foods not offered	Not Applicable	2	2
25. Food additives: approved and properly used	Not Applicable	2	2
26. Toxic substances properly identified, stored, and used **Comments** • *glass cleaner not properly stored.* • 7-201.11 - Separation-Storage (Priority Violation)	Correction During Inspection	1	2
27. Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	Not Applicable	2	2
28. Pasteurized eggs used where required	Not Applicable	1	1
29. Water and ice from approved source	In	2	2
30. Variance obtained for specialized processing methods	Not Applicable	1	1
31. Proper cooling methods used; adequate equipment for temperature control	In	1	1
32. Plant food properly cooked for hot holding	Not Applicable	1	1
33. Approved thawing methods used	Not Applicable	1	1
34.Thermometers provided and accurate	In	1	1
35. Food properly labeled: original container	In	1	1
36. Insects and rodents not present; no unauthorized animals	In	2	2
37. Contamination prevented during food preparation, storage and display	In	2	2
38. Personal cleanliness	In	2	2
39. Wiping cloths: properly used and stored **Comments** • *wiping cloths not properly stored.* • 3-304.14 - Wiping Cloths-Use Limitation	Out	0	1
40. Washing fruits and vegetables	In	1	1
41. In-use utensils: properly stored	In	1	1
42. Utensils, equipment and linens: properly stored, dried & handled	In	1	1
43. Single-use and single-service articles; properly stored and used **Comments** • *bathroom tissue stored on floor* • 4-903.11 (A&C) - Single-Service and Single-Use Articles-Storing	Out	0	1
44. Gloves used properly	In	1	1
45. Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	In	2	2
46. Warewashing facilities: installed, maintained and used; test strips	In	1	1
47. Non-food-contact surfaces clean **Comments**	Out	0	1

- *wrappings machines dirty ,need covers, meat met.*
- 4-601.11 (C) - Nonfood-Contact Surfaces-Clean

48. Hot and cold water available; adequate pressure	In	2	2
49. Plumbing installed; proper backflow devices	In	2	2
50. Sewage and waste water properly disposed	In	2	2
51. Toilet facilities: properly constructed, supplied and cleaned	In	1	1
52. Garbage and refuse properly disposed; facilities maintained	In	1	1
53. Physical facilities installed, maintained and clean	Out	0	1
Comments			
• *floors dirty ,trash (meat met)*			
• 6-501.12 - Cleaning Frequency and Restrictions			
54. Meets ventilation and lighting requirements; designated areas used	In	1	1
55. Chapter 8 - Meets all requirements of Chapter 8: Compliance & Enforcement	In	0	0
56. Chapter 9 - Meets all applicable requirements of Chapter 9: Standards for Additional Operations	In	1	1
Totals		95	100

Temperature Observations

Item	Answer	Points Current	Points to Total
PRODUCT, PROCESS, LOCATION AND TEMPERATURE - Documented	Yes		
Comments			
• *walk in cooler 38 f*			
Totals			

Inspection Report Information

Item	Answer	Points Current	Points to Total
Facility Category	Category 2		
Grade Posted	A		
Is a Follow-Up required within 10 days?	No		
DHEC Contact Phone and Fax Number.	Pee Dee EQC Florence - (843)661-4825 Fax- (843)661-4858		
Violations may be subject to enforcement action and penalty. Information collected on this form is subject to public scrutiny or release as well as the Freedom of Information Act. For additional information see. www.scdhec.gov/Agency/RegulationsAndUpdates /LawsAndRegulations/Food/	Notification	0	0
Totals			

Auditor Signature: Ronnie Herndon

Account Signature: Patricia Bethea

Donnie Harnden	SEE DNEC 1702 A

D H E C

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	26 Feb 2014 01:00 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	26 Feb 2014 01:45 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
98%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located Comments • *ice machine door poor repair C h 4 B .1*	OUT	0	2
Is this a repeat?	yes		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2

21. Mobile unit; return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		31	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SEE OTHER 11 22
2.26-1X

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 Feb 2014 01:00 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 Feb 2014 01:30 PM
Contact Name:	Patrida Bethea	Inspector:	Ronnie Herndon

Overall Score
96%

Audit Level Notes:

will do follow up on 2/25/2014

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/25/2014		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• *inside of ice machine dirty /white chute area. (stock room)C h 6 A .1.c*			
Is this a repeat?	yes		

16. Food contact surfaces: designed, constructed, maintained, installed, located Comments • *ice machine door poor repair C h 4 .B.1*	OUT	0	2
Is this a repeat?	no		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		29	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	2		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SEE ID/HEC 1772
2-APR-16

D H E C

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #55 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	06 Feb 2014 10:30 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	06 Feb 2014 11:30 AM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
92%

Audit Level Notes:

WILL DO FOLLOW UP ON 2/13/2014

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/13/2014		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• *inside of ice machine dirty ,white chute area (stock room) C h 5 A .1.c*			
Is this a repeat?	no		

16. Food contact surfaces: designed, constructed, maintained, installed, located Comments • *replace white broken or cracked meat trays C h 4 B .1 (meat mkt)*	OUT	0	2
Is this a repeat?	no		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean Comments • *prep tables dirty ,meat particles. C h 5 A .1.e (meat mkt)*	OUT	0	1
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens Comments • *boxes of paper towels stored on floor .C h 5 B.4*	OUT	0	1
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean Comments • *ceiling fan guards dirty ,excessive dirt & dust.C h 7 C .4 (meat mkt)*	OUT	0	1
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded Comments • *replace missing light shields on ceiling lights (walk in cooler) meat mkt C h 7.C .4*	OUT	0	1
Is this a repeat?	no		
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		25	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	4		
Travel Time Units:	4		
Mileage:	38		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SIS AHEC 1212

2-6-14

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	09 Apr 2013 03:07 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	09 Apr 2013 03:07 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SEE DHEC 1722
4-9-13

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	02 Apr 2013 03:52 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	02 Apr 2013 03:52 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
93%

Audit Level Notes:

will do follow up on 4-9-13

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	4/9/2013		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• *cases of frosted flakes stored on floor (store area)C h 2 C ..1 b*			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• *Inside of ice maker dirty (chute area) (stock room) C h 5 A 1.c-d*			
Is this a repeat?	no		
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• *toilet tissue and paper towels stored on floor (store area)C h 5 B .4*			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *ceiling cooling unit fan guards dirty (meat mkt)C h 7 C .4 replace missing ceiling tiles (store area)C h 7 C .1.b*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *toilet dirty ,holes in wall (ladies rest room) C h 7 C .4*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		26	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SEE DHEC 1722
4-2-13

D H E C

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	27 Nov 2012 04:23 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	27 Nov 2012 04:23 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
99%

Audit Level Notes:

all violations from 11/20/12 were corrected except # 32 holes in ladies rest room wall

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Fairfield - (803)896-0520 Fax (803)896-0517		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2

20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *ladies rest room –holes in wall C h 7 .C .4*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		32	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JRH

Account Signature:

SEE WHEEL 1722
11-27-12

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	20 Nov 2012 03:20 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	20 Nov 2012 03:20 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
95%

Audit Level Notes:

will do follow up on 11-27-12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	11/27/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• *cases of lucky charms cereal stored on floor (store area) C h 2 C .1 .b*			
• Food not stored 6-inches off the floor.			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

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15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• *toilet tissue and paper towels stored on floor (store area) Ch 5 . B .4*			
• Single service items improperly stored.			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *return wall vent dirty (hall next to rest rooms) Ch 7 . C .4---fan guards on ceiling cooling unit dirty (meat mkt) C h 7 C . 4*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *toilet dirty,holes in wall and cabinets dirty (ladies rest room) C h 7 . C .4*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		28	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

JKH

Account Signature:

SEE DHEC 17 22
11-28-12

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	31 Jul 2012 03:11 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	31 Jul 2012 03:11 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *CEILING COOLING UNIT LEAKING@ MEAT MKT*			
Is this a repeat?	yes		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink: Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		32	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

SR 17

Account Signature:

SGT Date 1720
7-31-12

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	24 Jul 2012 01:03 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	24 Jul 2012 01:03 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
95%

Audit Level Notes:

WILL DO FOLLOW UP ON 7 -31 -12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	7/31/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	OUT	0	2

Comments

- *REPLACE BROKEN WHITE MEAT TRAYS (MEAT MKT)*

Is this a repeat?	no		
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			
• *OUTSIDE OF WRAPPING MACHINES DIRTY*			
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments			
• *FLOOR DIRTY (MEAT MKT)*			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *REPLACE MISSING CEILING TILES---STORE AREA ---FAN GUARDS ON CEILING COOLING UNIT DIRTY AND LEAKING (MEATMKT)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: self/closing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		28	33

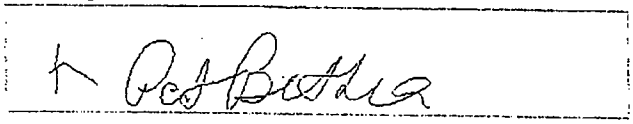
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	10 Apr 2012 09:44 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	10 Apr 2012 10:36 AM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

499

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24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

SR 1-1

Account Signature:

+ Patricia Bethea

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	03 Apr 2012 09:36 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	03 Apr 2012 09:36 AM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 4-10-12

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	4/10/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	OUT	0	2
Comments			
• *BOXES OF FROSTED FLAKES STORED ON FLOOR*			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2

501

682

16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments • *MEAT MKT* • Non-food contact surfaces such as shelves need to be clean. *REMOVE PRICE STICKERS FROM PREP TABLES*			
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments • *SINGLE SERVICE ITEMS STORED ON FLOOR (STORE AREA—TOILET TISSUE AND PAPER TOWELS)*			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments • *FLOOR DIRTY (MEAT MKT)*			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *FAN GUARDS ON CEILING COOLING UNIT DIRTY--(MEAT MKT)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		27	33

DAR Information

Item		Answer	Points Current	Points to Total
Activity Time Units:	0			
Travel Time Units:	0			
Mileage:	0			
Totals				

Auditor Signature: Ronnie Herndon

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Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	10 Jan 2012 01:26 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	10 Jan 2012 02:11 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

503

684

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon

Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	03 Jan 2012 01:14 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	03 Jan 2012 01:14 PM
Contact Name:	Patricia Bethea	Inspector:	Ronnie Herndon

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 1 -10 -2012

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	1/10/2012		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

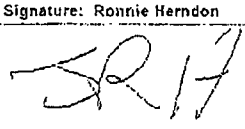
Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments • *REMOVE ALL PRICE STICKERS STUCK ON TABLES AND SCALES* • Non-food contact surfaces such as shelves need to be clean.			
Is this a repeat?	yes		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments • *NEED PAD ON WRAPPING MACHINE*			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments • *SINGLE SERVICE ITEMS STORED ON FLOOR --(STORE) ---SINGLE SERVICE MEAT TRAYS STORED ON FLOOR (MEAT MKT)*			
Is this a repeat?	yes		
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments • *FLOOR DIRTY (MEAT MKT)*			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *RETURN AIR COND VENT DIRTY (NEXT TO REST ROOMS)---AIR COND COOLING UNIT FAN GUARDS DIRTY (MEAT MKT)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	OUT	0	1
Comments • *REPLACE BURNT OUT LIGHT TUBES (BATH ROOM HALL)--REPLACE WEAK LIGHT TUBES IN MEAT MKT*			
Is this a repeat?	no		
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		27	33

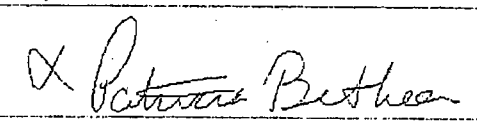
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: Ronnie Herndon



Account Signature:



D H E C

PROTECT PROMOTE PROVIDE

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	26 Sep 2011 02:49 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	26 Sep 2011 02:56 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean Comments	OUT	0	1

507

688

- *REMOVE PRICE STICKERS FROM SCALES*

Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1

Comments

- *PAPER TOWELS AND TOILET TISSUE STORED ON FLOOR (STORE)*

Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1

Comments

- *AIR COND FAN GUARDS DIRTY (MEAT MKT)*

Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		30	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

JRH

Account Signature:

SEE ATTACHED 1722

DATED 9-26-11

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	25 May 2011 09:28 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	25 May 2011 10:58 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

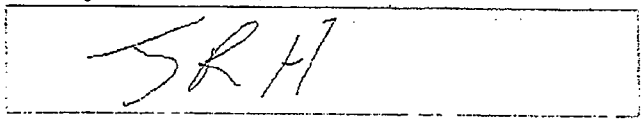
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24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments			
• *FRONT OF STORE IN POOR REPAIR (CEILING TILE)*			
Is this a repeat?	yes		
Totals		32	33

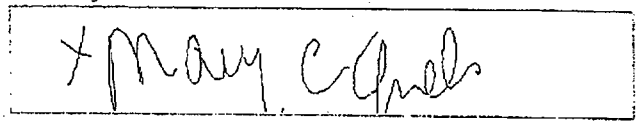
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 May 2011 12:59 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 May 2011 03:19 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 5 -25- 2011

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	5/25/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2

Comments

- *INSIDE OF ICE MAKER DIRTY (WHITE CHUTE) STOCK ROOM*

Is this a repeat? no

511

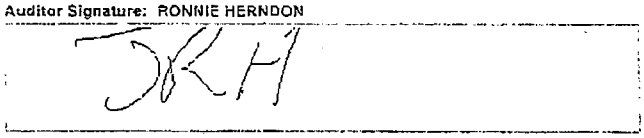
692

16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *RETURN AIRCOND VENT DIRTY (HALL AREA NEXT TO REST ROOMS——FAN GUARDS DIRTY (CEILING AIR COND UNIT MEAT MARKET)—AND FAN GUARDS ON AIRCOND UNITS DIETY (PRODUCE PREP AREA)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments • *RESEAL URINAL TO WALL*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	OUT	0	1
Comments • *CAN WASH AREA DIRTY (CIG BUTTS AND TRASH)*			
Is this a repeat?	no		
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments • *FRONT OF STORE IN POOR REPAIR (CEILING TILE)*			
Is this a repeat?	yes		
Totals		27	33

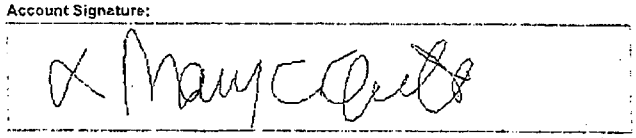
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	16 Feb 2011 01:35 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	16 Feb 2011 02:02 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

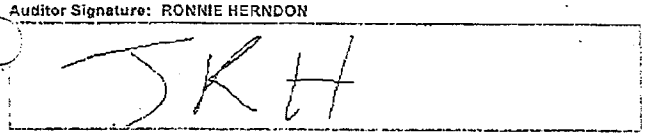
Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1

23. Non-food-contact surfaces: designed, constructed, maintained, installed Comments • *WRAPPING PAD POOR REPAIR (MEAT MKT WRAPPING MACHINE)*	OUT	0	1
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items. Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles Comments • *MENS REST ROOM (CEILING POOR REPAIR)*	OUT	0	1
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles Comments • *FRONT AREA OF STORE POOR REPAIR (TILE*	OUT	0	1
Is this a repeat?	no		
Totals		30	33

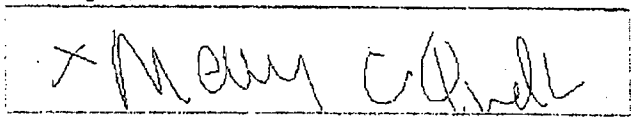
DAR Information

Item		Answer	Points Current	Points to Total
Activity Time Units:	0			
Travel Time Units:	0			
Mileage:	0			
Totals				

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	10 Feb 2011 01:12 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	10 Feb 2011 02:19 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
96%

Audit Level Notes:

WILL DO FOLLOW UP ON 2-16 -11

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/16/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

515

696

18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments • *WRAPPING MACHINE PAD POOR REPAIR (MEAT MKT)*			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *CEILING AIRCOND UNIT (FAN GUARDS DIRTY) MEAT MKT---AIRCOND CONDENSURATE PIPE LEAKING (MEAT MKT) ---PRODUCE PREP AREA FANGUARDS DIRTY ON CEILING AIR COND UNITS---REPLACE MISSING CEILING TILES (STORE AREA)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments • *MENS REST ROOM (CEILING POOR REPAIR)*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments • *FRONT AREA OF STORE POOR REPAIR (TILE*			
Is this a repeat?	no		
Totals		29	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

516

697

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	20_Complaint Not Verified Investigation
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	19 Jan 2011 02:05 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	19 Jan 2011 02:25 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Audit Level Notes:

NO EVIDENCE OF ROTTEN OR CONTAMINATED MEAT IN MEAT MARKET ON THIS DATE --NO EVIDENCE OF ODOR ON THIS DATE

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe. Hot & Cold under pressure. Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2

517

698

20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments			
• *WRAPPING PAD ON WRAPPING MACHINE POOR REPAIR (MEAT MKT)*			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *CEILING COOLING UNIT LEAKING ON FLOOR (MEAT MKT*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments			
• *CEILING TILE POOR REPAIR (OUTSIDE FRONT OF STORE)*			
Is this a repeat?	no		
Totals		30	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

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Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	16 Nov 2010 09:46 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	16 Nov 2010 11:09 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize; clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

519

700

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	08 Nov 2010 01:43 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	08 Nov 2010 03:00 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
97%

Audit Level Notes:

WILL DO FOLLOW UP ON 11-18 10

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	11/15/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	IN	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	IN	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2

521

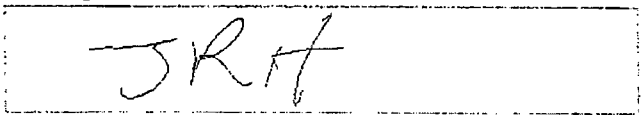
702

18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments • *SINGLE SERVICE MEAT TRAYS STORED ON FLOOR*			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments • *FLOOR DIRTY (TRASH & BOXES) MEAT MKT*			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • *AIRCOND RETURN VENT DIRTY (HALL NEXT TO REST ROOMS —COOLING UNIT FAN GUARDS DIRTY (MEAT MKT)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: self/closing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		30	33

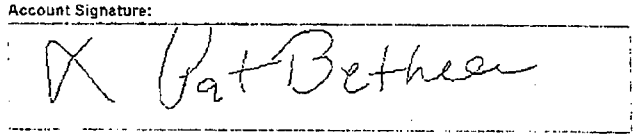
DAR Information

Item		Answer	Points Current	Points to Total
Activity Time Units:	0			
Travel Time Units:	0			
Mileage:	0			
Totals				

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 Aug 2010 09:25 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 Aug 2010 10:14 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

JRH

Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	12 Aug 2010 01:12 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	12 Aug 2010 02:13 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
96%

Audit Level Notes:

WILL DO FOLLOW UP ON 8 -18 -2010

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	8/18/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected.	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2

525

706

19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	OUT	0	1
Comments			
• *FLOOR DIRTY @ MEAT MARKET ENTRANCE*			
Is this a repeat?	no		
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *RETURN WALL VENT DIRTY @ BATH ROOM HALL AREA*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *REPLACE BURNT OUT LIGHT TUBES (LADIES ROOM)*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	OUT	0	1
Comments			
• *CARDBOARD BOX NOT APPROVED FOR TRASH CAN*			
Is this a repeat?	no		
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		29	33

DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON

SRH

Account Signature:

x Heather C Pruett

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	25 May 2010 01:47 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	25 May 2010 02:22 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
99%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

527

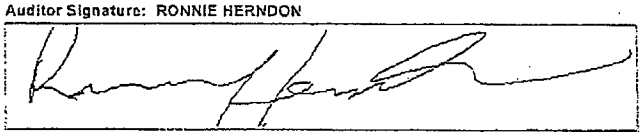
708

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments • —*REPAIR CONDENSURATE PIPE LEAK (MEAT MARKET)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		32	33

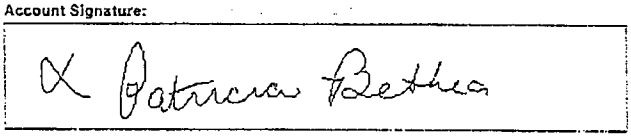
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 May 2011 12:59 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 May 2011 03:19 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
94%

Audit Level Notes:

WILL DO FOLLOW UP ON 5 -25- 2011

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	5/25/2011		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/O	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/O	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	OUT	0	2
Comments			
• *INSIDE OF ICE MAKER DIRTY (WHITE CHUTE) STOCK ROOM*			
Is this a repeat?	no		

16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1
24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *RETURN AIRCOND VENT DIRTY (HALL AREA NEXT TO REST ROOMS—FAN GUARDS DIRTY (CEILING AIR COND UNIT MEAT MARKET)—AND FAN GUARDS ON AIRCOND UNITS DIETY (PRODUCE PREP AREA)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *RESEAL URINAL TO WALL*			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	OUT	0	1
Comments			
• *CAN WASH AREA DIRTY (CIG BUTTS AND TRASH)*			
Is this a repeat?	no		
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	OUT	0	1
Comments			
• *FRONT OF STORE IN POOR REPAIR (CEILING TILE)*			
Is this a repeat?	yes		
Totals		27	33

DAR Information

Item		Answer	Points Current	Points to Total
Activity Time Units:	0			
Travel Time Units:	0			
Mileage:	0			
Totals				

Auditor Signature: RONNIE HERNDON

JKH

Account Signature:

D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00509	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	15_Follow-Up Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	18 Feb 2010 11:04 AM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	18 Feb 2010 11:27 AM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
100%

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	No		
DHEC phone & fax #	Florence - (843)661-4825 Fax- (843)661-4858		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection, Thawing	IN	2	2
14. Personal hygiene, Outer clothing clean	IN	2	2
15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	IN	1	1
23. Non-food-contact surfaces: designed, constructed, maintained, installed	IN	1	1

531

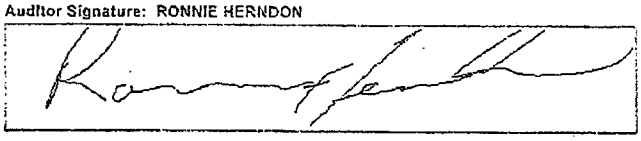
712

24. Proper storage: utensils (stored/in use), equipment, single service, linens	IN	1	1
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	IN	1	1
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: self/closing, repairs, supplied, waste receptacles	IN	1	1
33. Garbage/refuse; containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		33	33

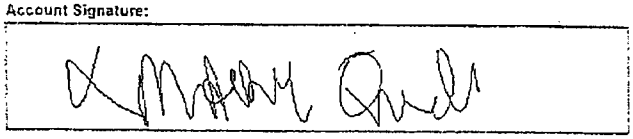
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:



D H E C

South Carolina Department of Health and Environmental Control

Retail Food Establishment Inspection Report

Facility Information		Audit Information	
Permit Number:	34-211-00508	Audit Name:	Retail Food Establishment Inspection Report V4
Facility Name:	PIGGLY WIGGLY #65 MARKET	Audit Type:	10_Routine Inspection
Address:	235 HIGHWAY 15/401 BYPASS	Start Date:	11 Feb 2010 02:31 PM
City/State/Zip:	BENNETTSVILLE, SC 295120000 MARLBORO	End Date:	11 Feb 2010 03:04 PM
Contact Name:	Patricia Bethea	Inspector:	RONNIE HERNDON

Overall Score
93%

Audit Level Notes:

WILL DO FOLLOW UP ON 2 -18 -2010

Inspection Information

Item	Answer	Points Current	Points to Total
Grade Posted	A	10	10
Is a follow up required	Yes		
Follow up date	2/18/2010		
DHEC phone & fax #	Florence - (843)661-4825 Fax-(843)661-4859		
Totals		10	10

Critical Risk Factors

Item	Answer	Points Current	Points to Total
1. Properly Cooked- Potentially hazardous food	N/A	5	5
2. Proper holding temperature- Potentially hazardous food	IN	5	5
3. Proper cooling and reheating- Potentially hazardous food	N/A	5	5
4. Personnel with infections restricted	IN	5	5
5. Proper hygiene: hands clean, nails, properly washed, glove use, handsink access	IN	5	5
6. Cross contamination prevented/ Food protected	IN	5	5
7. Wash, Rinse, Sanitize: clean, concentration	IN	5	5
8. Food from an approved source & sound condition	IN	5	5
Totals		40	40

Critical Violations

Item	Answer	Points Current	Points to Total
9. Water source safe, Hot & Cold under pressure, Back siphonage, Sewage	IN	5	5
10. Handling foods minimized	IN	4	4
11. Insects/Rodents/Animals restricted	IN	4	4
12. Toxic substances properly identified, stored, used	IN	4	4
Totals		17	17

Violations

Item	Answer	Points Current	Points to Total
13. Food protection. Thawing	OUT	0	2
Comments • *BRIM'S CHEESE PUFFS STORED ON FLOOR* • Food not stored 6-inches off the floor.			
Is this a repeat?	no		
14. Personal hygiene, Outer clothing clean	IN	2	2

533

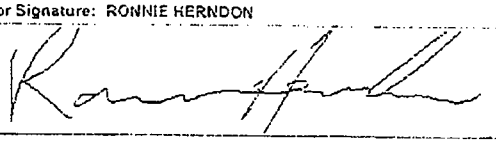
714

15. Food contact surfaces: clean, free of abrasives, detergents	IN	2	2
16. Food contact surfaces: designed, constructed, maintained, installed, located	IN	2	2
17. Handsink: good repair, clean, soap/paper towels	IN	2	2
18. Warewash: constructed, maintained, installed, clean	IN	2	2
19. Towel sanitization: proper concentration, clean, labeled	IN	2	2
20. Thermometers: provided, used, accurate, proper test kits	IN	2	2
21. Mobile unit: return to base station	IN	2	2
22. Non-food-contact surfaces of equipment and utensils clean	OUT	0	1
Comments			
• *REMOVE PRICE STICKERS ON MEAT SCALES*			
Is this a repeat?	no		
23. Non-food-contact surfaces: designed, constructed, maintained, installed	OUT	0	1
Comments			
• *BAGS OF SUGAR STORED ON PEPSI CRATES*			
• Pallets, milk crates, or drink crates are used for shelving or storage containers.			
Is this a repeat?	no		
24. Proper storage: utensils (stored/in use), equipment, single service, linens	OUT	0	1
Comments			
• *SINGLE SERVICE ITEMS STORED ON FLOOR (STORE AREA)*			
Is this a repeat?	no	0	0
25. Labeled food properly	IN	1	1
26. Floors and floor coverings: drained, constructed, good repair, clean	IN	1	1
27. Walls/ ceilings and attached equip.: constructed, good repair, clean	OUT	0	1
Comments			
• *REPLACE BROKEN CEILING TILE (PRODUCE PREP AREA)*			
Is this a repeat?	no		
28. Personal items, Authorized persons, Separate living quarters	IN	1	1
29. Ventilation adequate	IN	1	1
30. Lighting provided as required, fixtures shielded	IN	1	1
31. Plumbing installed, maintained	IN	1	1
32. Toilet: selfclosing, repairs, supplied, waste receptacles	OUT	0	1
Comments			
• *REPLACE FLICKERING LIGHT TUBES (MENS REST ROOM)*			
• Covered waste receptacles not provided in the ladies toilet room, unisex toilet rooms or men's toilet rooms with baby changing facilities.			
Is this a repeat?	no		
33. Garbage/refuse: containers clean, adequate, covered	IN	1	1
34. Can wash/ Mop sink; Waste water disposal	IN	1	1
35. Cleaning equipment stored orderly, maintained	IN	1	1
36. Premises maintained, unnecessary articles	IN	1	1
Totals		26	33

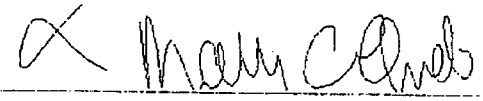
DAR Information

Item	Answer	Points Current	Points to Total
Activity Time Units:	0		
Travel Time Units:	0		
Mileage:	0		
Totals			

Auditor Signature: RONNIE HERNDON



Account Signature:



From: Patricia Yeary <Patricia.Yeary@llr.sc.gov>
Date: June 13, 2016 at 9:58:20 AM EDT
To: "kmiller@dmclaw.com" <kmiller@dmclaw.com>
Cc: Karl Maddox <karl.maddox@llr.sc.gov>
Subject: Freedom of Information Act Request

Dear Ms. Miller:

Your Freedom of Information Act request dated 5/25/2016 was received by SC OSHA on 6/6/2016. A copy is attached.

Re: OSHA documents pertaining to Piggly Wiggly Store #'s 65 and 39

After a search of OSHA files, it has been determined there are no records pertaining to Piggly Wiggly Store #65 in Bennettsville, SC or #39 in Chesterfield, SC.

There are specific guidelines for reporting injuries and fatalities to our OSHA office. The South Carolina Code of Laws, Chapter 71, Article 1, Sub article 3, Section 71-308 states. "A. Within eight hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident, the employer of any employees affected shall orally report the fatality/ multiple hospitalization by telephone or in person to the Director of the South Carolina Department of Labor, Licensing and Regulation, Columbia, South Carolina 29211."

If you have any questions, please contact Karl Maddox, SC OSHA FOIA Liaison at 803-896-7743/ karl.maddox@llr.sc.gov.

Pat Yeary
Administrative Assistant to Karl Maddox, FOIA Liaison (1:00 PM - 5:00 PM)
South Carolina Department of Labor, Licensing & Regulation
Division of Labor - OSHA
110 Centerview Drive, Columbia, SC 29210
PO Box 11329, Columbia, SC 29211